

Consummate Care (UK) Ltd

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Inspection report

312a Charter Avenue
Coventry
West Midlands
CV4 8DA

Tel: 02476638339
Website: www.consummatecare.org.uk

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Requires Improvement 

Is the service caring?

Good 

Is the service responsive?

Requires Improvement 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

This inspection took place on 7 June 2016. The inspection was announced. We gave the provider 48 hours' notice of our inspection. This was to make sure we could meet with the manager of the service and care workers on the day of our inspection.

Consummate Care (UK) is a domiciliary care agency which is registered to provide personal care support to people in their own homes. At the time of our visit the agency supported approximately 60 people with personal care and employed 47 care workers.

A requirement of the provider's registration is that they have a registered manager. 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. At the time of our inspection there was a registered manager at the service. We refer to the registered manager as the manager in the body of this report.

Staff had not been recruited safely because full pre-employment checks were not always requested prior to care workers starting work. This meant people were at risk of being supported by staff who were unsuitable to work with people who used the service

Care workers had not received all the training the provider considered essential to meet people's needs safely and effectively. Care workers practice was not being checked to make sure they worked in line with the provider's policies and procedures. However, care workers felt supported by the management team and completed an induction when they joined the service.

People and relatives told us they felt safe using the service and care workers understood how to protect people from abuse. However, processes to minimise risks to people's safety were not consistently followed. This meant staff did not always have the information they needed to support people safely and effectively.

The managers had a basic understanding of the principles of the Mental Capacity Act (MCA) and their responsibilities under the act. Care workers gained people's consent before they provided personal care and respected people's decisions.

People told us care workers were kind and caring and had the right skills and experience to provide the care and support required. People were supported with dignity and respect. Care workers encouraged people to be independent where possible.

People who required support had enough to eat and drink and were assisted to manage their health needs. Care workers referred people to other professionals if they had any concerns. Systems were in place to manage people's medicines and staff had received training to do this.

People and relatives were involved in planning their initial care. However, meetings involving people and families to review the service provided and to discuss any changes were not regularly held.

There were enough care workers to provide care to people and improvements were being made by the service to ensure people had consistent care workers. People had different experiences about the times care workers arrived, some people told us care workers arrived on time others said they were often late. People said regular care workers stayed the agreed length of time and knew how they liked to receive their care.

Some care records were detailed and gave care workers the information needed to ensure care and support was provided in the way people preferred. Other care records had not been completed or were not up to date. People knew how to complain but were not always informed of the outcome of their complaint.

There were systems to monitor and review the quality of service people received, however these were not always effective. People and relatives were able to share their views of the service they received. The provider used this feedback to make some improvements to the service.

We found a breach of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. You can see what action we told the provider to take at the back of the full version of the report.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was not consistently safe.

People told us they felt safe with care workers. However, care workers had not been safely recruited because checks to ensure their suitability to work with people who used the service were not always carried out prior to them starting work. Care workers had a good understanding of what constituted abuse and their responsibility to report any concerns. Arrangements to manage the risks associated with people's care required improvement. There was enough staff to provide the support people required. There were procedures for administering medicines safely and staff were trained to do this.

Requires Improvement ●

Is the service effective?

The service was not consistently effective.

Some care workers had not completed the training needed to ensure they had the knowledge and skills to deliver safe and effective care to people. The managers had limited knowledge and understanding of their responsibilities under the Mental Capacity Act 2005. Care workers gained people's consent before care was provided. People were supported with their nutritional needs and were supported to access healthcare services when required.

Requires Improvement ●

Is the service caring?

The service was caring.

People felt supported by staff they considered to be caring and kind. Staff ensured people were treated with dignity and respect. People were able to make everyday choices and these were respected by staff. People were encouraged to maintain their independence, and had privacy when needed.

Good ●

Is the service responsive?

The service was not consistently responsive.

People did not always receive visits from care workers at the

Requires Improvement ●

times they needed to support them effectively. People and relatives were involved in planning their initial care. However, reviews of planned care were not regularly held. Some care plans were not up to date, however other care plans were detailed and 'person centred'. People and relatives knew how to make a complaint, but were not always updated about the outcome of these.

Is the service well-led?

The service was not consistently well led.

Quality assurance systems were not always effective in identifying areas for improvement. People were satisfied with the service they received from their regular carers workers. Some people and relatives were not satisfied with the way the service was managed. Care workers felt supported by the management team. People and relatives were given opportunities to share their views about the service.

Requires Improvement 

Consummate Care (UK) Ltd

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 was planned to check 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.

As part of our inspection we reviewed information received about the service, for example, from members of the public and the statutory notifications the service had sent us. A statutory notification is information about important events which the provider is required to send to us by law. Prior to our inspection we received concerns from people and relatives about staffing levels and continuity of care provided to people, which we were able to check during our inspection. We contacted the local authority commissioners to find out their views of the service provided by Consummate Care. Commissioners are people who contract care and support services provided to people. They had no further information to tell us that we were not already aware of.

We conducted telephone interviews with 12 people who used the service and five relatives of people to obtain their views of the service they received. We sent questionnaires to 20 care workers. Surveys were returned by three two care workers. We received feedback from an Occupational Therapist who had recently worked with the service. Occupational therapists are trained to support people to carry out everyday activities which are essential for health and wellbeing.

The inspection visit took place on 7 June 2016 and was announced. The provider was given 48 hours' notice hours of our visit. The notice period ensured we were able to meet with the manager and care workers during our inspection. The inspection was conducted by two inspectors and an expert-by-experience. An expert-by-experience is a person who has personal experience of using, or caring for someone who uses this type of care service.

During our visit we spoke with three care workers, the care co-ordinator, the registered manager, the director and the provider. We reviewed four people's care records to see how their care and support was planned and delivered. We checked whether care workers had been recruited safely and were trained to deliver the care and support people required. We looked at other records which related to people's care and

how the service operated, including the service's quality assurance checks.

Is the service safe?

Our findings

Care workers were not being recruited safely, because the provider had not requested pre-employment checks with the Disclosure and Barring Service (DBS). The DBS is a national agency that assists employers make safer recruitment decisions by checking people's backgrounds. This is to prevent people of unsuitable character from working with people who use care services.

Records in two care workers files sampled showed the required DBS check or 'DBS Adult First check' had not been made before they started working with people who used the service. A DBS Adult First check can permit a person to start work, in exceptional circumstances, before a DBS certificate has been received. We spoke with the care co-ordinator who told us, one care worker was working with people unsupervised; the second care worker was scheduled to work without supervision the day after our inspection. This meant there was a risk that people could be supported by staff who were not of a suitable character.

We discussed our concerns with the provider and manager. We found they did not have a clear understanding of the DBS requirements. The manager took immediate action to remove the care workers from working for the service, until the required checks had been made.

We found this was a breach of Regulation 19 (1) (a) (2) of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Fit and proper persons employed.

People told us they felt safe with their regular care workers. One person said, "I have problems getting in and out of the bath. When my carer is here I feel a lot safer and I know that if anything does happen [Name] is there to support me." A relative told us, "My dad has to be hoisted in and out of bed which he doesn't particularly like, but his carers always make sure he feels safe and secure."

Care workers told us they understood the importance of keeping people who they supported safe because they received safeguarding training. When we talked with care workers, they were able to explain how people might experience abuse. One care worker said, "I would be concerned if I saw any marks or bruises, or if people's behaviour changed for no apparent reason." Another care worker told us they would report any concerns to the manager, and that there were policies and procedures in place to help them do so. They said, "The [Manager] would definitely deal with things, but I know I could also go to social services or use the whistleblowing procedure if they [Manager] didn't." They told us, "It's our [Care workers] responsibility to keep people safe."

Prior to our inspection we received concerns from people and relatives about staffing levels and continuity of care provided to people. A relative told us about a recent occasion when care workers had arrived an hour early at 7 am. They said, "Everyone was in bed. I opened the door to be told the agency was short staffed and had just told them [Care workers] to come early so they could fit two more clients in. This isn't the first time this has happened." We spoke to the Commissioning Service for Coventry local authority about these concerns. They told us they were aware of the difficulties the management team was having recruiting and retaining care workers, which was impacting on the continuity of care people received. They told us this had

been discussed with the provider and the manager and some recent improvements made by the service.

At this inspection we discussed these concerns with the provider and manager. The manager described recruitment and retention of care workers as a 'city wide' issue, and the services biggest challenge. The manager told us, and records confirmed staffing levels had recently increased and there were enough care workers to cover all the calls people required. The manager said they were in the process of allocating regular care workers to each person who used the service.

Care workers told us they knew about the risks associated with people's care and how these were to be managed. One care workers told us, "We risk assess on a daily basis, for example when we use equipment. We check to make sure it's safe to use. By doing a visual check." Another care workers member said, "They [People] have risk assessments for any dangers with their care. They are in the care records."

There was a procedure to identified potential risks related to people's care, such as risks in the home or risks to the person. Risk assessments and care plans instructed care workers how to manage and reduce the risks to each person. For example, one person needed assistance with moving. The risk assessment included the number of care workers and the equipment required to help move this person safely and to minimise potential harm to the person and to care workers.

However, we found other risk assessments and care plans had not been completed. For example, there was no risk assessment or care plan for a person who was at risk of choking. We saw a letter on the person's file from a health care professional recommending the need to thicken the person's drinks to reduce their risk of choking. The care co-ordinator gave us assurances staff had been informed of, and were following the recommendations made. Another person had recently been discharged from hospital. Staff had recorded on the person's records "No change to risk assessments." The person's file did not contain any risk assessments. We asked the manager why these records had not been completed. The manager told us the care records had been the responsibility of a care co-ordinator who had recently left their employment at the service. The manager made immediate arrangements to review the service provided for these people and to complete the relevant records.

When we asked people if they received the support they need to take their medicines. We received mixed responses. One person told us, "I take medication daily. My carer takes it out of the box, gives it to me with a drink and then signs the record to make sure it's recorded that I've taken it." Another person explained new care workers often forgot to give them their medicine they said, "I have to remember to ask for them [tablets] before they leave [new care workers]." A relative told us, "...twice now in the last few weeks, [Person's] carers have missed giving medication." This posed a risk people would not receive the prescribed medicine to keep them safe.

Care workers told us, and records confirmed they had completed training in the management and administration of medicines as part of their induction. One care worker told us, "I check log sheets and medication administration records [MAR] are completed on each call." We saw MAR records were quality checked by the manager and actions taken if gaps were identified.

The manager told us they had worked with an occupational therapist and pharmacist to improve the way medicines were managed by the service. A centralised medicines management system had been arranged and staff training was planned. The manager said, "This will take the pressure of staff because the chemist will manage the ordering and delivery of medicines. All tablets will be 'blister packed' and will come with a medication record." The provider told us they had appointed a person to work one day a week carrying out 'spot checks', particularly around medicines management and administration.

Is the service effective?

Our findings

People told us care workers who visited them regularly had the skills and knowledge needed to support them effectively. People and relatives said newer care workers did not always understand people's needs or how to meet these. One person said, "My regular carers are very good. There is never a problem." Another person told us, "I'm fairly certain I've had carers looking after me who have had hardly any basic training.... it seems they take on new care workers and let them go out to clients before all of their basic training is completed." A relative told us, "The standard of training varies greatly...regular carers are very good...but I have to say when we get new carers if I wasn't here to show them I don't know what would happen."

Care workers told us, and records confirmed they received an induction when they started work at the service. One care worker told us, "I went out with one of the senior carers for four days. It helped me to get to know people and how to do things and I did training in the office." Another care worker told us, "I did my induction and I've also started the new care certificate." The Care Certificate assesses care workers against a specific set of standards. As a result of this, care workers had to demonstrate they had the skills, knowledge, values and behaviours expected from care workers within a care environment to ensure they provided high quality care and support.

Training records showed new care workers completed some of the training the provider considered essential to meet the needs of people who used the service, as part of their induction. One care worker told us they had completed food hygiene, safeguarding and infection control training, but had not completed practical training in how to move people safely. Discussion with care workers and information in care records showed care workers used equipment to support people to move on a regular daily basis without having had the required training.

We asked the manager how care workers were trained to use moving and handling equipment, such as a hoist. The manager told us new care workers were shown by experienced staff. They said this was because they could not access practical training provided by the local authority until September 2016. We looked at the training records for experienced care workers and saw moving and handling training was out of date. This meant the provider could not be sure new care workers were being given up to date information about how to move people safely.

Training certificates on staff files showed training in most areas was out of date. For example, one care worker had not done any training since completing their induction with the service in 2014. On another staff file we saw a certificate for moving and handling training which included training in the use of a hoist and sling as one of the areas covered. We asked the staff member if they had completed this training they told us they had not. We spoke with the manager who confirmed the training attended had been a theory session. They told us they would update all certificates to make this clear.

The manager told us they were responsible for monitoring training and this was not up to date. They said, "I have to check training manually and don't always have the time." They said the provider was introducing an electronic system which would automatically identify the training staff needed to complete and when

refresher training was due. The manager told us they had recently started working with a local college to support care workers to complete distance learning.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. Where people lack mental capacity to take particular decisions, any decisions made must be in their best interests and in the least restrictive way possible. People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this are called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA and whether any conditions on authorisations to deprive a person of their liberty were being met. The manager had a basic understanding of MCA and their responsibilities under the act. The manager told no one using the service at the time of our inspection lacked capacity to make decisions. The manager told us they were planning to further develop understanding of mental capacity and DoLS across the service.

Some care workers had completed MCA training and were able to explain to us the principles of MCA and DoLS. They gave examples of applying these principles to protect people's rights, for example, asking people for their consent and respecting people's decisions to refuse care where they had the capacity to do so. One care worker told us, "During the initial assessment we look at cognitive issues. We usually know if there are any issues with capacity due to the social work assessment. If there are any concerns we would refer back to the social worker." Another care worker said, "I always ask them [People] if they are ready for me to help them. We know we must get their consent."

People told us care workers supported them with food and nutrition to maintain their health if it was part of their plan of care. One person said, "My carer makes me a sandwich for lunch time and will leave it with a drink, so that I can reach it when they go." Another person described how care workers left a flask by their bed to ensure they could have a drink during the night if needed. One care worker described how they prepared food for someone, they told us, "I always take two meals into the front room, the microwave ones, and show them [Person] so they can choose."

People we spoke with told us they mainly managed their day to day healthcare or had relatives who supported them with this. Care workers said they informed people's relative or the office if a person was unwell and needed a visit from the GP. Records showed the service involved other health professionals with people's care when required including district nurses and occupational therapists. Where needed people were supported to manage their health conditions and had access to health care services if required.

Care workers told us they informed the office staff if there were changes to people's health or social care needs. One care worker described how they had called for an ambulance for one person they visited. The care workers member said, "I realised straight away [Person] didn't look well. I immediately dialled 999. I waited with [Person] to reassure them. Then I let the office know."

Is the service caring?

Our findings

People told us care workers who visited them regularly were caring and kind. One person said, "My two regular carers are lovely they are like part of my family now." A relative told us, "They [Care workers] are very good with my mum." An occupational therapist told us they had observed care workers during joint visits to people, they said, "I found them [Care workers] to be very knowledgeable, very caring and professional in their approach."

Staff told us what being 'caring' meant for them. One care worker told us, "Treating people like they are your family and showing them [People] you care by the way you talk and act." Another care worker told us, "You get to know people, so you are always thinking about them." The manager said us, "We have some very good staff. The service users [People] love them."

People told us care workers treated them with respect and maintained their privacy. One person said, "My carers always make sure the curtains are closed before I start undressing in the evening as my bedroom window overlooks some of the houses at the back." A relative described how care workers respected their family member's privacy by assisting the person to the bathroom, making sure the person was safe and then closing the door. The relative said, "That's really important to [Person]." A health care professional told us care workers built positive relationships with the people they supported and delivered care in a respectful and dignified way.

Staff told us how they ensured people were cared for with dignity. One care worker told, "It's about taking your time, making sure they [People] are covered when helping with washing and making the person feel comfortable with you being there." The manager told us, "Basic values, dignity, privacy are really important. These are covered in induction with new staff before they go out to people's homes."

People said they received care at their pace and were not rushed. People said regular care workers stayed long enough to complete all the tasks required of them. One person told us, "My regular carer and I always have a good chat while we are getting me ready in the morning. There's no hurry." Care workers said they were allocated sufficient time to carry out their calls and had flexibility to stay longer if required. One care worker said, "We have enough time to do what is recorded on the care plan and to sit and talk to people."

People were supported to maintain and increase their independence and the support they received was flexible to their needs. One person told us, "Some days I can do more things myself. It depends how my health is. They [Care workers] know this, so they do things with me." One care workers described how they supported a person to maintain their independence by giving verbal prompts. They said, "[Person] needs help getting dressed, but there are lots of things [Person] can do. So I just say, 'how about you trying to do that today.' [Person] has a go and does it. Of course, I would do it if they couldn't."

Is the service responsive?

Our findings

People told us their regular care workers usually arrived on time and stayed long enough to complete all the tasks required. One person said, "Thankfully my carers arrive on time or thereabouts. They [Management team] group people who live fairly close together which I think helps." Another person told us "The carers are fairly good at arriving on time...I've never experienced anybody not coming which is good."

However, some people told us when different care workers visited the time of their call changed, often without notice. One person told us they needed their calls at set times each day because of a specific health need. The person explained they were dependant on care workers preparing their meals which they needed within a short time of the district nurse visiting to administer medicine. The person told us, "The other day it was nearly 10.30, almost an hour and a half late when they [Care workers] arrived." We looked at the person's care records and the care workers' allocation system. We found the person's care records did not identify the need for a specific call time. There was no information on the care workers' allocation system to alert the care co-ordinator to the need for this call to be prioritised if the allocated care worker was unable to make the visit. We discussed this with the care co-ordinator who added to the person's records and added an alert to the allocation system during our visit.

People said they were involved in planning and agreeing their own care. One person said, "My daughter and I met with the manager when I first started at the agency and the care plan was written after we had a long talk."

People and relatives told us meetings to review their care were not regularly held. One person said, "I've been with the agency for about a year and a half...I haven't had anyone ring me up to see if everything is alright." A relative described how a review meeting had been arranged but was cancelled by the service. They told us, "We have been waiting three weeks for someone to contact us with an alternative date." Other relatives told us meetings to review their family members plan of care had been cancelled at short notice by the service. Meetings had not been rearranged. The manager told us it had been necessary to cancel meetings due to staffing vacancies and staff absences. They told us they were in the process of devising a new meeting schedule.

All the care workers we spoke with told us they were supporting the same people regularly. One care worker said, "They [Management] have introduced primary workers (a regular care workers that attends the call). This is really good because you get to go to the same people and can really get to know them. It's working really well." The care co-ordinator told us, "The system now automatically allocates calls to the primary care worker. A few weeks ago nearly everyone had a primary care worker, but with care workers leaving we have had to review this. We have managed to re - allocate primary care workers to people but not all, but they do have the same team of care workers that provide care."

We looked at the call schedules for four people who used the service and four care workers. These showed people were allocated regular care workers where possible. The manager told us there was a thirty minute 'window' either way for calls times to allow care workers time to travel. The manager told us people were

told about the thirty minutes when the service started.

Two care workers we spoke with had good understanding of people's care and support needs. One care worker said, "We now have regular clients. I like to work with the same people so they get to know me and we can build up trust." Another care worker explained how they spoke to the care co-ordinator before visiting a person for the first time. They told us, "If it's a new call I always ring the office so I have some information before I do the call." Some care workers told us they did not always have time to read care plans. One care workers said, "I don't have time to read the care plan. I just look at what other care workers have done and complete the medication and food charts if they have them." This posed a risk that care workers would not be supporting people correctly.

We reviewed the care records for four people. We found some care records had not been completed, or were not up to date. For example, no care plans had been written for one person who had used the service since November 2015. Care plans for another person had not been updated following an assessment by a health care professional where recommendations had been made about how the person needed to be supported with drinking. We were concerned this meant staff did not have the information they needed to respond to people needs. We discussed our concerns with the manager who said the records would be updated as a priority.

Other care records were 'person centred', and clearly reflected people's abilities, preferences, likes and dislikes. For example, 'When care workers arrive I will be in bed so please come in and say hello. I have dementia so please introduce yourself before you start as I may not have remembered who you are.' Care plans gave care workers clear detailed instructions about what they needed to do at each call and how they should do this. Records of calls completed by care workers confirmed these instructions had been followed.

We saw the manager was introducing booklets titled 'My Preferences' for all people who used the service. These provided care workers with further information about the person, their background history, likes and preferences. This gave care workers the information they needed to provide more personalised care.

People told us they knew who to contact if they needed to make a complaint. One person said, "I've got a leaflet about what you would need to do." Another person told us, "I know who to talk to but they never get back to you." A relative explained they had telephoned the service to make a complaint. They said, "... although I appreciate it seems to have been resolved, no one has actually spoken to me from the agency to explain what action they took as a consequence of my telephone call." We saw the provider's complaint procedure was detailed in the service user guide which was issued to each person who used the service.

Care workers understood how to support people if they wanted to complain. One care worker said, "I would let the office know if anyone made a complaint. Everyone seems happy so far." Another care worker described how they had experienced difficulties sharing people's concerns with the office. They said, "We did have a problem with communication, but this person has left and things have improved." Care workers told us they were confident concerns would be dealt with by the manager.

We looked at the service's complaint record which showed three complaints had been recorded in the past six months. This was not consistent with what some people had told us about their experience of using the service. We asked the manager about this and were told; We had a lot of issues with complaint information not being passed to me by a person who no longer works for us." The manager explained a new system for recording and reporting complaints had been introduced. We saw complaints were now being managed in line with the provider's procedure.

Is the service well-led?

Our findings

We asked people who used Consummate Care if the service was well managed. One person said, "Apart from an initial meeting nine months ago I have never seen anyone who calls themselves a manager." Another person said, "I think so." One relative said, "I must say I have serious doubts about the management of the service." The relative explained this was because of the way calls to their family member were managed.

People and relatives told us they were satisfied with the service they received when their regular carers visited. One person told us, "When it's the regulars then it is great and I have no problems." However people and relatives were not satisfied with the service provided at other times. Comments made included, "I would just like to have a good standard of care provided by each carer that came through the door.", And, "...too often [Person] is sent different carers who, as far as I am concerned, have not had sufficient training...if it wasn't for me telling them exactly what to do they wouldn't cope."

We discussed this feedback with the manager. The manager described the different ways the service was responding to these concerns, which included, an increase in the time new staff spent on induction to ensure they had the skills and knowledge needed to support people, the allocation of a named worker for each person who used the service and the appointment of additional staff to join the management team.

The management team at Consummate Care consisted of the provider, a director, the registered manager and three field senior care workers. A care co-ordinator worked in the office to support them. The manager told us they were supported by the provider who was always available. The provider told us they were planning to increase the support available to the manager and staff by recruiting a deputy manager, a care co-ordinator and more senior care workers. The provider said they would be taking a qualification in operational management to enable them to take a more active role in the management of the service.

The provider told us about their plans for the future of the service. A new office in a central location had been secured. Plans were underway for the office move towards the end of the year. The provider told us this meant care workers would find it easier to visit the new office if they wanted to speak to a member of the management team, or if they needed to do training. Currently some staff did not visit the office because of the time it took them to travel there.

Staff told us they felt supported by the management team. One care workers told us, "[Manager] is always available and knowledgeable. If you need to speak to them you can phone or make an appointment to see them." Another care workers member said, "[Provider] is really nice. Sometimes if I do extra calls [Provider] gives me a lift because I don't drive." Care workers told us the management team were available to support them outside 'normal' office hours. One care workers member said, "We [Care workers] all have the phone number for the on call manager. We can phone 24 hrs a day, seven days a week and we always get an answer."

Care workers said they had individual meetings with a member of the management team. They told us these

included observations of their practice which they found valuable. One care workers said, "We discuss my training and personal development." Another care worker told us, "I have my competencies checked to make sure I wear the right protective clothing that I read the care plan, how I speak to people. They [Care co-ordinator] watch the whole call including completing the contact sheet and they will give feedback on your practice. If there are any areas of concern they will arrange further training."

Records on staff files showed supervisions and observations of staff practice were not up to date. For example, some care workers had not had their practice observed since 2014. This meant the provider could not be assured care workers followed their policies and procedures and practiced the learning gained through training. The manager told us individual meeting with staff were not up to date because of vacancies within the management team. The manager said in the short term they were addressing this by maintaining daily contact with care workers. The manager said, "I would respond immediately if a staff member needed guidance, or any concerns were raised about a staff members practice."

The provider conducted annual satisfaction surveys which asked people to share their opinions about the service. The most recent questionnaire had been sent to people in December 2015. We saw the results of the surveys had been reviewed and some action had been taken where the need for improvements had been identified. For example, people had commented on the amount of time it took for care workers to complete paperwork. In response to this the manager had revised records to make them more easily accessible which had reduced the time needed to complete them. This meant the provider acted on the feedback they received about the service to plan and make improvements.

Checks to monitor the quality of service provided were not always effective. There were processes in place to make sure the service was meeting people's needs. For example checks on the administration of medicines and care records. Where recording omissions or errors had been identified the manager completed a 'corrective action' form which they signed off when the required actions were completed. One care workers said, "If something is wrong with our paperwork [Manager] rings us and tells us what we need to do to get it right." However, we found checks were not always effective. For example, care file audits had not identified when care records had not been completed, or updated to reflect people's current needs.

The provider had sent notifications to us about important events and incidents that occurred. The provider also shared information with local authorities and other regulators when required, and kept us informed of the progress and the outcomes of any investigations.

We asked the manager what they were most proud of about the service. They told us, "The fact we got investors in people award in 2015. The changes made since I started; increased hours and improving the reputation of the service. And I am proud of my staff I have some excellent care workers."

The manager told us they had a good understanding of areas which needed to be improved within the service. They said they had arranged a meeting with the provider and other members of the management team following our inspection to agree how these would be addressed. The manager said, "We are trying desperately to do things in the right way and provide people with the best service we can."

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.

Regulated activity	Regulation
Personal care	Regulation 19 HSCA RA Regulations 2014 Fit and proper persons employed Care workers were not being recruited safely, because the provider had not requested pre-employment checks with the Disclosure and Barring Service (DBS) before care workers started working with people who used the service. Regulation 19 (1) (a) The provider was not ensuring their recruitment procedures were operated effectively. Regulation 19 (2)