

Fosse Healthcare Limited

# Fosse Healthcare – Leicester

## Inspection report

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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?

**Requires Improvement** ●

Is the service responsive?

**Requires Improvement** ●

Is the service well-led?

**Requires Improvement** ●

# Summary of findings

## Overall summary

We carried out the inspection on 11 April 2017. The registered manager was given 48 hours' notice because the location provides a domiciliary care service and we needed to be sure that someone would be available. The provider's office that the service is registered at had recently moved location.

At the previous location we carried out an announced full comprehensive inspection of the service on 9 and 15 December 2016. We found breaches of two regulations and issued the provider with warning notices in relation to governance and person centred care at the service. At this inspection we found that the provider had made a number of improvements to the service but we still identified concerns in relation to the governance of the service.

The service is a domiciliary care agency that provides personal care to people in their own homes. At the time of our inspection 103 people used the service.

The service had 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.

People and their relatives told us that they felt safe. Risk associated with activities of people's care had been assessed and measures were in place to prevent avoidable harm. The environment and equipment was checked and maintained in order to keep people safe.

Staff were aware of their responsibility to keep people safe from avoidable harm. Safe recruitment practices were followed. Staff felt able to recognise and report as safeguarding concerns.

There were not always enough staff to meet people's needs. People could not be assured that they would receive their care calls at the agreed times.

Staff had received training and supervision to meet the needs of the people who used the service. Their practice was checked to ensure that they were competent in their roles. Staff told us that they felt supported.

People received their medicines as required. Medicines were administered safely by staff who were appropriately trained and competent to do so. Records relating to people medicines were checked to ensure that staff had followed the prescriber's guidance.

People's health needs were met and when necessary, outside health professionals were contacted for support. People were supported to have enough to eat and drink.

People were not supported in line with the requirements of the Mental Capacity Act (MCA). Where people were suspected of lacking the capacity to make decisions for themselves assessments had not been taken to confirm this.

People were supported by staff who understood that they should be treated with dignity and respect. However some people felt that staff rushed their care and did not take the time they needed with them. People's independence was promoted and encouraged.

People were involved in planning and reviewing their care. People did not always receive the care that they had agreed. Staff understood their role and how to support people as individuals. People did not always receive support from staff who they were familiar with.

People had been asked for feedback about the service. People felt that the service had improved however there were still areas to be addressed. The registered manager was taking action to address the areas of concern. The provider had an effective system for dealing with complaints.

Staff were clear on their role, the expectations of them and the aims and objectives of the service. Staff felt supported however they felt that communication between them and the office staff required improvement.

Systems were in place to monitor the quality of the service being provided and drive improvement. When concerns had been identified these had been addressed. However the provider did not have an effective system to monitor the times that staff supported people. They could not be assured that people received their care when they should.

The registered manager was aware of their responsibility to report events that occurred within the service to CQC and external agencies.

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 did not receive their care at the agreed times. There were not enough staff to meet people's needs.

People could be assured that they would receive their medicines as prescribed by their doctor.

Risks associated with people's care and the environment were assessed and managed to prevent avoidable harm to people.

Staff understood their responsibilities to keep people safe from harm and report any concerns they might have.

**Requires Improvement** ●

### Is the service effective?

The service was not consistently effective.

People were not supported in line with the requirements of the Mental Capacity Act 2005 (MCA).

Staff had received training and support to meet the needs of the people who used the service.

People were supported to maintain their health, their nutritional and hydration needs were met.

**Requires Improvement** ●

### Is the service caring?

The service was not consistently caring.

People told us that staff were caring. People's independence was promoted and people were encouraged to make choices.

Dignity and respect for people was promoted. However people felt that staff did not take the time that they wanted them to when supporting them.

People did not always receive support from staff who they were familiar with.

**Requires Improvement** ●

### **Is the service responsive?**

The service was not consistently responsive.

People's care needs had been assessed. However people did not always receive the care that had been agreed.

Not everyone's care had been reviewed to ensure that their needs continued to be met.

The provider had an effective system for dealing with complaints. Complaints had been received they had been investigated and action taken to resolve the concern.

**Requires Improvement** ●

### **Is the service well-led?**

The service was not consistently well led.

Systems were in place to monitor service delivery however the registered manager could not be sure that staff had provided care to people at agreed times.

People felt that they would be listened to and that they could contact someone at the service if they had a concern.

Staff felt supported however they felt that communication between them and the office staff required improvement.

**Requires Improvement** ●

# Fosse Healthcare – Leicester

## **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.

We carried out the inspection on 11 April 2017. The registered manager was given 48 hours' notice because the location provides a domiciliary care service and we needed to be sure that someone would be available.

The inspection team consisted of an inspector 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.

Before the inspection we reviewed information that we held about the service to inform and plan our inspection. This included information that we had received about the service as well as statutory notifications that the provider had sent to us. A statutory notification contains important information about certain events that they must notify the Care Quality Commission of. We contacted Healthwatch Leicestershire who are the local consumer champion for people using adult social care services to see if they had feedback about the service. We contacted the local commissioners who had funding responsibility for some of the people who were using the service to seek their feedback.

We spoke with seven people who used the service and five relatives of people who used the service over the telephone. We spoke with the regional manager and area manager, the registered manager and five care workers. We looked at the care records of eight people who used the service and other documentation about how the service was managed. This included policies and procedures, staff rotas, staff records, training records and records associated with quality assurance processes.

# Is the service safe?

## Our findings

People told us that they felt safe. One person said, "Yes I feel safe with them, they never do anything to make me not feel safe." People's relatives confirmed this. One said, "Yes I think she is safe with them." Another relative commented, "Yes they keep him safe, they make sure he does not fall." Staff confirmed that they felt people were safe. One staff member said, "Safe, yes I have no doubts about that."

There were not always enough staff to meet people's needs. People told us that there were not enough staff to meet their needs. One person said, "No there is not enough staff." Staff members that we spoke with told us that the service had lost some experienced staff members. A staff member told us, "We pick up extra if staff ring in sick to make sure everybody gets a call." Another staff member told us, "There are always extra shifts to pick up." The registered manager told us that they were recruiting new staff and had successfully filled most vacant posts.

At our last inspection we found that people did not feel safe because they could not be sure that staff would arrive to provide their care. At this inspection we found that most people were confident that staff would arrive but they could not be sure when. We asked if staff arrived on time and received mixed feedback. Comments from people and their relatives included. "Not all the time but they are getting better." "Generally they do unless they are held up at a previous call." "Yes they do." "The morning ones are very good but the night ones vary." "Not very often." and "It depends on traffic." Quality checks made by the service revealed that people continued to feedback that their staff did not always arrive on time. We saw that only six of 16 people contacted by staff at the service on one day reported that staff arrived on time. We reviewed call times records where staff had logged in via the electronic monitoring system. We found that most people received their calls within 30 minutes of the time frames agreed. However there were times when people had not received calls within this time frame. Some did not receive calls for an hour after the agreed time. This meant that people could not be sure that they would receive their care when they needed it.

People were supported by staff who understood their responsibilities to keep them safe. Staff were aware of how to report and escalate any safeguarding concerns. "I would report to the manager. I would go further. The senior management is good and very supportive. It's not about the company it's about the clients that are the main concern. If needed I would go outside of the company."

The registered manager was aware of their duty to report and respond to safeguarding concerns. They had ensured that all staff had received training with regards to identifying safeguarding concerns and taking appropriate action if they had concerns. We saw that there was a policy in place that provided people using the service, their relatives and staff with details of how to report concerns and who to.

The provider had followed safe recruitment procedures. These ensured as far as possible that only people suited to work at the service were employed. The necessary pre-employment checks had been carried out. These included the Disclosures and Barring Service (DBS) checks. These are checks that help to keep those people who are known to pose a risk to people using Care Quality Commission (CQC) registered services out of the workforce.

Where people required specialist equipment to maintain their safety this was in place. One person's relative told us, "They make sure she uses her walker safely." A staff member told us, "If I thought they weren't safe I wouldn't attempt to use it (equipment). I wouldn't put them or me at risk of getting hurt." People were protected from risks relating to their conditions. A person's relative told us, "I know some kind of assessment was done." We found that risk assessments had been completed on areas such as moving and handling, nutrition and skin care. Completion of these assessments enabled risks to be identified and guidance for staff to be put in place to minimise the impact of these. We saw that these risk assessments had been reviewed to ensure that they remained current to reflect people's needs. Risks associated with the home environment had also been assessed in order to protect people and their support staff. For example we saw that where a person was unsteady on their feet the lay out of the room had been considered in order to remove trip hazards.

People could be assured that they received their medicines as prescribed by their doctor. A person's relative told us, "He takes his own [medicines] but they do prompt him to make sure he has taken them." The service had a policy in place which covered the administration and recording of medicines. We saw that Medication Administration Record (MAR) charts were used to inform staff which medicine was required and this was then used to check and dispense the medicines. A staff member told us, "We assist with giving medicines with juice or water. There are MAR sheets in everyone's folders. We fill them out and sign." We saw that where a person was on a short course of medicines this had been added to the record to ensure that staff prompted the person to take it. The registered manager ensured records were checked to make sure they were kept up to date and action was taken when the record indicated that a medicine had not been given as it should. We saw that staff completed training and were also assessed to make sure that they were competent to administer medicines.



## Is the service effective?

### Our findings

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. People can only be deprived of their liberty so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. We checked whether the service was working within the principles of the MCA.

The service had a policy in place to guide staff about the MCA. Where it was suspected that people lacked the capacity to make decisions an assessment had not taken place. We saw in one person's care plan that the person was unable to make some decisions and that their relative was relied upon to make decisions on their behalf. There was a statement within the care plan that said that the person lacked capacity to make decisions due to their condition. Another person's care plan stated "I am unable to make any decisions." However no formal assessment of either person's capacity to make decisions had been made. Some people's care plans stated that their relatives had a lasting power of attorney (LPA) agreement in place regarding their care and welfare and finances. This is a legal agreement that allows another person to manage a person's finances or make decisions on their behalf with regard to their care if they become unable to do so themselves. We found that one person was unable to consent to their care so their relatives consent had been gained however their relative did not have LPA and therefore the legal right to provide this consent. This meant that people were at risk of not having their human rights upheld. The registered manager told us that they had been working with outside agencies to review how they assessed people's capacity to make decisions and record the outcome. We spoke with the agency who confirmed that the service was making progress in developing staff's understanding and assessing people's capacity to consent to their care. MCA training for all staff has been booked for May 2017 to ensure that they all have a greater understanding of this subject to support them with assessments.

People received support from staff who had undertaken training and support to meet their needs. One person said, "Yes they are well trained and very pleasant." People's relatives confirmed this. One relative said, "I think they are very competent." Another relative told us, "Yes they seem to know what they are doing." Staff members confirmed that they had received training in order to ensure that they had the skills and knowledge that they needed to complete their role. One staff member said, "After a year you have to go back and do an update on your training." Staff's understanding of the training materials was checked following training courses. When new staff were recruited they were required to complete scenario style questions that checked that they had a caring nature and understood the responsibilities of their role. New staff received an introduction to their role which included theory based training, practical skills training and shadow shifts.

Staff were supported in their roles. One staff member told us, "I can always pop in and have a chat with the manager." They received supervision to ensure that they were competent in their role. Where there were concerns with their practice these were addressed through supervision. Staff understanding of their role and

responsibilities was checked through supervision. The registered manager told us that they had moved offices in order to make it easier for staff to access the office and receive supervision. A senior member of staff from the service spent time visiting staff providing care to people. During these visits they observed staff practice, offered support and guidance and checked that they were working to the provider's policies and procedures.

People were supported to have sufficient to eat and drink. One person's relative told us "Yes they get breakfast for her, no problems." Where people had specialised nutritional needs these were catered for. Staff understood how to ensure people had enough to eat and drink. One staff member said, "We look at what they have had (to eat or drink). Some people have food and fluid charts." Another staff member told us, "I make sure they have fresh juice or fruit." People's care plans guided staff on how to help people with their meals and about their preferences.

People's health care needs were met. A staff member told us, "If I noticed weight loss or they didn't look right I would report to the manager." Staff were guided on people's health care needs. Where people had medical conditions staff received clear information to ensure that people received the medical care they required. These included looking out for signs and symptoms of worsening health and action to take. Staff had arranged for people to see their GP when they had been concerned about their health. When people needed emergency care this was summoned by staff.

## Is the service caring?

### Our findings

People and their relatives told us that staff were caring. Comments included, "They are very friendly and caring." "Yes they are very caring." "Yes they are gems." The staff that we spoke with demonstrated caring attitudes. A staff member said, "Most of the carers are wonderful. We make sure all is ok before we leave."

People were treated with dignity and respect. One person told us, "They are very respectful with me." A person's relative said, "As far as I know they are very respectful. I have never seen anything different." Staff understood how to protect people's dignity. A staff member said, "Keep them covered. Make sure curtains and blinds are shut." We saw that people's care plans guided staff on how to protect people's dignity. However some people reported that staff did not take the time that they wanted them to when supporting them. One person said, "They are always rushed" A person's relative said, "Generally she is (provided with the care she needs) but they can be rushed, I don't think they have enough staff." Staff confirmed that there were times when they felt rushed and that they did not have enough time to spend with people. The registered manager told us that they continued to monitor staff call times to ensure that people received enough time to receive all their care.

People told us that they did not receive care from consistent staff who understood their needs. One person said, "I get new carers all the time. I don't know who is going to walk through the door." A relative told us, "There is no consistency (my relative) needs the same carers." Another person's relative said, "I think it would help if they sent the same carers so (person) could get to know them." Staff gave mixed feedback. One staff member said, "I tend to have a regular run but every now and then a few new clients." Another staff member told us, "It's always been a mixture. It would be nice to have the same people to develop a relationship with." They went on to say, "It gets frustrating for the client having to explain each time." Records showed, that people were usually supported by the same staff but there were times when people had a number of different staff provide their care. In one case we saw that a person received their care from 11 different staff over a four day period. The registered manager told us that they were recruiting staff and hoped to provide a better level of consistency for people when new staff were employed.

People told us that they felt that their views were listened to and were respected. One person told us, "I think the carers do listen and the office are improving." A person's relative said, "They all try to be as helpful as possible I suppose." They told us that staff explained what they were doing when providing care to people and checked that this matched what people wanted. One relative told us, "Yes they talk to her all the time, say what they are doing."

People's care plans guided staff to promote people's independence and offer choices in a way that they wanted. Staff understood how to promote people's independence and ensure the things that they wanted to do for themselves they could.

People received the care that had been agreed with them. They told us that staff completed all the care tasks that they had requested. Comments included. "Yes they do everything we need." "They are very good. They do all I need." "Yes they do help me." This meant that people had been involved in their own care.

People were provided with information about the service and the care that they should expect to receive. We saw that information about the organisation, the staffing structure, how care was reviewed and how people could raise a concern was provided to people when they started using the service. We saw that as part of people's review of their care plan senior staff checked that people had this knowledge and understood what service they should expect to receive and who to tell if they did not receive the service they wanted.

## Is the service responsive?

### Our findings

At our last inspection we found that people were not receiving person centred care. These matters were a breach of Regulation 9: Person centred care. Health and Social Care Act 2008 (regulated activities) Regulations 2014. At this inspection we found action had been taken and people were now receiving care that was appropriate to meet their needs and reflected their preferences.

At this inspection we saw that these assessments had been taken and each person had a care plan which detailed their agreed support needs. One person's relative told us, "They did an assessment when we started with them. I was involved in that." This was important as it provided staff with guidance to know how to provide people with the care that they needed. Staff confirmed that all people supported by the service now had a care plan in place.

We saw that care plans were centred on people as individuals. We saw that the level of detail in the care plans ensured staff had the information they needed to provide care as people wished. We did see that one person's care plan had not been updated to reflect a change to their call times and support requirements. The registered manager told us that they would arrange for the plan to be updated to reflect this immediately. We also saw that one person's care plan had been updated to reflect the guidance that had been given by a health professional. This had been agreed with the person however reviewing daily records indicated that staff had not followed the guidance. As a result the person was not receiving the care that they had agreed. The registered manager told us they would ensure the guidance was communicated with staff immediately.

Most people received their care at times that they had agreed however this was not always the case. One person said, "They can be very erratic." Another person said, "We asked for 10am to 10.30am, it has been 11.45am. They have been better lately." Staff confirmed this. One staff member told us, "Everyone gets a call now sometimes it's not at the ideal time. If they wanted an 8am call it's normally between 7am and 10am." We saw that people's planned call times usually reflected their preferences. The registered manager told us that they continued to review people's preferred call times and meet these where possible.

Staff were required to record the support that they provided in daily notes. We saw that these records were detailed and reflected the support that people had requested. One person told us, "They do everything I need." Where staff were required to monitor aspects of people's health and wellbeing we saw that they had done so and recorded this in the daily notes.

People had been involved in reviewing the care that they received to check that it continued to meet their needs. A person's relative told us, "Yes we have had a visit to look at his care plan. They are very helpful." Staff told us that care plans were reviewed to ensure they remained current. One staff member said, "Care plans are often updated with vital information." Not everyone had their care plans reviewed. The registered manager told us that all reviews were booked and that reviews had been carried out in order of priority. A senior staff member had visited people in their own homes and reviewed their care package with them. Where the person chose to, their relatives had also been involved in the review of their care. We saw that

care plans had been updated to reflect changes that were required. The registered manager had taken action if a person had expressed dissatisfaction with an element of their service during their review. For example if they felt that their support staff were not caring or had not followed the care plan.

The provider had conducted satisfaction surveys with people using the service and their relatives. People that we spoke with confirmed this. At the time of our inspection the surveys had been sent out but the results had not yet been gathered and collated. The registered manager told us they would take action based on the results and communicate the result with people using the service and their relatives.

The provider had established an effective system for handling complaints. We saw that the provider's complaints policy was being followed. People knew how to make complaints. One person said, "Yes I would know how to complain." Another person told us, "If I had a problem I would ring the office." We saw that where complaints had been received they had been investigated and action taken to resolve the concern. The provider had written to people following a full investigation and outlined the actions they had taken to prevent reoccurrence of their concern and where appropriate issued an apology. We saw that there had been no new complaints received since January 2017.

People's feedback had been gathered through telephone calls. We saw that people had been asked about the quality of the service that they received. Questions included staff call times, how people felt their concerns had been dealt with and if they had experienced and improved service. We saw that some people had reported an improved service comments included "It wasn't great at the beginning but now that [person] has regular staff it is better." "Overall I have found them to be excellent." And "There have definitely been improvements since November and December, things were bad then. But there is still room for improvement." We saw that people continued to report that staff did not always arrive on time and that they experienced some difficulties getting in touch with staff at the office. We saw that the registered manager had reviewed the feedback that was received and had taken action in some cases to address people's feedback. In one case, this meant sending a senior member of staff to visit the person and discuss their care plan. We noted that not all the actions were followed up. For example, one person had feedback that staff lateness had impacted on an appointment that they had. We pointed this out to the registered manager who contacted the person to discuss their concern.

## Is the service well-led?

### Our findings

At our last inspection we found that robust monitoring of the service and care delivery within the service was not taking place. These matters were a breach of Regulation 17: Good governance. Health and Social Care Act 2008 (regulated activities) Regulations 2014. At this inspection we found some action had been taken to address a number of the concerns. However, the systems that had been put in place were not fully robust and still required time to be embedded into the service and ensure that good quality care was delivered to people.

At our last inspection we found that there was no reliable way of checking if people had received their care call or not and if they had received it at the agreed time or that staff had stayed for the full duration of the care call. At this inspection we found that this was still the case. Staff were required to log in to each care call when they arrived and then when they left. Use of Electronic Call time Monitoring (ECM) had increased by an estimated 50% since our last inspection according to the registered manager. We found that the times that staff had documented in a person's daily notes as having arrived for a care call had not reflected the time that they had logged in using the ECM system. We were unable to ascertain if the person had received their previous care call as the staff had not logged in. The ECM system was able to provide alerts and effective monitoring of people's care calls but staff members were not always using the system. The registered manager had begun auditing staff compliance with it and creating action plans with staff to drive up improvement but this was still work in progress.

We saw that people's call times did not always match with the agreed call times and there was no system in place to monitor this. The registered manager told us that staff sometimes changed the times to suit people's requests but did not always inform the office to let them know. We found that on one occasion this had impacted on a person's relative attending an appointment as the staff member had not communicated the request to the office staff. Staff confirmed this. One staff member said, "Some staff don't go by the rota. They have the same service users so they work it out themselves." Staff confirmed that if they required support they could contact the office one said "If I have any major problems I ring the office." However they went on to tell us that if they were running late they would call people directly to inform them rather than the office. They said, "It cuts out the middle man." This meant that the registered manager might be unaware that staff were not attending to people at the times they were planned to do so. There was no system in place to effectively monitor these changes and ensure that people received their care calls at the times that had been agreed.

These matters are a continued breach of Regulation 17: Good governance. Health and Social Care Act 2008 (regulated activities) Regulations 2014.

The registered manager met regularly with other managers of services run by the provider. This was with the aim to share practice and lessons learnt. They told us that following one of these meetings a new system had been implemented to audit medication practice as this had been a successful solution at another service. We also saw that where complaints had been received these had been discussed with other managers who had advised on ways to resolve the concerns.

The registered manager was supported by the provider to make improvements. The provider had set up a quality board. This was to review at board level quality issues including progress on improvements. The board has set out its strategy for reviewing the service. This has included time frames and responsibilities. We saw that an action plan had been drawn up identifying the areas to be addressed and time frames to achieve this. The resources required and people responsible for the improvements were made clear and they were required to feedback on the progress they had made. This action plan was kept under review and updated as outcomes had been achieved. Where logistics had allowed other services run by the provider had taken on people's packages of care as they were better suited to provide support. The provider had centralised recruitment. This was with the aim of ensuring a consistent approach and to take pressure off the registered manager and staff at the location so that they could focus on improvements. In these ways the provider had demonstrated that they were committed to providing a quality service.

There were systems in place to monitor the care that people received. Daily care records were checked to ensure that people had been provided with the care that they should. Where discrepancies had been identified, for example staff had failed to sign the record this had been addressed with them via team meetings. A staff member told us, "When we go to each service user we write down in detail what we have done. This is checked and any concerns get flagged up." The registered manager had changed the way that they audited how medicines were managed at the service. The aim was to help them to review records and check if staff's practice was at the required level. We saw that they used these to identify which staff required further support and training with regard to supporting people with their medicines.

Records showed that staff had received formal supervisions and retraining where an error had occurred and their competency reassessed.. In relation to the use of the ECM system to record calls, a staff member said, "They are really good and strict about it." The human resources team had been consulted and disciplinary letters were drafted and ready to be used for staff whose compliance with the system had not improved. The office staff were monitoring the ECM live system continually and calling staff if they are late. A staff member said, "You have calls from the office to remind you (to log in)." The provider had introduced a bonus system for staff to encourage ECM usage. At the time of our inspection some staff members were due to receive the bonus for having used the ECM systems consistently well.

The registered manager had an oversight of what was happening within the service. A log was kept to help the registered manager see what records were in place for each person using the service and when they required review or update. They were also able to check if the person had been asked for feedback and if their records had been audited in line with the provider's guidelines.

There was ongoing monitoring of sub-contractors who supported the service with providing care packages. The registered manager had ensured that these care packages had been delivered as they should.

At our last inspection people told us that they were not always able to speak with someone at the service when they wanted to. At this inspection we found that most people were now able to contact someone in the office if they needed to. Comments from people and their relatives included, "They are very helpful, although when they are short of carers they sometimes cover so it can be difficult to get through. They do transfer to mobiles sometimes." "No problems contacting them but some are helpful, some are not." "If you ring in the morning you get through ok." and "They are improving." The registered manager had implemented a call log which they checked daily to ensure that all calls received had been dealt with and that people had received the call backs or information they had requested. The registered manager told us that having moved to a new office had also aided with communication with people. The staff team in the office was now dedicated to work relating to Fosse Healthcare-Leicester service.

People were kept updated on developments within the service. The provider had produced a newsletter



that was sent to all people using the service. This provided people with an update on what was happening in the service, such as the change of premises as well as encouraging feedback and reminding people how they might do this.

Staff told us that communication between themselves and the management was lacking at times. One staff member said, "Certain things lack such as communication between staff." Another staff member told us, "The management could do more with communication; listening to staff and their worries." We saw that the registered manager had arranged for more staff supervisions to take place so that staff had an opportunity to feedback about the service. Team meetings occurred regularly. During these staff were kept up to date on developments within the service and their feedback was sought. The registered manager told us that they had relocated the office to an area that staff would find easier to access. This meant they would be able to meet with staff more regularly.

Staff were supported in their role and understood the expectations of them. Staff told us that they felt the service had improved and was better organised. One staff member said, "Of every care company I've worked with this is the best." Another staff member told us, "On the whole it's really good." They went on to say, "Compared to how it was to now it is a lot better, the clients are a lot happier." Staff received a handbook when they started working for the service. These contained the provider's policies and procedures as well as guidance for support and the expectation of the provider on them. The registered manager told us that they planned to introduce a policy of the month to staff from May 2017 to help them have a greater understanding of the provider's policies and procedures in relation to their job roles. They also told us that they intended to increase the frequency of staff supervisions in order to better support staff and monitor their practice and understanding of their role.

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 17 HSCA RA Regulations 2014 Good governance  The provider did not have robust systems in place to effectively monitor the provision of service.