

Mrs Charity Kelechi Earnshaw

Charity Earnshaw

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 well-led?

Inadequate 

Summary of findings

Overall summary

About the service

Charity Earnshaw is a domiciliary care service, supporting adults in the community who require assistance with personal care. This included people living with dementia, physical disabilities, mental health needs and sensory impairments. At the time of our inspection there were nine people who used the service supported by six care staff and two office staff.

People's experience of using this service and what we found

The service had been in a whole service safeguarding process with the local authority since 6 August 2020. This was ongoing. The suspension of local authority placements was still in place. The provider had decided not to take any new private placements whilst improvements were being made.

At our previous inspection in October 2020 we found people were at risk because the provider had no governance system in place to identify failings in the quality and safety of the service. At this inspection we found although systems were in place they were not yet established and embedded. In addition, staff responsible for key aspects of quality assurance had left the service or were off sick. This threatened to undermine the effectiveness of governance processes.

At our previous inspection in October 2020 we found risk assessments did not consistently provide the information staff needed to understand and minimise risks. This was still the case. Risks associated with people's care had now been assessed but the assessments were not always accurate and did not consistently provide the guidance staff needed to support people safely.

When we last inspected, we found safeguarding concerns had not always been managed appropriately and had not been reported to the local authority or the Care Quality Commission. Safeguarding policies and procedures were out of date. At this inspection we found improvements had been made but further improvements were still needed. Although the provider had been proactive in raising safeguarding concerns, this was not consistent. Safeguarding policies and processes had been reviewed but did not always provide staff with the information they needed to raise a concern.

Some people and staff spoke highly of the provider and the way the service was managed. Others found the providers management style challenging. The provider was aware of this and told us, "I am very approachable with our staff and service users. I have gone above and beyond to try to make them happy... I do know my direct way of speaking is not always taken well and I try to moderate this, but this is my nature."

At our previous inspection in October 2020 we found the administration of medicines was not safe. This was no longer the case. Staff now had the necessary training and their competency checked. The provider regularly reminded staff about safe medicines administration. Robust quality assurance checks were in place.

When we last inspected, we found concerns about people's health and safety had not always been escalated by staff, and the systems for doing so were not fully established. At this inspection we found systems were in place to identify and escalate concerns and inform the staff team about changes to people's needs or risks. Written feedback from external health professionals confirmed these systems were effective. Comments included; "I know they will always contact us if they feel a client has issues or need support outside of their job role, this is done in a timely manner and by effective communication."

Emergency plans had been developed to manage issues potentially affecting service provision, such as adverse weather conditions or staff sickness.

We found people were now supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice. This had not been the case at the previous inspection in October 2020.

At our previous inspection in October 2020 we found staff had not received the necessary induction, training and support required for their role. The provider did not have the knowledge and skills to ensure care delivered by their staff group was in line with good practice standards, guidance and the law. Improvements had been made, which meant staff now received the training and support they needed. The provider had responded positively to feedback and improved their knowledge and skills. This enabled them to better monitor staff practice and support the staff team. A relative said, "Staff are generally very good. [Registered provider] is very particular about the training."

At our previous inspection in October 2020 there were concerns about risks related to infection prevention and COVID 19 because not all staff had completed the required training. At this inspection all but one member of staff had completed the necessary training. Government guidance was being followed and staff had received their vaccinations.

The provider was continuing to work with the local authority safeguarding team and quality assurance and improvement team (QAIT) to improve the management of the service.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at previous inspection in October 2020 (and update)

The last rating for this service was inadequate (published 3 December 2020) and there were multiple breaches of regulation. Positive conditions were placed on the providers registration. Since this inspection CQC has received monthly documentation and audits showing continuing improvement. However, at this inspection we found not enough improvement had not been made and the provider was still in breach of regulations.

This service has been in Special Measures since 3 December 2020. During this inspection the provider demonstrated that although improvements have been made, further improvements are needed.

Why we inspected

We carried out an announced focussed inspection of this service on 9 October 2020. Breaches of legal requirements were found. The provider completed an action plan after the previous inspection in October 2020 to show what they would do and by when to improve staffing and notifications of other incidents. Conditions were placed on the providers registration related to governance; care plans and risk assessments; consent and decision-making documentation; medicine administration; staff training, supervision and competency checks.

We undertook this focused inspection to check they had followed their action plan and to confirm they now met legal requirements. This report only covers our findings in relation to the Key Questions Safe, Effective and Well Led which contain those requirements. The ratings from the previous comprehensive inspection for those key questions not looked at on this occasion were used in calculating the overall rating at this inspection. The overall rating for the service has changed from inadequate to requires improvement. This is based on the findings at this inspection.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Charity Earnshaw on our website at www.cqc.org.uk.

Enforcement

We are mindful of the impact of the COVID-19 pandemic on our regulatory function. This meant we took account of the exceptional circumstances arising as a result of the COVID-19 pandemic when considering what enforcement action was necessary and proportionate to keep people safe as a result of this inspection. We will continue to discharge our regulatory enforcement functions required to keep people safe and to hold providers to account where it is necessary for us to do so.

We have identified breaches in relation to risk management; safeguarding; the assessment of people's needs and governance.

Full information about CQC's regulatory response to the more serious concerns found during inspections is added to reports after any representations and appeals have been concluded.

Follow up

The overall rating for this service is 'Requires improvement'. However, the service remains in 'special measures'. We do this when services have been rated as 'Inadequate' in any Key Question over two consecutive comprehensive inspections. The 'Inadequate' rating does not need to be in the same question at each of these inspections for us to place services in special measures. This means we will keep the service under review and, if we do not propose to cancel the provider's registration, we will re-inspect within 6 months to check for significant improvements.

If the provider has not made enough improvement within this timeframe. And there is still a rating of inadequate for any key question or overall, we will take action in line with our enforcement procedures. This will mean we will begin the process of preventing the provider from operating this service. This will usually lead to cancellation of their registration or to varying the conditions the registration.

For adult social care services, the maximum time for being in special measures will usually be no more than 12 months. If the service has demonstrated improvements when we inspect it and it is no longer rated as inadequate for any of the five key questions it will no longer be in special measures.

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 always safe.

Details are in our safe findings below.

Requires Improvement ●

Is the service effective?

The service was not always effective.

Details are in our effective findings below.

Requires Improvement ●

Is the service well-led?

The service was not always well led.

Details are in our well led findings below.

Inadequate ●

Charity Earnshaw

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

Inspection team

One inspector completed the inspection.

Service and service type

This service is a domiciliary care agency. At the time of the inspection nine staff were providing personal care to nine people living in their own houses and flats. The provider is also the manager and is registered with the Care Quality Commission. This means they are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

We gave the service 48 hours' notice of the inspection. This was because it is a small service and we needed to be sure that the provider or registered manager would be in the office to support the inspection.

Inspection activity started on 9 April 2021 and ended on 27 April 2021. We visited the office on 9 April 2021.

What we did before the inspection

The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report.

We reviewed information we had received about the service since the last inspection. We attended safeguarding meetings led by the local authority. We sought feedback from the local authority and health professionals who work with the service. We used all of this information to plan our inspection.

During the inspection

We spoke with five people's representatives and two people using the service. We spoke with the provider/registered manager and five care staff. We reviewed a range of records. This included nine people's care records and multiple medication records. We looked at four staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at training data and quality assurance records.



Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At the previous inspection in October 2020 this key question was rated as inadequate. At this inspection this key question has now improved to requires improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Assessing risk, safety monitoring and management

At our previous inspection in October 2020 the provider had failed to provide staff with effective guidance to reduce and minimise risks to the people they supported. This was a breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Not enough improvement had been made at this inspection and the provider was still in breach of this area of regulation 12

- The provider had now completed risk assessments for all service users. They contained guidance for staff about how to minimise risks, but this was not consistent. For example, one person was identified as being at risk of malnutrition and decreased fluid intake, but there were no measures to mitigate this risk in the relevant risk assessment.
- A diabetes risk assessment identified the risks to the person were high if their diabetes was not controlled with diet. There was no reference to the fact the person chose not to follow the diet recommended by their GP. It did not advise staff how to recognise if the person become unwell or what to do about it. When asked, a member of staff did not know how to recognise signs of hypoglycaemia and hyperglycaemia even though they had completed training in diabetes.
- The information in some risk assessments did not reflect risks identified in the care plan. For example, one care plan advised the person could become agitated and verbally aggressive and refuse support with personal care. The care plan advised "staff will be required to get [the person] to engage with them before attempting with personal care needs." This was not referred to in the person's risk assessments.

We found no evidence that people had been harmed however, risk assessments were not always consistent or accurate. This placed people at risk of harm. This was a continued breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The provider responded immediately during and after the inspection, undertaking to review the risk assessments with people, their representatives and relevant health professionals to ensure their accuracy.

- Systems were in place for staff to escalate concerns to the office, where referrals were made to external health and social care professionals or family members as required. The provider completed daily audits to ensure the system was working effectively.
- The provider had introduced a secure communication channel to facilitate immediate communication

with the staff team. We observed this was used to provide updates about any changes in people's level of risk or need, and to prompt staff about safety measures such as checking the person's pendant alarm was working properly.

- Emergency plans were now in place. They addressed issues potentially affecting service provision, such as adverse weather conditions, staff sickness and COVID 19. People had been prioritised according to their level of need, with alternative means of support identified if necessary.

Systems and process to safeguard people from abuse.

At our previous inspection in October 2020 we found safeguarding concerns had not always been managed appropriately and reported to the local authority or the Care Quality Commission. The safeguarding policies and procedures were out of date. Although we found improvements had been made at this inspection, further improvements were needed.

- The provider had been proactive in checking with the local authority and Care Quality Commission whether a safeguarding referral was necessary, raising concerns when required. However, this was inconsistent. We found staff had documented an allegation of abuse by a service user, and a safeguarding referral was not made. The provider advised they had not made a referral because the person was living with dementia.
- Safeguarding policies had been reviewed and a prompt sheet was in place to support staff to make a safeguarding referral. However, the safeguarding prompt sheet lacked key information about how to raise concerns.

The failure to establish and operate effective systems to prevent abuse to service users is a breach of Regulation 13 (Safeguarding service users from abuse and improper treatment) of the Health and Social Care Act 2008 (Regulated Activities) regulations 2014

- Overall people and their representatives told us they felt safe being supported by the care staff. One person told us how their family member was supported by the agency so they could have a break from their caring role. They said, "I feel very safe to leave her with them."
- Staff had completed training in safeguarding and knew how to recognise and raise concerns. The provider was scheduled to complete additional safeguarding training with the local authority.

Using medicines safely

At our previous inspection in October 2020 the provider had failed to ensure medicines were administered safely. This was a breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of this area of regulation 12.

- Staff completed training in medicines administration prior to administering medicines. They told us this gave them the knowledge and confidence to administer medicines safely.
- The provider used the staff secure communications channel and team meetings to regularly remind staff about safe medicines administration.
- The provider now checked the competency of staff to ensure their knowledge and skills in administering medicines were maintained. If any issues were identified, the member of staff was unable to administer medicines they had been reassessed and found to be competent.
- The provider had introduced robust quality assurance checks to determine whether people had received

their medicines as prescribed. This included daily monitoring of medicines administration records (MAR), and regular medication audits.

Learning lessons when things go wrong

At our previous inspection in October 2020 the provider had failed to ensure concerns about people's health and safety were escalated. There was no system in place to review accidents and incidents to identify lessons learnt, and improvements needed to minimise the risk of recurrence. This was a breach of Regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of this area of regulation 12.

- The providers service improvement plan evidenced the provider had learnt from failings at the previous inspection, feedback provided throughout the safeguarding process and by the local authority. Systems had been put in place to address them.
- Staff raised alerts about people's wellbeing, calling the office if urgent, or via the computerised care planning system and secure staff messaging app. These alerts were monitored hourly by office staff and escalated as required.
- Accident and incident documentation was in place. This was completed in detail by staff, including actions taken and outcomes. Any injuries were recorded on body maps.
- Staff were prompted to complete a reflection to promote any learning following an accident or incident.
- Logs of telephone calls and actions taken were reviewed daily by the provider to ensure nothing had been missed. Audits of accidents and incident records were completed, and any learning shared with staff at team meetings.

Preventing and controlling infection

At our previous inspection in October 2020 people had not always been protected from risks related to the spread of infection. This was because not all staff had completed the necessary training. At this inspection we found improvements had been made.

- The training matrix showed all staff had completed training in infection prevention and all but one had now completed COVID 19 specific training.
- Staff were tested weekly for COVID 19 and had received their vaccinations.
- Staff were provided with the recommended PPE and the provider ensured they were kept up to date with relevant guidance.
- Visitors to the office had their temperature checked on arrival and were provided with antibacterial hand gel. Masks were worn and social distancing observed.

Staffing and recruitment

- There had been significant changes to the staff team since the previous inspection in October 2020. Some people told us they found this challenging. Comments included, "A lot of staff are going who were settled and established. We are losing the ones that were established" and "They were very good for 12 months but the good girls doing all the caring have all gone." Despite this people accepted the new staff were getting to know them, understood their needs and how to support them.
- The provider was confident they could continue to provide the commissioned support with a reduced staff team. They were in the process of recruiting new staff.
- Staff were recruited safely, and appropriate checks were carried out to protect people from the

employment of unsuitable staff.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At the previous inspection in October 2020 this key question was rated as inadequate. At this inspection this key question has now improved to requires improvement. This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law
At our previous inspection in October 2020 the provider failed to holistically assess people's needs and develop accurate care plans. This was a breach of Regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008

Not enough improvement had been made at this inspection and the provider was still in breach of this area of this area of regulation 12

- The providers systems to assess people's needs and develop care plans remained ineffective. The information in care plans did not consistently reflect the information in assessments. For example, related to PRN (as required) medication, the support people needed to mobilise safely and pressure area care. This put people at potential risk because staff did not have accurate information to enable them to support people and meet their needs.

We found no evidence that people had been harmed. However, systems to accurately assess people's needs and develop care plans did not demonstrate safety was effectively managed. This placed people at potential risk of harm. This was a continued breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The provider responded immediately during and after the inspection. They undertook to review assessments and care plans to ensure their accuracy.

- At the previous inspection in October 2020 we found the provider did not have the relevant knowledge and skills to ensure care was delivered in line with standards, guidance and the law. At this inspection we found they had responded positively to feedback. They had completed the required training and were having regular professional supervision with an external consultant. They had also completed a course which enabled them to deliver training to the staff team.

Ensuring consent to care and treatment in line with law and guidance

At our previous inspection in October 2020 the provider had failed to ensure consent to care and treatment and best interests' decisions had been obtained in line with legislation and guidance. This was a breach of regulation 11 (Need for Consent) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 11.

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 to receive care and treatment when this is in their best interests and legally authorised under the MCA. When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty.

We checked whether the service was working within the principles of the MCA

- Staff sought and documented people's consent to their care and treatment in line with the principles of the MCA.
- Mental capacity act assessments were now decision specific. Where decisions needed to be made in people's best interests, relevant people were involved, and appropriate records had been completed.

Staff support: induction, training, skills and experience

At our previous inspection in October 2020 the provider had failed to ensure staff had received the induction, training and support to allow them to meet peoples needs safely and effectively. This was a breach of regulation 18 (Staffing) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 18.

- Since the previous inspection in October 2020 most staff and the registered provider had completed a range of training to enable them to do their job safely and effectively. Staff were being supported to complete further vocational qualifications if they wished. Additional training resources and videos were available on the secure staff communication channel.
- Overall people spoke positively about the skills and knowledge of staff. One person told us, "Staff are generally very good. [Registered provider] is very particular about the training." Written feedback from a range of external health professionals referred to the "excellent care" provided by the agency, and how they have "worked well in delivering care."
- The majority of staff felt the training was effective in supporting them in their role. Comments included, "I didn't have any experience in care before. I'm now trained and have only progressed" and, "I'm up to date with the training. It's been very useful." Other staff found the amount of training they had been required to complete overwhelming. The registered provider confirmed staff had been asked to complete a lot of training in a short time, however this would not be the case going forward.
- Staff were now having supervision, appraisals and observations of practice. This meant the provider was better able to monitor the care provided and identify strengths and learning needs. Further improvement was needed to these processes to enable staff to identify strengths, goals and training needs, and consider how they might be achieved. There was a risk these processes may be undermined without the senior care and office staff who had previously been in post.

Staff working with other agencies to provide consistent, effective, timely care. Supporting people to live healthier lives, access healthcare services and support.

At our previous inspection in October 2020 we found the provider did not always work effectively with other agencies to provide safe and effective care. This is a breach of Regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of this area of regulation 12.

- During the inspection we observed the provider was proactive in contacting other agencies to raise concerns or request support on people's behalf. This was documented on the computerised care planning system, telephone logs and communicated to staff via the secure staff messaging channel.
- Written feedback from external health and social care professionals confirmed the provider was working effectively with them to support people. Comments included; "The involvement that I have had was recently and with a very complex package of care. Close communication and consistency in our approach towards the family was essential" and, "I know they will always contact us if they feel a client has issues or need support outside of their job role, this is done in a timely manner and by effective communication."

Supporting people to eat and drink enough to maintain a balanced diet

- Staff supported people to eat and drink safely. Food and fluid charts were kept monitoring their intake.
- Care plans contained clear guidance to enable staff to promote nutrition and hydration in line with people's needs and preferences. For example, "[Person's name] likes their tea in the pot with a tea cosy and one teabag. They will ask you to pour the first mug for them. [Person's name] has flavoured water in a glass with a straw and likes to have the bottle so they can top it up."

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At the previous inspection in October 2020 this key question was rated as inadequate. At this inspection this key question has remained the same. This meant there were widespread and significant shortfalls in service leadership. Leaders and the culture they created did not assure the delivery of high-quality care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements. How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong. Continuous learning and improving care.

At our previous inspection in October 2020 the provider did not have adequate systems in place to monitor and review the quality of care and ensure the service was meeting people's needs safely and effectively. This meant people were at risk of harm. This was a breach of Regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Not enough improvement had been made at this inspection and the provider remained in breach of regulation 17.

- Following the previous inspection in October 2020 positive conditions were placed on the providers registration. Since this inspection CQC has received monthly documentation and audits showing continuing improvement. However, at this inspection we found not enough improvement had not been made and the provider was still in breach of regulations.
- Since the previous inspection in October 2020 the provider had received and acted on feedback from the safeguarding process, the local authority quality assurance and improvement team (QAIT) and the previous inspection in October 2020. They had developed a comprehensive service improvement plan and engaged an external consultant to support them. They had also commissioned an Employment Law Consultant for human resources advice (HR). This had resulted in some improvements, however failings in risk management, assessment, safeguarding and governance meant people remained at potential risk of harm.
- There were now systems to monitor the quality and safety of the service. This included a comprehensive range of audits; observations of staff practice; and quality assurance questionnaires. However, the systems had not picked up the issues we identified, such as the lack of consistency in documentation, or failure to make a safeguarding referral. This indicated the systems were not yet fully effective or embedded.
- The provider had clarified their own role and responsibilities, as well as that of the office staff and senior carers. However, at the time of the inspection there were no office staff and only one senior carer on nights. These staff played a key role in quality assurance, including audits; carrying out spot checks, staff observations and supervisions. This threatened to further undermine the effectiveness of the providers newly established governance processes.
- Policies and processes had been reviewed and updated to make them relevant to the service being

provided. A one-page prompt sheet made key policies and processes more easily accessible for carers. However, the service being provided was not consistently in line with the policies. For example, the diabetes policy stated, "All service users will have a menu and diet plan in place from the diabetic nurse/nutritionist. Staff involved in preparing food will work with the service user and follow this plan." This was not the case, and there were no such plans in place for staff to follow.

We found no evidence that people had been harmed however governance arrangements were not effective in identifying and managing risks to people, or ensuring regulatory requirements were met. This was a continued breach of regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The provider responded immediately during and after the inspection. They were open about the previous failings at the service, the work they were doing to address them and where improvements were still required. They welcomed the feedback given, immediately addressing any concerns raised.

- The provider endeavoured to meet their regulatory requirements to provide statutory notifications when required.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics. Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people.

- People and their representatives had mixed views about the management of the service. Comments included; "I am extremely happy with the care that my family member has. I feel she is cared for with respect and compassion. I speak to [the provider] on a regular basis about her medication and needs." "There is good communication from the office and provider. I have no concerns" and, "Communication is awful... I have power of attorney, but I've never seen the care plan. I have refused to do their questionnaire. I have no faith it would make any difference".

- Staff also had mixed views about the management of the service. Some felt it was a well-managed service and told us the provider was approachable and supportive. Others felt the providers managerial skills were lacking and did not have confidence in the way the service was managed. They questioned whether the issues were down to the providers direct management style and cultural differences amongst the diverse staff team. Several staff had left the service in recent weeks.

- We raised this with the provider who told us, "I am very approachable with our staff and service users. I have gone above and beyond to try to make them happy. Obviously, with all the ethnic diversity, there will always be someone who is not happy. I do know my direct way of speaking is not always taken well and I try to moderate this, but this is my nature."

- Overall staff felt there had been improvements in the service since the previous inspection in October 2020. Comments included, "Communication's better. The provider has gained experience and is leading better. They are learning and understanding" and, "There have been 100% improvements in the service. Documentation has improved."

- The minutes of staff meetings showed staff had a voice in the running of the service and their concerns were listened to and acted on. For example, staff had found the requirement to document their visits in more detail impacted significantly on the time available to deliver care. The provider enabled them to use the computerised care planning system, to record their notes verbally instead. This also improved the quality of documentation.

Working in partnership with others

- Written feedback from visiting health professionals confirmed the service was working in partnership with

them to assess and meet people's needs. Comments included; "They have worked well in delivering care which involved liaising with other agencies when requested. They have raised concerns which were impacting on the person's wellbeing. They have liaised directly with health staff as appropriate."

- The provider was continuing to work with the local authority safeguarding team and quality assurance and improvement team (QAIT) to improve the management of the service.