G P Homecare Limited

Radis Community Care (Derby)

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?	**Good**
Is the service responsive?	**Requires Improvement**
Is the service well-led?	**Requires Improvement**

Summary of findings

Overall summary

Radis Derby provides personal care and treatment for adults living in their own homes. On the day of the inspection the registered manager informed us that there were a total of 80 people receiving personal care from the service.

A registered manager was in place. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act and associated Regulations about how the service is run.

On this inspection we found a breach of the Health and Social Care Act 2008 Regulated Activities Regulations 2014 with regarding to providing safe care. You can see what action we have told the provided to take on the back of the full version of this report.

People had not always received personal care at the assessed and agreed times to promote their health and welfare. Comprehensive risk assessments were not consistently in place to protect people from risks to their health and welfare.

Staff recruitment checks were not always in place to protect people from receiving personal care from unsuitable staff.

People and relatives we spoke with told us they thought the service ensured that people received safe personal care. Staff had been trained in safeguarding (protecting people from abuse) and staff understood their responsibilities in this area.

We saw that medicines were, in the main, supplied safely and on time, to protect people's health needs.

Staff had not received comprehensive training to ensure they had the skills and knowledge to be able to meet people's needs.

Staff, in the main, understood their responsibilities under the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS) to allow, as much as possible, people to have effective choices about how they lived their lives.

People and relatives we spoke with told us, with one exception, that staff were friendly, kind, positive and caring.

People using the service or their relatives had, in the main, been involved in making decisions about how and what personal care was needed to meet their needs.

Care plans were individual to the people using the service to ensure that their individual needs were met, though they lacked some personal information about lifestyles to ensure that a fully personalised service could be provided.

People and relatives told us they would tell staff or management if they had any concerns, they were, in the main, confident these would be properly followed up. However, not all issues had been responded to in a timely manner within the timescale set out by the complaints procedure.

People and their relatives were, in the main, satisfied with how the service was run and staff felt they were supported in their work by the senior management of the service.

Management carried out audits in order to check that the service was meeting people's needs and to ensure people were provided with a quality service, though robust systems were not fully in place to consistently achieve this.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement

People had not always received care at agreed times to promote their health or safety. Risk assessments were not detailed enough to protect people fully from risks to their health and welfare. Staff recruitment checks had not all been comprehensively consistently applied to protect people from receiving personal care from unsuitable staff. People and their relatives thought that staff provided safe care and that people felt safe with staff from the agency. Staff were aware of how to report incidents to their management to protect people's safety. Medicines had been, in the main, supplied as prescribed.

Is the service effective?

Requires Improvement

The service was not consistently effective.

Staff were trained to meet some, but not all, of people's care needs. Staff had not received full support to carry out their role of providing effective care to meet people's needs. People's consent to care and treatment was sought in line with legislation and guidance. People's nutritional needs had been promoted and protected. People's health needs had not been fully been promoted.

Is the service caring?

Good

The service was caring.

People and relatives we spoke with told us that staff were, in the main, friendly and caring and respected people's rights. People and their relatives had been involved in setting up care plans that reflected people's needs. Staff respected people's privacy, independence and dignity.

Is the service responsive?

Requires Improvement

The service was not consistently responsive.

Care plans contained information on how staff should respond to people's assessed needs, though information on people's preferences and lifestyles was limited. Care calls were not always

timely to respond to people's needs. People and their relatives were, in the main, confident that any concerns they identified would be properly followed up by the registered manager. Complaints had not always been followed up. Staff had contacted other relevant services when people needed additional support.

Is the service well-led?

Requires Improvement

The service was not consistently well led.

Most people and relatives told us that their comments and concerns have been followed up, but this had not always happened. Most people thought it was an organised and well led agency, though there are a number of concerns about call times and the care provided. Staff told us the senior management staff provided good support to them. They said the registered manager had a clear vision and expectation of how friendly individual care was to be provided to people to meet their needs. Systems had been audited in order to measure whether a quality service had been provided, though these needed to be strengthened to ensure all relevant issues had been identified and acted on.

Radis Community Care (Derby)

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 on 21 and 22 September 2016. The inspection was announced. The inspection team consisted of one inspector. The provider was given 24 hours' notice because the location provides a personal care service and we needed to be sure that someone would be in.

We looked at the information we held about the service, which included 'notifications'. Notifications are changes, events or incidents that the provider must tell us about.

We also reviewed the provider's statement of purpose. A statement of purpose is a document which includes the services aims and objectives.

We contacted commissioners for health and social care, responsible for funding some of the people who used the service and asked them for their views about the agency. No concerns were expressed about the current provision of personal care to people using the service.

During the inspection we spoke with 11 people who use the service and four relatives. We also spoke with the registered manager, a care coordinator and four care workers.

We looked in detail at the care and support provided to four people who used the service, including their care records, audits on the running of the service, staff training, staff recruitment records and medicine administration records.

Requires Improvement

Is the service safe?

Our findings

We saw that people's care and support had not always been planned and delivered in a way that ensured their safety and welfare. We saw some risk assessments in place but not for everyone.

For example, we saw records of a person falling and injuring themselves, needing hospital treatment. However, there was no risk assessment in place to assist staff to prevent the person from falling and injuring themselves in the future.

We looked at another risk assessment for preventing pressure sores. This stated the person was at risk of developing a pressure sore and that staff needed to apply cream on a daily basis to prevent sores. The daily records we looked at did not always record that the person had received cream from staff. There was no information in the person's care plan which stated that staff needed to check a person's skin for signs of sores. This meant that there was a risk that staff were not taking the necessary measures to safely protect the person skin, with the risk of pressure sores developing, which may cause pain and distress to the person.

People and their relatives we spoke with had different views about the timeliness of calls to deliver care. Some told us that calls were generally on time, or if a little late, this did not affect them. However, a number of people and relatives told us that calls had often been late or that, in a small number of cases, staff had not attended calls to them. One person said that it was important staff came at the agreed call time as she had diabetes and staff needed to supply food to manage her condition and not damage her health. We found, in daily records, that calls for this person had frequently been early or late. A number of people and relatives told us that there were staff shortages as management staff had, at times, covered shifts for care staff.

We found evidence in people's care records that calls were not on at agreed times, being both early and late on occasion. Staff had not always stayed for the agreed time . For example, a person received their teatime call 40 minutes early. Three days later the person received their first call, 35 minutes late. Another person received their lunchtime call 18 minutes early one day. The following day they received the lunchtime call 78 minutes early. We saw in records that staff had stayed for 20 minutes for one call, when the call time was 30 minutes. The registered manager acknowledged these issues and stated they would be reviewed and followed up.

This demonstrated insufficient staff presence available to meet people's needs and to ensure consistent safe care.

These issues were in breach of Regulation 12 of the Health and Social Care Act 2008 Regulated Activities Regulations 2014. You can see what we have told the provider to do at the end of this report.

All the people we spoke with and their relatives thought that personal care had been delivered safely. They were unanimous that people were safe with staff.

A person told us, "Yes, I am safe with staff. There is no question of that." A relative told us, "Staff are really good with him. I do not worry that he is not safe with them."

Staff told us they were aware of how to check to ensure people's safety. For example, they checked that people were safely positioned when they used commodes and that equipment was in a proper working condition when assisting people to move.

We saw that there was information in place for staff to ensure that equipment was safe to use. For example, information of how to assist people with transferring, detailed what particular types of straps were needed to hoists to move people safely. This ensured that the person was protected from injury when transferring from one place to another.

There was information in place with regards to checking risks in the environment to maintain people's safety. For example, of dealing with any loose rugs that people could trip on, checking that gas and electrical supplies worked effectively, and fire evacuation procedures were in place. Health and safety issues were also highlighted in the employee handbook, which contained policies and procedures to ensure people safety. This information assisted staff to ensure facilities in people's homes were safe.

We saw that staff recruitment practices were, in the main, in place. Staff records showed that before new members of staff were allowed to start, checks had been made with previous persons known to the respective staff member and with the Disclosure and Barring Service (DBS). DBS checks help employers to make safer recruitment decisions and ensure that staff employed are of good character. However, for two staff records we saw, references were in place but there were no references from the staff members' previous employers to check suitability. The registered manager said this issue would be followed up and monitored in future to ensure information was sought from relevant sources. This will then mean that a robust system was fully in place to prevent unsuitable staff members being employed to provide care for vulnerable people using the service.

Staff we spoke with had been trained in protecting people from abuse and understood their responsibilities to report concerns to other relevant outside agencies if necessary, and to report concerns to if they had not been acted on by the management of the service.

The provider's safeguarding and whistleblowing policies (designed to protect people from abuse) were available to staff. These told staff what to do if they had concerns about the safety or welfare of any of the people using the service. A staff member told us that they had used this procedure to report on poor practice from another staff member. They said that the registered manager had taken proper action as a result the reporting this issue. This demonstrated that there was a system in place to promote people's safety. The whistleblowing policy contained in the staff handbook directed staff to relevant outside agencies such as the police. This gave staff information as to how to action issues of concern to protect the safety of people using the service.

Policies set out that when a safeguarding incident occurred management needed to take appropriate and action by referring to the relevant safeguarding agency. There had been some incidents since the last inspection. These had been reported to the safeguarding team and investigated.

People and their relatives told us that staff had reminded people to take their medicines and there had been no issues raised about this. A person told us, "Staff give me my medication. There has been no problems."

Staff had been trained to support people to have their medicines and administer medicines safely. They had

undergone a competency test to check that they understood how to assist people to have their medicines. There was also a medicine administration policy in place for staff to refer to and assist them to safely provide medicines to people.

We saw evidence in medicine records that people had largely received their prescribed medicines, although there were a small number of gaps, which had not been explained on medicine records. There was also no information in place for staff as to where to apply lotions to people's skin. The registered manager said these issues would be followed up.

Requires Improvement

Is the service effective?

Our findings

Most of the people who used the service and their relatives said that the care and support they received from staff effectively met people's needs . Most thought that staff had been properly trained to meet their care needs, though we received a number of comments about staff not been trained in specific health issues important to people's care.

One person said, "Staff always meet my needs." Another person said, "Staff are good. They seem to be well trained."

We saw a remark from a person using the service, in a service users survey, "Staff need more training in bed making and putting on compression stockings."

Two relatives told us that staff had no understanding of their family member's health conditions. One relative said, "It would have been useful if staff knew about Parkinson's disease because they would then have understood that it takes my son time to speak. As it was, he felt ignored sometimes."

Staff told us that they thought they had received training to meet people's needs. A staff member said, "I had an induction when I started work here. It covered lots of things and I have had many training courses since. One thing we have not had training in though is dealing with challenging behaviour." Another staff member said, "If I need any more training I ask and the office will arrange it."

The staff training matrix showed that staff had training in essential issues such as such as how to move people safely and keep people safe from abuse. We saw no evidence that staff had been supplied with training about people's health conditions, such as epilepsy, motor neurone disease, Parkinson's disease, mental health conditions and diabetes. This would assist staff to have an awareness of people's conditions so that they understood the issues and challenges that people faced. The provider's statement of purpose stated, "We ensure that staff have specialist training to ensure their competency for meeting the different needs of our service users." This provision has not yet been achieved. The registered manager stated that he would be reviewing training to ensure that staff had the skills to meet people's needs. He later sent us information as to training that staff would be provided with which covered these issues.

We saw evidence that new staff were expected to complete induction training. This training included relevant issues such as supplying medicines, protecting people from abuse and ensuring privacy and dignity for people. There was also evidence in the minutes of staff meetings that staff training issues were discussed and action taken to organise more training. The registered manager said that it was his intention that new staff, and other staff who are interested in completing this, would be also expected to complete training on the Care Certificate. This is nationally recognised training accreditation for staff.

Staff told us that when they had begun work with the agency, they had shadowed experienced staff on shifts. At the end of the shadowing period, they said if they were not confident they could ask for more shadowing to gain more experience to meet people's needs. We saw evidence in staff records this had taken

place for some staff but not for all. The registered manager said this issue would be followed up as he thought this was because of a lack of recording, rather than shadowing had not taken place.

Taking forward these issues would mean that staff were fully supported to be in a position to provide effective care to meet people's needs.

The registered manager acknowledged that staff did not have regular visits from the management of the service to check that they were aware of their responsibilities and promote the well being of people who used the service. Some people told us that either the registered manager had visited them to ensure that the care provided was of good standard, or they had heard that this was going to take place. When this is fully implemented, this would then mean there was a system in place to ensure staff could effectively meet people's needs.

Staff felt communication and support amongst the staff team was good. Staff also told us they felt supported through being able to contact the management of the service if they had any queries. Regular supervision meetings with staff had not recently taken place. The registered manager acknowledged this and stated that it was his intention that these take place on a regular basis. This will then advance staff knowledge, training and development.

Staff we talked with said they had had some spot checks to check they were supplying care properly. The registered manager said that this had been infrequent in the past but he would be ensuring that checks were regularly carried out in the future. This would then provide people and their relatives with more assurance of receiving effective personal care.

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.

We saw evidence of assessments of people's mental capacity. For example, one person's care plan stated, "I am able to make decisions about myself." There was information in care plans to direct staff to communicate with people and gain their consent with regard to the care they provided. Staff were aware of their responsibilities about this issue as they told us that they asked permission before they offered care to people. This was also confirmed by the people and relatives we spoke with. Staff had received training about the operation of the MCA in their induction. This meant that staff were in a position to assess people's capacity to make decisions about how they lived their lives.

People and their relatives were, in the main, satisfied with the support staff provided with meal preparation, provision and choice offered. A person told us, "The food is okay. I just need to heat it up." And, "Staff help me prepare food as I don't like having ready meals all the time." Some people told us that some staff were not good cooks. For example, one person said that a staff member did not know how to poach an egg. The registered manager said that this issue would be reviewed to assess what support staff needed to provide good food.

People and their relatives told us that food choices were respected and staff knew what people liked to eat and drink. We saw evidence of a person at risk of dehydration that the person was left with drinks between calls to ensure they were receiving adequate fluids. There was evidence of another person with nutritional needs at been provided with the assessed nutrition needed, a glass of full fat milk on each care call. People

confirmed that staff left drinks and snacks between calls so that they did not become hungry or dehydrated. We also saw information in people's care plans about the assistance some people needed to eat to promote their nutritional needs.

We saw evidence that staff contacted medical services if people needed any support or treatment. However, the provider's annual quality audit report of 27 January 2016 stated that a person in November 2015 that a person had been sick and also had a fallen in the bath, but this incident had not been reported. It outlined another incident where of a person being was left without medication. Again this had not been reported by staff to the office. The registered manager said he would follow up these issues and stress to staff that any issues of concern needed to be reported so that effective help could be provided.

We saw evidence of the contact details of medical professionals in people's care plans so staff had this information if they needed to make contact to secure treatment for people.

A person told us that staff had helped them arrange a GP appointment. This meant people were made comfortable because of the effective care that they had received. However, we saw evidence that staff did not always follow care plans to secure treatment for people when needed. For example, a care plan stated that the district nurse should be informed if the person had not had a bowel movement for two days or more. However, in the records, this issue had not been recorded . In another care plan it stated the person needed to have cream supplied on a daily basis. This had not always been recorded. The registered manager thought this was an issue of recording rather than staff not carrying out these tasks. He stated that staff training would be arranged to ensure that proper records and action was evidenced. This will then ensure staff acted to provide effective care to meet people's needs.

Good

Is the service caring?

Our findings

People and their relatives we spoke with thought that staff, in the main, were kind, caring and gentle in their approach. They said that staff always gave time to do things and did not rush them. A person said, "Staff are excellent. I could not ask for better."" Another person stated in a service user's survey, "All the carers I have had have been really nice and kind to me." A relative said, "They do everything that is needed and they are really friendly."

One person said they were not happy with one staff member and they had reported this to the registered manager who told them he was taking up this issue with the staff member in question. The registered manager confirmed this to us.

The provider's statement of purpose set out that each person needed to be involved, and in agreement with care decisions. People and their relatives considered that care staff were good listeners and followed people's preferences. They told us their care plans were developed and agreed with them at the start of their contact with the agency and that they were involved in reviews and assessments when they happened. We saw evidence that they, or their relatives, had signed care plans to agree this met people's needs. Three people said that their care had not been reviewed lately. The registered manager told us that he was aware of this and was in the process of setting up review meetings with people to ensure the care they were provided with was meeting their needs.

People told us that their dignity and privacy had been maintained and staff gave them choices. For example, staff using preferred names and gave a choice of food, and drinks and clothes. One care plan outlined a person's choices of how they wanted to be helped to dress and how they wanted staff to brush their hair. This indicated that people's choices were sought and respected.

Staff were able to give us examples where people's privacy was promoted. For example, leaving people when they were using the bathroom and covering people when helping them to wash and dress. They said they were mindful of protecting people's privacy and dignity. For example, they said they always knocked on doors. One staff member told us, "Our clients are like us. They need respect and choice in all things." These issues were confirmed by the people we spoke with.

We saw that information from the agency emphasised that staff should uphold people's rights to privacy, dignity, choice, confidentiality, independence and cultural needs. The staff handbook also emphasised that people's rights needed to be respected. This encouraged staff to have a caring and compassionate approach to people.

Care plans we looked at stated that staff needed to encourage people's independence. People said that being independent was very important to them. One person told us that staff helped them with walking. A care plan we saw stated that on a good day the person was able to pick up their medicine tablets. Another care plan stated, "I am able to wash and dry my hands and face." The staff handbook emphasised the importance of promoting people's independence. We also saw evidence of this in people's care plans.

People gave us examples where of staff encouraged this, such as being able to wash themselves where they were able.

This presented as an indication that staff were caring and that people and their rights were respected.

Care plans included people's religious, cultural and spiritual preferences to provide information to staff on respecting people's beliefs.

Requires Improvement

Is the service responsive?

Our findings

People and their relatives told us that staff, in the main, responded to people's needs. They said that most staff took the time to check whether there was anything else they needed before they completed their call. People and relatives told us that most staff would do anything asked of them. A One person said, "I don't need to ask any staff to do things. They ask me." Another person said, "They help me with my back brace. They are gentle and make sure I am all right."" However, one person said most staff were good but a small number of staff did not always do what was asked of them. For example, a staff member had not swept the floor when requested.

A staff member told us that they had contacted the office when a person had problems standing. The office then contacted the adult care department and occupational therapy support was obtained. This resulted in a change in the care plan to help staff move the person more effectively.

People said if they had any concerns regarding staff cover and compatibility of staff with people, these had usually been resolved. However, some people told us that if staff were going to be late, they were not always informed by the office of this. A number of people and relatives told us that their calls had often been late. We saw staff rotas which did not allow any travelling time for staff between calls to people. We checked call times from daily records found they were often 30 minutes or more early or late. The registered manager acknowledged this and said action would be taken to ensure that calls were on time as far as possible, bearing in mind traffic conditions and if staff needed to stay with people who were not well. In these cases, the registered manager stated that calls would always be made to people to inform them if their call was going to be late.

Some people and their relatives we spoke with told us that their care needs had been reviewed and we saw evidence of this in some care plans. However, others said that they could not recall when they had a review. The registered manager acknowledged this and said it was something he had identified and was putting a plan in place to carry this out. He later swiftly sent us information on meetings he had with some people to amend their care plans.

We found that people had an assessment of their needs. Assessments included relevant details such as the support people needed, such as the information that related to their mobility and nutritional needs. There was some information as to people's personal histories and preferences though this was limited as, for example, it did not have detailed information about people's lifestyles and their likes and dislikes. One assessment we saw noted that the person liked to chat, but there was no information to assist staff on what the person liked to talk about. Another care plan noted that a person liked to go out but there was no information on where the person wanted to go or how often they wanted to have trips out. The registered manager said this would be followed up. This would help staff to ensure that people's individual needs and preferences were fully responded to.

We saw that an assessment of a person's moving and handling had identified that equipment was needed to help the person and how many staff were needed to ensure this was carried out. The relative we spoke

with confirmed that staff carried out this procedure properly.

Staff told us that they always read people's care plans so they could provide individual care that met people's needs. They said that care plans were updated if people's needs had changed so that they could respond to these changes.

From our discussions with people and their relatives, we found that the agency had not always made sure of the continuity of care staff so that people had the same staff providing care. This was important for people and made them feel comfortable and relaxed. The registered manager said that this would be reviewed so that people were provided with personal care from staff that they knew and who knew what their views preferences were. This will then fully respond to people's needs and wishes.

We found that the people and relatives were, in the main, aware of how to make complaints. They told us they would speak to the registered manager if they had any concerns, and would feel comfortable about doing so. However, the service user survey results of 2016, received during the inspection, had identified that some people were not aware of how to make a complaint. Action was identified as needing to be taken to make people aware of the complaints process.

People were aware of the new registered manager and told us that he had responded to their requests and made changes where needed. This made them feel positive about raising any issue of concern. They told us they had information about how to complain in the information folder left with them by Radis Derby. They now had confidence making a complaint should the need arise. A person told us, "I wasn't sure before but I have heard that the new manager will listen and take action."

Staff told us they knew they had to report any complaints to the registered manager. They had confidence that issues would be properly dealt with. A relative told us, "There was one carer my husband did not like so the agency acted on it and replaced this person. If you phone they sort things out." One staff member said that a relative had an issue with another staff member and this had been properly responded to by the registered manager. We discussed this with the registered manager and found that action had been taken to improve the performance of the staff member.

The provider's complaints procedure gave information on how people could complain about the service if they wanted. We looked at the complaints procedure. The procedure set out that that the complainant should contact the service. However, it also stated that the complainant could contact CQC to help resolve the matter and did not provide contact details of the complaints authority. This implied that CQC has the legal power to investigate complaints, which is not the case. The registered manager stated this would be reported to the line manager to review and amend the procedure and add the contact details of the local authority.

We looked at the complaints file. Some complaints had been investigated and action taken as needed, with a response to complainants setting out the results of the investigation. This had provided assurance to complainants that they would receive comprehensive service which responded to their concerns. However, we found that one complaint had not been investigated, prior to the current registered manager being appointed. The registered manager acknowledged this and later sent us information indicating how this had been acted on.

We noted that a number of concerns were expressed in the feedback of the September 2016 service users survey, received during the inspection, included the timeliness of calls, staff training needed to understand people's needs, a lack of continuity of care and a lack of a care plan. The registered manager provided

information which demonstrated he had arranged meetings with people and relatives and how these issues would be acted on.

Relatives told us of other agencies involved in their family member's care including the occupational therapy service and social workers. This showed that people's person's needs had been responded to.

We looked at incidents in people's support plans. There was evidence that any issues had been appropriately responded to by the registered manager. However, when we asked to see more reports of incidents, the registered manager stated that these were not available due to insufficient filing practice in the office. He later sent us information indicating that a central incidents folder would be kept so that this information was easily available and could be audited to check that any action properly responded to any issues identified.

Requires Improvement

Is the service well-led?

Our findings

When asked if they would recommend Radis Derby, the people and relatives we spoke with mostly said they would. One person said, "It is well run. I have had no problems with it." One relative told us "Most of the time the care is good, but they need to improve times because calls are often late."

People and relatives we spoke with who had contacted with the registered manager said that they were impressed with his commitment to providing a quality service.

People and their relatives told us that initial assessments of their personal care needed needs were usually made and that there had been some visits by senior staff to observe the care staff at work and reviews of their care. Most people were satisfied with their packages of care that they said met their needs. The registered manager acknowledged that not everyone had their needs assessed at the start of their time with the agency and not everyone had regular reviews of their care. He stated that he had already identified these issues and was systematically visiting people to ensure care plans and risk assessments met their needs. Staff would be observed to ensure they provided a quality service.

Some people and their relatives told us that Radis Derby had a stable staff group. They had the same staff and that this was important to them, as staff knew them and their preferences. However, other people told us there had been too many different staff visiting them. The registered manager said that the aim of the service was to ensure a consistent group of staff and that new staff were properly introduced to people. Achieving this will then produce a culture in the organisation to be mindful and respectful of people's needs and recognise how potentially disruptive changes of staff can be.

The registered manager was aware that incidents of alleged abuse needed to be reported to the relevant local authority safeguarding team to protect people from abuse. There was evidence that the registered manager had worked with the safeguarding team to ensure people that used the service were protected from abuse.

Staff were provided with information as to how to provide a friendly and individual service with regard to dignity and choice, respecting people's rights to privacy, and to promote independence. Staff told us that the management of the service expected them to provide friendly and professional care to people, and always to meet their individual needs.

All the staff we spoke with told us that they were supported by the registered manager. They said that the registered manager and senior office staff were always available if they had any queries or concerns. One staff member said, "I did not think management were doing enough to make sure people were getting good care and I thought of changing jobs. However, with the new manager taking over, this has changed for the better. I'm very happy to stay now." Another staff member said, "I think the new manager is a breath of fresh air who is trying to do things properly." One staff member told us it would be good to be complimented and thanked if staff had delivered a good service and had worked hard to cover care calls.

We saw that staff had been supported in providing care by having staff meetings which discussed relevant issues including the care of individual people, any changes to the care supplied and any training that staff needed. These had been organised infrequently. The registered manager said he had identified this and was organising regular staff meetings in future. This will then provide staff with more support to carry out their task of supplying quality personal care to people.

Staff said that essential information about people's needs had usually always been communicated to them, so that they could supply appropriate personal care to people. This meant staff were in position to meet people's changing personal care needs. The registered manager said that this had not always taken place and he was introducing a system to ensure staff were up-to-date with people's needs that had changed.

We saw that staff had received support through supervision, where they discussed how to provide a quality service to people, though this had been infrequent. These sessions covered relevant issues such as training, changes in people's needs, and discussing any problems in providing the service. The registered manager said it was his intention to ensure supervision sessions were carried out regularly in the future.

People and their relatives told us they received a survey asking them what they thought of the care and other support they received from the agency. We saw evidence of a survey carried out in September 2016, received during the inspection, which asked people their views of the service. There were positive comments about the standard of service that people received, though they were also issues identified as which needed to be addressed. These included the timeliness of care calls, the need to set up care plans and reviews of care in good time and to improve the standard of care provided. Following the inspection the registered manager later swiftly sent us information, that he had contacted those who had expressed concerns about the service. This outlined action to be taken to meet these concerns.

We saw some quality assurance checks in place. A management audit had taken place in January 2016 which identified improvements needed to be made. For example, the setting up of an incident file. We did not see evidence that this action plan had not been followed up. The registered manager later sent us information after the inspection outlining the action to be taken with regard to these issues.

The registered manager stated that it was his intention to ensure that services were audited for relevant issues such as medicines management, call times and ensuring comprehensive care plans and risk assessments were in place. Some audits were seen such as auditing care records but these had not been carried out for some months.

All the relatives spoken with told us that they had care plans kept in their homes so that they could refer to them when they wanted. They confirmed that staff updated records when they visited. We saw that a proportion of people's daily records had been audited to check that the care supplied to people was meeting their assessed care needs. However, this had not identified the issue of staff being on time for calls. The registered manager stated that the system of auditing would be reviewed to ensure relevant issues were picked up and acted on. A comprehensive auditing process would then assist in developing the quality of the service to meet people's needs.

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 12 HSCA RA Regulations 2014 Safe care and treatment People had not been protected from risks to their safety, as preventive measures had not always been put into place and personal care had not been provided at assessed and agreed times to meet people's health needs.