UK Star Care Ltd

Vista Business Centre

Inspection report

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Ratings

Overall rating for this service	Inadequate

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?	**Inadequate**

Summary of findings

Overall summary

We undertook an announced inspection of Sceptre House on 12 and 13 February 2018. We told the provider two days before our visit that we would be coming because the location provides a domiciliary care service for people in their own homes and staff might be out visiting people.

Sceptre House is a domiciliary care agency. It provides personal care to people living in their own houses and flats in the community. It provides a service to both older and younger adults. At the time of the inspection it provided personal care to around 26 people in their own homes in Surrey. The majority of people's care was funded by Surrey County Council.

We previously inspected Sceptre House on 24 and 25 July 2017 and rated it Requires Improvement. We identified breaches of regulations in relation to safe care and treatment (Regulation 12), safeguarding people from this risk of abuse (Regulation 13), good governance (Regulation 17), staffing (Regulation 18) and fit and proper person employed (Regulation 19). We issued warning notices in relation to Regulation 12 and Regulation 17 and asked the provider to meet the regulations by 22 November 2017.

Following the last inspection, we asked the provider to complete an action plan to show what they would do and by when, to improve the key questions of 'Is the service Safe, Effective, Responsive and Well-led?' to at least good.

At the time of the inspection a registered manager was in post. The registered manager was not available to attend the inspection but knew it was going ahead in their absence. 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.

Information in relation to prescribed medicines that should be administered was not accurate and did not provide appropriate guidance for care workers which meant there were risks that people might not receive their medicines as prescribed.

Risk management plans for risks identified during people's needs assessment were not in place to provide care workers guidance on how to reduce these risks and ensure people's safety.

The provider had a procedure for the recruitment of care workers but this was still not being followed, as the provider did not ensure that appropriate references were in place before assessing applicants' suitability for the role.

Staff were not deployed appropriately as the provider did not always ensure that care workers arrived at the time agreed with the person and stayed the full length of the visits.

New care workers completed induction training but the records of shadowing sessions did not demonstrate the competency of the new care worker had been assessed to ensure they had appropriate knowledge for their role.

The provider had a policy and procedure in place in relation to the Mental Capacity Act 2005 but was not always working within the principles of the Act to ensure people could consent to their care or that decisions were made in their best interests.

Care plans identified the person's wishes as to how their care should be provided but the records were not updated when a change to the person's support needs occurred to provide up to date information for care workers.

The provider had audits in place but these did not identify areas where improvement was required. There was no robust system in place to ensure care workers visited people at the planned time and stayed for the agreed length of time.

Most of the people we spoke with told us they felt safe when they received care. The provider had systems for the recording and investigation of incidents and accidents, complaints and safeguarding concerns to identify any trends or required actions.

An assessment of the person's support needs was completed to ensure the service could meet these needs and provide appropriate care.

Care plans indicated if the person required support from the care worker to prepare meals and identified their preferences for food and drink. These were followed by care workers.

People felt the care workers treated them with dignity and respect when they provided support. The care plans identified the person's religious and cultural needs as well as information about the person's background and family to help them meet the person's support needs.

The provider had a complaints process in place and people knew what to do if they wished to raise any concerns.

Although we found a number of areas that needed to be improved, care workers felt the service was well-led and they were supported by their manager.

At this inspection we found some improvements had been made in some areas. However the provider had also failed to meet breaches in Regulation in relation to person centred care (Regulation 9), need for consent (Regulation 11), safe care and treatment (Regulation 12), good governance (Regulation 17), staffing (Regulation 18) and fit and proper person employed (Regulation 19). You can see what action we told the provider to take at the back of the full version of the report.

The overall rating for this service is 'Inadequate' and the service is therefore in 'special measures'.

Services in special measures will be kept under review and, if we have not taken immediate action to propose to cancel the provider's registration of the service, will be inspected again within six months.

The expectation is that providers found to have been providing inadequate care should have made significant improvements within this timeframe.

If not enough improvement is made within this timeframe so that there is still a rating of inadequate for any key question or overall, we will take action in line with our enforcement procedures to begin the process of preventing the provider from operating this service. This will lead to cancelling their registration or to varying the terms of their registration within six months if they do not improve. This service will continue to be kept under review and, if needed, could be escalated to urgent enforcement action. Where necessary, another inspection will be conducted within a further six months, and if there is not enough improvement so there is still a rating of inadequate for any key question or overall, we will take action to prevent the provider from operating this service. This will lead to cancelling their registration or to varying the terms of their registration.

For adult social care services the maximum time for being in special measures will usually be no more than 12 months. If the service has demonstrated improvements when we inspect it and it is no longer rated as inadequate for any of the five key questions it will no longer be in special measures.

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.

Information provided for care workers in relation to the management of medicines was not accurate to ensure medicines were administered as prescribed.

Risk management plans were not in place to provide care workers with the information to enable them to mitigate these risks when providing care.

The provider had a procedure for the recruitment of care workers but this was still not being followed, as the provider had not ensured that appropriate employment references were received before offering applicants employment with the service.

The provider had not always deployed staff and had not considered adequate travel time to enable care workers to arrive at the agreed time of visits and to stay the full length of the visit.

The provider had processes to respond to safeguarding concerns and investigate incidents and accidents.

Is the service effective?

Requires Improvement

Some aspects of the service were not effective.

The provider did not always ensure new care workers received suitable support and supervision to enable them to develop the required competencies to carry out their duties in a safe and appropriate manner.

The provider had a process in place in relation to the Mental Capacity Act 2005 but was not always working within the principles of the Act to ensure people could consent to their care or that decisions were made in their best interests.

Care plans identified if the person required support from a care worker to prepare meals and the person's preferences for food and drink. Records showed that people received the support identified in the care plan.

Is the service caring?

Requires Improvement

Some aspects of the service were not caring.

Two people told us they were happy with the care they received from the service but two people were not totally happy with their care.

People felt the care workers treated them with dignity and respect when providing care.

Care plans identified the person's cultural and religious need as well as providing care workers with information about the person's background and family to help them meet the person's support needs.

People told us care workers completed a book to record their care but it provided limited information.

Is the service responsive?

Requires Improvement

Some aspects of the service were not responsive.

Care plans identified the person's wishes as to how their care should be provided but the records were not updated when a change to the person's support needs occurred. This meant care workers were not provided with accurate information in relation to how care should be provided.

People confirmed they knew how to make a complaint about the care they received.

Is the service well-led?

Inadequate

The service was not well-led.

The provider has audits in place but these did not identify areas where improvement was required. There was no robust system in place to monitor if care workers visited people at the planned time and stayed for the agreed length of time. Areas identified at the last inspection that needed to be improved have not been actioned.

Care workers felt there was an open and fair culture at the service and they were supported by their manager.

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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 checked 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 comprehensive inspection took place on 12 and 13 February 2018 and was announced. The provider was given 48 hours' notice because the location provides a domiciliary care service and we needed to be sure that someone would be available.

The inspection was carried out by one inspector and an expert-by-experience undertook telephone interviews with people using the service and relatives. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service.

The provider had completed a Provider Information Return (PIR) in June 2017. This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We reviewed the information sent to us in the PIR and notifications we had received from the provider. Notifications are for certain changes, events and incidents affecting the service or the people who use it that providers are required to notify us about.

During the inspection, we spoke with the deputy manager and quality assurance manager. We also looked at records, including five people's care plans, three care worker records, medicines administration records and records relating to the management of the service. We spoke with five people who use the service and one relative of a person receiving support. We sent emails for feedback to eight care workers and received comments from three care workers.

Inadequate

Is the service safe?

Our findings

During the inspection of 24 and 25 July 2017 we found that medicines were not recorded and administered appropriately. We also saw risk assessments and risk management guidance had not been developed in relation to specific issues relating to a person's care needs. We issued a warning notice in respect of this telling the provider to make improvements by 22 November 2017.

We saw improvements had not been made in relation to the recording of when creams were applied by care workers. We saw at the previous inspection the care plans for some people indicated the care workers should apply a cream as part of the support provided but did not indicate if it had been prescribed or not, how it should be applied and recorded. During this inspection we saw care plans directed care workers to apply creams but the additional information had still not been included. The deputy manager confirmed that they did not regularly identify if the creams were prescribed or not to ensure they were recorded appropriately and care worker provided with guidance on how they should be applied. A process was not in place for the recording of prescribed creams and care workers were not provided with protocols where a medicine should be administered when required (PRN).

The 'Medication administration authorisation' form which was part of the care plan for people who received support from care workers with their medicines included a list of medicines that had been prescribed for the person with the dosage and frequency but these records were not kept up to date. This can therefore lead to errors because the care plans contained information about medicines that were no longer prescribed for the person.

The 'Medication administration authorisation' form for one person indicated they were prescribed a blood thinner and an inhaler. The record of the inhaler indicated the person should have one or two puffs per day. The medicines administration record (MAR) charts for December 2017 indicated the person was administered the blood thinner and the inhaler. The MAR chart did not identify if the person received one or two puffs of the inhaler as indicated in the care plan. The MAR charts for January 2018 did not include any records for the blood thinner or the inhaler. We asked the deputy manager if they had information as to why the medicines were no longer listed on the MAR chart but they could not provide guidance so we asked them to check the current prescription issued to the person. At the time of the inspection the deputy manager was not aware the person had been prescribed a blood thinner but they confirmed they would check with the pharmacy to ensure the medicines were recorded as prescribed. This meant the provider could not ensure the person was receiving their medicines as prescribed.

The provider did not ensure that consistent records were maintained about medicines that were administered. The MAR charts for one person had not been completed each time medicines had been administered. We saw the MAR chart for January 2018 had only been completed to the 27 January 2018. The MAR chart had not been completed on the 14 and 17 January 2018 but the care workers had noted in the record of the visits for those days that medicines had been administered but had not recorded all the medicines they had administered.

At the previous inspection we saw the provider did not have risk management plans in place for risks identified during the person's needs assessment. During this inspection we saw these risk management plans were still not in place. These risks included use of a stoma bag, use of blood thinning medicines, increased risk of pressure sores, a history of urinary tract infections, skin integrity and epilepsy. We saw a general guidance sheet in relation to catheter care which the deputy manager explained should be in the folders in the person's home. The guidance sheet advised care workers to look for any abnormalities with the person's urine when emptying the catheter bag but these abnormalities were not explained so staff knew what to look for.

The local authority referral for one person indicated they should use a pressure relieving cushion and had experienced falls in the weeks prior to the start of the care package. The moving and handling risk assessment did not identify they had any history of falls and how the care workers could reduce the risk of the person falling again. The referral document also identified that the person required a pressure relieving cushion be used when seated but this was not identified in any risk management plan in relation to skin integrity. The local authority referral also stated the person may need support to use a stair lift which was installed in their home but the care plan indicated the care workers should support the person to use the stairs.

The moving and handling risk assessment for another person indicated they last had a fall in January 2017 but record sheets completed by the care workers showed that the person has had other falls that they had told the care workers about. This happened once in April 2017 and again in August 2017 with the care workers recording they could see that the person was visibly bruised on each occasion. The risk assessment had not been reviewed following each incident and a risk management plan had not been put in place to reduce the risk of further falls occurring.

This meant care workers were not provided with up to date information to reduce possible risks that people faced when they received care.

The above was a repeated breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014

During the inspection of 24 and 25 July 2017 we found the provider had recruitment processes but these were not always followed which meant appropriate information to assess if the applicant was suitable for the role was not always obtained. We found a breach of Regulation 19 and we asked the provider to send us an action plan to tell us how they were going to make improvements. The provider sent us an action plan indicating ongoing work would be undertaken to make improvements.

During this inspection we looked at the records of three care workers who had been recruited since the previous inspection. We found two applications forms still did not include a full employment history and the gaps were not discussed with the applicants and a record made during interview. We saw that appropriate references were still not sought from the applicants' previous employers in line with the provider's policy.

We saw the application form for one applicant identified their previous employers and gave the contact details of two people stating they both worked at the applicant's previous employer. Two references were obtained from the applicant's former supervisor who had left the employer and a friend of the applicant who still worked at their previous employer. One had been requested from a private email address and the other reference was obtained over the telephone. The quality assurance manager told us they had accepted these two references as being provided by the applicant's previous employer when they had not been sourced from them.

The references obtained for another applicant had been taken over the telephone with the comments recorded and the relationship between the person providing the reference and the applicant was not identified. There was no follow up email or letter to confirm the reference

This meant the provider had not requested references in line with their own procedure and they did not demonstrate they had carried out robust checks before deciding if the applicant was suitable for a care worker's role.

The above was a repeated breach of Regulation 19 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014

We asked people if the care workers arrived at their homes on time and if they were contacted when care workers were running late. Four of the five people confirmed the care worker did not always arrive on time and one person stated they did. Their comments included, "Generally speaking yes, otherwise it might be traffic problems. Well they contact me, I arrange with them and if they are over a certain amount late they ring me and let me know", "No. Four times a day. It could be the traffic I don't know. But I've had a lot of carers since the time I have been having visits. No the office doesn't contact me. It's not much good ringing anyway", "No. They haven't been on time since they came here. Well yeah if you have anyone on the phone. Weekends it's a job to have anyone on the phone", "They haven't been, that's only on the weekend. No I don't get contacted. On one Sunday she went sick and there was a couple of hours late, so we rang them up and they sent in an emergency. They forgot to replace her" and "That's a very bad point, no. I would say they're late nearly every day. Sometimes I am contacted by the office."

A relative told us their family member did not regularly receive care at the agreed time which resulted in them being in bed for more than 12 hours as they required the support of care workers using a hoist.

People we spoke with said care workers did not always stay for the full length of time and two people confirmed the care workers completed all the care activities before they left. Their comments included, "No they don't. They pull my stuff down my table and off they go. They never keep their time", "There is no absolutely agreed length of time they do what they have to do, but I have no complaints on the timing at all", "Not always no. Because they're always pushed for time and trying to make it up" and "Sometimes they go a little bit earlier but not until they have finished everything."

Care workers confirmed they felt they had enough time during a visit to complete the care activities and were sometimes delayed due to traffic when traveling between calls. Care workers told us, "I do have enough time to complete visits. I do not always have enough travel time because of slow buses on weekends and I request more travel time when necessary" and "Yes, most of the time."

The deputy manager explained care workers completed a weekly time sheet in relation to each person they visited which included all the visits they had scheduled as well as the ones they had completed. Each care worker also received a weekly rota identifying all their scheduled visits but we saw the times recorded on the time sheets did not always reflect those on the rota. During the inspection we looked at the rota for one care worker for the week of 20 November 2017 and that of second care worker for the week of 11 December 2017. We saw the travel time between some visits did not provide adequate travel time between the two locations. For example we saw one care worker had been given a five minute travel time between two evening visit but the locations were more than 10 minutes apart by car which was confirmed by the deputy manager. We also saw some visits did not have any travel time allocated between them. The rota for one care worker had one visit ending at 7.30pm with the next visit located 2 miles away starting at 7.30pm. We raised this with the deputy manager and they told us they would expect the person using the service or a relative to contact the

office if the visit was not at the agreed time. As the visit times identified on the rotas were often not the actual time the care worker visited the person to provide support it was difficult to confirm visits were carried out on time. This also made it difficult to identify if any other visits did not have enough time allocated for travel.

The above shows that the provider had not appropriately deployed staff to ensure people received visits at the time agreed with them and staff stayed the length of the visits as agreed with them.

The above was a breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014

The deputy manager explained the number of care workers allocated to each visit was based upon the information provided by the local authority and through the assessment of the person's support needs. If the person's care needs changed and they required additional support the local authority would be contacted to review the funding for the care package.

We saw care workers completed infection control training as part of their induction and were provided with personal protective equipment (PPE) including aprons and gloves to use when providing support.

When we asked if people felt safe when they received care three people we spoke with told us they felt safe, one person felt there had been improvements but one person stated they felt the care was not always safe in the way it was provided. Their comments included, "Oh perfectly. Well I have them four times a day. They get me up and make my breakfast; they make my lunch, afternoon tea and put me to bed. Well I just like the whole set up. They're very friendly and kind hearted", "Yes. Well they are confident and professional", "More so now, since they've fallen into line. They've been carrying out their duties", "Well if I didn't I would tell them. I don't particularly like the way they carry on. Well I know because everybody thinks when you get old you're an idiot but I know the way they act" and "The way they do the caring is not safe." A relative told us, "Yeah I do [think my family member is safe]. I'm here a lot and I have seen the way they interact with her and I don't think she would do that if she wasn't happy."

The provider had a process in place for the recording and investigation of incidents and accidents. During this inspection the deputy manager confirmed no incidents and accidents had been reported since the previous inspection. We saw records confirmed there were no incidents and accidents recorded.

Requires Improvement

Is the service effective?

Our findings

During the inspection of 24 and 25 July 2017 we saw new care workers had completed their induction training up to seven months before they started to provide care. New care workers did not complete shadowing visits in line with the provider's procedures and their competency was not assessed and recorded. In addition records were not completed for supervision meetings to confirm that these took place. We found a breach of Regulation 18 and we asked the provider to send us an action plan to tell us how they were going to make improvements. The provider sent us an action plan indicating improvements would be made by 13 January 2018.

The deputy manager explained the provider's policy was new care workers shadowed an experienced care worker for either one whole day or two half days once the criminal records checks had been completed. They could not work independently until they had completed the shadowing sessions and were assessed as competent in the care worker role. New care workers completed the Care Certificate during the six month probation period. The Care Certificate is an agreed set of standards that sets out the knowledge, skills and behaviours expected of specific job roles in the health and social care sectors. During the inspection we saw care workers now completed their induction training shortly before starting to provide care.

The shadowing records for one new care worker indicated their competencies in relation to the administration of medicines had been assessed when they were observed providing care for two people using the service. The deputy manager confirmed that both people the new care worker had visited did not have their medicines administered by the care workers and this was done by their family members. Therefore the shadowing record had been completed to show their competencies in regards to medicines administration had been assessed but this could not have occurred during the visits indicated as these people did not require support from the care workers with their medicines.

We saw the shadowing records for another new care worker stated their competency in relation to medicines administration and moving and handling could not be assessed as they had not completed the training. We saw a certificate in the care worker's folder showed they had completed the medicines management training four days before the first day of shadowing. The deputy manager also confirmed that the new care worker would have completed their induction training which would include moving and handling before the shadowing session. This meant the new care worker had not had a competency assessment completed during the shadowing visits for moving and handling. The shadowing record indicated the new care worker completed visits throughout the first day including evening visits. The deputy manager confirmed a medicine competency assessment form had been completed on the same day done through a role play exercise in the office. The deputy manager could not explain the discrepancies in relation to the new care worker completing their training to enable their competency to be assessed.

The records for another new care worker indicated they had completed one day of shadowing assessment nine days before they had completed their induction training. The deputy manager told us the provider's procedure was that the induction would be completed before any shadowing visits. This meant the care worker had not completed the induction identified by the provider as mandatory before their suitability for

the role, skills and knowledge were assessed during the shadowing visits.

This meant the provider did not always ensure care workers received suitable support to enable them to develop the required competencies to carry out their duties in a safe and appropriate manner.

The above was a repeated breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014

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 can only be deprived of their liberty so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. We checked whether the service was working within the principles of the MCA.

A mental capacity assessment form was completed as part of the initial support needs assessment to identify if the person was able to consent to the care being provided. We saw the records from the local authority for some people indicated that they experienced issues with memory loss and confusion but the mental capacity assessments identified there were no issues with their mental capacity to make decisions in relation to their care. For example we saw the mental capacity assessment for one person stated they had capacity but the care plan indicated the care workers were administering the person's medicines due to "short term memory loss". There was no record of a mental capacity assessment or a best interests decision in relation to the administration of medicines.

This meant people's care was not always being provided according to the principles of the Act.

The above was a breach of Regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014

Where the mental capacity assessment indicated the person could not consent to their care it was recorded on the care plan if they had identified a relative or representative who could sign documents and consent to care on their behalf.

The deputy manager explained an assessment of the person's support needs would be carried out either before the care started or during the first visit. When the provider accepted a care package the local authority or hospital provided information regarding the person's support needs which needed to be met during each visit. During the inspection we saw an assessment of support needs was carried out after the second visit had occurred. The information from the initial care package referral was used to provide guidance for care workers during the initial visits. The information from the care needs assessment and risk assessment document which was completed when a senior member of staff visited the person was used to develop the care plan which was reviewed after 14 days to ensure all the person's care needs were identified and amend the care plan if required.

The care plans identified if the person required support from the care worker with food and drink. The care needs assessment identified if the person had any special dietary requirements and food allergies. The assessment also identified if the person required support to prepare food, eat and if they had specific ways

of getting nutrition such as through a tube in their stomach. The care plans also included information on the person's preferred food for example one person's care plan described the two options for breakfast including how much sugar should be added to the porridge and what fruit the person wanted. Where care workers supported people with preparing meals the records that had been completed following each visit indicated food was provided and how many drinks the person had during the visit. The care workers received training on the safe handling of food and one care worker commented, "I have received training on preparing food for example the importance of asking the client what they want as well as making sure it is safe to eat the food."

The deputy manager told us if the care workers identified a change in the person's health they would inform the office so the person's relatives and the relevant healthcare professional could be contacted. The care plans included the contact details of the person's GP and any other healthcare professional involved in their care.

Requires Improvement

Is the service caring?

Our findings

Two people told us they were happy with the care they received from the service but two people were not totally happy with their care. They commented, "No. I don't mind the people but they're no good as carers" and "Not at the moment no", "The ones we got at the moment yes. Especially during the week. [Care worker's name] is absolutely brilliant. Some of the girls are only here five minutes and then they're away." A relative confirmed they were happy with the care their family member received.

We received both positive and negative comments from people when we asked if they felt the care workers were kind and caring. Most people felt the care workers were nice and one person told us they had concerns in relation understanding the care workers. Their comments included, "Very much so. Well just the general attitude, it's them helping me not me helping them", "Oh they're kind and caring but they're not sure what to do. They may know English but they don't speak it or they don't understand me" and "They are kind natured people. But about caring I wouldn't like to say. Most of them are." The negative comment we received was "They're quite nice people but I wouldn't say they're caring. And the time [keeping] is atrocious." A relative told us, "Yes. I think the only issue we had was one of the carers who swore a lot and in front of my family member but I addressed that and it was okay after that."

People told us they were regularly visited by the same care workers and they got to know them but there was sometimes a problem at the weekends. They said, "Well basically speaking I get the same one or two all the time. Since I came out of hospital I think it was January last year", "Oh no I get the same ones most of the time. It's normally the days off and weekends when there is a problem" and "No it's quite often the same." A relative also confirmed the continuity in care workers visiting their family member but they did not get to indicate a preference to the gender of the care worker. They said, "They were the same actually. Wherever possible I wanted them to stay the same. She was delighted to see the same people when she came."

We asked people if the information they received from the service was clear and easy to understand. People told us care workers completed a book to record their care but it provided limited information. They said, "I don't get any information. They write in their book in the kitchen and keep it in the kitchen. You're supposed to be able to have that done in your room. I never read it because it's never in this room" and "No. Because they speak very fast and I can't understand what they're saying. The office staff. Half the time I don't seem to know where the carers are. They should know what route they're doing." A relative commented, "They did have a book which they were required to write in but there wasn't a great deal of information in there. That could have been better."

People told us they felt the care workers treated them with dignity and respect when they provided care and support. Some of their comments included, "Well, we get by alright", "They're not unkind to me at all", "They do indeed. They all do" and "Yes. Well when I'm undressed they come with a towel and try and keep me as covered as they can." The relative we spoke with supported these comments.

Care workers told us how they ensured people's dignity was maintained then they provided personal care by asking for the person's agreement to the care and involving them. One care worker explained, "I ensure

the clients' dignity is maintained by allowing them to make their own decisions and ensure privacy by closing the door when dealing with personal care."

People confirmed they felt the care workers helped them maintain their independence whenever possible when providing care. They said, "To a certain amount yes. Well because they wash me and wash parts I can't reach. If I want to wash my face or something I say I want to do that" and "Yes definitely. I couldn't get up on my own, I need their help to get me up and get me on my wheelchair so I can get through the day." We saw the care plans identified when the person required support from the care worker and when they were able to complete an activity without additional support.

The deputy manager told us each person was given a 'Service User Guide' when the care package started. This document included the aims and objectives of the organisation, a list of rights for the person using the service and how the provider monitored the quality of the care provided. The guide included the contact details for the CQC and the local authority multi agency safeguarding hub so they could contact them if they had any concerns about a person's care.

The care plans we looked at identified the person's cultural and religious needs as well as providing care workers with information about the person's background and family. The care plans also included a list of outcomes to be achieved through the care being provided. These outcomes included supporting the person to be hydrated and nourished, to reduce falls and prevent isolation. How these outcomes could be achieved and who would be involved was also identified. This meant care workers had information so they were aware of people's cultural or religious needs, background and outcomes of care to make sure they could meet all of people's needs.

Requires Improvement

Is the service responsive?

Our findings

Care plans did not always provide accurate and consistent information for care workers to identify how they should provide appropriate care for the person. The care plan for one person indicated the care workers needed to support the person with catheter care, when the person had not had a catheter for more than five months. The care plan and risk assessments in relation to continence care and skin care management had not been updated to identify the changes to the support the person required. Therefore care workers were not provided with up to date information regarding the person's care needs.

We also saw emails for this person which had been sent to the local authority which indicated they had experienced a health issue which caused their care needs to be affected. We reviewed the records of visits completed by care workers for the same period of time as this concern was being raised and they made no mention of the issues reported to the local authority. This meant the records of care did not reflect the person's experience and support needs during this time.

The care needs assessment and risk assessment document indicated another person was unable to communicate verbally and care workers should use "gestures and signs to communicate." There was no specific guidance for care workers as to what gestures and signs were best to use when providing care and to meet the person's support needs. This meant the care plan was not written in a way to help care workers provide person centred care.

The needs assessment identified that another person needed the care worker to prompt them to take their medicines but the visit record sheets regularly used the terms assisted or given medicines when referring to the action taken by the care worker. This meant it was not clear if the care workers were prompting or administering the medicines.

The visit times recorded on the care plans did not reflect the times the person preferred their care visits to take place. The deputy manager told us the times recorded were those provided by the local authority as part of the information relating to the care package. The person was not asked if they were happy with the visit times and if they had indicated they preferred a different time to meet their care needs, it was not recorded on the care plan. This meant the provider could not ensure people were receiving their visits at the time which was most suitable for them.

When asked if care workers completed all the care activities planned for each visit and met their support needs, three people confirmed they usually did and one person told us they did not always complete all the care required. Their comments included, "Well yeah most of the time except when they're in a hurry. They make sure I'm comfortable, make sure I'm clean and I have had a bit of breakfast" and "Yes. They always ask if there's anything more they can do."
The above was a breach of Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The care plans identified the support each person required and how they wished this support to be

provided. The care plans included detailed information on where the person preferred to receive personal care, how they wanted their care provided and food preferences. The care plans did not include information about the person's end of life wishes. The deputy manager explained that they were not providing support for anyone requiring that stage of care.

People we spoke with told us they knew how to make a complaint. Their comments included, "Well I'm in constant touch with their office. No, I haven't made a complaint before", "Sometimes I do. But I do it mostly with the carers. If I don't like something I tell them. They're alright. Sometimes they're in such a hurry they forget little things, like leaving a box of tissues" and "Well I would just write to the office with a complaint." The relative commented, "I always contacted the manager and he would always come around and we would always speak in front of my family member and invariably it was resolved then."

During the inspection we saw the records for one complaint relating to late visits and the records showed an investigation was completed and the registered manager had spoken with the care worker to discuss the issues. The deputy manager explained there was another concern that they were waiting to find out from the local authority if it would be treated as a safeguarding concern or complaint. We saw there were records of investigations that had been carried out in relation to this concern.

Inadequate

Is the service well-led?

Our findings

At the inspection of 24 and 25 July 2017 we found the provider did not ensure records relating to the care provided to people were complete and contemporaneous for each person. The provider did not have a robust system in place to monitor the quality of the service provided. We issued a warning notice in respect of this telling the provider they must make improvements by 22 November 2017.

During this inspection we saw that the provider had introduced systems to monitor the quality of the services provided but these were not that effective or robust as the systems had not identified areas that required improvement and if they did, the provider did not take action in a timely manner to make the necessary improvements.

The deputy manager told us each month they checked a selection of records completed by the care workers following each visit. They explained they only checked to ensure the care workers had made a record for each visit and no visits were missed. During the inspection we looked at the records of care that had been completed as we saw some of these had been completed in pencil and blue pen which was not in line with the provider's policy of using black pen. We also saw some of the records had been written in such a way that they could not be understood due to the handwriting. We also saw occasions where the care workers had recorded important information, such as when a person had reported a fall, but this had been identified through the audit as the fall had not been reported to the office.

The MAR charts were also checked monthly and we saw the audit did not identify where information related to the administration of medicines was not included on the MAR chart. We saw the audit of MAR charts identified the reason for some of the missing information where the records had not been completed in full but other areas had not been investigated. Also the information recorded on the MAR audit did not reflect other records and the anomalies had not been noted as part of the audits so these could be checked. For example the audit indicated a MAR chart showed medicines had not been administered as there was no stock of them in the person's house but the care workers had recorded in their notes they had administered the medicines.

Telephone monitoring calls were completed monthly with each person using the service to obtain feedback on the quality of the care provided. Any issues identified from these telephone calls were recorded in a document. We saw similar issues were identified from the same people over a number of months. We saw some actions were identified in relation to the issues raised but these did not indicate when they would be completed by and who was responsible to undertake the action. This meant there was no record to ensure action was taken to reduce the risk of reoccurrence and to improve the care provided.

Quality monitoring checks were also carried out quarterly which also included a check of the person's support needs to identify if any changes had occurred. We saw the quality monitoring record completed in February 2018 for one person showing they provided positive feedback regarding the care they received. But in relation to changes in the person's support needs it stated none had occurred although the information on the MAR chart showed the medicines prescribed had changed.

The provider did not have a robust system in place to monitor care workers were attending visits at the scheduled time and staying for the agreed length of time so they could make appropriate improvements where required. We saw the visit times recorded on the care plan often did not match the times recorded on the rota or by the care worker when they completed the records of care for each visit. Care workers completed a time sheet for each person they visited to record the time they arrived and left the person's home. We saw these time sheets had a section for the person to sign to confirm the times but this was often left blank or the care worker recorded the person was unable to sign. We reviewed the care plans for two people whose time sheets stated they were unable to sign and we saw each person had signed their care plan. The deputy manager explained the visit time they recorded on the care plan was often the one provided by the local authority and was not the one agreed with the person receiving the care and agreed the care records had not been updated to reflect this.

The quality assurance manager explained they did not check to ensure the planned visit times were consistent across the care plan, rota, record of the visit and timesheets. For example we saw the care plan and rota for one person indicated the planned visit time for the morning visit should the at 9am but the care worker's time sheet stated they visited at 6am with the record of care showing the visit started at 6.50am.

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

We asked people and relatives of people using the service their views on the service and if they felt it was well-led. They gave us both positive and negative feedback which included, "No I don't", "It appears to me to be very well run. It satisfies my requirements", "Not really. Well I'm a big head because I know things. You can tell when something is not well run" and "Yeah I think it runs quite smoothly."

People told us they knew who to contact at the office if they had any questions. Their comments included, "Well you ring the manager", "Yes I have the office telephone number" and "I know to contact the owner. I think as far as I know there are only two of them."

The care workers we spoke with confirmed they felt the service had an open and fair culture as well as being well-led. They also told us they felt supported by their manager. The deputy manager told us there were regular care worker meetings held and we saw the minutes from three meetings held during 2017. There was a care worker handbook which was given to new staff when they started. The handbook included information on the policies and procedures for the organisation, the way care workers should act when providing care, whistleblowing policy and the responsibilities of care workers.

In addition to the monthly telephone calls to people to get feedback on the service provided the quality assurance manager told us a questionnaire had been sent out during December 2017. We saw the majority of feedback from people was positive about the service and the results were being analysed.

The deputy manager explained there was a good working relationship with the local authority and they had attended meeting with them. The local authority which commissioned the care packages from the service had carried out a quality assurance monitoring visit in December 2017 which identified areas they saw as good practice and where improvements were required.