

RochCare (UK) Ltd

# Community Careline Services

## Inspection report

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23 June 2022

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## Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Good 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Requires Improvement 

# Summary of findings

## Overall summary

### About the service

Community Careline Services is a domiciliary care service, providing personal care to people in their own homes. At the time of our inspection there were 22 people using the service.

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

The service supported people with taking their medicines however the medicines were not always managed safely. Risk assessments were in place however, these were brief and lacked personalisation. Where risks required addressing, there was no record to confirm they had been undertaken. Staff were safely recruited. However, where gaps in the records were noted with long term staff, the manager told us they would develop a system to confirm these staff were suitable to work with vulnerable people. The provider was planning to introduce a new electronic system to monitor visits. We received some feedback that visits were occasionally missed or late and people felt the service would benefit from more staff. People told us they felt safe, a system had been developed for incident and accident recording, there was some evidence of lessons learned.

Training was being undertaken by staff. Staff told us there was sufficient training for them to undertake their role. People who used the service were confident in the skills of the staff team. Some staff fed back the training would be better spread over some time. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice. Consent had been recorded in staff files and consent was sought by staff. People told us they had been involved in the development of the care plans but not always in reviews. Records contained information about their GP to enable staff to seek support and review if required.

People received good care and they were treated with dignity and respect. People provided positive feedback. Policies, guidance and training was available to support good care delivery to people. Care records had been developed however, they were brief and required details about individual needs. Records included information about supporting people with their communication, the service was in the process of introducing a new electronic system for care records. There was some evidence people were supported in activities of their choosing. A system had been developed to record complaints. The records would benefit from more detail in relation to the concerns and the actions taken as a result.

Where audits forms had been developed these had not always been commenced. These would have identified the shortfalls found at this inspection. Regional audits and monitoring had been undertaken however these did not identify the findings we found at the inspection. The call logging system was not being used to monitor the calls. Some people told us they knew who the manager was and was positive about the management of the service. However, others told us about difficulties communicating with the office and one said the service lacked consistency of management. The manager told us about the changes they had made and the improvements planned going forward. Questionnaires had been sent to people and

the initial feedback from the manager was positive. There was good information on display in the office along with certificate of registration and employer liability insurance.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

#### Rating at last inspection and update

The last rating for this service was inadequate (published 9 November 2021). The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection we found the provider remained in breach of regulations.

This service has been in Special Measures since 9 November 2021. During this inspection, the provider demonstrated that improvements had been made. The service is no longer rated as inadequate overall or in any of the key questions. Therefore, this service is no longer in Special Measures.

#### Why we inspected

This inspection was carried out to follow up on action we told the provider to take at the last inspection.

We have found evidence that the provider needs to make improvements. Please see the safe and well-led sections of this full report.

You can see what action we have asked the provider to take at the end of this full report.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Community Careline Services on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

#### Enforcement and Recommendations

We are mindful of the impact of the COVID-19 pandemic on our regulatory function. This meant we took account of the exceptional circumstances arising as a result of the COVID-19 pandemic when considering what enforcement action was necessary and proportionate to keep people safe as a result of this inspection. We will continue to monitor the service and will take further action if needed.

We have identified breaches in relation to the safe management of risks, medicines management, and good governance at this inspection. We have made recommendations in relation to, staff deployment and ensuring care records are detailed and individualised.

Please see the action we have told the provider to take at the end of this report.

#### Follow up

We will request an action plan from the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and local authority to monitor progress. We will continue to monitor information we receive about the service, which will help inform when we next inspect.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

The service was not always safe.

Details are in our safe findings below.

**Requires Improvement** ●

### Is the service effective?

The service was effective.

Details are in our effective findings below.

**Good** ●

### Is the service caring?

The service was caring.

Details are in our caring findings below.

**Good** ●

### Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

**Good** ●

### Is the service well-led?

The service was not always well-led.

Details are in our well-led findings below.

**Requires Improvement** ●

# Community Careline Services

## **Detailed findings**

### Background to this inspection

#### The inspection

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

#### Inspection team

One inspector, one medicines inspector and one Expert by Experience undertook the inspection. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

#### Service and service type

This service is a domiciliary care agency. It provides personal care to people living in their own houses and flats.

#### Registered Manager

This service is required to have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided. At the time of our inspection there was not a registered manager in post. The manager told us they had commenced their application to be registered manager.

#### Notice of inspection

We gave the service short notice of the inspection. This was because we needed to be sure the provider or manager would be in the office to support the inspection.

Inspection activity started on 13 June 2022 and ended on 23 June 2022. We visited the service's office on 13 June 2022.

#### What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from one professional who worked with the service. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all this information to plan our inspection.

#### During the inspection

With permission, we spoke with nine people who used the service and one relative over the telephone. We visited two people and one relative in their homes. We spoke with eight staff members. These included five care staff, the coordinator, the manager who took overall responsibility and the nominated individual. The nominated individual is responsible for supervising the management of the service on behalf of the provider. We also asked for feedback via email from all care staff. We looked at a number of records including, three people's care records and associated documents. Medication administration records, training records, call monitoring, audits and monitoring relating to the operation and management of the service were also reviewed

#### After the inspection

We continued to receive information and evidence to support the inspection.

# Is the service safe?

## Our findings

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

At our inspection on 23 September 2021 we rated this key question inadequate. At this inspection the rating has changed to requires improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

### Using medicines safely

At our last inspection, the provider had failed to ensure systems were in place to demonstrate medicines were effectively managed. This was a breach of regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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

- The Medicines Administration Records (MAR) showed staff signed when medicines were given and there were no gaps in records. However, staff had also signed for evening medicines and care records showed those medicines were left out to be taken later. There was no risk assessment for this process and it was not following the service's medicines policy.
- MAR records did not always reflect all medicines people were prescribed, for example, staff had recorded in the care records of one person when additional medicines had been administered and not the MAR. There was a risk medicines could be missed if MAR was not accurate.
- Some MARs had different instructions to the medicine labels, on one occasion this had been discussed with the person but not their GP, which meant we could not be sure people received their medicines properly.
- There was no evidence of guides for staff to administer 'when required' medicines. Person centred information helps staff to know when people need their medicines.
- When paracetamol had been administered there was no record of the time recorded. This meant we were unsure if doses were sufficiently spaced with the required four-hour gap in-between.
- The management team undertook regular monthly audits, however none of these issues had been noted which meant the audits were not effective.
- Staff knew the people well and provided support administering medicines. However, we received feedback that staff were not always on time and people's medicines were sometimes late.

Although we found no evidence of harm, medicines were not always managed safely. This placed people at risk of harm. This was a breach of Regulation 12 (2) (g) of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

### Assessing risk, safety monitoring and management

At our last inspection the provider had failed to ensure that systems were in place or robust enough to demonstrate risks were effectively managed. This placed people at risk of harm. This was a breach of regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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

- Risks were not always fully assessed and managed. Care records had been developed with some information about how to manage people's risks. However, the information was basic and required more details and personalisation to manage these. One person's record identified where some actions were required to the environment. However, we could not see confirmation this had been addressed. The manager told us they would take action to address the findings from the inspection.

Systems were in place however these were not robust enough to demonstrate risks were effectively managed. This placed people at risk of harm. This was a breach of regulation 12 (2) (a) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

### Staffing and recruitment

At our last inspection, the provider had failed to ensure systems were either in place or robust enough to demonstrate staffing was effectively managed. This placed people at risk of harm. This was a breach of regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 18. However, we have made a recommendation in relation to staff levels, monitoring and allocation of visits.

- Staff deployment was monitored however, the feedback was mixed in relation to the timing of people's visits, staffing numbers as well as missed calls. People told us, "Someone comes every day, there's a mix of four or five people who come" and, "They're spot on for timing, one carer (staff member) uses public transport and she is occasionally later, but normally very good on timing." However, others told us, "Recently they have been coming late and my [relative] has told the office it must improve", "My carer is good, but Careline (Community Careline services) is short of carers, if my regular carer can't come they don't let me know" and, "They're all right but not always on time. They used to have a specific time but when they change it, they don't tell me."
- Staff feedback about the staffing in the service was mixed. They told us, "There are enough staff but could do with a few more to be able to carry out our job. There is no pressure to do extra hours", and, "A lot of staff have left the service. There is enough staff." However, another told us, "No (there is not enough staff), existing staff are brought in." The manager told us they had recently recruited three new staff members, and recruitment was ongoing.
- The provider had a call monitoring system in place that contained information about the visits, and which staff member was allocated to them. Where calls had been missed or cancelled these were identified. However, the system relied on visits being manually checked. Where notes could be added to include further information, this was not being used. The manager confirmed they would ensure going forward the system was used effectively to record call logs. The manager and nominated individual told us they were changing to a new electronic call monitoring system that would support the monitoring of late and missed calls.

We recommend that the provider seeks nationally recognised guidance to ensure sufficient staffing are in place, monitored and allocated to visits and take action to update their practice accordingly.



- Staff files had been developed, which had some information to confirm the relevant checks had taken place. However, not all information had been recorded in the staff files. Where disclosure and barring service (DBS) checks had been undertaken, these had not been recorded. The Disclosure and Barring Service helps employers make safer recruitment decisions. The manager addressed this immediately during the inspection. The nominated individual confirmed they would develop records to demonstrate that where staff had worked for a number of years, they were safe to work at the service.

Systems and processes to safeguard people from the risk of abuse; Learning lessons when things go wrong

- People were protected from the risk of abuse, lessons were learned. People and relatives told us they felt safe. Comments included, "I feel safe, for nearly five years I've had the same carer" and, "I feel safe generally."
- Staff told us what they would do if they suspected abuse. They said, "I would report to management in the first instance, and back up with a written report to them", and, "I have never had any concerns. If I had any problems I would report to the office, and check the person." Staff told us they had undertaken relevant training and the training matrix confirmed safeguarding training had been completed.
- A system to record and follow up investigations had been developed. The nominated individual told us no safeguarding concerns had been identified. The provider had developed a safeguarding audit which included, identified risks, and had links to guidance. There were policies and guidance available to support in acting on and investigating concerns.
- An incident and accident file had been developed to record and monitor accidents. We saw one accident report in one person's care file, which detailed the incident and the actions taken, along with lessons learned. Whilst information was noted, they would have benefited from more detail about the incident, and the incident had not been recorded on the incident log.

Preventing and controlling infection

- People were protected from infection control risks. Staff told us they had access to personal protective equipment (PPE), to use in their role. One said, "We have enough PPE, I have done covid training and donning and doffing training." We observed staff wearing PPE during the visits we made to people's homes.
- Staff told us they had undertaken relevant training, and we saw evidence of competency checks for hand hygiene and donning and doffing. Risks assessments had been completed for the staff, and policies and guidance for infection control was in place. PPE was available for the staff team.

# Is the service effective?

## Our findings

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

At our inspection on 9 and 11 May 2018 we rated this key question good. At this inspection the rating for this key question has remained good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Staff support: induction, training, skills and experience

- People were supported by a trained staff team. People told us they were happy with the skills of the staff and the support they provided. Comments included, "I get the right care when I need it, and they've got the right skills, oh yeah!", "I have to be moved with a hoist; they know how to do it" and, "They do know what they are doing. My carer is very good and very patient with what she does, there's no rushing."
- Staff told us they had the required training to undertake their role. However, some told us about their concerns with the format of the training, and the time frames for completing this. Comments included, "I am up to date with my training. We do it online every year. We do practical face to face training" and, "I have enough training to do my role. The problem is there is too much pressure to do it all together. I would rather it was spread over the year." However, one told us, "The training is all online. [There is] no face to face training, which is invaluable." The nominated individual told us they would ensure staff knew when the required training was due to be completed.
- The manager told us they had recently transferred to a new training provider. We saw evidence of the topics to be covered as well as confirmation of the training provided to the staff team.
- Records confirmed a supervision programme was ongoing, and spot checks were being undertaken with the staff team. Staff told us, supervisions and spot checks were taking place. One staff member told us they had received supervision recently.

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

- People were supported to eat and drink. Care files contained information about the person's dietary needs and preferences. Where one person's record identified a specific dietary need the manager confirmed the record had been reviewed to ensure it accurately reflected their current needs.
- Training records confirmed staff had undertaken training in food and nutrition.

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

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 MCA requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. When people receive care and treatment in their own homes an

application must be made to the Court of Protection for them to authorise people to be deprived of their liberty.

- People were protected from unlawful restrictions and consent was sought. Staff told us they asked for consent before undertaking any care or activity. One said, "I always ask permission before doing anything."
- The provider had developed policies and guidance and staff had undertaken training to support people if there was any concerns relating to their capacity to make decisions.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- People's needs had been assessed. Care files confirmed assessments had been undertaken. People confirmed they had been involved in the development of their care plan. One told us, "Initially they spoke to me about my care and asked me what I wanted."

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

- People were provided with support to access health professionals. People told us they discussed their care needs before their care started, and most said they felt involved and included in decisions about their care. One relative told us the service was responsive to their requests about their relative's care. Care records confirmed the details of people's general practitioner. This information supported staff to access medical advice and support where required.

# Is the service caring?

## Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At our inspection on 9 and 11 May 2018, we rated this key question good. At this inspection, the rating for this key question has remained good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- People's independence and diverse needs were respected. People who used the service and relatives were complimentary about the staff and confirmed they provided good care and respected their needs. They said, "My carer is very good, best I've had, she's been brilliant", "I can find no fault with the girls (Staff) who come here, I've not got a bad thing to say" and, "I have two ladies (Staff), they are excellent and I don't know what I would do without them."
- A range of policies and guidance was available and training records confirmed staff had undertaken relevant training including, equality and diversity, for health and social care, work in a person centred way and care certificate. This would support good care delivery to people. Staff told us they felt people received good care. Comments included, "We all do our best to provide the best care to our clients (People who used the service)", "Respect and kindness cost nothing, people get good care. We (staff) all do the best with our abilities" and, "I treat people with dignity and respect. I always thank them for having me in their home and I ask for consent before I do anything."

Supporting people to express their views and be involved in making decisions about their care

- People were involved in decisions about their care. Some people told us, ongoing discussions about their care was taking place. One person said, "Initially they spoke to me about my care and asked me what I wanted." One person told us they had discussed their care plan, and felt included in decisions and planning.
- Information relating to advocacy services and how to access them was available. A policy had been developed which included information and guidance to ensure people had access to support, if required when making important decisions. Advocacy seeks to ensure people are able to have their voice heard on issues that are important to them.

Respecting and promoting people's privacy, dignity and independence

- People were treated with dignity and their rights to privacy and independence were respected. People and relatives told us staff treated them with dignity and respect, and staff would knock before they came in to see them. One said, "One carer is brilliant, she will do anything for me."
- Staff told us about the importance of ensuring people's privacy and dignity was supported. They told us, "I always ask permission before doing anything" and, "I have really good relationships with people and family. I like to look after the ladies and gentlemen as I would expect my parents to be looked after."
- Training records confirmed staff had undertaken training in, privacy and dignity and work in a person centred way. This would provide staff with the knowledge to ensure people's privacy, dignity and independence was supported.

- The service was planning to introduce electronic care records to record the people's needs and preferences. A range of information for the monitoring of the service was stored securely in the office.

# Is the service responsive?

## Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At our inspection on 9 and 11 May 2018, we rated this key question good. At this inspection the rating for this key question has remained good. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences; End of life care and support

- Assessments of people's current needs had been completed. However, they were brief and lacked person centred information to support and guide staff to meet the needs of people. One record we reviewed had a Do Not Attempt Cardio Pulmonary Resuscitation (DNACPR), signed by a relevant professional. However, there was no care plan or risk assessment to ensure staff had the guidance and information to ensure this was supported and managed safely.
- The manager told us they had identified that people's care records required more details and individualisation. They confirmed they would take action to address the shortfalls in the records. This would ensure they accurately reflected people's current and individual needs.

We recommend the provider seeks nationally recognised guidance to ensure care records are detailed, person centred and reflect people's needs, and take action to update their practice accordingly.

- We reviewed some of the daily records returned to the service from people's homes. They contained information about the care provided. However, the records were dated from February 2022. We discussed with the manager the benefits of auditing daily records in a timely manner to ensure any concerns are followed up and addressed if required.
- Some people told us they had been involved in the development of their care plans but not all confirmed the plans had been reviewed. Comments included, "Initially they spoke to me about my care, and asked me what I wanted, but they don't discuss my care file with me", and "I do have a care plan; they make sure I'm calm before they leave. I'm included in any decisions."
- We asked staff about the importance of care plans. They told us, "(There are) Care plans in the house, which show how to look after people. If there are any changes (I) will let the office know" and, "It is important for the client and family to recognise what care can, or, will be provided, and that they are involved in it."
- Staff had received training in palliative care, end of life care and keeping good records. This helped ensure staff had the knowledge and skills to meet the needs of people.

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- Care files had information about how to communicate with people. They included the use of aids. Most people raised no concerns in relation to how staff communicated with them. One person told us about a visit where they were unable to communicate with the staff member. The manager and nominated individual told us that they were confident that all staff had the skills to communicate effectively with people.
- The service was in the process of introducing electronic care records. An electronic systems for monitoring visit for people was in place.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People were supported to avoid social isolation. Care records confirmed people's relatives were involved in their lives. They contained information about their choices in relation to religious needs and we saw evidence in one file of the activities and things the person liked to take part in.

Improving care quality in response to complaints or concerns

- Complaints and concerns were responded to. People told us they knew who to go to if they had any concerns. One told us, "I do know who to speak to if I had a complaint, I wouldn't complain unless it was serious." One person discussed the appropriate actions that the service took when they raised a concern.
- Staff told us, "Complaints from clients are referred to the management." Policies and guidance were available to support the management of complaints. A system to record complaints had been developed. Whilst information was available, the records would benefit from more details about the concerns and the actions taken by the service. This would support improvements and lessons learned going forward.
- Positive feedback was seen. Examples seen were, 'Thank you so much for what you did for my [relative], you went out of your way to make [relative] happy and comfortable' and, 'Thank you to everyone at care line for looking after [relative] so well for the last few years.'

# Is the service well-led?

## Our findings

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

At our inspection on 23 September 2021, we rated this key question inadequate. At this inspection, the rating has changed to requires improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

At our last inspection, the provider had failed to ensure that systems for governance and management oversight were robust and effective. This placed people at risk of harm. This was a breach of regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Not enough improvement had been made at this inspection, and the provider was still in breach of regulation 17

- The service did not always have an effective system in place to monitor and identify shortfalls. We saw some evidence of audit documents which had been developed. However, some of these had not been commenced, which would have identified some of the shortfalls we found during this inspection. These included care records and personnel files. The manager and nominated individual provided assurance that these would be commenced as soon as possible. We saw a recent audit had been undertaken on the call monitoring system. This identified where missed calls had occurred, and the reasons for these. For example, if a person had cancelled the call. The call monitoring system had a section to record notes in relation to the call logging, the office were unaware this was available for them to use. The manager told us they had changed their practice, and the notes section to enable details of communication for visits was being used effectively.
- Where records had been completed, for example the supervision matrix, these had not been updated to ensure they reflected the current information.
- Senior audits had been completed regularly. However, they failed to identify some of the concerns we found during our inspection. The nominated individual provided assurances that a further and detailed audit would be undertaken, to enable actions to be taken on their findings.
- During this inspection we identified ongoing breaches in relation to the safe management of medicines, the management of risk. We also made recommendations in relation to ensuring sufficient staffing were in place, monitored and allocated to visits, and to ensure care records were detailed and individualised and reflected people's needs.

Whilst no harm occurred, systems were not robust enough or established to ensure the oversight and good governance of the service. This placed people at risk of harm. This was a breach of regulation 17(1) (2) of the



- Statutory notifications had been submitted and a file to record these was in place. This was in line with the services regulatory responsibilities.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- An open culture which supported good outcomes for people was being introduced by the management team. The manager told us the feedback from staff, since they started in post was that they were feeling more supported. Some staff told us about some concerns relating to their visit allocations. We discussed this with the manager who agreed they would benefit from open and inclusive conversations with staff to ensure they felt engaged and supported.
- Some people told us they knew who the manager was, others told us they thought there had been a change in management recently. People and relatives told us, "There were some minor hitches at first but they were rectified immediately", "[Manager] is nice and has been here (persons home), she has made changes" and, "There are no improvements necessary." However, others said, "I've had no contact with the manager."
- Some people raised concerns about the management of calls in the office. They said "If my regular carer can't come, they don't let me know. The office don't ring and they don't let you know", and "If you ring them they don't answer or, you have to wait a long time." We discussed with the manager the importance of ensuring effective communication took place between the service and people.
- Feedback from staff about the changes in the service and the management team was mixed. Some staff told us, "(There is) good teamwork in the company with the older serving staff", "We have lovely relationships with the staff. We work well as a team" and, "I am well supported, I can ring office or manager if needed. [Manager] is lovely." However, another told us, "(There is a lack of management stability in the company." The manager and nominated individual were relatively new to the service. They told us about the changes they had made and that the improvements were ongoing.
- All of the staff team and the management team were very supportive of the inspection. Information we requested was provided promptly both during the visit to the office and following days.
- Certificates of registration and employer's liability insurance were on display in the office.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- People and staff were engaged and involved. People told us they had been asked for their views and they had recently received a satisfaction questionnaire. We saw evidence that previous questionnaires had been sent to staff and people. The manager and nominated individual told us they had recently sent new questionnaires to people, and the feedback from these was positive. There was a service user guide with good information about what the service provided for people.
- There was some evidence of meetings taking place with the staff team. However, these were only related to medicines. We discussed with the manager the importance of ensuring the staff were engaged, informed and supported. They told us they would ensure team meetings provided detailed updates and information for the staff team.

Continuous learning and improving care; How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- Continuous learning and improving care was considered. The provider understood their responsibilities.
- The manager had commenced the application process to be registered manager with the Care Quality Commission.

- Records confirmed the actions had been taken as a result of complaints and openness where things went wrong.
- The office had good information and guidance available to the staff team on display. There was a range of up to date policies in place to support the delivery of care to people, as well as the operation and management of the service.

#### Working in partnership with others

- The service worked in partnership with others. There were certificates for members of the national care association, and investors in people on display in the office.
- We received positive feedback from a professional about the improvements that had been made in the service and the changes they were planning to make.

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	<p>Regulation 12 HSCA RA Regulations 2014 Safe care and treatment</p> <p>Systems were not robust enough to demonstrate risks were effectively managed. This placed people at risk of harm.</p> <p>Medicines were not always managed safely. This placed people at risk of harm.</p> <p>12 (2) (a) (g)</p>
Regulated activity	Regulation
Personal care	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>Systems were not robust enough or established to ensure the oversight and good governance of the service. This placed people at risk of harm.</p> <p>17(1) (2)</p>