Magnata Limited

Magnata Care (Basingstoke)

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?	**Inadequate**

Overall summary

This inspection took place on 6, 11and 12 February 2015 and was announced. The service was given 48 hours' notice of the inspection to ensure that the people we needed to speak with were available.

Magnata Care provides a domiciliary care service to enable people living in Basingstoke, Maidenhead and West Berkshire to maintain their independence at home. There were 94 people using the service at the time of the inspection, who had a range of physical and health care needs. Some people were being supported to live with dementia, whilst others were supported with their rehabilitation after experiencing a stroke.

The service had not had a registered manager in place since 30 April 2014. A registered manager is a person who has registered with the Care Quality Commission (CQC) to manage the service. Like registered providers, they are 'registered persons'. Registered persons have a legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run. The manager in place at the time of our inspection in May 2014 had begun the process to become the registered manager but they resigned at the end of November 2014, just before the process was finalised. The manager at the time of this inspection has begun the process to become the registered manager.

Summary of findings

At our previous inspection on 30 May 2014 the provider was not meeting the requirements of the law in relation to people's care and welfare, staffing, supporting workers and assessing and monitoring the quality of the service. Following the inspection the provider sent us an action plan and informed us they would make improvements to meet these requirements by 30 October 2014.

During this inspection we found improvements had been made in relation to people's care and welfare, staffing levels and support for workers. Improvements were still required in relation to assessing and monitoring the service.

The provider had not protected people against the risks of inappropriate or unsafe care by effectively operating systems to assess and monitor the quality of service. When shortfalls and concerns had been identified no action had been taken by the provider to make improvements.

We found a breach of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010, which corresponds to 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 this report.

Since the last inspection staffing levels had improved and there had been a significant reduction in the number of people using the service. The manager had returned 20 packages for care to be provided to people by alternative providers. However, three people had experienced some missed or mistimed calls. One of three senior care staff members had left the service recently and had not been replaced. Although the manager completed the calls herself to address any missed calls or lateness at the time of our inspection there was a risk that this may not be sustainable in the long term.

People told us they felt safe and trusted the care staff. One person said "They know what they are doing and how I like to be supported so I never have to worry." Care staff had completed safeguarding training and had access to local authority guidance. They were able to recognise if people were at risk and knew what action they should take. People were kept safe because safeguarding incidents were reported and acted upon.

Needs and risk assessments had been completed and reviewed regularly with people and where appropriate, their relatives. Where risks to people had been identified there were plans to manage them effectively. Care staff understood the risks to people and followed the guidance to safely manage these risks.

Care staff responded flexibly to people's individual wishes and changing needs and sought support from healthcare specialists when necessary. People's dignity and privacy were respected and supported by care staff.

The provider had taken action to ensure care staff received supervision, appraisals and training. People's care was provided by care staff who received appropriate training and support. Care staff had received an induction into their role which met recognised standards within the care sector. The manager and senior care staff completed checks of care staff competence to undertake their roles safely.

Care staff had undergone appropriate recruitment checks as part of their application and these were documented. These included the provision of suitable references and a Disclosure and Barring Service (DBS) check. The DBS helps employers make safer recruitment decisions and helps prevent unsuitable people from working with people who use care and support services.

Medicines were administered safely in a way people preferred, by trained staff who had their competency assessed annually by the manager and senior support workers.

Care staff completed training on the Mental Capacity Act (MCA) 2005 and understood their role. People told us staff had sought their consent before delivering their care. Where people lacked the capacity to consent the principles of the Mental Capacity Act 2005 had been followed to make best interest decisions on their behalf.

People's care plans documented what support they required in relation to nutrition and hydration. People were supported to ensure they had enough to eat and drink.

People told us care staff were caring and treated them with dignity. One person said "Nothing is too much trouble for them. The carers are so kind and considerate." We observed care staff provided people's care in a warm, friendly and compassionate manner. People told us they experienced good continuity of care from care staff whom

Summary of findings

they had grown to know and trust and from newly recruited care staff. One person told us, “If the carers are new they read my care plan but always ask me what I want and how I like things done.”

People were treated as individuals and told us their care was designed to meet their specific requirements. During our last inspection some people told us they frequently received support from care staff of a different gender to that they had requested. At this inspection people told us they were receiving support from care staff of their preferred gender.

The manager had improved people’s care plans and ensured they had been reviewed. People had accurate care plans and these were stored securely in the office.

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.

The service did not always provide sufficient staff, with the right skills mix, competence or experience to keep people safe. There was a risk that staff absence may not be covered with appropriately skilled staff in order to meet people's needs safely.

Care staff understood their roles and responsibilities in relation to safeguarding.

Medicines were administered safely in a way people preferred, by trained staff. Care staff had their competency assessed annually by the manager or senior support worker.

Is the service effective?

Good

The service was effective.

Care staff were aware of changes in people's needs and ensured people accessed health care services promptly when required.

People were supported to make their own decisions and choices. Care staff understood the principles of consent and mental capacity.

People were provided with nutritious food and drink, which met their dietary preferences and requirements. People were supported to eat a healthy diet of their choice.

Is the service caring?

Good

The service was caring.

Care staff treated people in a kind and compassionate manner. If care staff were not familiar with people's care needs they checked with them how they wanted their care provided.

People were actively involved in decisions about their care and support.

People received their care in private and were treated with dignity and respect. People were supported to be independent.

Is the service responsive?

Good

The service was responsive.

People had personalised care plans which reflected their individual care needs and preferences with regards to the provision of their care. These had been updated regularly to reflect any changes.

Complaints from people, their family or professionals were investigated and action had been taken by the manager to resolve them.

Summary of findings

Is the service well-led?

Inadequate 

The service was not well led.

The manager had not been supported by the provider with an effective induction process or handover from the previous manager.The manager's ability to manage and lead the service was compromised because they were covering the responsibilities of other senior care staff.

The systems in place to monitor the safety and quality of the service were not effective and were not used to improve the service. People's feedback had been sought by the provider. However, the provider had not acted on their feedback to drive and achieve improvements in the service.

Even though care staff were unable to tell us about the provider's values and visions we saw they demonstrated these values in their practice.

Magnata Care (Basingstoke)

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.

The inspection took place on 6, 11 and 12 February 2015 and was announced. The service was given 48 hours' notice of the inspection to ensure that the people we needed to speak with were available. The inspection team consisted of one inspector.

Before the inspection the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We reviewed the information included in the PIR along with information we held about the service, for example, statutory notifications. A notification is information about important events which the provider is required to tell us about by law.

Prior to the inspection we spoke with two commissioners of the service. During the inspection we spoke with the manager, the care coordinator, the office administrator, a senior care worker, two care workers and a manager from another service within the provider's care group. We reviewed 13 people's care plans, 12 care staff recruitment and supervision records, and information relating to the management of the service.

We visited nine people at their homes and spoke with them about their care and looked at their care records. We observed some aspects of care, such as care staff preparing people's meals and the administration of medicines.

Following the home visits we spoke with a further nine people, two of their relatives and 15 care staff on the telephone.

Requires Improvement

Is the service safe?

Our findings

Since the last inspection in May 2014 there had been a significant reduction in the number of people using the service. The manager had returned 20 packages for care to be supplied to people by alternative providers. Prior to this inspection we received concerning information about the quality of service provided by Magnata Care to people in the West Berkshire area. These concerns related to missed or mistimed calls.

During this inspection 12 people, including four from the West Berkshire area, told us that during the summer of 2014 they had experienced numerous missed or mistimed calls, which they had reported to the manager. They told us that coordination by the office staff had improved to reduce missed or mistimed calls and that they received a telephone call if care staff were going to be late. A relative told us, "In the summer it was chaos, you didn't know if carers were coming or when, but it has definitely improved. If staff are going to be late now you get a call to let you know."

One of three senior care staff members covering West Berkshire had left the service recently and had not been replaced. The manager told us that until the new senior care staff member was recruited, where necessary they covered any missed or late calls themselves. Rotas demonstrated that the manager was covering for any late and missed calls during the weekend to ensure people were safe. However, there was a risk that this may not be sustainable in the long term.

At our last inspection in May 2014 we found the provider had not ensured that people who required two staff to support them safely always received a visit from two care staff. We spoke with eight people who required the support of two care staff who told us the service had improved and they now received the required number of care staff on all visits.

The care staff rota system enabled the manager to monitor care staff continuity in relation to people's visits and preferred times. The new care coordinator was in the process of updating the information within the system to improve care staff continuity and the timing of people's visits.

People told us they felt safe because they were supported by staff who knew them well. One person told us, "I can't praise them enough. They know all about me and what to do when I need their help." Another person said, "They have their hands full coping with me but I trust them completely."

Since the last inspection all care staff had received safeguarding training and knew how to recognise and report potential signs of abuse. Care staff told us they would have no hesitation in reporting abuse and were confident the registered manager would act on their concerns. Care staff told us they had access to safeguarding polices and relevant telephone numbers to enable them to report any safeguarding concerns.

People were kept safe as care staff understood their role in relation to safeguarding procedures. Records showed five safeguarding incidents had been reported, recorded and investigated in accordance with the provider's safeguarding policies and local authority guidance.

People were protected from the risks associated with their care and support because these had been identified and managed appropriately. Risks to people had been identified in relation to safety, communications, memory, behaviour, sleep, medicines, pain, nutrition, washing, bathing, grooming, dressing, continence, skin care, mobility and social contact. Care staff were able to demonstrate their knowledge of people's needs and risk assessments, which was consistent with the guidance contained within people's care plans. Risk assessments gave care staff guidance to follow in order to provide the required support to keep people safe.

Risks to people associated with moving and positioning were managed safely because care staff had received appropriate training and had their competency assessed annually. The manager told us where people were supported with moving equipment a risk assessment and risk management plan had been completed, which included any specific training required. Care staff had been trained in the use of people's individual support equipment, which was confirmed in their training records. A person we visited told us how senior care staff had provided guidance to ensure care staff knew how to support them safely whilst having a shower.

Where skin assessments identified people were at risk of experiencing pressure sores care staff had received guidance about how to reduce these risks to prevent their development. Care staff told us how they supported people

Requires Improvement

Is the service safe?

to move during the day to relieve pressure areas and how they monitored people's skin. During visits to people we observed that pressure relieving equipment was being used in accordance with people's pressure area management plans. Where people had joined the service with existing pressure sores care staff received guidance about how to manage these, for example from the district nurses, which they then implemented. This meant that the risks to people from pressure sores had been managed effectively.

Staff had undergone appropriate recruitment checks as part of their application and these were documented. These included the provision of suitable references and a Disclosure and Barring Service (DBS) check. The DBS helps employers make safer recruitment decisions and helps prevent unsuitable people from working with people who use care and support services.

Medicines were administered safely in a way people preferred, by trained staff who had their competency assessed annually by the manager and senior support workers. The service user guide and provider's medicines policy gave clear information about what staff may or may not do to support people with their medicines.

Care staff told they felt confident managing medicines and that their training had prepared them to do this. We examined records which confirmed that staff had received the appropriate training. People told us that staff supported them where necessary with their medicine, in accordance with their care plan. Appropriate arrangements were in place in relation to obtaining, storing and disposing of people's medicines.

We reviewed people's medicine administration records (MAR) and saw staff had signed to record what medicine had been administered. If a medicine was not administered, the reason and any action taken as a result were recorded.

The manager reported there had been two medicines errors since our last inspection. When care staff had identified the errors, they had taken prompt action to liaise with the person's GP to ensure people were safe. The manager had completed a reassessment of the competencies of the care staff in each case.

Good

Is the service effective?

Our findings

People told us the care staff were good at identifying and meeting their needs effectively. People and relatives told us that care staff understood people's rights and the principles of consent. A relative told us how they were concerned their loved one often refused to eat. A care staff member explained how they encouraged this person to eat. They did this by offering different meals this person preferred, which were normally accepted.

During our last inspection the manager could not demonstrate that care staff had completed an induction programme or received appropriate training to meet the needs of people supported by the service effectively. During this inspection we found the provider had made improvements to ensure all care staff received an induction programme and other appropriate training. Care staff told us they had completed the Skills for Care common induction standards which are the standards people working in adult social care need to meet before they can safely work unsupervised. People were cared for by care staff who had received an appropriate induction to their role.

Care staff were encouraged to undertake additional relevant training to enable them to provide people's care effectively and were supported with their career development. Records showed four care staff were qualified to National Vocational Level (NVQ) two or the equivalent. NVQs are work based awards that are achieved through assessment and training. To achieve an NVQ, candidates must prove that they have the ability to carry out their job to the required standard.

The provider's specialist trainer provided required core training to equip care staff with the skills to meet people's needs. Further training had been arranged for care staff, for example by the district nursing team, where additional skills were required to meet people's needs. Care staff told us that they felt confident that their induction and training had prepared them to effectively support people to meet their needs.

During our last inspection we identified that care staff had not received effective supervisions, spot checks by managers to observe their practice or appraisals. During this inspection we found the provider had made improvements to address these concerns. The service now had an effective system of supervision in place. Care staff told us they had received a spot check and supervision during the previous six months, and had received an annual appraisal or had one arranged. We confirmed this by reviewing staff files and the provider's computer records. The senior care staff told us that some quarterly care staff supervisions were now due because a senior care staff vacancy had yet to be filled. The manager told us they would complete these supervisions, which had been scheduled, until a new senior care worker was appointed.

People said the care staff always asked for their consent before they did anything. Care staff told us they had received training in the Mental Capacity Act (MCA) 2005 in July 2014. Care staff training records confirmed this. The MCA provides a legal framework for acting and making decisions on behalf of people who lack the mental capacity to make particular decisions for themselves. Care staff demonstrated an understanding of the principles of the act and described how they supported people to make decisions. The provider had a copy of the Hampshire local authority guidance to support them in any formal recording of mental capacity assessments and best interest decisions. People were cared for by care staff who had received relevant training and understood their responsibilities in relation to the MCA.

We reviewed the care records of a person who had been assessed as not having the capacity to make decisions about their ability to mobilise. We noted in their records that a 'best interest decision' had been made in relation to the most appropriate care and support to meet their needs.

The provider had obtained copies of people's lasting power of attorney (LPA). A LPA is a legal document that lets a person appoint one or more people, attorney's, to make decisions on their behalf. They can be in relation to health and welfare or property and financial affairs. This ensured the provider knew who was legally able to make decisions on people's behalf and in relation to what type of issues. The manager ensured people's attorneys were involved in people's care planning where required. A relative who was also an 'attorney' said, "The carers are very good and always contact me if I need to make any decisions." People were supported by care staff who understood who was legally able to make decisions on their behalf.

Care plans detailed people's specific dietary requirements, preferences and any food allergies. People were supported

Good

Is the service effective?

to eat a healthy diet of their choice by care staff who had completed training in relation to food hygiene, nutrition and hydration. Care staff knew people's food and drink preferences and were able to tell us what action they would take if they identified a person to be at risk of malnutrition. People were supported to have adequate nutrition and hydration.

Care staff recognised changes in people's needs in a timely way and promptly sought advice from health professionals.

In one example, a person told us how their GP had praised Magnata care staff for promptly informing them when they had become ill. A relative told us that care staff had quickly informed them and the GP when a person had developed an infection. We saw another example where care staff had made a prompt referral to an occupational therapist for a person's moving and positioning needs to be reassessed.

Good

Is the service caring?

Our findings

Feedback from people and relatives identified the caring and compassionate approach of the care staff. One person told us, “They are so kind and make a real fuss of me.” Another person said, “My carer is lovely. She treats me just like her mum and always gives me a hug.” Relatives said they were very happy with the care provided and care staff were very good. One relative whose loved one required support with complex needs told us, “I can’t praise them enough. They are always so calm and caring which is so reassuring. I have every confidence in them.” We observed relationships between people and care staff which were warm and caring.

The manager told us it was important for care staff to provide support in a caring and compassionate way. When two people were unhappy with the caring attitude of one care staff we noted the manager had addressed these concerns in a supervision with the care staff member and had provided refresher training in relation to the delivery of personal care for them.

Care staff demonstrated detailed knowledge about the needs of people and had developed trusting relationships with them. They were able to tell us about the personal histories and preferences of each person they supported. Care staff understood people’s care plans and the events that had informed them. People’s preferences about terms of address, bathing arrangements, times they liked to get up and go to bed were noted and followed.

People told us the service had improved since our last inspection and now provided better consistency of care. One person said, “It is a lot better now and most of the time I get the same regular carers, which means I know them and they know me.” When new care staff had been recruited they were introduced to people they would be supporting by attending calls with existing care staff. People told us if care staff were not familiar with people’s care needs they checked with them how they wanted their care to be provided. People were cared for by care staff who had developed caring relationships with them.

People and relatives, where appropriate were involved in making their decisions and planning their own care and support. If they were unable to do this, their care needs were discussed with relatives. They told us they were able to make choices about their day to day lives and care staff respected those choices.

During our visits we observed people being treated with dignity and respect. People and relatives told us people’s dignity was promoted by care staff because they were treated as individuals, with kindness and compassion. Care staff described how they supported people to maintain their privacy and dignity. These included taking people into their bedrooms to deliver personal care and supporting them to do what they were able to for themselves. When staff wished to discuss a confidential matter they did so in private. Records showed staff had discussed sensitive issues such as personal relationships with people to ensure they had the necessary support they required.

Care staff ensured they used language the person understood and continually reminded them of their positive achievements. People and care staff had two way conversations about topics of general interest that did not just focus on the person’s support needs. We observed care staff had time to spend with people and always spoke with them in an inclusive manner, enquiring about their welfare and feelings.

Good

Is the service responsive?

Our findings

People and their relatives, when appropriate, had been involved in planning and reviewing care on a regular basis. Relatives told us they were pleased with the way they were involved in care planning and kept informed of any changes by the service. One relative told us: "The staff are caring and competent and let me know immediately if there was a problem." Another relative said, "The staff are so good that I no longer worry if they are here. Before I just had to do everything and couldn't relax."

Some people told us they wished to remain as independent as possible within their own home. One person said, "I know I need help with some things but I don't want to be waited on hand and foot. That's why my carer is so good because they encourage me to do what I can for myself."

People gave their views about their level of independence and the service had taken these into account in their care plans.

During our last inspection we found the provider did not have arrangements to for people to have their individual needs regularly assessed. The manager now identified on a weekly basis which people required to have their needs reviewed and allocated these to the senior care worker. People had their needs regularly assessed, recorded and reviewed to ensure their needs were being met.

Each person was treated as an individual. Care staff got to know the person and the support they provided was built around their unique needs. People, or where appropriate those acting on their behalf, told us their care was designed to meet their specific requirements. Care staff said that care plans contained the information they required about people's needs and wishes, to support people well. The care plan told care staff what information they should give the person to support them.

During our last inspection people told us they frequently received support from care staff of a different gender to that they had requested. The service had made improvements to ensure people now received support from care staff of their preferred gender.

People and relatives knew how to make a complaint and raise any concerns about the service They told us that care staff responded well to any concerns or complaints raised. The provider had a complaints policy and procedure in their service user guide. This had been made available to people in a format which met their needs. The manager said they had undertaken training with care staff on complaints management to ensure they understood their role.

People's feedback on management's response to issues raised was variable. Some spoke positively about the support and monitoring of the quality of the care they received. For example, one person's relative said "Generally we are happy and have no reason to complain". Another relative said "We speak to the manager regularly and they ask if we have any concerns." Other people told us they had little or no contact with the office. One relative told us, "It has improved since the summer but sometimes it is disorganised." Another person said, "I am fed up talking with the manager. It seems to go in one ear and out of the other." We provided feedback about concerns raised to us to the manager who undertook to resolve them.

The manager told us that the service had received five complaints since the last CQC inspection. These complaints had been managed in accordance with the provider's policy. Records showed all complaints whether verbal, written, from the person, their family or professionals had been logged, investigated and where required action had been taken. Records showed the provider had met with a person's family in response to concerns raised. This enabled the family to openly express and discuss the issues. We reviewed another complaint from a person who did not get on with a particular care staff. The manager had reviewed the staff rota system to ensure that particular care staff member was not allocated to this person again.

Inadequate

Is the service well-led?

Our findings

The service had not had a registered manager in place since 30 April 2014. The manager in place at the time of our inspection in May 2014 had begun the process to become the registered manager but they resigned at the end of November 2014, just before the process was finalised. The manager at the time of this inspection has begun the process to become the registered manager.

The manager was appointed on 1 December 2014 and had no previous experience as a service manager. The provider did not arrange a handover period with the out-going manager or an exit interview. The manager told us that even though they had support from another manager one day per week, their development requirements had not been discussed or addressed. The manager's ability to manage and lead the service was compromised because they were covering responsibilities of a senior care worker to fill a staffing gap. This had a negative impact on the quality of care people received. For example the manager was not fully aware of the provider's systems to assess and monitor the quality of service so their ability to identify and drive improvements was reduced.

The manager told us they met with the regional manager from the provider. However, there were no written outcomes from these meetings to give the manager guidance about areas of the service to improve, their personal development or monitoring of progress in these areas. The manager was unaware of the provider's action plan to improve the service, which had been sent to the CQC in July 2014. They told us they had not been provided with guidance in relation to this by the regional manager. This meant the provider could not be assured that the manager knew what further improvements were required to improve and sustain the quality of care provided to people.

The provider's systems for monitoring the safety and quality of the service were not effective. When shortfalls and concerns had been identified no action had been taken by the provider to make improvements. For example, the manager had reviewed a person's care plan in August 2014 and newly identified needs had not been addressed at the time of our inspection.

The manager completed weekly audits about various aspects of the service, such as people's care plans, supervision, medicines, training and complaints and submitted a report to the regional manager. Actions to address any issues identified in the audits had not been produced and agreed with the regional manager to drive improvements in these areas.

People's visits and call duration times had not been monitored by the provider. The manager was unable to tell us how many missed calls there had been recently because the time monitoring system was not operated effectively. The time monitoring system allowed the manager to know if calls had been missed and confirmed how long care staff had spent with people. The ineffective use of this system meant the manager was not aware of all missed calls so they could not analyse the reasons for them and take action to prevent them and improve the service. The manager had also not been able to analyse whether people received calls of the duration required to meet their needs.

Care staff felt they had enough time allocated to calls to carry out the required care without rushing people. However, most staff thought there was insufficient time allocated between calls, which sometimes caused them to be late for calls. The manager was unable to corroborate these concerns because the time monitoring system was not up to date. People told us they did not feel care staff rushed their care but knew care staff had to rush to the next person requiring their support. The manager told us they were looking to improve the travelling times for care staff by improving coordination of rotas and making the distances between visits closer.

At our inspection in May 2014 we found that daily records and MAR charts had not been reviewed by the provider. During this inspection we found although the provider had reviewed people's daily notes and MARs they had not analysed any deficiencies or taken action to improve the service.

People, their representatives and staff had been asked for their views about their care. We found that the service had completed a satisfaction survey of people who used the service in 2013/2014 and completed quarterly quality assurance surveys. However, there was no evidence that people's views had been acted upon to improve the service. People's feedback had been sought but at the time of the inspection there was no action plan in place to address people's comments.

Inadequate

Is the service well-led?

The provider did not have a process for ensuring the recording of all accidents and incidents. This meant the provider could not be assured that all accidents and incidents had been effectively recorded and investigated to make sure lessons had been learned to keep people safe.

The ineffective operation of systems to assess and monitor the quality of the service was a breach of Regulation 10 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010, which corresponds to regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. The provider could not be assured that people had been protected from the risk of inappropriate or unsafe care by effectively monitoring the quality of the service and identifying and managing risks to people's health and welfare.

The manager and office staff told us that because of the particular employment contracts care staff had, they were not always willing to work in the evenings or weekends. This made it difficult for the provider to ensure people's calls at these times were delivered as required. The manager told us they were addressing this so that the same willing care staff were not always left covering visits on weekends and bank holidays.

Twelve care staff felt supported by the manager, whilst four did not. One staff member said things had improved dramatically with the manager who they found to be very approachable. Another staff member told us the manager was good at their role but there seemed to be limited support for them.

Even though the provider had detailed their values and vision, together with a pledge of quality in their statement of purpose, care staff were unable to tell us about them. For example the provider's website stated their aim was 'to provide the very highest quality of care; providing care that is consistent, compassionate and which inspires the confidence of our service users.' Most care staff were unsure as to who the provider was and were not involved in the development of the service. However, care staff demonstrated the values of the service through their behaviours. Care staff were observed treating people with kindness, respect and dignity. One care staff member told us, "People are what matter and it is important we provide the best care we can."

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where legal requirements 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 17 HSCA (RA) Regulations 2014 Good governance The provider had not protected people against the risks of inappropriate or unsafe care by effectively operating systems to assess and monitor the quality of service provided to people and to identify, assess and manage risks relating to the health, welfare and safety of people.

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.