Mears Care Limited

Patching Lodge Extra Care Scheme

Inspection report

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Ratings

Overall rating for this service	Requires Improvement
Is the service safe?	Requires Improvement
Is the service effective?	Good
Is the service caring?	Good
Is the service responsive?	Good
Is the service well-led?	Requires Improvement

Overall summary

This inspection took place on 3 and 10 February 2015 and was announced. This was the first inspection since the service was re-registered following a change in name of the agency and an office move. We last visited the service on 27 June 2013 and we found the service met the regulations we inspected.

Patching Lodge Extra Care Scheme is a domiciliary care agency and provides personal care and support for people living in their own home in the Brighton and Hove area, or in Patching Lodge Extra Care Scheme, a sheltered housing complex. This accommodation is for people over 60 years of age and managed by a housing association. Twenty four hour care seven days a week is provided with

Summary of findings

on site care staff and an emergency call facility. Additional services provided included a restaurant (for main meals), organised social activities, a café, shop, library and a hairdressing salon.

Care was provided to adults but predominantly older people, including people with a physical disability or learning disability, people with a sensory loss, for example hearing or sight loss and people with mental health problems or living with dementia. At the time of our inspection around 130 people were receiving a service.

The service had a registered manager, who was present for the inspection. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

The registered manager had started working in the agency in October 2014 shortly after the re-registration of the agency. Feedback from staff and people who used the service was that this had been a very busy period, with a number of changes of staff leading to staff vacancies of senior staff and care staff. This had led to care staff undertaking extra work to cover for vacant posts and the two co-ordinators who managed a team of care staff and geographic area each also covering care calls. Procedures such as care plan and risk assessment reviews, telephone quality assurance checks, spot checks of care staff at work, staff supervision, team meetings and staff appraisal, and quality assurance audits had fallen behind and not been fully completed to meet the provider's timescales. We have asked the provider to make improvements in these areas.

There were systems in place to keep people safe. People we spoke with said they usually got their visit from regular staff, and that staff arrived on time. They were happy with their care worker, or team of care workers who undertook their care call.

Detailed assessments of risks to people had been completed. The service employed enough, qualified and well trained staff, and ensured peoples safety through appropriate recruitment practices. One person told us, "I'm very happy with my carer." Another person told us, "I'm happy with the way they look after me."

There were safe procedures in place to help people with their medicines.

People told us they were involved in the planning and review of their care. Where people were unable to do this, the service considered the person's capacity under the Mental Capacity Act 2005.

Care staff received an induction, essential training and additional specialist training in areas such caring for people living with dementia.

If needed, people were supported with their food and drink and this was monitored regularly.

The needs and choices of people had been clearly documented in their care plans. Where people's needs changed people's care and support plans were reviewed to ensure the person received the care and treatment they required.

People and a relative told us they were supported by kind and caring staff. Care staff were able to tell us about the people they supported, for example their likes and dislikes and their interests. People told us they always got their care visit, that they were happy with the care and the care staff that supported them. Care staff encouraged people to be involved in their care.

The registered manager, along with senior staff provided good leadership and support to the care staff. They were involved in day to day monitoring of the standards of care and support that were provided to people using the service.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement

The service was not always safe.

Detailed risk assessments were in place to ensure people were safe within their home and when they received care and support. However, these had not all been reviewed to ensure they highlighted any risks to be minimised.

Staff delivered care safely, and ensured that people's care calls were covered when staff were absent. However, there had been a period when staff vacancies had led to increased pressure on existing staff to cover all the care calls. This had impacted on the timings of care calls and the continuity of care staff providing the care. When new care staff were employed safe recruitment practices were followed.

People and their relatives told us that they felt safe with the staff that supported them.

There were clear policies in place to protect people from abuse, and care staff had a clear understanding of what to do if safeguarding concerns were identified.

There were systems in place to manage people's medicine safely.

Is the service effective?

Good

The service was effective.

Staff had a good understanding of peoples care and support needs. Communication systems in the service worked well and ensured that staff were made aware of people's current care and support needs.

There was a comprehensive training plan in place. Staff had the skills and knowledge to meet people's needs. Staff received regular training to ensure they had up to date information to undertake their roles and responsibilities. Staff received supervision and appraisal from their manager.

They were aware of the requirements of the Mental Capacity Act 2005 (MCA) and the Deprivation of Liberty safeguards (DoLS).

People were supported to eat and drink and maintain a healthy diet.

Staff supported people to attend healthcare appointments and liaised with other healthcare professionals if they had concerns about a person's health.

Is the service caring?

Good

The service was caring. Care staff involved and treated people with compassion, kindness, and respect.

Summary of findings

People were pleased with the care and support they received. They felt their individual needs were met and understood by staff. They told us that they felt they were listened to and that they mattered.

There were clear policies and guidance for staff on how to treat people with dignity and respect and care staff gave us examples about how they did this. People and their relatives told us care staff provided care that ensured their privacy and dignity was respected.

Is the service responsive?

Good

The service was responsive. People had been assessed and their care and support needs identified, and these had then been regularly reviewed and changing needs were responded to. The views of people were welcomed through spot checks and reviews and the completion of quality assurance questionnaires. Information received informed changes and improvements to service provision.

Staff supported people to access the community and this reduced the risk of people becoming socially isolated.

People who used the service and their relatives felt the staff were approachable and there were regular opportunities to feedback about the service. People told us that they knew how to make a complaint if they were unhappy with the service.

Is the service well-led?

Requires Improvement

Systems were in place to audit and quality assure the care provided. However, these had not all been completed.

There was a registered manager in post, who was supported by a team of senior staff. The leadership and management promoted a caring and inclusive culture.

Staff told us the management and leadership of the service was approachable and very supportive. There was a clear vision and values for the service, which staff promoted.

People were able to give their feedback or make suggestions on how to improve the service, and this was acted upon.

Patching Lodge Extra Care Scheme

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection checked whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 3 and 10 February 2015 and was announced. We told the provider two days before our inspection that we would be coming. This was because we wanted to make sure that the registered manager and other appropriate staff were available to speak with us on

the day of our inspection. One inspector undertook the inspection, with an expert-by-experience, who had experience of older people's care services. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service. The expert by experience helped us with the telephone calls to get feedback from people who used the service and relatives.

Before the inspection, we reviewed information we held about the service. This included previous inspection reports, and any notifications, (A notification is information about important events which the service is required to send us by law) and any complaints we have received. This enabled us to ensure we were addressing potential areas of concern. We telephoned the local authority commissioning team, who have responsibility for monitoring the quality and safety of the service provided to local authority funded people. We also spoke with a health care professional from the community mental health team, and two care managers from the local authority commissioning team to ask them about their experiences of the service provided.

During the inspection we went to the agency's office and spoke with the registered manager, the operations manager, two care co-ordinators, a senior care worker, and five care staff. In addition to this we spoke with a further three care staff over the telephone following the inspection. We spent time reviewing the records of the service, including policies and procedures, nine people's care and support plans, the recruitment records for three new care staff, complaints and compliments recording, accident/ incident and safeguarding recording, and staff rotas. We also looked at the provider's quality assurance audits. We spoke with 17 people and one relative who used the service.

Requires Improvement

Is the service safe?

Our findings

The people we spoke with consistently told us they felt safe and that staff made them feel comfortable. One person told us when asked if they felt safe with the care provided, "Completely, they're lovely, lovely people, they're brilliant." Another person told us when describing the care provided to their relative, "They tell him when they are going to turn him."

Feedback from people was that it had been a difficult period as there had been a high turnover of staff during the year. This had for a time affected the continuity of care staff provided to cover care calls, but that their care calls had been covered. However, we received comments that this was improving. Staff feedback was varied about if the service had enough staff to meet the needs of people. They spoke of increased requests to help cover additional care calls to cover staff absence and vacant posts. At times the co-ordinators had also had to go out from the office and cover care calls when care staff were not available to do so. One care staff told us about staff recruitment, "They have tried, but they can't get the staff." Care staff spoke of a good team. One care staff commented, "It's a really good team. A strong team. We work together well. We try to support each other." Another care staff told us, "We work brilliantly as a team." The registered manager told us there was an ongoing recruitment programme throughout the year. He acknowledged it had been a difficult time with a number of staff vacancies to be filled, and had been exploring ways with local recruitment providers to improve the recruitment of new care staff. The provider also had a 'recommend a friend,' scheme with existing care staff to encourage them to help with the recruitment of new care staff.

People told us they usually received their visit from regular care staff. They said they were happy with the care staff who undertook their care calls. One person told us, "They know what to do. I've had them a long time." Another person told us, "I'm generally very satisfied with my carer, she's very obliging." Feedback in relation to timekeeping was varied with people commenting there was not always enough travel time allocated to enable care staff to arrive at their care call on time. One person told us, "Carers are not given enough time to get from A to B." Another person told us, "I have to ring sometimes, only one carer comes instead of two." One person told us when asked about time keeping, "Yes, they're very good." Another person told us about their experience with staff in the office and said they are, "More proactive now, and office staff are more amicable, if someone isn't coming, I am told."

We discussed this with the registered manager who acknowledged timekeeping had been an issue senior staff had been working to address. The care co-ordinators told us how they had been reviewing care staff work programmes to review the areas care staff worked, distances in which they covered to ensure realistic travel time had been incorporated. The care co-ordinators told us they felt improvements had been made and that people were now more settled with their care staff and times that care was provided. We received comments from people that they also felt that improvements had been made. People with less frequent care calls had the same care workers most of the time. People with more care calls told us they usually had the same groups of care staff, on a rota of between four to six care staff. Over time they had come to know the care staff they would be having. Care staff told us they had their regular people they went to, often with additional people to cover for staff vacancies, annual leave and sickness. They told us at time travel times could be an issue, but this was generally if they were covering extra care calls or if there had been a problem, for example if someone had been ill which had delayed them. One care staff told us, "85% of the time it's achievable. Staff shortages have affected this." We have asked the provider to make improvements in these areas.

The provider had a number of policies and procedures to ensure care staff had guidance about how to respect people's rights and keep them safe from harm. These had been reviewed to ensure current guidance and advice had been considered. This included clear systems on protecting people from abuse. Senior staff told us they were aware of and followed the local multi-agency policies and procedures for the protection of adults. Care staff told us they were aware of these policies and procedures and knew where they could read the safeguarding procedures. We talked with care staff about how they would raise concerns of any risks to people and poor practice in the service. They had received safeguarding training and were clear about their role and responsibilities and how to identify, prevent and report abuse.

There were arrangements to help protect people from the risk of financial abuse. Care staff, on occasions, undertook

Requires Improvement

Is the service safe?

shopping for people. Records were made of all financial transactions which were signed by the person and the staff member. Care staff were able to tell us about the procedures to be followed and records to be completed to protect people.

Assessments were undertaken to assess any risks to the person using the service and to the staff supporting them, and protect people from harm. Each person's care plan had an assessment of the environmental risks and any risks due to the health and support needs of the person, and these had been discussed with them. The assessments detailed what the activity was and the associated risk, who could be harmed and guidance for staff to take. For example where people needed help to move. However, these had not all been regularly reviewed. We have asked the provider to make improvements in these areas.

Equipment maintenance was recorded, and care workers were aware they should report to senior staff any concerns about the equipment they used. Any incidents and accidents were recorded and the registered manager told us he kept an overview of these, and the provider was also informed and kept an overview of these to also monitor any patterns and the quality of the care provided and provide guidance and support where needed.

Procedures were in place for staff to respond to emergencies. Care staff had guidance to follow in their handbooks and were aware of the procedures to follow. For example care staff were able to describe the procedures they should follow if they could not gain access to a pre-arranged care call. The care staff told us they would report this to the office straight away and enable senior staff to quickly locate the person and ensure they were safe. There was an on call service available so that care staff had access to information and guidance at all times when they were working. Care staff were aware how to access this and those who had used this service told us it had worked well.

Staffing levels were determined by the number of people using the service and their needs. Staffing levels could be adjusted according to the needs of people, and we saw that the number of care staff supporting a person could be increased if required. For example where a person's mobility had changed. A care co-ordinator showed us how calls were rotered. They told us the system used highlighted individuals preferences to be considered, such as if a person had specifically requested the care call be undertaken by a male or a female worker when scheduling the care calls. These had recently been reviewed to ensure people's preferences were up-to-date. All the care staff had received the essential training to meet people's care needs, and care co-ordinators were aware of care staffs particular strengths and availability when allocating calls. They had tried to allow for short travel times between care calls, which decreased the risk of care staff not being able to make the agreed appointment times. If staff were unable to attend an appointment they informed their manager in advance and cover was arranged so that people received the support they required.

Good

Is the service effective?

Our findings

People told us they felt that staff understood them and their needs. One person told us, “They’re very good, will you do so and so? Read a letter to me? I wouldn’t want to change to my carers.” Another person told us, “They do what they should.” The relative told us when asked if the care staff understood their relatives care needs, “Yes, definitely. She gets on with them very well.”

People were supported by care staff that had the knowledge and skill to carry out their roles. The registered manager told us all care staff completed a four day induction to meet the common induction standards before they supported people. There was a period of shadowing a more experienced staff member before new care staff started to undertake care calls on their own. The length of time a new care staff member shadowed was based on their previous experience, whether they felt they were ready, and a review of their performance. The new care staff confirmed this, and told us they had received the information and support they needed to start working on their own. One new care staff told us, “I was very happy with the support that I was given. Very confident. I felt I was trained properly.”

Care staff received essential training, which included training in moving and handling, medication, first aid, safeguarding, health and safety, food hygiene, equality and diversity, and infection control. In addition care staff were able to develop by completing further training for example in dementia care. Care staff told us they welcomed dementia care training and the guidance given as they were supporting more people living with dementia in the community. The registered manager told us that all the care staff were in the process of going through their annual training updates. Care staff told us they felt they had received the training they needed to meet peoples care needs. They had received regular updates of training as required. All the people we spoke with said they felt that care staff had the necessary skills to meet their care needs. People told us that they were matched with care workers they were compatible with. If they felt a staff member was not suited to them they were able to change them. People told us where they had requested a change in staff this was agreed. The healthcare and social care professionals told us they thought that care staff had the necessary skills and that if they wanted extra guidance they had always asked for this.

Staff received supervision and appraisal from their manager. This was through one-to-one meetings and through spot checks undertaken to monitor the service provided. These processes gave staff an opportunity to discuss their performance and identify any further training they required. Staff meetings had not been held during the last five months. However, three staff meetings were now booked, with the first having been held at the time of the inspection, to up-date care staff on what was happening in the agency. These were being held at different times to try to ensure as many care staff as possible could attend.

The registered manager explained that the timing of annual training updates had just been changed. All the care staff were in the process of receiving their updates within a three month period. The registered manager told us that this would then be easier to provide all the care staff with their annual training updates. The annual appraisals had been delayed until the training had been completed, and were scheduled to follow annual training and the co-ordinators were aware of the timescales for these to be completed.

The provider had a scheme where an employee of the month was identified for particular good work completed. One had been chosen from the care staff who worked in the community and the other from care staff who worked in the extra care housing scheme.

There were clear policies around the Mental Capacity Act 2005 (MCA) and the Deprivation of Liberty Safeguards (DoLS). The MCA is legislation which provides a legal framework for acting and making decisions on behalf of adults who lack the capacity to make decisions for them. DoLS are the process to follow if a person has to be deprived of their liberty in order for them to receive the care and treatment they need. The registered manager told us that if they had any concerns regarding a person’s ability to make a decision they worked with the health and social care professionals to ensure appropriate capacity assessments were undertaken. Care staff told us they had completed or were due to complete this training and all had a good understanding of consent. One care staff told

Good

Is the service effective?

us, “Everyone has freedom of choice.” People told us that their care staff talked them through what they were doing and always asked for consent. Another care staff told us, It’s what the client wants. It’s their wishes and needs.”

Care staff supported people to eat and drink and maintain a healthy diet. Care plans provided information about people’s food and nutrition. People were supported at mealtimes to access food and drink of their choice. Where people lived in the extra care housing scheme we saw that people were supported to go down to the restaurant area to have their meal, or people chose their meal from the selection on the day and care staff went and collected this from the restaurant and people then ate their meal in their own room. Where people lived in the community, care staff told us, much of the food preparation at mealtimes had been completed by family members and care staff were required to reheat and ensure meals were accessible to people. Care staff were aware of the importance of ensuring people had access to adequate food and fluids. If people had been identified as losing weight care staff told us food and fluid charts were completed in to monitor people’s intake. One care staff told us, “If people are losing weight we put food and fluid charts in to monitor. “Care staff had received training in food safety and were aware of safe food handling practices.

We were told by people and their relatives that most of their health care appointments and health care needs were co-ordinated by themselves or their relatives. However, care staff were available to support people to access healthcare appointments if needed. They liaised with health and social care professionals involved in their care if their health or support needs changed. The health and social care professionals told us the manager kept in contact with them and informed them of any concerns or changes in people’s care needs.

Good

Is the service caring?

Our findings

Caring and positive relationships were developed with people. One person commented about the care staff, "They care, talk to me. They're kind." Another person told us care staff, "Always ask how I am, anything else they can do. They're very approachable." Another person when asked if care staff were caring told us they, "Very much do."

People told us they had been asked what care and support they needed, how this should be

provided and they felt that they had been listened to. Care staff told us how they knew individual

needs of the person they were supporting. They told us that they looked at people's care and

support plans and these contained detailed information about people's care and support needs,

including their personal life histories. They also always asked people how they liked things to be

done.

All the people told us they felt care staff treated them or their relative with dignity and respect.

One person told us, "The care is good, I'd hate to lose the carers I've got. Another person told us they thought their care staff was, "Very helpful and cheerful, more a friend." Another person told us, "Carers are kind, courteous, chirpy and pleasant; they will stay a little longer if needed. They don't hurry me." The registered manager was a 'Dignity Champion' and was an attendee of a local group for dignity champions to meet and discuss innovations, developments and improvements that could be made. Since starting to work at the agency he had just arranged for a further member of staff to also become a 'Dignity Champion.' They planned to work together to help support and inform the care staff of innovations and developments.

Privacy and dignity was a topic being discussed at the staff meetings being held. This supported the provider's values for the agency, 'To respect our customers' privacy, dignity and lifestyle in the way we work with them', and embed these values and ensure continuous improvement within the agency. Care staff told us they had received training on privacy and dignity and had a good understanding of dignity and how this was embedded within their daily interactions with people. They were aware of the importance of maintaining people's privacy and dignity, and were able to give us examples of how they achieved this. One care staff told us, "We always give people choice, if they don't want something done then it's up to them. We respect people and how they want things done." Another care staff told us, "I involve people in everything I do, so that they know what is going on and what we are going to do next." Another care staff told us, "I just treat people how I would want to be treated. I always let them know what I am doing. If someone requires a shower I ask them what help they would like. They might like to be on their own in the shower. It's about involving people."

Care records were stored securely. Information was kept confidentially and there were policies and procedures to protect people's confidentiality. There was a confidentiality policy which was accessible to all care staff and was also included in the care worker handbook. People received information around confidentiality as well. Care staff were aware of the importance of maintaining confidentiality and could give examples of how they did this. One staff member told us, "I don't talk to anyone about other people. I would not record any sensitive information, but would raise this with the office."

For people who wished to have additional support whilst making decisions about their care, information on how to access an advocacy service was available in the information guide given to them. Senior staff were aware to tell who they would contact if people needed this support.

Good

Is the service responsive?

Our findings

People and their relatives were involved in making decisions about their care wherever possible. People told us they received care, support and treatment when they required it. One person told us, “My carer always asks is there anything else you want me to do before I go?” Care staff supported people to access the community and minimise the risk of them becoming socially isolated. For example we saw people living in the extra care were supported to participate in the activities and use the facilities provided as part of the scheme. Care staff were knowledgeable about the people they supported. They were aware of their preferences and interests, as well as their health and support needs, which enabled them to provide a personalised service.

People told us they had been involved in developing their care plans and in any review. They felt that they had been listened to and their needs were a priority. All said that the care plans met their current needs, and that if any adjustments were made then they were involved in that review. A detailed pre-admission assessment had been completed for any potential new people wanting to use the service. This identified the care and support people needed to ensure their safety. Where appropriate staff prompted people to undertake certain tasks rather than doing it for them. One person told us, “They encourage me to do things.” One care staff told us, “It’s what the client wants it’s their wishes and needs.”

The care and support plans were detailed and contained clear instructions about the care and support needs of the individual and the outcomes to be achieved. Individual risk assessments had been completed. Care staff told us that people’s care and support plans were up-to-date and gave them the information they needed. If there were any changes in the care senior staff would ring them with any updates, or they would ring up the office and ask for someone to come out and update the information. Where care staff worked in the extra care housing scheme they told us they had a communication book to inform each staff shift of the care provided, and had a handover between staff shifts to ensure care staff remained up-to-date with people’s care needs and of the care which had been provided. They told us this worked well and was informative.

People were asked to give their feedback on the care provided through managers’ spot checks of the work completed, reviews of their care provided and through quality assurance questionnaires. Where people had concerns they were made aware of how to access the complaints procedure was available in the information guide given to people who used the service. The complaints policy gave information to people how to make a complaint, and how this would be responded to. The policy set out the timescales that the representatives of the agency would respond in, as well as contact details for outside agencies that people could contact if they were unhappy with the response. The information provided to people encouraged them to raise any concerns that they may have.

We looked at how people’s concerns and complaints were responded to, and asked people what they would do if they were unhappy with the service. People told us they felt listened to and that if they were not happy about something they would feel comfortable raising the issue and knew who they could speak with. One person told us, “The office are very good, there is always someone there.” Care staff told us they would encourage people to raise any issues that they may have directly with the registered manager. Where people had raised concerns they felt these had been dealt with satisfactorily and quickly. For example, where people had asked for a change in care staff to provide their care for example due to gender preferences. There was a process to follow for the investigation of any formal complaints raised. We looked at the complaints records and saw that this had been followed. The provider also kept and overview of any concerns raised and the quality of the care provided.

Requires Improvement

Is the service well-led?

Our findings

People told us they felt included and listened to, heard and respected, and also confirmed they or their family were involved in the review of their care and support. However, feedback from people was varied when they were asked 'Is the service well led,' and their experience of contact with the agency's office. Comments included, "Sometimes," "Now the office runs fairly well, but they don't always return calls," "They're very good, very organised," "Office staff always available, usually effective," "Office is supportive," "Dreadful, it's a mess! Constantly changing the carer's rotas," and "I don't think they know what they are doing."

There were systems in place for senior staff to monitor the quality of the service. This was by regularly speaking with people to ensure they were happy with the service they received, and undertaking unannounced spot checks to review the quality of the service provided. This included arriving at times when the care staff were there to observe the standard of care provided and coming outside visit times to obtain feedback from the person using the service. The spot checks also included reviewing the care records kept at the person's home to ensure they were appropriately completed. Also the completion of formal reviews where people and their representatives could discuss the care provided. However, feedback from people and staff, and documentation we looked at showed us these checks had not always been completed to ensure the quality of the service provided had been maintained. For example formal reviews of the care provided were not up-to-date and carried out in the timescale as detailed in the provider's policies and procedures. People told us that the care plans matched the care provided. Care staff told us that where people's care needs had changed and a review had not been carried out they reported this to the senior staff. They had then come out to review the care provided, so this had not affected the care provided. Supervision and appraisal of care staff had not in all cases been regularly provided. Staff training records were not all up-to-date. Staff meetings had stopped for a period and care staff told us these were important to keep care staff up-to-date and fully informed. Audits on a number of aspects of the service, for example the completion of care records and medication records had not been maintained. This had not ensured where improvements were required these had been identified and rectified. The provider's risk audit completed in 2014 also highlighted these issues and an action plan in place for agency staff to follow and rectify the omissions. We discussed this with the registered manager and the senior staff. All acknowledged that due to senior staff vacancies they were behind on these checks. However, they were now fully staffed and told us of the work that had already started to catch up and complete all the required checks. We have asked the provider to make improvements in these areas.

There was a clear management structure with identified leadership roles. The registered manager was supported by two co-ordinators and two senior carers. Care staff told us they felt the service was well led and that they were well supported at work. Care staff told us the registered manager and co-ordinators were approachable, were hands on, knew the service well and would act on any issues raised with them. They told us it had been a difficult period and this had impacted on the communication systems in place such as frequency of staff meetings being held and led to at times a lack of communication of what was happening in the agency. One care staff told us, "The manager is keeping us informed, but there has been no team meeting. Staff would like better communication. "However, they spoke positively about the new registered manager and felt that he had been working hard to resolve the issues and put systems back in place. One care staff told us, "The new management is trying to improve and look at some new routines." Another care staff told us, "The manager always listens. He asks if you are alright." Another care staff told us, "I trust (the manager) 100%. I feel confident as he has a lot of knowledge he can pass onto us."

The vision and values for the service was recorded for people to read, and discussed with new care staff in their induction. One care staff told us, "I covered values in the main induction." The aim was, 'To respect our customers' privacy, dignity and lifestyle in the way we work with them. Our care will be provided in the least intrusive way possible. We will treat the service user and everyone connected with them with courtesy at all times. Our workers are sensitive and responsive to race, culture, religion, disability, gender and sexuality and that of the service users family and representatives. Our ethos is to carry out tasks with the customer rather than for them wherever possible, to help maintain independence and autonomy". Staff demonstrated an understanding of the purpose of the service, the importance of people's rights and individuality, and an understood the importance of

Requires Improvement

Is the service well-led?

respecting people's privacy and dignity. We were told by care staff that there was on open culture at the service with clear lines of communication. All the feedback from people and care staff was that they felt comfortable raising issues and providing comments on the care provided in the service. The three health and social care professionals told us the communication between them and the staff at the agency was good, with guidance and changes to people's care and support needs being followed through. They felt that the staff in the agency had worked well with them to provide a good quality service. People were also able to comment on the care provided through the completion of quality assurance questionnaires. The last questionnaire was sent out in 2014, the results of which had been collated and discussed by the senior staff in the agency and where identified could be used to inform the quality of the service provided.

There was a whistle blowing policy in place. Whistle blowing is where a member of staff can report concerns to a senior manager in the organisation, or directly to external organisations. The care staff we spoke with had a clear understanding of their responsibility around reporting poor practice, for example where abuse was suspected. They also knew about the service's whistle blowing process and that they could contact senior managers or outside agencies if they had any concerns.

There were systems in place to drive improvement and ensure the quality of the care provided. The registered manager completed weekly reports to be sent to the provider to keep them informed and enable them to monitor the care provided. The operations manager told us that a risk audit had been completed with a risk action plan detailing observations, recommendations and opportunities with target dates for completion. We looked at the last audit completed. For example it was identified where improvements needed to be made in the recruitment process and the documentation to be looked at, and identified that care plans and risk assessments were overdue to be reviewed. An action plan was in place to be completed by the end of March 2015. The registered manager and staff were able to tell us of the progress of work to meet the timescale identified, and of work being undertaken to make improvements. For example we could see the improvements which had been made to ensure the correct documents requested were requested as part of the recruitment process. The registered manager also met regularly with other registered managers within the organisation. He told us this was an opportunity for the registered managers to be updated and provide information for example on the new Care Act and its impact on the service provided. Also on practices to be followed, for example changes to the provider's policies and procedures. He had then been able to bring this information back and discuss with staff any changes to be made in their work. There was also the opportunity to share experiences, and discuss how to improve and put right issues when they arose.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

This section is primarily information for the provider

Enforcement actions

The table below shows where regulations were not being met and we have taken enforcement action.