Sevacare (UK) Limited

Mayfair Homecare - Islington

Inspection report

187 Seven Sisters Road
London
N4 3NG

Tel: 02072214560

Date of inspection visit:
10 January 2017
11 January 2017

Date of publication:
13 March 2017

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 was undertaken on 10 and 11 of January 2017 and was the first inspection of this service since the provider registered with the Care Quality Commission in August 2016 and moved into new premises in Islington. The service was previously operated out of the Sevacare Westminster location.

Sevacare - Islington provide support and personal care to people living at home. There were approximately 322 people using the service at the time of our inspection. The registered manager told us that 257 people were currently receiving personal care. The provision of personal care is regulated by the Care Quality Commission.

There was a registered manager in post at the time of our 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 and associated Regulations about how the service is run.

People told us they liked the staff who supported them on a regular basis and that they were treated with warmth and kindness.

However, some people we spoke with had concerns about staff that worked at the weekend or who were a replacement to their usual, allocated staff member. These concerns included timekeeping, following care plans appropriately and the provision of meals.

People's care plans were not always focused on the individual and some contained inaccurate and inconsistent information about people's care requirements.

People told us they were generally satisfied with the support they received with eating and drinking and staff were aware of people's dietary requirements and preferences. However, some people we spoke with told us they felt staff were not always competent around meal preparation.

Where risks to people's safety had been identified, ways to mitigate these risks had been recorded so staff knew how to support the person safely. However, there were inconsistences with the assessment and recording of risks. The registered manager had identified these shortfalls in the risk assessment process and had provided further training in order to improve the generic nature of assessments.

The agency had a number of quality monitoring systems including yearly surveys for people using the service and their relatives. However, these systems were not always effective in identifying people's concerns about the quality of service provision.

Staff could explain how they would recognise and report abuse and they understood their responsibilities in keeping people safe.

The service was following appropriate recruitment procedures to make sure that proper checks were carried out before staff were employed at the agency.

Staff we spoke with had a good knowledge of the medicines that people they visited were taking. People told us they were satisfied with the way their medicines were managed.

Staff told us and records confirmed that they were provided with a good level of training in the areas they needed in order to support people effectively.

Staff offered choices to people as they were supporting them and people told us they felt involved in making decisions about their care.

People confirmed that they were involved as much as they wanted to be in the planning of their care and support. Care plans included the views of people using the service and their relatives. People told us they had no complaints about the service but said they felt able to raise any concerns without worry.

The registered manager was working hard to drive improvements in service delivery through the use of a continuous improvement plan and by demonstrating an open and supportive management approach. Staff were very positive about the registered manager and the support they received by the management of the service.

We identified two breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. These breaches were in relation to risk assessments and appropriate and accurate care planning. 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?

Requires Improvement

The service was not always safe.

People told us they felt safe and trusted the staff who regularly supported them and that staff were generally punctual. However, they were not always sure who was visiting at weekends or covering their usual carer.

The risks to people's safety were assessed and ways to mitigate these risks were recorded. The registered manager had identified that improvements to this system were required and was working towards this.

There were systems in place to ensure people were supported with their medicines safely and appropriately.

Is the service effective?

Requires Improvement

The service was not always effective.

Some people told us that mealtimes were not always a pleasurable experience and they did not always get the support that they needed or wanted.

People were positive about the staff who supported them on a regular basis and felt they had the knowledge and skills necessary to support them properly. People were less positive about staff who cared for them at weekends.

Staff understood the principles of the Mental Capacity Act (2005) and told us they would always presume a person could make their own decisions about their care and treatment.

Staff told us that they were provided with training in the areas they needed in order to support people effectively.

Is the service caring?

Good

The service was caring.

People told us that the staff treated them kindly and maintained their privacy and dignity.

Staff understood that people's diversity was important and something that needed to be upheld and valued.

Staff demonstrated a good understanding of peoples' likes and dislikes and their life history.

Is the service responsive?

Requires Improvement

The service was not always responsive.

People told us that the management and staff were generally flexible and responded to any changes in their needs. However, some people who used the service were concerned that weekend or replacement staff were not always aware of their care needs and requirements.

Care plans were not always person centred and did not always contain up to date and accurate information about the individual's care needs.

People told us they were happy to raise any concerns they had with any of the staff and management of the service.

Is the service well-led?

Requires Improvement

The service was not always well-led.

The registered manager had identified and instigated a number of actions that were required to ensure improvements were made to service provision. However, quality assurance and monitoring systems were not always identifying the concerns that some people had about the service. Issues that had been identified had not been fully addressed at the time of the inspection.

People we spoke with confirmed that they were asked about the quality of the service and had made comments about this.

Staff were positive about the management and told us they appreciated the clear guidance and support they received.

Mayfair Homecare - Islington

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 was the first inspection of this service since the provider moved the office to Islington.

This inspection was undertaken on 10 and 11 of January 2017. We gave the provider two days' notice that we would be visiting their head office. We gave the provider notice as we wanted to make sure the registered manager was available on the day of our inspection.

This inspection was carried out by one inspector and three Experts 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.

Before and after our visit to the head office, we spoke with 25 people who use the service and seven relatives.

Before the inspection, we asked the provider to complete 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 completed PIR and previous inspection reports before the inspection. We reviewed other information we had about the provider, including notifications of any safeguarding concerns or other incidents affecting the safety and wellbeing of people.

We spoke with 15 staff who supported people with personal care. We spoke with the registered manager, two care service directors and two team leaders. We spoke with two social care professionals who had regular contact with the agency.

We looked at ten people's care plans and other documents relating to their care including risk assessments and daily notes. We looked at other records held by the agency including five staff files, health and safety documents, quality audits and surveys.

Requires Improvement

Is the service safe?

Our findings

People told us they were well treated by the staff and generally felt safe with them. People spoke highly of the staff who regularly supported them. People's comments included, "I trust them because they are good people and they haven't let me down," "Yes a hundred percent. All the ones I have had are very nice" and "I've got a regular [staff] he's very good."

Relatives told us that they trusted the staff who regularly supported their relatives. A relative commented, "I'm happy with him [staff] coming to our home as he's so good with my husband; he makes me feel safe as my husband can be very difficult."

Although people were positive about their regular staff member who supported them, some people we spoke with had concerns about weekend and replacement staff.

Comments about this included, "I absolutely trust my regular carer but I am worried about others," "I keep getting different ones I don't know whether I am coming or going and they come at different times," "You never know who's coming and letting themselves in. If they sent a rota of who's coming that would help. Weekends are the worse; it's very poor then, times and people," and "Not the weekend carers that come. [They] do not know what they're doing."

We spoke with the registered manager about people's concerns regarding weekend and replacement staff. The registered manager told us that this issue had been identified in some recent quality monitoring telephone calls the service had undertaken and that they were trying to address people's concerns on an individual basis as well as improve communication so people know who is visiting them when their usual carer is off.

People who used the service and their relatives had mixed views about staff arriving on time and letting them know if they were going to be late. One person told us, "The right number [of staff] are always here. One comes and goes but another stays. I never have any problems." Another person commented, "They can be late usually because of the last call they have been on or traffic or something like that." A relative commented, "They might be late 5-10 minutes; the office will ring me up. [The staff] warns mum if she's not going to be here." Most people we spoke with told us that they were not informed if staff were running late.

The issues of lateness and changes to staffing rotas had also been identified as a problem in an audit, carried out by the local authority who commissioned the service.

This audit was undertaken in July 2016. At that time the local authority sampled 15 staff records for one day in relation to lateness, adhering to the rotas, problems with travel time and staff using the electronic call monitoring system. They found that, in one day, four staff were over 15 minutes late, 12 staff had not used the electronic call system, 8 care staff had instances of questionable travel time and five staff had not adhered to their rotas. In one instance, this meant that one person had their morning and afternoon calls back to back.

We saw the improvement plan that the service and the local authority had set up in order to monitor these issues.

We saw from this audit that these problems had reduced significantly since the last local authority audit. However, people we spoke with told us that lateness was still a problem, particularly at weekends.

Comments from people we spoke with included, "[My regular carer] is always on time, others sometimes. Not very good Saturday and Sunday, I never know what time they are coming; different ones I just want to know who's coming," "Saturday and Sunday they are supposed to turn up quarter past nine. They don't turn up till quarter to eleven; it's terrible" and "They help me well; they know what they have to do but it's always a rush."

As part of the contractual requirement from the local authority, the service had an electronic staff monitoring system in order to make sure staff arrived on time and stayed the allocated amount of time. This system was in place seven days a week. The registered manager told us that this had improved the situation and additional systems had been introduced for people who did not have a telephone line. This system did not incur a cost to the people using the service.

We saw records that showed how many visits were undertaken by staff over a three-month period. This showed that most visits were covered by between one staff and three staff. The registered manager acknowledged that emergency staff cover was more problematic and that it was not always easy to get the replacement staff to attend at the exact time that the visit was initially scheduled for but shifts would always be covered.

Before people were offered a service, a pre-assessment of their needs was undertaken by team leaders from the agency. Part of this assessment involved looking at any risks faced by the person or by the staff supporting them. We saw that risk assessments had been undertaken in relation to mobility, falls, moving and handling, medication and pressure care management.

Where risks had been identified, a 'risk management plan' had been developed which gave staff information about how to reduce these identified risks. Although the plans were designed for the individual, the information was often generic in nature and did not always look specifically at how risks were to be mitigated for that particular person. This meant that advice to staff was generally the same in each risk management plan. Advice did not always take into account how the individual, through their behaviour or personal situation may or may not impact on the risk factors.

Some risk factors were not always relevant to the individual. This sometimes made the risk management plans quite lengthy and there was a risk that staff would not see which risk factors were associated with the specific care tasks they were undertaking. We spoke with the care director about this during the inspection who told us that they would look at including the potential risks and risk reduction strategies within the care plans rather than within a stand-alone document.

We saw, in two out of the 10 care plans we looked at, that there was not always a risk reduction strategy even though there were potential risks in relation to that person's care provision. For example, we saw that one person who stayed in bed most of the time did not have a risk assessment recorded in relation to pressure care. We also saw that a person had been assessed as being at risk of urinary infections. There was no information to staff about possible risk reduction or any information regarding possible symptoms of a urinary infection which staff needed to be aware of.

Although there were not always appropriate risk assessments in place, staff we spoke with were able to tell us about the risks people they supported faced and explained what action they took to reduce these risks. For example, one staff member told us that, as they supported a person who was in bed most of the time, they always made sure they checked the person's pressure areas and would report if there was any redness. One staff member we spoke with told us they carried out a 'mini risk assessment' every time they visited to check on the environment.

The registered manager told us that they had identified, through quality audits, that there was a problem with the quality of risk assessments at the service. As a result the registered manager had organised risk assessment training for all team leaders. A team leader who we spoke with told us the training had been very useful and had improved their understanding of assessing risks. We saw a risk management plan that had been completed after the team leaders had attended the training and the overall quality of the plan had improved. The registered manager told us that a review of people's risk assessments was on-going.

The registered provider was in breach of Regulation 12(1)(2)(a)(b) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The registered manager had carried out risk assessments for staff in connection with their duties and a lone worker policy was available which gave staff information about keeping safe.

Staff we spoke with understood how they would recognise and report suspected abuse. They told us and records confirmed that they had received training in safeguarding adults. Staff understood how to "whistle-blow" and were confident that the registered manager would take action if they had any concerns. Staff were aware that they could also report any concerns to outside organisations such as the police, the local authority or the Care Quality Commission.

At the time of our inspection and, from records held by the registered manager, we saw that there were currently six on-going safeguarding issues. These had either been raised by the placing authority, a family member or the service itself. The registered manager had notified the Care Quality Commission of these safeguarding alerts as required by our regulation.

The registered manager acknowledged that a number of safeguarding issues had remained open for some time. We saw from records, that one safeguarding alert, raised by the service, had been open since June 2016. The registered manager told us that they would now be more proactive in following up specific issues with the local authority who were responsible for investigating safeguarding concerns.

Staff had undertaken training in the management of medicines and understood what they should and should not do when supporting people or prompting people with their medicines. Staff also undertook a written test and observed competencies before being able to assist people with their medicines.

The registered manager told us that there were very clear guidelines agreed between the agency and the placing authority to describe the level of support that people were given around medicines. The three levels ranged between just prompting people to take their medicines, taking the medicine out of the monitored dosage system and actually giving the medicine to the person to take.

The registered manager told us that, if the staff would be actually giving the medicine to the person, they would have to undertake training delivered by the community nurse who would then sign them off as competent. We were informed that, at the time of our inspection, no staff were administering medicines to the people they were supporting.

Staff were signing the medicine administration record (MAR) when they had prompted people to take their medicines. The registered manager audited medicine records on a regular basis, investigated any gaps in these records and took action when needed.

Where relevant, people's medicines were recorded in their care plan and we saw risk assessments had been completed in relation to medicine administration.

Staff told us that the team leaders carried out spot checks in people's homes which included observing staff prompting people and recording this appropriately. We saw records of these spot checks and audits in people's care files.

Most people we spoke with told us they dealt with their own medicines and the people who required support from staff said they were generally satisfied with this. Comments included, "They make sure I take my medication. It is the first thing they ask," "I am glad they remind me about my tablets as I forget to take them," "They don't give me the medication but they do remind me to take them" and "I take it myself, prompted by [staff]."

One person we spoke with had some concerns about their medicines. We informed the registered manager, who was aware of the issue and told us they would further action to address the issue.

We checked a random selection of staff files to see if the service was following appropriate recruitment procedures to make sure that only suitable staff were being employed. Staff files contained recruitment documentation including references, criminal record checks and information about the experience and skills of the individual. The registered manager carried out checks to make sure the staff were allowed to work in the UK. All the staff we spoke with told us they were not allowed to start work until the agency had received their police check and their references.

Requires Improvement

Is the service effective?

Our findings

Where appropriate and when this was part of a person's care package, details of people's dietary needs and eating and drinking requirements were recorded in their care plan that indicated their nutritional likes and dislikes and what support they needed. Staff we spoke with knew people's likes and dislikes in relation to food which matched the information in people's care plans. Staff had undertaken training in food safety and were aware of any special diets people needed either as a result of a medical issue or a cultural requirement.

People told us they were generally happy with how the staff supported them with meals. One person told us, "The morning carer helps me to decide what I'll have for lunch and we get that ready. She encourages me to decide; we do things together." Another person commented, "They will get me a cup of tea or a glass of water and on the odd times will make me a sandwich. Yes, I'm very happy."

However, some people were unhappy with how the staff at the weekend prepared meals. One person who used the service told us, "Some, especially at the weekend, don't even know how to make a sandwich." A relative commented, "[My relative] had a mini pork pie and crisps for dinner; [my relative] needs a hot meal." One person who used the service told us, "I fancied a bit of steak one day I said could you do that? They put it in the microwave. I daren't ask for a bacon sandwich."

Two staff we spoke with told us that they had come across problems with meal preparation. They told us that some people wanted their food heated in the oven but that they did not always have sufficient time to do this within the allocated time. They said that this often made them late for their next visit.

We spoke with the registered manager about this issue after the inspection. The registered manager told us that if staff did not feel they had enough time to prepare someone's meal they should always inform the office and then more time would be negotiated with the funding authority. We also discussed the issue of staff abilities to prepare meals for people. The registered manager told us that this issue would be looked at during staff spot checks and care worker assessments.

Staff were positive about the support they received in relation to their training and development. One staff member commented, "The training is excellent." Another staff member told us, "The training is fantastic: the best training I've ever had." Staff were also positive about the trainers who provided the training for the organisation. A staff member told us that the trainer was, "Very good; very straightforward."

Staff told us that they were provided with a good level of training in the areas they needed in order to support people effectively. This included first aid awareness, medicine management, food safety, infection control and safeguarding people. In addition to this mandatory training, staff told us that they had completed nationally recognised vocational training including the Level 2 and 3 Diploma in Health and Social Care.

Staff told us and we saw records that they attended refresher training as required. The service had a system to monitor when staff required updates to their training. This system highlighted when staff had not

attended training and we were told that staff who did not have up to date training were not allowed to work.

People who used the service and their relatives told us that they had confidence in the staff who regularly supported them and that these staff were effective. One person told us, "Everything they do for me is always done properly," Another person commented, "I don't know what training they have but they are definitely good at helping me. I have no complaints."

People were less positive about the staff who supported them at weekends and as a replacement to their regular carer. One person commented, "I get the feeling at the weekend they're just there to do a job. I have to remind them to take the rubbish out; it really winds me up." A relative told us, "I want to stress that any issues I have are with the stand-in carers and not the regular carer."

The registered manager told us and records showed that weekend staff received the same training as all other staff and that the team leaders also carry out spot checks and care worker assessments at weekends. They told us that spot checks and care worker assessments would be increased over the weekends and for those staff who are providing emergency or replacement cover.

Staff confirmed they received regular supervision and we saw records of staff supervision in their files. They told us supervision was a positive experience for them and they could discuss what was going well and look at any improvements they could make. They said the management was open and approachable and they felt able to be open with them. One staff member told us, "They care about their carers." Staff told us they felt supported by the registered manager. One staff member told us, "[the registered manager] looks after us very well."

Staff told us about the induction procedure they undertook when they first started working for the agency. They told us this was useful and involved looking at policies and procedures, undertaking three days essential training and shadowing more experienced staff until they were confident to work on their own.

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. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

The registered manager told us that there were very few people who were currently being supported by the service who lacked the capacity to make decisions relating to their care. Most staff told us they had attended training in understanding the MCA within their vocational training but a number of staff told us they had not undertaken this training. Despite this, all staff understood that they needed to ask permission before carrying out any care tasks with people and gave us examples of how they offered choices to people around their care. The registered manager told us that MCA training was currently being introduced for all staff.

People told us that staff asked for their permission before carrying out any required tasks for them and did not do anything they did not want them to do. One person we spoke with told us, "They ask me what I want done then they do it."

People's capacity to consent to care and treatment was recorded in their care plans and these had been signed by the person to indicate they agreed with their support and care needs. Care plans also reminded staff that they must always seek the person's consent before providing any care and support.

Care plans showed the management had obtained the necessary detail about people's healthcare needs and had provided specific guidance for staff about how to support people to manage these conditions. Staff we spoke with had a good understanding about the current medical and health conditions of the people they supported.

Staff we spoke with knew who to contact if they had concerns about a person's health including emergency contacts. Staff gave us examples of where they had called out a doctor when someone was unwell or called an ambulance in an emergency. A person who used the service told us, "My chap knows everything that's wrong with me and it's in the book."

Good

Is the service caring?

Our findings

People told us they liked the staff who supported them on a regular basis and that they were treated with warmth and kindness.

Comments from people who used the service included, "They are very nicely spoken and very caring," "I think the girls that come around are very good at their jobs. You kind of have to be compassionate to be a carer," "They have to help me with a wash and they do that gently," "Our regular carer feels like family. She understands my wife and goes out of her way to help me" and "I am blessed and happy to have lovely people to help me."

Relatives were also positive about the staff. Their comments included, "I really value his kindness to me as well as to my husband as I'm here all the time and I couldn't manage without him, "I have nominated our regular carer for an award with Islington" and "She gives her a hug and kiss every morning; never spoken horrible or in an angry way."

In light of some of the comments we received from people who used the service and their relatives, we asked the registered manager how staff were assessed to make sure they were caring and worked appropriately with people. The registered manager told us that team leaders carried out regular spot checks on staff and completed a 'Care Worker Assessment' which involved observed competencies in areas such as mobilising the individual, assisting with care and helping with meal preparation. The registered manager told us that, if any concerns were identified, the staff member would be offered further training and support. If this did not help improve practice then the staff member's continued employment at the service would need to be considered. We were informed that a number of staff had left the agency due to concerns and complaints.

People confirmed that they were involved as much as they wanted to be in the planning of their care and support. People told us that staff listened to them and respected their choices and decisions. One person we spoke with commented, "Yes, I'm totally in charge."

Staff told us they had discussed equality, diversity and inclusion as part of their induction. Staff understood that it was against the law to discriminate against certain groups in society and understood that racism, ageism and homophobia were forms of abuse. They told us they would report any concerns they had about possible discrimination to their team leader. Staff we spoke with were aware of the cultural and religious requirements of the people they supported. They told us that it was important to respect people's culture and customs when visiting and gave us examples in relation to food preparation and religious observance.

Staff told us they enjoyed supporting people and demonstrated a good understanding of peoples' likes and dislikes. Staff also had an understanding of people's life history as recorded in people's care plans. People confirmed that they were treated with respect and their privacy was maintained. One person told us, "They are very respectful, but it's not something we discuss."

Other comments about people's privacy included, "Yes, they always make sure I am washed and well dressed," "They will close the door when I am getting changed, they make sure I have good clothes on and look smart" and "Yes, they care about it more than I do."

Staff gave us examples of how they maintained people's dignity and privacy not just in relation to personal care but also in relation to sharing personal information. Staff understood that personal information about people should not be shared with others and that maintaining people's privacy when giving personal care was vital in protecting people's dignity.

Requires Improvement

Is the service responsive?

Our findings

We asked people how flexible staff were and how responsive the management were when their needs changed. One person told us, "It takes them a while to do anything but they will change things eventually," "I phoned up and changed the day and they said that's okay" and "I can ask them to change the dates and usually they will tell me that day if they can."

We saw from people's care records and by talking with staff that any changes or deterioration to people's health conditions were noted by staff and reported to the office managers. The registered manager told us that they would then contact the placing authority to review and reassess the person's needs and provide more time if required.

We checked the care records for 10 people. We saw that people had been involved in their care planning where possible and most people had signed the plan to confirm they agreed with the support they were being given. One person told us, "They know what all my needs are."

However, these plans did not always focus on the individual and often contained generic, task based instructions for staff. Relatives of people who used the service told us they were not sure weekend or replacement staff read these plans. A relative told us, "Unfortunately I have complained a lot. Usually about the stand-in carers not having knowledge of the care plan, not knowing Mum's individual needs and not working well with me, her main carer."

Other relatives we spoke with commented "The care plan says that the carer should bring in a newspaper when they come. The regular carer does but nobody else does and I raise this again and again as the newspaper is so important to Mum," "[At the weekend] they don't ask her or think for themselves or look at the care plan" and "[The replacement carer] does not read the care plan, 'I'm too busy to do that', is their usual answer."

We saw, in one care plan we looked at, that the information in the care plan was not accurate. It was recorded in the plan that staff were to assist the person with washing and dressing every day. However, we were informed that the individual had refused this assistance for a number of years. Despite this and after a recent care review, undertaken by the service, this care need was still being recorded in the care plan. We checked the daily notes, written by the staff member, and saw that they had tried to encourage this person in relation to their personal care but the person had refused. We also saw records in the care plan that staff were to prepare a meal for this person at each evening visit. We were informed that the person arranged their own meals and did not require this support from staff. However, it was still recorded as a required need in the person's care plan.

We checked another person's care plan and saw more conflicting information regarding meal preparation. In the 'draft task plan' it was recorded that staff would not have any involvement in food preparation. However, in the person's care plan, it was recorded that staff were to prepare and serve breakfast lunch and a light supper.

In another care plan we looked at there were instructions for staff to mobilise the person and to support them to move from their bed to their chair on a regular and daily basis. We saw from the daily notes, completed by staff that the person's family were mobilising the person and telling staff not to carry out this task. Although this had been occurring on a regular basis, the person's plan had not been updated and there was no advice for staff on how to check pressure areas for potential problems.

The registered provider was in breach of Regulation 9(1)(3) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We asked people who they would raise any complaints with. They told us they would speak with their relatives or social worker or contact the office. One person told us, "I would just phone the office and talk to them." People told us that the management took action to address their concerns or complaints. One person commented, "I complained about a carer and they changed them."

In the last year, 14 formal complaints had been received by the service. We saw that, where complaints had been raised, these had been appropriately investigated and dealt with by the registered manager. There was a recorded outcome of the investigation with a written response to the complainant. We saw that repeated issues had been recorded and used to inform the on-going improvement action plan.

Requires Improvement

Is the service well-led?

Our findings

All the staff we spoke with were very positive about the registered manager. One staff member told us that the registered manager "cares about their workers." Another staff commented that the registered manager was, "Totally approachable. She looks at problems and tries to solve them. She is doing a good job." Another staff member told us, "[The registered manager] is very helpful and knows how to listen to you."

Staff told us that they felt supported by the management and were happy working at the service. One staff member commented, "This is a good organisation to work for." They told us that they had regular staff meetings and never worried about raising any concerns or making suggestions for improvements.

Staff told us that the management listened and acted on any suggestions staff made for service improvements. They said there was good communication between the registered manager and staff and they could go to her with any problems. Staff told us they had made suggestions to improve the flexibility of some visit times or how some care tasks could be improved.

The registered manager told us that a staff survey was given to staff each year for their comments and views about the service.

There were systems in place to monitor the safety and quality of the service provided. These included yearly quality surveys for people using the service, spot checks on staff, telephone monitoring, local authority audits and reviews of service provision. However these quality monitoring systems had not always identified the shortfalls we found during our inspection. For example, we noted inaccuracies within a person's care plan even though a review had very recently taken place. Care worker assessments and telephone monitoring had not identified people's concerns about staff meal preparation. Where issues had been identified, such as late visits or continuity of care, these issues had not been fully addressed at the time of the inspection.

People confirmed they had been asked for their views about the agency. People's comments included, "The boss people have come to talk to me now and again but I don't have any problems. They know my family; I like that," "Someone from the office came on Friday to ask me things and I told her what I thought about the office. I wasn't expecting them; I was surprised," "They send us questionnaires" and "I have a co-ordinator who is very helpful and he's always easy to talk to. He comes to see us sometimes to ask how things are going."

We saw completed surveys that indicated people were generally satisfied with the service. Some people felt that communication could be improved. A relative told us, "Communication could be better. I have a named person in the office if I have any problems and she tries to be helpful." Another relative commented, "The office are quite good but I don't bother them. You are okay in the week as the office is local but at weekends you have to call Birmingham and that's a long way away but I haven't needed to."

Concerns, issues or improvements from the survey were noted, these were then recorded on an

improvement plan which was also available to people using the service. This plan fed into the registered manager's overall service continuous improvement plan. This plan was developed from all quality monitoring systems and had identified a number of the issues we found during the inspection.

For example, the registered manager had identified a problem with risk assessments and had organised training for all team leaders. Social care professionals that we spoke with told us that the service was improving and a recent audit, undertaken by the placing authority noted a number of improvements. Other issues identified included staff lateness, care planning and improving communication between staff and people using the service.

It was clear from speaking with staff and the registered manager that improvements were still on-going but we saw that the registered manager was working hard to implement improvements and was receiving support from the wider organisation.

Staff we spoke with told us about the visions and values they were aware of through their induction and from the registered manager. They told us that care should always be based on respect and they must work as a team.

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 will check that this action is taken by the provider.

Regulated activity	Regulation
Personal care	Regulation 9 HSCA RA Regulations 2014 Person-centred care People's care plans were not person centred and some contained inaccurate and inconsistent information about people's care requirements.

Regulated activity	Regulation
Personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment The risks to people who were receiving care and treatment were not always being assessed appropriately.