

Ace Community Care Limited

Ace Community Care Ltd

Inspection report

Eastway Enterprise Centre
7 Paynes Park
Hitchin
Hertfordshire
SG5 1EH

Tel: 01462429755

Date of inspection visit:
04 October 2017
06 November 2017

Date of publication:
09 January 2018

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

Ace Community Care Ltd provides care and support to people in their own homes, some of whom may be living with dementia, chronic health conditions and physical disabilities. At the time of the inspection, 68 people were being supported by the service within a geographical area that covered Central Bedfordshire, North Hertfordshire, and West Hertfordshire.

This announced inspection took place between 4 October 2017 and 6 November 2017.

Prior to the inspection we received information of concern that the service did not have enough staff and subsequently, some people had experienced missed care visits. However, the provider told us of their on-going staff recruitment programme. Some of the staff in West Hertfordshire had told us that some of the people using the service did not always receive good quality care, and they were concerned that the registered manager did not take appropriate action to ensure that improvements were made. We looked into the issues during the inspection and we found the provider was not meeting five regulations. This was because they did not always have sufficient staff to provide safe care, and people's care records lacked detailed information to enable staff to provide person centred care. Additionally, potential safeguarding incidents had not been reported to relevant organisations, and the registered manager did not always complete audits to assess and monitor the quality of the service.

You can see what action we told the provider to take at the back of the full version of this report.

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. However, the registered manager required more support to understand her role and responsibilities in relation to her registration with the Care Quality Commission.

People told us they were safe because they were supported well by care staff. Staff told us that they had been trained on how to protect people from abuse, but the training records were not organised in a way that enabled us to check that all staff had been trained. People had risk assessments in place, but records had not always been updated in a timely way to evidence that these remained relevant to people's needs. Staff's recruitment records were not always up to date and for one member of staff, there was no evidence in their file to show that concerns recorded in their Disclosure and Barring Service report had been assessed. Although people told us their medicines were managed safely, medicines administration records had not been formally audited to identify any potential errors.

People told us they were supported effectively by their regular staff, who knew their needs well. However, we could not be certain that staff had been supported to acquire skills and knowledge necessary to support people well because the staff training records were not up to date. Staff also told us that the training

provided was not of good quality. We have made a recommendation that the service finds out more about training for staff, based on current best practice guidance.

The requirements of the Mental Capacity Act 2005 were being met and people told us that staff asked for their consent before providing care. People were happy with how they were supported with food and drinks. Where required, the service ensured that people had been supported to access healthcare services and equipment they needed to maintain their health and wellbeing.

People told us that staff were kind and caring. They also said that staff treated them with respect, and supported them to maintain their independence as much as possible. People made choices about how their care was provided and they valued staff's support. People had been given information about the service and they knew how to contact the registered manager if they needed to.

Care plans were not always up to date and reviewed in a timely way. We discussed this with the provider and they said they would resolve this issue.

Although most people were complimentary about the caring nature of the registered manager and staff, they said that concerns about inadequate staffing and poor performance by some of the staff were not always dealt with quickly. We found the provider did not always provide opportunities for people to provide formal feedback about the quality of care.

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.

There was not always sufficient staff to ensure that people received the care they required in a timely way.

People's risk assessments were not always updated in a timely way to ensure that these remained relevant to people's needs.

People felt safe with how staff supported them, but staff training records did not always show that they were all trained on how to protect people from abuse.

People's medicines were managed safely, but medicines administration records had not been formally audited to identify any potential errors.

Requires Improvement ●

Is the service effective?

The service was not always effective.

The record of staff training was not up to date to show that all staff had been appropriately trained. The quality of staff training needed improving.

Not all staff had received regular supervision.

People told us they were supported effectively by their regular staff, who knew their needs well.

The requirements of the Mental Capacity Act 2005 were being met.

Where required, people were supported to eat well, and to access healthcare services and equipment they needed to maintain their health and wellbeing.

Requires Improvement ●

Is the service caring?

The service was caring.

People told us that staff were kind, caring and friendly.

Good ●

People were treated with respect and dignity, and supported to maintain their independence as much as possible.

People made choices about how their care was provided and they valued staff's support.

People had been given appropriate information about the service.

Is the service responsive?

The service was not always responsive.

People's care plans did not have sufficient information to enable staff to always provide person-centred care. There were delays in reviewing people's care plans.

The provider had a system to manage people's complaints, but people did not feel that improvements were made quickly in response to their complaints.

Requires Improvement ●

Is the service well-led?

The service was not always well-led.

Some of the staff did not feel well supported by the registered manager and had no confidence that their concerns were addressed.

Regular audits had not always been carried out to continuously assess and monitor the quality of the service.

The registered manager had not reported reportable incidents to relevant organisations. The registered manager needed support to understand her role and responsibilities in relation to her registration with the Care Quality Commission.

People's feedback was not always sought in a formal way to ensure that this was used to make improvements to the service.

Requires Improvement ●

Ace Community Care Ltd

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place between 4 October and 6 November 2017, and was announced. We gave 48 hours' notice of the inspection because we needed to be sure that there would be someone in the office to assist us with the inspection. The inspection was carried out by one inspector and an expert by experience who contacted people and their relatives by telephone. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service.

This inspection was carried out in response to information of concern we received from four members of staff about missed visits and poor care provided to some of the people using the service. These concerns related to the care of people in West Hertfordshire, an area where the provider took over care agreements and staff from another care provider in January 2017. There were no concerns raised about the quality of care in North Hertfordshire and Central Bedfordshire, where the provider had operated in since their registration.

Before the inspection, we reviewed information we held about the service, including the concerns we received and notifications they had sent us. A notification is information about important events which the provider is required to send to us.

During the visit to the provider's office, we spoke with the registered manager and a senior member of staff who supported the registered manager with administrative work and 'on call' duties. We looked at the care records for six people who used the service to check how their care was planned and delivered. We looked at four staff files to review the provider's staff recruitment processes. We reviewed how the provider managed training and supervision for all staff employed by the service. We also reviewed information on how the provider assessed and monitored the quality of the service, and how people's medicines and complaints were being managed.

We spoke with eight people who used the service, 12 relatives, and five care staff by telephone. We contacted four professionals who worked closely with the service, but we were able to speak with one of them. We requested further information from the provider by email and we received this.

Is the service safe?

Our findings

Prior to the inspection, we received information of concern from members of staff that there had been some missed visits resulting in people not receiving care at agreed times. During the inspection, we discussed this with the registered manager who confirmed that there had been some visits they could not facilitate due to staff cancelling their shifts at short notice. The registered manager told us that in those situations, they either checked if people's relatives would be able to support them with their care, found an alternative member of staff to support the person, or the registered manager travelled to support the person themselves.

Some people and relatives told us that the service did not have enough staff to support people appropriately. They said that too many of the long serving staff had left and that the registered manager was trying to provide care herself. They also said there had been too many instances of the service not being able to provide any care at all, with people's relatives having to do this. They further told us that whilst the registered manager was always willing to apologise for everything, they had little faith that things will improve in the short term, at least. One person said, "When my regular carers are here, I know I will be well looked after and that they won't leave me until they know I've got everything I need. When they aren't working, I can never guarantee that I'll see anybody and it does make me very concerned and anxious." Another person said, "We would be much happier, if they were more reliable and able to handle all the visits we were promised when we first started. We dread getting a call or email telling us that they are short of carers again." One relative said, "My sister and I live away from [relative] and the whole idea of her having three calls a day, was to reassure us that she was safe and checked on every day. Sending us emails apologising for having no staff to cover her visits is not what we want to see, or what we signed up for and pay for." Another relative said, "They have been needing to recruit more staff for some months now. [Registered manager] is very good at covering absences, but she's not Wonder Woman. You just get used to waiting until hopefully someone turns up. Thankfully, I don't do anything during the day, otherwise it would be a nightmare."

Some people said that some of the staff sometimes did not stay for the duration of their agreed times. One person said, "There is a lot to get done in 30 minutes, but some of them dash around so quickly that I can hardly keep up!" One relative told us, "Mostly they stay for the agreed time, although some of the staff will find any excuse to get done sooner." When asked if staff always arrived on time to support them, one person told us, "Absolutely not. Regular carers tend to be more on time than the relief ones who seem to have to fit me in between their regular clients."

The registered manager and the provider confirmed that they currently did not have enough staff, particularly in the West Hertfordshire area. The provider told us of challenges they faced in getting staff to give them prior notice before cancelling shifts, but they assured us that they had advertised for new staff so that they always had enough to cover for absences. The registered manager told us that recruitment was ongoing as they always needed staff to cover for leave and other absences. They also said, "Weekends are generally challenging to cover as some staff don't want to work at weekends. Our plan is to employ more staff with contracts that would require them to work every other weekend." The registered manager told us

that although they had considered using agency staff to cover vacancies, they had not yet done so as most staff were normally able to work additional hours when required. The registered manager was also aware of the impact the use of irregular staff could have on consistency of care and they wanted to avoid this as much as possible.

Staff who worked in the West Hertfordshire area were particularly concerned that it was not always possible to cover care visits if their colleagues cancelled their shifts at short notice, and there had been instances where people had missed visits as a result. Some of them were also concerned about how the manager dealt with late or missed visits. One member of staff told us, "I get really frustrated when I tell [registered manager] that a client has not had their earlier visit as she doesn't seem to do anything about it. She thinks just apologising to the person or their family is enough." Another member of staff said, "We wouldn't have staffing problems if other staff didn't just cancel their shifts at short notice. I can't add any more calls to my rota as I wouldn't have time to do them." A third member of staff said, "There is not enough staff at present and you can be called at short notice to cover other calls."

We found enough staff were not always available to support people when they needed support and this put people at risk of unsafe care. This was a breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Some people told us that they managed their own medicines or they were supported by their relatives with this. Those who told us that staff supported them said that this had been managed well, although one relative told us that the times their relative was given their medicines were not always consistent. They said, "[Relative] has to have help with his tablets. The carer will pass them to him with a glass of water and once he's taken them, it's written up in his records. Thankfully, they don't have to be taken at a specific time, as it can vary from one day to the next." We saw some of the medicines administration records (MAR) that had been completed and returned to the office for auditing and safe keeping. Although the registered manager told us that senior care staff looked through these when they collected them from people's homes, these had not been formally audited to check if staff managed medicines safely and followed appropriate recording procedures. The registered manager acknowledged that this was an area they needed to improve on.

We looked at the recruitment records for four members of staff and found the registered manager completed pre-employment checks including confirming each member of staff's identity, employment history, obtaining references from previous employers and completing Disclosure and Barring Service (DBS) checks to ensure that staff were suitable to work at the service. However, there was no evidence of what action had been taken by the registered manager or the provider to assess information of concern recorded in a member of staff's DBS report. There was no risk assessment or any other record to show what the provider had done to assess if the member of staff posed any potential risk to people using the service. Also, there was evidence of poor communication as the registered manager did not know what action had been taken by the provider. We discussed this with the provider who told us that they had completed an assessment in relation to this, including speaking with the member of staff and they would ensure that the records of the assessment were printed and kept in the member of staff's file. They also told us that they regularly spoke with people the member of staff supported and none of them had raised concerns.

People told us that they felt safe with staff who supported them, but could not recall anyone speaking with them about how the service would ensure that they would be safe from abuse or avoidable harm. One person told us, "I know that abuse is something that might happen to me and cause me harm, but no one's spoken to me about it." A relative of another person said, "I don't think anyone has spoken to my [relative] or I about abuse. We know it can happen in many different ways though."

Staff told us that they had been trained on how to safeguard people from harm or abuse and we saw some evidence of this in the staff files. However, the training records were not up to date and it was difficult to fully ascertain whether all staff had received safeguarding training and whether they had regular updates. Staff we spoke with showed good knowledge of how to report concerns they might have about people's safety, but some said that they did not have confidence that the registered manager took appropriate actions to deal with concerns they raised. We also noted that the registered manager had not reported potential safeguarding concerns to the relevant local authorities or the Care Quality Commission so that these could be investigated.

This was a breach of Regulation 13 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Risks people could be exposed to had been assessed and where required, there were risk assessments in place. These included those for risks associated with people being supported to move, falling, eating and drinking, and specific health conditions. For example we saw that a risk assessment had been completed to guide staff on how to reduce the risk of further infection during the short time they were administering eye drops to a person to treat an existing eye infection. An environmental safety assessment had also been done, including a visual check of electrical appliances to ensure that people and staff who supported them were not exposed to electrical hazards. However, it was not always clear in the care records we looked at how often risk assessments were reviewed. For example, the care records of two people showed that they last had a review in June 2016.

In order to appropriately manage risks that may inhibit the smooth running of the service, there were plans in place to ensure that the registered manager had access to staff rotas and their contact details, information about people using the service and their relative's contact details, at all times. The registered manager told us that she had a folder that contained up to date information and this was updated weekly. In addition, the registered manager told us that she also had this information accessible on her laptop, and staff contact numbers were also saved on her mobile phone. The registered manager told us that this information was kept safe including being protected by passwords on their mobile phone and the laptop. This meant that people could still be supported as planned, in a situation where the registered manager might not have access to the office.

Is the service effective?

Our findings

Prior to the inspection, two members of staff raised concerns about the quality of the training they received. They were particularly concerned that not all staff had effective moving and handling training before supporting people who required the use of hoists and slings. They said that this put people at risk of unsafe care and could also result in injuries to staff.

During the inspection, we discussed with the registered manager how staff were trained and she told us that she provided all the training, as she had been trained to do so. The service did not have training facilities and moving and handling training was normally provided in people's own home. The registered manager used DVDs they purchased from a training provider to deliver training in other areas such as safeguarding; dementia awareness; health and safety; mental capacity act, and staff completed worksheets to test their knowledge and whether they understood what they had been taught. Prior to the inspection, two members of staff raised concerns about the quality of the training they received. They were particularly concerned that not all staff had effective moving and handling training before supporting people who required the use of hoists and slings. They said that this put people at risk of unsafe care and could also result in injuries to staff.

During the inspection, we discussed with the registered manager how staff were trained and she told us that she provided all the training, as she had been trained to do so. The service did not have training facilities and moving and handling training was normally provided in the homes of people who were supported to move using hoists. The registered manager used DVDs they purchased from a training provider to deliver training in other areas such as safeguarding; dementia awareness; health and safety; mental capacity act, and staff completed worksheets to test their knowledge and whether they understood what they had been taught.

There were mixed views about the quality of the training amongst the staff we spoke with. Although two members of staff told us that the training they received was good and provided regularly, others disagreed. One member of staff said, "I've not had any training since I moved over from another provider. How do they know that the training I did before was good enough?" Another member of staff told us, "Training is not good at all and needs to be improved. I don't understand why Ace doesn't have training facilities. It's not good that we have to go to a client's home to do moving and handling training."

The training records were not well organised and therefore we could not be certain that all staff had been appropriately trained to provide safe and effective care to people using the service. The registered manager told us that some of the staff's refresher training was overdue because staff did not always attend when this was arranged. She also told us that she continued to encourage staff to complete their training as soon as it was due. We raised concerns with the registered manager about the effectiveness of their training programme as some of the staff found it to be of poor quality.

We recommend that the service finds out more about training for staff, based on current best practice guidance.

Staff provided mixed feedback about whether they received regular supervision and was appropriately supported by the registered manager. One member of staff told us that they received supervision, but could not remember when they last had this. Another member of staff said, "I get supervision, but I don't think it's every two months." A third member of staff told us, "I speak with [registered manager], but I haven't had a formal supervision." The registered manager told us that they had plans for staff to have individual supervision meetings every two months, but these did not always occur at this frequency because staff did not always attend planned meetings. The registered manager told us that in order to maximise this time, they tended to do supervisions at the same time as 'spot checks'. They also told us that they arranged group supervisions meetings where they provided guidance and training for staff. For example we saw that during a forthcoming meeting, the registered manager planned to provide mental capacity act training; talk about uniforms and the Christmas period rotas.

People told us that their regular care staff knew their needs and supported them well. They also said that on the main, staff were skilled and provided good care, but they were not always happy with the quality of care provided by staff who supported them occasionally. One person said, "To be honest, I don't think they need any special training or skills to look after me. Common sense and a caring attitude are more important to me." Another person said, "In my opinion, it's like a car, fine while it's working, but completely useless when it packs up!" A third person said, "It's good, as long as it's my regular carer." One relative told us, "Some carers are better than others and you know they will do a good job when they are working. Others just don't do their jobs properly and it is very frustrating having to keep telling them about what we expect."

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 told us that they were able to make decisions about their care and staff asked for their consent before any care and support was provided. We spoke with relatives of some of the people whose health needs meant that they did not have capacity to make decisions about some aspects of their care. They told us that they were involved in discussions about their relatives' care so that any decisions to provide support were in their relatives' best interest. We saw records of mental capacity assessments in some people's care plans and these showed that the care of people who lacked capacity to make decisions about some aspects of their care was managed in line with the requirements of the MCA.

Some of the people told us that staff supported them with their meals. Where this was done, staff mainly warmed and served ready-made meals of people's choice for lunch and evening meals. They also prepared and served breakfast, drinks and snacks for some people. However, there were mixed views about whether people were happy with the support they received with their meals. One person said, "Most of the time my breakfast is at a reasonable time and my carer makes me a sandwich which I keep in the fridge for later." While another person's relative told us, "When [relative]'s regular carer is here, she gets all three meals at reasonable times. When she is not, [relative] sometimes doesn't get breakfast until nearly lunch time and her lunch and tea almost arrive together. It's not good enough."

People told us that they were not normally supported by the service to access health services such as GPs, dentists, chiropodists, opticians or to attend hospital appointments as they or their relatives managed this. However, staff provided support to people to contact health services if urgent care was required when people became unwell. People also told us that they had the equipment they needed for their care to be managed safely and effectively in their own homes.

Is the service caring?

Our findings

People told us that care staff were kind, caring and friendly. One person said, "My one regular carer is lovely. She will even pop out to my local shop if I've run out of anything because she knows I am housebound." Another person said, "I'm lucky because my carers have been with me a long while, so they know me really well, and I know them."

Although some people said they did not always have the opportunity to develop close relationships with staff who supported them occasionally, they said they found them to be caring and respectful. People also said that they had friendly interactions with staff, with some of the staff described as being 'very chatty and lovely'. One person said, "I look forward to seeing my regular carers because we always have a good old natter!" Another person said, "Some carers go out of their way to make sure we can have a bit of a chat. Others hardly say a word, and then the day can feel really long. It doesn't take much just to have a conversation, does it?" However, another person told us that they would prefer to have the same care staff all the time as this promoted continuity of care and good relationships. They told us, "My lovely regular carers keep leaving. I find myself just getting used to someone and they then disappear. I appreciate [registered manager] covering for them, but she's a manager, not a carer." One relative who was happy with how staff supported their relative said, "[Relative]'s regular carer is like a family member. She never minds helping [relative] with anything and will always make sure that [relative] is wearing clean clothes."

Staff told us they were happy with how they supported people and that they had developed close relationships with people they supported regularly. One member of staff said, "I absolutely care about my clients and will do anything to make sure that they are happy." Another member of staff told us, "People are generally happy with how staff support them. Although some will complain at times about how some staff do things, I've never heard anyone say that any staff was uncaring or unfriendly." A third member of staff said, "I do this job because I really love looking after people. I think this a good service and I have not had any complaints about other staff."

People told us they made decisions and choices about how they wanted to be supported. One person said, "Some days I don't feel like having a shower and the carers respect this. Usually it just means that they get finished sooner." People also told us that they had been involving in planning their care and some of the relatives said they had contributed to this too. One person told us, "My daughter talks to the agency and sorts everything out for me." One relative told us, "[Relative] has Alzheimer's, so my sister and I manage everything."

People told us that staff supported them in a way that respected their privacy and dignity. One person said, "They are always respectful and I have no concerns at all about that." Another person told us, "My carers are always lovely and respectful." Some of the people who had key safes for staff to access their homes said that this was managed well to ensure that as well as being safe in their homes, they had the privacy they required and expected. One person told us, "The carers have to let themselves in with a key safe. They always ring the bell twice before unlocking the door so that I know it's them, and then they call out their name as well. When they go, they always check to make sure the door is properly shut. I've never had any problems with it, even

though I was a bit concerned when it was first installed."

Staff told us that they promoted people's privacy and dignity by ensuring that personal care was provided in private, particularly where people lived with relatives. Staff also understood how to maintain confidentiality by not discussing about people's care outside of work or with anyone not directly involved in their care. We also saw that people's care records were kept securely in the provider's office to ensure that they could only be accessed by people authorised to do so.

People said that as much as possible, they were supported to maintain their independent living skills and they appreciated the support that ensured that they remained in their own homes. Some told us that this was because they had the equipment they needed and that staff assisted them to do as much as possible for themselves.

People told us that they had been given information about the service, including contact details of the registered manager. One person said, "We just have [registered manager]'s contact details as far as I'm aware." Another person said, "I know there are some telephone numbers in my folder, but I don't think I have anything else." Some of the people's relatives or social workers acted as their advocates to ensure that they understood the information given to them and that they received the care they needed.

Is the service responsive?

Our findings

There were mixed views about whether people had been asked their preferences and whether what was important to them had been taken into account when planning their care. One person told us, "We've never been asked that." Another person said, "My memory isn't brilliant these days, but I don't recall ever being asked that." A third person said, "I wanted an early morning call and I get that as long as my regular carer is available. When she's away or ill, the other carers are often much later. Sometimes they are over an hour late or they'll call and say they haven't anyone to come, and I have to manage on my own."

Although people told us that their individual needs were being met by the service, some told us that they had not been involved in reviewing their care plans for a while including one person who said, "I was involved when it was written (care plan), but I've not had a review since. Alright, [registered manager] has been here covering care at times, but there was no time to review the care plan when she was here." Another person said, "I had been having care from the previous agency before Ace took them over and I still have my old care plan. [Registered manager] did say that we would have a review meeting to discuss the care plan, but it still hasn't happened yet." A relative of another person told us, "His folder hasn't changed since Ace took over. Nobody's looked at the care plan in ages and I think what his carers do now is very different to what is written down. We have less visits now as well." Another relative said, "We haven't looked at her care plan in absolutely ages as no one from Ace has arranged to come and see us." While we saw that some reviews had taken place in February and March this year, some of the people's care plans had been last reviewed in June 2016. This meant that the registered manager could not assure themselves that the information in these care plans was still relevant to people's needs.

We also saw that people's care plans contained very limited information, and this was mainly about the visit times and brief descriptions of what staff needed to support people with at each visit. These lacked personalisation and did not give staff key information about people to enable them to provide person-centred care. Staff provided varied feedback about the quality of the care plans with some saying that they contained enough information to enable them to provide safe and effective care, that was responsive to people's individual needs. However others disagreed including a member of staff who said, "Care plans need to be improved as there is nothing about the person at all. No medical history, preferences, hobbies and interests." Another member of staff said, "Apart from few details about what to do at each call, there is no other information about the person." Although the shortfalls in the quality of care plans did not amount to a breach of regulations, we discussed with the registered manager the need to improve these and they told us that they would prioritise this work. During the discussion of our findings with the provider, they told us that the work to update people's care plans was already in progress.

This was a breach of Regulations 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The provider had a complaints policy which gave people guidance on what to do and who to contact if they wanted to raise concerns or complain. People told us that they mainly verbally complained about the timings of their care visits, others also had raised concerns about the number of instances the service was

not able to provide care staff. However, everyone we spoke with said that improvements were very slow. One relative said, "I complained because my [relative] didn't want to go to bed at 6:30pm which was the latest time they told us that they had a carer available. I now manage [relative]'s care myself so we could stop the calls, because it was a waste of money and we were offered no alternative options." Another relative said, "We've certainly complained about the number of missed calls that [relative] has experienced. Last week, my sister was emailed and told that they couldn't provide care for [relative] for three days and that's since we've cancelled all of [relative]'s weekend calls which we do ourselves now. Nothing ever happens to rectify the situation." A third relative told us, "The service has not been reliable at all and I have complained as they sometimes tell us they can't provide staff at very short notice. [Registered manager] is a nice person, but she really needs to get on with sorting the service."

The registered manager told us that they regularly met with people and their relatives, particularly when needed to cover visits and they always checked with them if they were concerned about anything. They said that they normally made improvements quickly where required and that the feedback they received was that most people were happy with the quality of the service. They added, "I will sometimes get feedback from relatives by phone and arrange a visit if required."

Is the service well-led?

Our findings

Prior to the inspection, two members of staff raised concerns about the quality of the service. Both staff told us that the service was not appropriately managed due to the manager spending some of her time providing care, leaving little time for them to carry out their leadership and managerial role. They said that this had led to a reduction in the quality of records, poor timeliness of visits because there was not enough staff and rotas were not always planned well.

During this inspection, we looked into the issues. Although staff who worked in other areas were complimentary about the support they received from the registered manager, some of the staff who worked in the West Hertfordshire area did not feel particularly supported by the manager. They also said that there had not been many opportunities for them to meet as a team and discuss concerns directly with the manager. Subsequently, they said that there was no effective team-working and the quality of care provided to people in that geographical area had declined since their care packages were taken over by the service. One of the staff told us that they were not confident that the registered manager dealt with concerns they had raised about the quality of care provided by some of their colleagues and did not feel that the registered manager had the will to improve. They also said that they did not think that there were systems to record concerns raised and felt that the registered manager 'covers up when things go wrong'. They added, "[Registered manager] never deals with concerns when raised by staff."

We had also been told about some missed visits or instances when the service was unable to provide staff to meet planned care visits. We discussed this with the registered manager, but they did not show us how they recorded and managed late and missed visits when we visited the office. We also did not know how many visits had been missed since they took over the West Hertfordshire area care packages. When we left the office, we were concerned that there were no systems to monitor this. However, the provider later sent us evidence showing that this was being monitored and addressed to ensure that people were always supported as planned.

Staff told us that the training provided was not of good quality and we were concerned that the lack of moving and handling training facilities meant that this was provided in people's homes. Although this might be necessary to train staff on how to support a specific person, providing this training routinely in people's homes did not protect their privacy and dignity. We made a recommendation that the provider finds out more about training for staff, based on current best practice guidance and we will check if improvements have been made when we next inspect the service.

We found the registered manager did not carry out regular audits and could not evidence how they continuously assessed and monitored the quality of the service. This meant that records were not always up to date and the registered manager could not assure themselves that staff always provided safe, effective and good quality care that met people's needs and expectations. For example, medicines administration records (MAR) had not been formally audited to ensure that people were given their medicines as prescribed by their doctor, so that they received effective treatment. Staff recruitment records, training and supervisions were not all up to date. Additionally, people's care plans had not always been reviewed in a

timely manner and most of them needed detailed information that would enable staff to provide person-centred care to people using the service. This had resulted in breaches of some of the regulations and was evidence that the service was currently not providing good quality care to people using the service.

This was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The registered manager was not aware that missed visits amounted to potential neglect and were therefore reportable to relevant local authorities and the Care Quality Commission. She had not reported any of these incidents.

This was a breach of Regulation 18 of the Care Quality Commission (Registration) Regulations 2009.

We discussed with the provider about the areas of improvement we identified during the inspection and they told us that they would be working more closely with the registered manager to ensure that improvements were made quickly. They acknowledged the challenges faced by the registered manager in managing a service that covered such a wide geographical area, and they had agreed with the registered manager that a senior member of staff would be required to coordinate the care provided to people within the West Hertfordshire area. The provider told us that until the senior staff was in post, the manager visited that area at least twice a week and at other times, a senior staff from North Hertfordshire area provided the necessary support to staff. However, we found the provider needed to be more proactive in their support to the registered manager so that she was able to carry out her role effectively. Firstly, this meant recruiting more staff so that the registered manager did not have to provide care. Secondly, the registered manager needed support to develop more awareness of their role and responsibilities in relation to their registration with the Care Quality Commission. This included an increased understanding of the regulations and notifications they had to send to us.

A relative who told us that they were happy with the quality of care provided to their relative said that they had heard that there had been some missed visits due to staff shortages. They further told us, "Sometimes they rush because they have not enough time. I still have to check that they have done things properly. There's still room for improvements." Other relatives also said that the service required to make urgent improvements to staffing levels including one relative who said, "I think they have taken on more that they can chew." Another relative said, "[Registered manager] needs to concentrate on managing the service rather than rushing around trying to do all the calls herself."

People and relatives we spoke knew who the manager was and most people described her as a 'nice person. One relative said, "We know who the manager is because she fills in for [relative]'s carer when she's away or off sick." Another relative told us, "I've seen the manager a fair bit recently because my regular carer was off on two weeks holiday, and she came instead because she was short on carers." People also told us that they had the service's contact details and they mainly spoke with the registered manager if they needed support with anything. One person said, "I always call [registered manager] if I need anything. I don't know whether there are other office staff, as I've only ever spoken to her." One relative told us, "The only number we have is the manager's phone number, so I only really speak to her or leave a message and wait for her to call me back about my [relative]'s care. However, most people could not recall being formally asked to provide feedback about the quality of the service. One person said, "Not as far as I can recall." Another person said, "I don't think I've ever been asked about my views. I have told [registered manager] what my views are on a couple of occasions when I needed to complain about something."

The registered manager told us that they last did a survey in 2016 and had not done one lately. However she

told us that she gets people's feedback when she visits them, but this was not always recorded. Also, we saw that where people had provided negative feedback, there was not always evidence to show that appropriate action had been taken to improve. This showed that people and their relatives were not always supported to provide formal feedback to enable the provider to improve the service.

However, it was clear that the registered manager promoted a caring and inclusive culture within the service. When we checked through a list of people we could contact by telephone with the registered manager, we observed that she knew each person quite well. It was clear that she met and spoke with people regularly as she was able to tell who was in hospital, in a care home for respite care or away on holiday. The registered manager told us that most people were happy with the service and that they mainly got their referrals by 'word of mouth'. They had not contracts with any local authority and the registered manager was proud that people were happy enough to recommend them to others. The registered manager also told us that they promoted continuity of care by ensuring that as much as possible, people were supported by the same care staff all the time. She also gave us an example of how they ensured that people and their relatives were comfortable with the staff allocated to them. She said, "Before their first visit, I always take care staff and introduce them to the person and their family." We also saw that they had received some positive feedback and compliments from people using the service, relatives and professionals involved in people's care. The professional we received feedback from was complimentary about how people they knew were supported by the service. They said, "They're quite good with people with complex needs such as dementia and Parkinson's disease. I have known [registered manager] for many years and any problems with staff she would address quickly. They are really good at what they do."

Although the registered manager did not hold regular meetings with staff, we saw that they regularly communicated with staff by sending them information electronically by text messages. We also saw that the registered manager also regularly sent memos with staff's rotas. For example in July 2017, this informed staff that the registered manager would be on leave and gave them the contact details of other senior staff they could contact during this period. The registered manager told us that they were planning to arrange more regular team meetings in the future, as staff had indicated that they wanted this.

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 18 Registration Regulations 2009 Notifications of other incidents The registered manager had not reported reportable incidents to relevant organisations including the Care Quality Commission. 18 (1)(2)(e)(g)(l)
Regulated activity	Regulation
Personal care	Regulation 9 HSCA RA Regulations 2014 Person-centred care People's care plans did not always contain detailed information to enable staff to provide person centred care.
Regulated activity	Regulation
Personal care	Regulation 13 HSCA RA Regulations 2014 Safeguarding service users from abuse and improper treatment The registered manager had not reported potential safeguarding concerns to the relevant local authorities or the Care Quality Commission so that these could be investigated. 13 (1)(2)(3)
Regulated activity	Regulation
Personal care	Regulation 17 HSCA RA Regulations 2014 Good governance The registered manager did not always complete audits to assess and monitor the quality of the service. 17 (1)(2)(a)

Regulated activity	Regulation
Personal care	<p>Regulation 18 HSCA RA Regulations 2014 Staffing</p> <p>Enough staff were not always available to support people when they needed support. 18 (1)</p>