Nayland Care Agency Ltd

Nayland Care Agency Limited

Inspection report

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Ratings

Overall rating for this service	Requires Improvement

Is the service safe?	**Inadequate**
Is the service effective?	**Requires Improvement**
Is the service caring?	**Requires Improvement**
Is the service responsive?	**Requires Improvement**
Is the service well-led?	**Requires Improvement**

Summary of findings

Overall summary

Nayland Care Agency Limited provides personal care and support to people living in their own homes. On the first day of our inspection on 30 November 2016 there were approximately 250 people using the personal care service, on the second day of our inspection there were more people due to the service taking over other care packages from the local authority. This was an announced inspection. The provider was given 48 hours' notice because the location provides a domiciliary care service and we needed to know that someone would be available.

There was a registered manager in post. 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.

The provider's quality assurance systems were not robust enough to identify shortfalls in the service and to take actions to address them.

The ways that care visits were scheduled and care workers deployed was not always effective, in ensuring that all planned care visits were completed and in a timely manner.

Improvements were needed to ensure that the risks associated with people's conditions were identified and care workers were given guidance to minimise them.

Not all care workers had received up to date training and competency observations to ensure that medicines were managed safely at all times. Improvements were needed in how audits of medicines records were completed.

Training records were not up to date. Care work's personnel records and comments from care workers identified that not all care workers were provided with training to meet people's needs effectively. Care workers were not provided with regular one to one supervision meetings and spot checks of their work to ensure that they were working in an effective way.

Improvements were needed to identify people's preferences regarding the times of their care visits and the gender of care workers who care for them. Improvements were needed in care planning to identify how people's specific conditions affected their daily living and the care provided to them. Some people who had transferred from other care services had not yet been assessed and care plans were still in place which had been provided by the other services.

People told us that they had good relationships with the care workers who supported them and that they were treated with respect.

Where people required assistance with their dietary needs there were systems in place to provide this support safely. Where required, people were provided support to access health care professionals.

A complaints procedure was in place. People's concerns and complaints were listened to, addressed.

We have identified breaches in the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Please see the full report for the actions we have asked the provider to take to improve the service.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Inadequate

The service was not safe.

Not all care workers had been provided with safeguarding training. Robust systems were not in place to monitor safeguarding issues and to use them to improve the service and minimise future risks.

People's care visits were not planned effectively and care workers were not effectively deployed to ensure that people were safe in relation to their scheduled care visits.

Improvements were needed in how people were provided with their medicines safely, this included training and competencies for care workers.

Is the service effective?

Requires Improvement

The service was not consistently effective.

Improvements were needed in how care workers were trained and supported to meet the needs of the people who used the service.

People were supported to maintain good health and had access to appropriate services which ensured they received ongoing healthcare support.

Is the service caring?

Requires Improvement

The service was not consistently caring.

People had good relationships with care workers and people were treated with respect and kindness.

People and their relatives were involved in making decisions about their care. Improvements were needed in how people's specific decisions about their care visits were identified.

Is the service responsive?

Requires Improvement

The service was not consistently responsive.

Improvements were needed in how people's specific conditions were assessed and guidance provided for care workers in how their conditions affected their daily living. Not all people had assessments and care plans from this care service.

People's concerns and complaints were investigated, responded to.

Is the service well-led?

Requires Improvement

The service was not consistently well-led.

The provider's quality assurance and monitoring system was not robust enough to identify and address shortfalls in the service to ensure that people are provided with good quality care at all times.

Nayland Care Agency Limited

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 announced inspection took place on 30 November 2016 and 8 December 2016. The provider was given 48 hours' notice of our first visit because the location provides a domiciliary care service, we needed to be sure that someone would be in. The inspection was undertaken by one inspector.

We reviewed information we held about the service, such as notifications and information sent to us from other stakeholders for example the local authority and members of the public.

We spoke with 26 people who used the service and the relatives of 22 people. We also received feedback about the service from the local authority.

We spoke with the provider, the registered manager and 13 staff members including care workers and staff who were responsible for training and recruitment. We looked at records in relation to 25 people's care. We also looked at records relating to the management of the service, recruitment, training, and systems for monitoring the quality of the service.

Inadequate

Is the service safe?

Our findings

There had been some recent changes in the service, which included increasing the amount of care they provided through taking on care packages from other care services. Staff had been moved their employment from these other services (Tupee) which helped to ensure that visits were covered and people had continuity of care. However, there had been problems with staff sickness and other disciplinary action which had affected the visits to people not always being at the planned times.

People using the service and care workers also told us how this situation had effected the consistency of care workers and that they had experienced late and missed visits. The registered manager told us that they were actively recruiting to make sure that there were sufficient staff numbers to cover all care visits. A staff member showed us their diary which confirmed the planned interviews for new care workers.

A staff member showed us the rota for one area and how they tried to keep regular care workers to ensure continuity of care and ensure that care visits were covered. However, comments from people varied about this, some said that they were provided with regular care workers others said they were not. For example one person said, "I am happy with Monday to Friday I get the same carers unless they are on leave, but a problem on weekends I never know who is coming." One person's relative told us that the person had previously used a different service but they had kept their regular carers since moving to Nayland Care Agency Limited, which they felt was positive and what they wanted to happen. Another person's relative said, "They change the staff so often. We never know who is coming." Another told us how a care worker the person did not know arrived at their home, they could not understand them and they were frightened, the relative said, "If we had of known I could have been there or let [person] know who to expect."

We also received feedback about the impact of missed visits on those using the service. On one occasion office staff apologised and advised that this was an administration error and was looked into. On another a person told us, "They are so short staffed at weekends it is just not good enough I am waiting here to see if someone is coming, they should let you know if they are not coming or are going to be later." This also included concern about times when their weekend visits were three to five hours later than planned. We spoke with the registered manager, they were aware of the missed visit and this was in the process of being investigated and action being taken to minimise the risk of this happening again.

People and relatives gave varied accounts of if their care visits were happening at the planned times and how this impacted on their daily living. This identified that care visits were not always on time and people were not made aware if care workers were visiting them. Some people said that they were let know if their care worker was going to be late, others said that they had to telephone the office or on call telephone number to check where their care worker was. One person said, "The problem is never knowing who is coming or when they are coming, sometimes late they should come 8.45am to 9am in the morning sometimes come at 10am or 11am, should come at 6pm in the evening sometimes 4pm sometimes 9pm, we have to have our medicines. I have an emergency number if they are really late I can call and they send someone out...It can be distressing when we don't know who is coming and when." One person's relative told us, "One day they did not turn up until 1.40pm should be after 7am and before 8.45am," they told us

that this concerned them because the person had to have medicines in the morning. They also said, "One [care worker] did not come until 10am and it was later again…I don't like it when they are late, nothing against the people [care workers], they are all very nice."

The service did not have a robust system in place to manage, analyse and address issues with people's visit times. We received concerns about communication, changes in times of visits without being told and not being able to get the time of visit that they wanted. The registered manager told us that they always let people know about lateness but if the care workers had not let the office know then people had not been notified. However, one relative said, "Communication could be better as it is very poor when there are no phone calls to say sorry they are late. The [care workers] ask if we got a phone call saying that they will be later as they tell the office but they don't call. If they are late for the first call then they can't make up the time and the calls are late for the rest of the day." One care worker told us that they let the office know if they were running late with visits, for example if they had to stay longer with a person, "But they [office] don't let people know then they tell you off when you get there."

Care workers comments varied on if they felt that there were sufficient numbers of care workers to meet people's needs. Some care workers told us that they had a regular group of people that they supported and felt that there were enough care workers and some said that they felt that there were not enough care workers. One care worker said that they had changed their working patterns because it was, "Pressured, stressful and frustrating," on the morning shifts. This was because if they were running late they had to catch up on the visits, with morning visits running into lunch. However, they did say that no visits were cut short to catch up. Another care worker said, "I don't have a regular patch, go all over the place…get frustrated I don't know one day to the next where I am going to be. I can be half way through one round then get a phone call to say there has been a change to the rota so not enough staff." Another commented, "I think we were short staffed but this is resolved now," along with the recruitment of care workers. It was not clear if the issues arose from not having sufficient numbers of care workers or the way that the rota was managed.

This is a breach of Regulation 18: Staffing of the Health and Social care Act 2008 (Regulated Activities) Regulations 2014.

The systems in place to ensure people were safeguarded from abuse were not robust enough. A newsletter dated 29 September 2016 included the provider's safeguarding policy for care workers to be aware of. The training records of care workers were not up to date therefore we could not be assured that all staff had received up to date safeguarding training to ensure that they could recognise signs and indicators of abuse and the appropriate authorities they should report concerns to. Monitoring of safeguarding referrals were not robust enough to identify trends and take action to reduce the risks of similar incidents happening. Records in relation to safeguarding were currently kept on the service's e mail systems and were not analysed and did not give a clear audit trail of actions taken to reduce future risks. The registered manager showed us a computerised system which they had previously used and were planning to use in the future to ensure that all important information relating to individuals were kept, including any concerns and actions taken to address them.

This is a breach of Regulation 17: Good governance of the Health and Social care Act 2008 (Regulated Activities) Regulations 2014.

Risk assessments did not include how the risks relating to people's conditions affected them and signs that care workers should be aware of relating to their conditions. For example, people living with diabetes or if a person was prescribed warfarin. This was a risk because if a person was showing signs of becoming ill due to their condition, care workers may not be able to identify the risk and be aware of the actions they should

take.

People's records provided guidance to care workers on the level of support each person required with their medicines. Where people required support, they were provided with their medicines as and when they needed them. Medicines administration records which we reviewed were not fully completed, however, when we tracked the daily records these reported that people had been supported with their medicines. There were no detailed audits in place to show discrepancies and shortfalls had been identified and addressed.

Training records did not demonstrate that all staff had received up to date training in the safe administration of medicines or that those that had received training had had their competency regularly checked. This meant that we were not assured that people were receiving their medicines from staff who were trained and competent to do so. In addition the late visits we had been told about resulted in people having their medicines later, we did not see evidence of medicine administration times being adjusted to ensure people were not having their medicines too close together.

This is a breach of Regulation 12: Safe care and treatment of the Health and Social care Act 2008 (Regulated Activities) Regulations 2014.

Where people required assistance with their medicines they told us that they were satisfied with the arrangements. One person said in relation to the support they received with their medicines, "No problems at all." One person's relative commented that the care workers administered cream to the person, "They do it right, I think they are gentle, [person] is happy anyway."

We saw some areas of good practice by staff in the office relating to the safety of people. For example a care worker had informed the office that they had called an ambulance and were waiting with the person until it arrived. Following this the office staff had not been able to make contact with the care worker or the person. They telephoned the local hospital to check on the whereabouts and wellbeing of the person. In another example a care worker had been unable to gain access to a person's home and informed the office. A member of the office staff called the person and advised them that they had not answered the door to the care worker, checked that they were well and told them that the care worker would return to do their visit.

People were protected by the service's recruitment procedures which checked that care workers were of good character and were able to care for the people who used the service. Care workers told us and records showed that these checks had been carried out before they were allowed to work in the service.

Requires Improvement

Is the service effective?

Our findings

There was a new training manager in the service, since 11 November 2016. They and the registered manager told us that they had difficulty finding the records completed by the previous training manager to show the training that care workers had received and where they needed refresher training. They were in the process of updating records and certificates in care worker's personnel files and ensuring all care workers had received up to date training. The provider told us that they could also contact the training provider for an up to date record of completed training. We were not given a timescale for completion of this. Because this was not fully in place at the time of our inspection we could not be assured that all care workers had received the training they needed to meet people's needs effectively.

We reviewed the training certificates in seven care worker personnel files and found that they did not hold evidence to show they had been provided with the training that they required to meet people's needs effectively. For example, four had received recent moving and handling training, one had the training and 2013 and one in 2012 and not all care workers had received safeguarding training. The provider's annual quality assurance report completed in June 2016 stated, "All courses are valid for three years however yearly updates will be given." In addition on reviewing the care record provided to us by the registered manager, which they told us was incomplete, all care workers had not received training in relation to the specific needs of people using the service. For example, of the 57 care workers listed 25 had training in diabetes and 42 had received training in dementia.

Care workers comments varied on the training they had been provided with which reflected the inconsistencies we had identified in the training records. Three of the care workers spoken with said that they had not received training in safeguarding. One care worker commented, "The problem is they do not put enough effort into training their staff." Another said, "I have done moving and handling, safeguarding, dementia, done all the training, not had any refreshers." Another said that they had not received any specialist training, for example in the specific conditions people they cared for had such as Parkinson's disease. Training had been provided to care workers in Mental Capacity Act 2015 (MCA), however we could not be assured that all had because the training records were not up to date. We reviewed the training certificates in seven care worker personnel files and found that two had received training in MCA in 2015, one in 2012 and four did not have MCA certificates in place. Training for care workers is important to ensure that the risks of people receiving unsafe and inappropriate care are minimised.

The registered manager told us that care workers were provided with one to one supervision meetings approximately three monthly and in addition they held drop in surgeries where care workers could speak with the registered manager if they wanted to. This was confirmed in the provider's annual quality assurance report completed in June 2016. This stated that, "Individual supervision/appraisal meetings take place every three months. One supervision is done by way of a team meeting." However, records showed that not all care workers had received supervisions as planned. The registered manager showed us some supervision records which had recently been completed for six care workers. However, of seven care worker personnel files reviewed only one had received a one to one supervision meeting in 2016. These meetings are important to provide care workers with the opportunity to discuss the way that they were working and

receive feedback on their work practice to improve the quality of care to people.

Comments from care workers regarding if they felt supported varied. One care worker told us, "I feel very supported." Another said, "I have had supervisions, I feel supported." Another care worker commented, "I have never had a supervision. I don't feel supported I am just coping, do what I can I send e mails if I think something needs doing and if I can't cope." Another said, "I have not had a one to one [supervision meeting] for a while." Another commented, "I have not had a recent one to one, I feel supported most of the time." Another three care workers told us that they had not had supervision meetings, however, one said, "I can go into the office any time, they are keen to hear our feedback."

This is a breach of Regulation 18: Staffing of the Health and Social care Act 2008 (Regulated Activities) Regulations 2014.

Despite the shortfalls in training identified people told us that they felt the care workers had the skills and knowledge that they needed to meet their needs. One person said, "I feel they are skilled." Another person said, "I have [care worker] now [care worker] is very efficient. I think [care worker] is trained. Another told us, "Carers are well trained, know what to do and don't need any prompting from me." One person's relative commented, "The carers who come do their job, they are exceptional."

The registered manager told us that care workers, as part of their induction carried out visits to people shadowing more experienced care workers. This was provided until they felt confident to work alone. However, these were only recorded in the rota and there was no information in the care worker's personnel files to show who they had shadowed and any assessments made on their performance and ability to work alone. One care worker said, "I did two shadow shifts, no one told me I was ready to work or asked me if I was comfortable, halfway through the second shadow shift the other [care worker] I was supposed to shadow did not work so they asked me to cover the shift so I was in at the deep end, I feel I managed okay." Another said, "I had a very thorough induction with shadow shifts." Shadow shifts are important to allow care workers to be introduced to real work practice and to assess their ability to work alone.

There were areas in the service that were used for training, this included a bed and hoist for care workers to receive practical training in moving and handling. During the second day of our inspection we saw that two staff were being provided with training in the safe handling of medicines. These care workers had transferred from another care agency. The training manager told us that they provided this training to ensure that new staff were working to the service's expectations. The training manager also attended visits to people with care workers to show them how to use specific moving and handling equipment and ensure they were competent.

The training manager had completed courses to enable them to provide training for care workers, for example with moving and handling and medicines. They told us about the courses they currently provided and how they were planning on securing training on specific needs, such as continence aids. The service's staff book which was provided to care workers included information for staff to reference such as health and safety and actions to take in case of an accident and fire safety.

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 their consent was sought before any care and treatment was provided and the care workers acted on their wishes. One person said, "I am asked for my consent and permission definitely and they [care workers] always ask what they can do and if I need anything before they go." Another person commented, "They do ask what I need." One person's relative told us, "They [care workers] always check with [person] what [person] needs doing and if there is anything else needed." Care records were signed by people to show that they had consented to their planned care and terms and conditions of using the service.

Where people required assistance, they were supported to eat and drink enough and maintain a balanced diet. One person said, "They check that I am eating." One person's relative told us how the care workers assisted the person with their meals, which they felt was positive.

Care records showed that, where required, people were supported to reduce the risks of them not eating or drinking enough. For example, assisting people to prepare meals and prompting and encouraging people to drink to prevent dehydration. One person's records identified that they needed assistance to eat and the system in place to reduce the risk of choking.

People were supported to maintain good health and have access to healthcare services. Care workers understood what actions they were required to take when they were concerned about people's wellbeing. One person's relative told us that they felt that the carers were trained to use mobility equipment and had contacted an occupational therapist regarding this equipment with the person's permission. Another relative commented, "If [person] is unwell they will come to me."

Records showed that where concerns in people's wellbeing were identified, health professionals were contacted with the consent of people. For example one person's care records included the outcomes from a visit from an occupational therapist.

Requires Improvement

Is the service caring?

Our findings

People's care records identified people's preferences, including what was important to them, how they wanted to be addressed and cared for. However, the care records did not include people's preferences regarding the gender of the care workers who visited them in their own homes. We had received concerns from three people about their requests for specific genders of care workers not being accommodated. A care worker also told us that people had raised this with them and they had advised to speak with the office.

This is a breach of Regulation 9: Person centred care of the Health and Social care Act 2008 (Regulated Activities) Regulations 2014.
We had received comments from people about the difficulties they faced when they were supported by people who did not use English as their first language, this included understanding their care workers and making themselves understood. One care worker told us that a person had raised this concern with them and advised them to let the office know. Another person suggested that the service could improve by providing care workers with information about the cultural needs of people in the United Kingdom, for example when preparing food. We discussed this with the provider who told us that they had identified this and were considering ways they could improve in this area. However this was not yet in place.

People had positive and caring relationships with the care workers who supported them. People told us that the care workers always treated them with respect and kindness. One person said, "The carers are respectful and kind and know what I need." Another person commented that the care workers were, "Brilliant, jolly good fun…They all have their halos on at the right angle." Another person said, "They always do what they need to do and with consideration." Another commented about their care workers, "Very bright and cheerful and they are very approachable." Another told us that their care workers were, "Absolutely excellent, their care is very caring and compassionate." One person's relative told us, "The carers are very respectful, we get on well with all of them." Another relative said, "They are very nice and kind to [person]. They do know [person well and [person gets on with them. [Person] can't speak very well, they help a lot with that by being patient."

People's independence was promoted and respected. One person told us, "If I feel horrible they help me depending on how I am feeling, they are very good always do what I can't do myself." One relative commented that the person particularly liked one care worker and wanted to keep them, "[Care worker] understands [person] and what [person] can do. [Person] likes [their] independence."

People's records provided guidance to care workers on the areas of care that they could attend to independently and how this should be promoted and respected. Records guided staff to make sure that they always respected people's privacy and dignity. One person said, "I think they [care workers] respect my privacy." Another person said, "They respect my privacy and dignity."

We saw staff speaking with people on the telephone during our inspection visit. The staff were polite and caring in their interactions. Care workers and staff who worked in the office understood why it was important to interact with people in a caring manner. Care workers knew about people's needs and

preferences and spoke about them in a caring and compassionate way. One care worker said, "I love my job, the people are lovely."

Requires Improvement

Is the service responsive?

Our findings

A number of people had transferred to the service from other support to live at home agencies. Not all had been assessed by the service and the care plans in place remained from their previous care provider. One person told us, "I have still got my old one [care plan from other service]." One person's relative commented, "We have never seen anyone from Nayland." Without this information the provider could not be sure that the people using the service were appropriately assessed and receiving the care they needed to meet their assessed needs. We discussed with the registered manager who told us that they were in the process of doing this. In the interim people had been assessed by the local authority who had given the service permission to use the other care plans until all could be transferred and new assessments put in place. The registered manager told us that they were providing more staff with care planning/assessment training to ensure that these were updated.

People with recently reviewed or new care plans were more person centred and were written in the first person for example, "I would like…" In addition people's strengths were identified and how these were to be built on. People's diverse conditions were identified but there was a lack of detailed information, such as the stages of dementia people were at if they were living with dementia or those living with Parkinson's disease, and how this affected their daily living. Without up to date assessments and care plans the service and care workers could not be assured that they were meeting people's needs appropriately and safely.

There was also a lack of information about people's needs relating to the time of their visits. For example one person told us that the only time that they went out was to do shopping, which they were taken to by a friend at a certain time each week. Their care records did not include the day and the time of their weekly outing. The person told us that twice the care workers had been late which had affected the only time they left their home. Even though they had managed to continue to do their planned activity, this could have caused them not to be able to go out. However, another person's relative told us that the care workers arrived at the planned time for the person to go to their planned weekly activity.

This is a breach of Regulation 9: Person centred care of the Health and Social care Act 2008 (Regulated Activities) Regulations 2014.

Where people told us that they were involved in decision making about their care and support needs they felt their needs were met. One person told us that when their care workers were running late, they had told them not to worry about some of their care visit needs, but the care workers had refused and told them that they needed to ensure that their needs were met which the person saw as positive. One person commented, "They help me with [personal care], they do a good job, they know what I need." Another said, "They go over and above what they should do," and explained about when they had spilled something on the floor, "The [care worker] just swept it up, [care worker] didn't care, all very good." One person's relative said, "We are very happy with the service."

Care reviews were ongoing to update care plans and included consultation with people and their relatives, where appropriate. These provided people with a forum to share their views about their care and raise

concerns or changes. When records of care reviews and care plans were updated this was done on carbonated records and the original copy was left in people's homes and a copy was stored securely in the service's office. This meant that the most up to date care plans were available in both locations. The registered manager told us that care reviews were completed on a six monthly basis or sooner if required, however, not all of the care records reviewed had a review in this timescale. One person's relative said, "They came out not long ago to do a review." Another told us, "They come out to do reviews, did one not long ago, could not tell you the date though." Another relative commented that they had a review and discussed later visits for the evening to meet with the person's routines, this was provided as requested. So they felt that the service responded to their views.

Care records included information recorded on each visit of what care was provided. They did indicate that people had chats with care workers, however these records were focussed on the care provided and did not include information about the person's wellbeing.

People knew how to make a complaint and that they felt they would be listened to. People were advised how to make complaints in the service user guide which was kept in people's homes. One person said, "I know who to tell if I had any complaints but have no problems." Another person told us, "We are quite happy with the carers, one we did not like, we let them know in the office and they said they would never be sent again and we have not seen them since." Another person told us, "Whatever I comment on it's sorted out immediately." One person's relative said, "I know to call the office if I have any complaints." Another relative commented, "I am confident if I had any issues it would be dealt with straight away." One person and another person's relative told us that a care worker rushed when supporting them. The person's relative commented that this concerned them because it could cause the person to fall and said, "The other carer who supervises [care worker] told [them] to slow down and [care worker] has."

Complaints records showed that complaints and concerns were addressed in a timely manner. For example disciplinary action was taken when a complaint was upheld and providing an apology when complaints had been upheld. We saw that changes had been made following another complaint which was to change the records to show the actual times of care worker arrival and leaving.

Requires Improvement

Is the service well-led?

Our findings

The service had a monitoring and quality assurance system in place, however, it was not robust enough to independently identify and address shortfalls in the service to ensure that people were provided with safe and good quality care at all times.

The service was going through a period of change. This was because they had taken on increased care packages from the local authority previously held by other care agencies. The registered manager told us that they were working closely with the local authority to ensure that continuity of care was provided. They could demonstrate they were in communication with the local authority regarding their concerns about the first block of changes and the levels of, for example care worker sickness, the numbers of care workers transferred and training. Lessons had been learned and the following transitions had gone more smoothly. However, there were still issues around the impact of the management of the increase in demand whilst ensuring that people receive a good quality service at all times.

The provider had completed a service review and action plan in November 2016 for two areas covered by the service. This had been prompted as a result of issues in a contract area recently taken over by the service. The action plan identified the areas for improvement including spot checks of care notes and timings of visits, target recruitment and spot checks on care workers and training to address poor practice. This was to be followed up by the provider and registered manager in February 2016. However, although these areas for improvement had been identified in the two geographical areas, during our inspection we found that the shortfalls were not limited these two areas. For example, not all care workers had received recent observations on their work practice to ensure that they were working to good standards of care. The registered manager showed us recent observations completed for three care workers. We reviewed the personnel files of seven care workers, only two had spot checks/observations on their work practice in 2016. One person's relative said about observations on care workers, "They did once, I can't remember when." One care worker said, "We have recently had observations on this round, we are regularly monitored." Another care worker commented, "I have never had a spot check, no one is monitoring me checking what I should be doing." Another three care workers said that they had not had spot checks or observations on their work practice.

There was a log maintained about where missed calls had happened. However, not all of these included actions taken to reduce the risks of these happening in the future. Without this information we could be assured that the service had systems in place to analyse incidents and learn from them to improve the service. We fed this back to the registered manager who told us they would ensure this is reviewed.

There was not a robust system in place to keep people updated about their care workers and to maintain consistency. One person commented that they had spoken with the staff in the office about their call times, "The carers are very kind but the administration is lacking a bit. I have spoken to Nayland about it [late calls and not knowing who is due to visit them]. One [day] carer told me someone was coming [a different day] and they knew about the time, but then a different one came and did not know anything about the time, entirely different messages." We spoke with the registered manager about how they would address call

times and informing people who would be visiting them. They said that they had previously sent people schedules of visits, but these could change at short notice, for example if a care worker was off work sick. They told us that they would consider if these schedules could be reintroduced or another way of letting people know.

Comments received from care workers regarding the culture and communication within the service showed that it was not always open and empowering. One care worker said that the communication with the office was, "Rubbish they do a rota then get e mails to say they have changed two or three times, basically they need to sort out their priorities and stop putting pressure on everybody it's not fair. We should be working as a team not us and them in the office." Another said, "Communication could be improved on to let us know what is happening, like with more people coming, we are none the wiser." Another care worker said that they did not feel listened to, "Other than that it is great."

Improvements were needed in how the service managed their records in relation to safeguarding. They were currently kept on the service's e mail systems and were not analysed and did not give a clear audit trail of actions taken to reduce future risks. The registered manager showed us a computerised system which they had previously used and were planning to use in the future to ensure that all important information relating to individuals were kept, including any concerns and actions taken to address them.

Improvements were needed in how monitoring was undertaken, such as daily records and medicine administration records (MAR). The registered manager told us that team leaders were responsible for checking these records before they were returned to the office. However, none of these records or information regarding actions taken was available in the office during our inspection and the registered manager was unsure of where these were kept. Without this information the registered manager and provider could not be assured that appropriate systems for monitoring the service were undertaken and actions taken to reduce the risks to people, for example of not receiving their medicines.

The provider's annual quality assurance report completed in June 2016 showed that people and staff had the opportunity to share their views about the service they received in quality assurance surveys. However, this report did not identify the actions taken as a result of people's comments to improve the service. The report identified that areas in the service were assessed, for example people's care records, however, the quality assurance activity had not been robust enough to independently identify and address the shortfalls we had noted during this inspection.

This is a breach of Regulation 17: Good governance of the Health and Social care Act 2008 (Regulated Activities) Regulations 2014.

People told us that there was a telephone number they could us out of office hours if they had any concerns or questions, for example about their planned visits. However, one person told us that at weekends the on-call number was often engaged and they had to ring back several times. One care worker commented that they found it difficult to contact the office and on call staff.

We spoke with one person's relative who had dropped into the office to speak with the registered manager. They said that they were unsure if they needed to make an appointment but saw it as positive that the registered manager had made time to speak with them and listened to their requests.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take.We will check that this action is taken by the provider.

Regulated activity	Regulation
Personal care	Regulation 9 HSCA RA Regulations 2014 Person-centred care People's care was not robustly assessed and planned for. Regulation 9 (1) (a) (b) (c) (3) (a) (b) (c) (d)

Regulated activity	Regulation
Personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment People were not always provided with safe care. Regulation 12 (1) (2) (a), (b), (c), (g).

Regulated activity	Regulation
Personal care	Regulation 17 HSCA RA Regulations 2014 Good governance The systems in place for monitoring and assessing the service are not robust enough to identify and address shortfalls to ensure people are provided with good quality care at all times. Regulation 17 (1) (2) (a), (b), (e), (f)

Regulated activity	Regulation
Personal care	Regulation 18 HSCA RA Regulations 2014 Staffing Care workers were not sufficiently deployed, trained and supported to meet people's assessed needs.

Regulation 18 (1) (2) (a)