

Compleat Care (UK) Limited

Homecare Helpline

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

Homecare Helpline is registered to provide personal care to older people, people living with dementia and people with a physical disability. Most of the people who use the service live independently in their own home although the service also provides support to some people who live in an 'extra care' sheltered housing service in Grantham, Bourne and Sleaford. The service has operated for many years in the Sleaford, Spalding, Stamford, Bourne, Deepings and Grantham areas of Lincolnshire. In October 2015, following a reorganisation of domiciliary care services undertaken by Lincolnshire County Council, the service expanded significantly to take on a major new contract. As part of taking on this new contract, a large number of staff who had worked for the previous contractors transferred into the employment of Homecare Helpline.

We inspected the service on 6 April 2016. The inspection was announced. At the time of our inspection approximately 300 people were receiving a personal care service.

There was a registered manager in post at the time of our inspection. A registered manager ('the manager') is a person who has registered with CQC to manage the service. Like registered providers ('the provider'), 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.

CQC is required by law to monitor how a provider applies the Mental Capacity Act 2005 (MCA) and to report on what we find. Staff had received training in this area and demonstrated their understanding of how to support people who lacked the capacity to make some decisions for themselves.

During our inspection we found two breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This was because staffing resources were not organised safely and service delivery was not monitored effectively. We also found a breach of the Care Quality Commission (Registration) Regulations 2009. This was because the provider had failed to notify us of significant incidents relating to the service.

You can see what action we told the registered person to take in respect of these three issues at the end of the full version of this report.

We also identified a number of other areas in which improvement was needed to ensure people using Homecare Helpline were provided with safe, effective care.

Not everyone who used the service received safe and consistent medicines support in line with good practice and national guidance. Further action was also needed to ensure people's telephone concerns and complaints were handled in a consistent and effective way.

Some staff did not have necessary skills and knowledge to support people effectively. Additionally, the supervision of staff was not being delivered consistently in line with the provider's staff supervision policy.

We did find some areas in which the provider was meeting people's needs effectively.

Staff supported people in and in a warm and friendly way. Staff knew people as individuals and supported them to have as much choice and control over their lives as possible. People were treated with dignity and respect.

People's care plans were written in a person-centred way and were understood and followed by staff. People were actively involved in the preparation and review of their personal care plan.

People were supported to make their own decisions and staff had an understanding of how to support people who lacked the capacity to make some decisions for themselves.

Staff assisted people to eat and drink whenever this was required. The provider took steps to ensure people were sufficiently hydrated during the warmer summer months.

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 ●

The service was not consistently safe.

Staffing resources and the scheduling of care calls were not managed safely and effectively across the service.

Not everyone using the service received safe and consistent medicines support in line with good practice and national guidance.

The provider assessed any potential risks to people and staff and put preventive measures in place where these were required.

Staff knew how to recognise and report any concerns to keep people safe from harm.

Is the service effective?

Requires Improvement ●

The service was not consistently effective.

The supervision of staff was not being delivered consistently in line with the provider's staff supervision policy.

Not all staff had the necessary skills and knowledge to support people effectively.

People were supported to make their own decisions and staff had an understanding of how to support people who lacked the capacity to make some decisions for themselves.

Staff assisted people to eat and drink whenever this was required. The provider took steps to ensure people were sufficiently hydrated during the warmer summer months.

Staff worked closely with a range of local healthcare services to help people access any specialist care and treatment required.

Is the service caring?

Good ●

The service was caring.

Staff supported people in a warm and friendly way that took

account of each person's personal needs and preferences.

Staff knew people as individuals and supported them to have as much choice and control over their lives as possible.

Staff treated people with dignity and respect.

Is the service responsive?

The service was not consistently responsive.

People's telephone concerns and complaints were not always handled in a consistent and effective way.

People's care plans were written in a person-centred style and were understood and followed by staff. People were actively involved in the preparation and review of their personal care plan.

Staff encouraged people to remain active in their local community.

Requires Improvement ●

Is the service well-led?

The service was not consistently well-led.

The provider had failed to service delivery effectively and act responsively to issues of concern.

The provider had failed to notify us of several allegations of abuse which had been considered by the local authority under its adult safeguarding procedures.

The manager had an open style of management and provided values-led leadership.

Staff worked together in a friendly and supportive way. Staff felt listened to by the manager and provider.

Requires Improvement ●

Homecare Helpline

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.

The inspection was announced. The registered provider was given 48 hours notice because the location provides a domiciliary care service. We did this because the registered manager is sometimes out of the office supporting staff or visiting people who use the service. We needed to be sure that they would be available to contribute to the inspection.

The inspection team consisted of one inspector and an expert by experience. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service. Our inspector visited the administration office of the service on 6 April 2016. On the same day our expert by experience telephoned people who used the service to seek their views about how well the service was meeting their needs.

Before the inspection, the provider completed a Provider Information Return (PIR). This is a form the provider completes to give some key information about the service, what the service does well and improvements they plan to make. The provider returned the PIR and we took this into account when we made the judgements in this report. We also reviewed other information that we held about the service as notifications (events which happened in the service that the provider is required to tell us about) and information that had been sent to us by other agencies, including the local authority.

As part of our inspection we spoke with 11 people who used the service, one relative, the registered manager, the managing director of the registered provider and two care workers. We looked at a range of documents and written records including three people's care files, staff recruitment files and information relating the auditing and monitoring of service provision.

Is the service safe?

Our findings

People had very mixed views about how the provider organised its staffing resources to cover their scheduled care calls. One person told us, "They're never late and I have never been missed." Another person said, "I have no problems at all with the service. They've never missed any visits. The staff do get delayed at times, but not often." However, other people were very dissatisfied with the service they were receiving from the provider. One person told us, "I am supposed to have a half hour visit at 8am but they don't come until 10am. If I phone the office when staff are late and ask who is coming, they say they don't know or are not sure." Another person said, "Saturdays and Sundays are a nightmare. Recently they've not been on time and I have had a lot of missed calls. I call the office with tears in my eyes and it doesn't make a difference. I am already dreading this weekend and wondering what will happen."

People also had a variety of opinions about how safe they felt using the service. One person said, "I feel very safe with the staff. I'd soon stop them coming if I wasn't." However other people told us that they were often unsure which member of staff would be covering a call which made them feel insecure and unsafe. One person said, "I never quite know who is coming or when." Another person told us, "I don't get a rota or anything. I don't know who is coming or what to expect." Another person said, "When I ring [to find out why no one has arrived for my care call] the office staff tell me that they are not quite sure who is coming yet. There are times when I feel unsafe with [staff I haven't met before]. They wear badges and uniforms but it doesn't make me feel any safer." One member of staff told us, "There are a lot of people phoning in sick at the moment and we get asked if we can cover their work at short notice. It seems to be happening all the time. Last night, I was asked to [cover a call] with a client I hadn't worked with before. All I had was the address."

We discussed the issue of call scheduling with the manager and the managing director who outlined the actions they had taken to try and resolve the problems of missed and late calls and poor continuity of staffing. These measures included the enhanced supervision of some staff, new approaches to recruitment and tighter management of staff sickness absence. At the request of our inspector, the provider also supplied an analysis of late and missed calls which showed the number had reduced from a high point in October 2015. However, in the light of the comments made to us by people using the service, it was clear that the provider was still failing to ensure the safe and effective organisation of staffing resources and scheduling of care calls across the service.

This was a breach of Regulation 18(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

People who needed staff assistance to take their medicines had mixed views about the support they received in this area. One person told us, "The staff give me my medicines okay and on time." However, another person told us, "On one occasion I was given my night pills to take with my breakfast. I knew [the staff] had got it wrong and told them." One person's relative told us, "Yesterday [my relative's] tablets which should have been given at 8am were given at 10am." When we discussed the issue of medicines management with the manager she acknowledged there had been problems in this area and told us that

the provider had taken a number of actions in response. A new medicine administration record sheet had been introduced and further training in medicines was being delivered to every member of staff. However, the manager acknowledged that this remained "a work in progress" and that further action was required to ensure everyone using the service received safe and consistent medicines support, in line with good practice and national guidance.

Before someone started receiving a service from Homecare Helpline, a senior member of staff met with them to agree a care plan to address their personal needs and wishes. As part of this process, a range of possible risks to each person's wellbeing was considered and assessed, for example risks relating to mobility. We saw that each person's care record detailed the action staff were expected to take to address any risks that had been identified. For example, one person had been assessed as being at risk of developing skin damage and staff were asked to check the person's skin carefully every time they provided the person with personal care. Staff were aware of the assessed risks and management plans within people's care records and used them to guide them in their work. One member of staff told us, "If I am working with a new client I would have a look at the care plan at the beginning of the visit. It's particularly important if they are unable to tell you themselves what they need doing."

When completing each person's care plan, the provider also took account of any risks to staff, many of whom worked on their own. For example, if any additional equipment was needed to ensure the safety of the person and staff. Staff were also given an on call number which provided 24-hour access to a senior member of staff if emergency advice or assistance were required.

Staff told us how they ensured the safety of people who used the service. They were clear about to whom they would report any concerns and were confident that any allegations would be investigated fully by the provider. Staff said that, where required, they would escalate concerns to external organisations. This included the local authority safeguarding team, the police and the Care Quality Commission (CQC). Staff said, and records showed, that they had received training in how to keep people safe and there were policies and procedures in place to guide staff in this area. Advice to people and their relatives about how to raise any concerns was provided in the welcome pack that was given to people when they first started using the service.

The provider had safe recruitment processes in place. We examined two staff personnel files and saw that references had been obtained and other background checks completed. Security checks had also been carried out to ensure that staff employed were suitable to work with the people using the service.

Is the service effective?

Our findings

New members of staff participated in a classroom based induction programme accompanied by a period of shadowing experienced colleagues before they started to work as a full member of the team. The manager told us, "Depending on their previous experience, people will continue shadowing as long as necessary." One member of staff said, "I enjoyed the induction and it prepared me for the job I'm doing." The provider had embraced the new national Care Certificate which sets out common induction standards for social care staff and had built this into the induction programme for new recruits.

The provider maintained a detailed record of staff training requirements and organised an annual programme of internal and external training courses to meet these needs. One member of staff said, "I find the training is helpful. Some things change and we need to keep up to date." The provider encouraged staff to study for nationally recognised qualifications.

However, despite the provider's structured approach to staff induction and training, people had mixed views about the ability of staff to meet their needs effectively. One person told us, "I think the staff are proficient in everything." However, another person told us, "Not all of them are well-trained [in using a particular piece of equipment]. I tell them what to do if they don't know." Another person said, "I don't think the staff are all that well trained and I am concerned for others they go to." When we discussed the issue of staff training with the manager she told us that she was planning re-induction and additional training for some staff. However, these initiatives had not yet been fully implemented and further action was required by the provider to ensure that all staff had the necessary skills and knowledge to support people effectively.

We also found that the supervision of staff was not being delivered consistently in line with the provider's staff supervision policy. This stated that all care staff should have at least one formal supervision every three months. Acknowledging that this policy requirement was not being delivered consistently in all parts of the service, the manager said, "Supervision is not where it should be." Further action was required therefore, to ensure every member of staff had the full amount of support and guidance specified as necessary by the provider to enable them to carry out their role effectively.

The provider operated a system of unannounced 'spot checks' in which senior staff undertook direct observation of each member of staff when they were working with the people who used the service. Staff members were then provided with written feedback on their practice. In one feedback report we noted that one member of staff had been praised for, "Establishing a good rapport with customers."

Staff had been trained in, and showed a good understanding of, the Mental Capacity Act 2005 (MCA). This 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. Staff demonstrated they understood the importance of obtaining consent before providing care or support. One staff member told us, "I always ask people what they want to eat or what they want to wear. I don't assume they will want

something, I always offer choice."

The manager demonstrated a good understanding of 'best interests' processes. For example, she told us of one recent case in which she had been involved in a multi-disciplinary meeting to discuss how best to support one person who needed additional support with their personal finances.

Staff assisted people to eat and drink whenever this was required. Some people lived with family members who prepared meals but other people needed more support which required care staff to prepare and serve meals, snacks and drinks. Each person's care plan detailed any particular likes or dislikes and these were understood and respected by staff. For example, one person's care plan stated, "I like tongue or corned beef sandwiches for tea." Staff told us that they tried to offer people as much choice as possible in what they had to eat and drink. One staff member said, "Depending on what food there is in the house, it's whatever they like to eat, wherever they want to eat it." One person told us, "Staff help me decide what I want to eat." Staff were provided with food hygiene training and completed food intake charts for anyone who had been assessed as being at risk of malnutrition. Reflecting the risk of dehydration in older people in the summer months, the manager told us, "We issue fluid charts to everyone at the end of May each year. They are completed by the care staff and reviewed by the team leaders, to make sure people are drinking enough."

Staff worked closely with a range of local healthcare services including community nurses and occupational therapists to help people access any specialist care and treatment required. One member of staff told us, "If you work with someone regularly you know when they are not quite right. I suspected one person had a urine infection so I contacted the GP on their behalf." Another staff member said, "If I notice anyone's skin is starting to get red, I contact my team leader. They will come and have a look themselves and contact the nurse if necessary." One person told us, "I was poorly last night when they helped me into bed. I didn't need a doctor but they would have called them if I asked them to."

Is the service caring?

Our findings

People told us that the staff who worked for the service were caring and kind. One person said, "The staff are extremely good and very kind and considerate." Another person told us, "My carer is wonderful. They are a gem! It's impossible to say how good the carer is."

Staff knew and respected people as individuals. One staff member told us, "I like getting to know people and listening to their stories. I found out one person I work with used to be a [profession] and now we talk about that together." Another member of staff said, "It's important to build up a rapport with people. I like to chat to them about their lives." One person told us, "The staff are very pleasant. For me it's really important to have someone to talk to."

There was a person-centred culture within the service. The manager told us, "I tell staff that they must do all they can to put someone at ease whenever they walk through the front door. And deliver care as if they were supporting their own mum or dad." In the welcome pack given to people when they first started using the service, the provider's 'philosophy of care' included the statement, "Each service user we regard and treat as special. Our staff will strive to preserve and maintain the dignity, individuality and privacy of all service users with a warm and caring approach." This commitment had clearly been taken on board and put into practice by staff. One member of staff said, "Our job gives us the opportunity to improve the quality of someone's life. It's like having lots of nans and grandads and I look after them like I would look after my own family."

Staff also understood the importance of giving people choice and control over their lives. A member of staff told us, "I support one person who likes to do as much as possible on their own. They like egg on toast so I put out the egg and the pan and leave the bread in the toaster before I finish the call." One person told us, "If I don't want a full wash they will just do what I ask."

The manager told us that she expected staff to help people retain as much independence as possible. Again, staff demonstrated that they understood this ethos and reflected it in the way they delivered care and support. One staff member told us, "Encouraging people to maintain their independence is something I do all the time. If you don't use it, you lose it. One person I work with was thinking of going into a care home but I encouraged them to carry on living at home. Of course, if I had thought otherwise, I would have said." Another member of staff said, "It's all about the little things like encouraging them to wash themselves if they can, or stand up on their own. I often put a cup in someone's hand so they can drink it on their own." The manager told us that she often asked the local authority to reduce the number of hours of support they purchased for someone as they had become more independent again.

People told us that staff supported them in ways that maintained their privacy and dignity. One person said, "The staff help me in a very calm and efficient manner and treat me with dignity and respect." Another person told us, "When my carer washes me they keep me in my nightie which makes me feel private." A staff member told us, "It's really important to preserve people's dignity. When I am providing personal care I always ensure the curtains are closed and use a towel to cover people up."

The provider was aware of the need to maintain confidentiality in relation to people's personal information. We saw that personal files were stored securely in the service's office and computer documents were password protected when necessary.

The manager told us that she had never been asked to help someone secure the support of an advocate but would not hesitate to make contact with local services if necessary. Advocates are people who are independent of a service and who support people to make and communicate their wishes.

Is the service responsive?

Our findings

The provider's 'Complaints, compliments and suggestions' procedure was included in the welcome pack people received when they first started using the service. In this procedure it was stated that, "If you feel you there is cause for complaint, you should first discuss the matter with the duty manager by telephone or by calling in at our office." People who had telephoned the duty manager or office staff to raise a concern or complaint had very mixed views of the effectiveness of the provider's response. One person told us, "Once I had a care worker I was unhappy with. I called the office and asked to change to another person and [the person I was unhappy with] never came again." However, other people were dissatisfied with the response they had received when they telephoned the office with concerns. One person said, "I've spoken with the office and they're a joke really. They forget to ring me back or they don't deal with [my concern]." Another person told us, "I can get in touch with the office if I need to but I think they need lessons in answering the phone and dealing with things." A relative said, "I have spoken to the office about my worries [about missed calls] but I am not convinced they will do what they say they will."

We discussed the handling of complaints and concerns with the manager. She acknowledged that in recent months people's calls to the office had not always been dealt with in the way she would have wished. The manager told us that additional training in telephone etiquette had been provided and the provider's expectations of staff conduct in this area had been restated to all relevant staff. However, the managing director told us that this work remained "in progress" and, in the light of people's concerns, further improvement was required to ensure people's telephone concerns and complaints were handled in a consistent and effective way.

More positively, the manager maintained a record of all formal written complaints about the service and we could see that these had all been managed correctly in line with the provider's procedure.

If someone had decided to use Homecare Helpline's services for the first time, a senior member of staff would normally arrange a 'meet and greet' in the person's home to discuss their needs and wishes and work together to complete an initial care plan. Family members were also given the opportunity to participate in this meeting. One person told us, "I have a care plan and was involved in [developing] it initially. Another person said, "I have a care plan and they are flexible if I need any changes." The manager told us that she reviewed personally each of the initial care plans and made any amendments or additions she felt were necessary. She then used the care plan to write a 'daily care routine' for staff to follow when they started working with the person. The manager told us she aimed to complete this process "within 24 hours" at which point both the care plan and the daily care routine were taken out the person's home and stored in a folder supplied by the provider for this purpose.

The manager told us that, in preparing each person's care plan, "It is key to write it as they tell it. If they want Marmite sandwiches seven days a week, that's what goes in the plan." When we reviewed people's care plans we saw that they had been written in the first person and captured each person's preferences and requirements to a high level of detail. For example, one person's plan stated, "I would like staff to help me with things I can't do myself." The person had identified specific tasks they wished staff to undertake

including combing their hair and leaving a particular kind of drink on the table for them to enjoy between care calls. Another person's plan stated, "I like to be called [a nickname] not [their given name]." The care plans were understood and followed by staff when they provided people with care and support. One staff member told us, "The care plans can help me work out what is important to the person. For example, if someone doesn't like sugar in tea but they do in coffee. Or if someone likes a certain glass to be left in a certain place." One person told us, "I've just had my breakfast and my hair washed which was lovely. And a warm cup of coffee!" The staff have a folder they look in when they clock in and out."

Care plans were reviewed and updated regularly by senior staff, involving each person in the process. One person told us, "Once a year I get a review. I can ask for changes." Another person said, "I have six monthly reviews which I am involved with. They are flexible if I need changes." The provider also maintained a system to cross-check the daily care records that were completed by staff to ensure that the care and support they were delivering was in line with people's agreed care plans.

Staff were aware of people's individual needs and wishes which enabled them to provide support in a responsive way. One person told us, "My carer always asks me what I would like and responds to how I feel. They are very good in every way." Talking about one person they worked with, a staff member told us, "We always help them wash their hair on a Wednesday morning but I noticed they were often half asleep. I suggested we leave it until lunchtime and now they enjoy it much more, eating lunch whilst I blow dry their hair." The manager told us that staff also encouraged people to remain active in their local community. She told us about one person who particularly enjoyed bingo. The manager had secured temporary funding from the local authority to provide the person with staff assistance to attend their local bingo hall on a weekly basis until they were confident enough to go on their own. The manager also told us that staff regularly put people in touch with local groups and services including hairdressers, chiropodists, reading clubs and day centres.

Is the service well-led?

Our findings

People had mixed views about the way in which Homecare Helpline was managed and operated. Some people were very positive. For example, one person said, "The service is very good overall." Another person told us, "I am very happy with the service." However, other people were less impressed. One person told us, "I shouldn't have to ring and ask who is coming through my front door. I wouldn't recommend the service to others." Another person told us, "There's no continuity of service, that's the main problem." Another person said, "I am looking to change to [a company] I can trust. There have been no recent improvements." A relative told us, "There is a big issue with the management and timing of visits."

Both the manager and managing director told us they were aware of people's concerns but said these were now isolated to one part of the service. However, when we spoke to people as part of our inspection, the people who expressed concerns lived across the full geographical range of the service, not just the one area that the manager and managing director had told us were problematic. This indicated that, despite the various audit and quality assurance systems in use, the provider did not understand the full extent of the problems experienced by people using the service and the actions that were required to provide them with the service they were entitled to expect.

As detailed throughout our report, this failure to monitor service delivery effectively and act responsively to issues of concern, had led to many shortfalls against legal requirements in the provision of care and support to the people using Homecare Helpline. For example, the failure to schedule people's care calls effectively, to manage their medicines safely, to handle their complaints properly or to ensure that staff had the necessary skills and support to meet people's needs.

This was a breach of Regulation 17(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The provider maintained logs of any untoward incidents or events within the service that had been notified to CQC or other agencies. However, in preparing for our inspection visit, we noted that we had received no notifications from the provider since October 2015. In the period October 2015 – April 2016 there had been several allegations of abuse made against the provider which had been considered by the local authority under its adult safeguarding procedures and which should have been notified to CQC by the provider.

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

Throughout our inspection visit the manager demonstrated an open leadership style and was quick to acknowledge and take responsibility for the shortfalls we identified in our inspection. The manager had started her employment with the service as a front line care worker and told us that she often stepped into cover care calls if necessary. She told us, "I don't believe in asking people to do things I am not prepared to do myself." She also said, "I don't want to lose my direct care work. Working alongside staff is a good way to help them become more relaxed in my presence." The manager's values-led approach was clearly recognised and appreciated by staff. One member of staff told us, "[The manager] is very passionate and

wants the best for everyone." Another staff member said, "[The manager] is lovely. Always smiling. If you need any help with anything she will always do as much as she can." The manager told us that, in addition to working directly on shift, she personally visited every person who used the service. She said, "I try to do at least two visits to every person each year and if I have a particular worry about someone I will ring as well." One person said, "I can talk to the manager if needed."

Staff told us that they felt listened to by the manager and other senior staff. One member of staff told us, "I can raise issues [with senior staff] and they get sorted. For example, if someone has started to deteriorate and I think they need more hours of support. Or if someone needs some additional equipment." Another staff member said, "My team leader is very supportive. I have no problems."

Staff also told us that they worked together in a friendly and supportive way. One new member of staff said, "The staff I work with always seem happy. There is good morale in the team." A long-serving member of staff said, "There's a good atmosphere. My colleagues and managers are always at the end of the phone if I need any help." There were regular staff meetings for each of the local teams and we saw that both the managing director and the manager had attended recent meetings to discuss some of the issues arising from the service expansion. Staff knew about the provider's whistle blowing procedure and said they would not hesitate to use it if they had concerns about the running of the service that could not be addressed internally.

The manager told us that she felt she had the full support of the provider. She said, "[The managing director] is very supportive. I can contact him if I need support and he is always available." One staff member told us, "I see [the managing director] in the office and he always says hello. He's been to a couple of staff meetings and I have always found him approachable."

The provider undertook regular surveys to measure satisfaction with the service provided. One person told us, "Occasionally they send out a questionnaire about things." The provider was in the process of analysing the results of the most recent survey to identify any action required in response to the feedback received.

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 did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

| Regulated activity | Regulation |
|--------------------|--|
| Personal care | Regulation 18 Registration Regulations 2009 Notifications of other incidents The provider had failed to notify CQC of several allegations of abuse which had been considered by the local authority under its adult safeguarding procedures. |

| Regulated activity | Regulation |
|--------------------|---|
| Personal care | Regulation 17 HSCA RA Regulations 2014 Good governance The provider had failed to assess and monitor service delivery effectively. |

| Regulated activity | Regulation |
|--------------------|---|
| Personal care | Regulation 18 HSCA RA Regulations 2014 Staffing The provider failed to ensure the safe and effective organisation of staffing resources and scheduling of care calls across the service. |