Mrs Ifeoma Nwando Akubue

Nwando Domiciliary Care

Inspection report

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Tel: 02031769464

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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

This inspection took place on 16 January 2019. We informed the provider 48 hours in advance of our visit that we would be inspecting. This was to ensure there was somebody at the location to facilitate our inspection.

Nwando Domiciliary Care is a domiciliary care service that provides personal care to people with learning disabilities, autistic spectrum disorder, dementia, physical disability, sensory impairment and older people in their own homes. Nwando Domiciliary Care is owned and managed by Mrs. Ifeoma Nwando Akubue. Hence, there is no requirement for a separate registered manager. We have referred to her as the provider.

Not everyone using Nwando Domiciliary Care receives a regulated activity; CQC only inspects the service being received by people provided with 'personal care'; help with tasks related to personal hygiene and eating. Where they do we also take into account any wider social care provided. At the time of this inspection, the service was providing personal care to 21 people.

The service was last inspected on 6 August 2018, where we found the provider to be in breach of the regulations in relation to safe care and treatment, safeguarding, staffing, fit and proper persons employed, good governance, and notifications of incidents. We also made three recommendations in relation to the Mental Capacity Act 2005, personalised care plans and end of life care. The service was rated Inadequate and was therefore in 'special measures'. We served the provider with Warning Notices where we specified actions that the provider was required to take by a set date. 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 safe, effective, caring, responsive and well-led to at least Good.

At the inspection on 16 January 2019, we found the provider had made some improvements and were no longer in 'special measures'. We found that the provider had followed their action plan, based on our Warning Notices, which was to be completed by the 16 November 2018, and we found that the provider had addressed the breach of the regulations in relation to safe care and treatment, safeguarding, staffing, fit and proper persons, good governance and notification of incidents. However, we found the service was still in the process of implementing effective systems and processes to assess, monitor and improve the quality and safety of the service and hence, the service was rated Requires Improvement. This is the third time the service has been rated Requires Improvement or Inadequate.

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eating. Where they do we also take into account any wider social care provided. At the time of this inspection, the service was providing personal care to 21 people.

People told us they felt safe with staff and that staff mostly arrived on time. The provider was in the process of reviewing and updating people's risk assessments to ensure all risks to people were assessed and mitigated. People's medicines needs were met by appropriately trained staff. However, not all staff had their medicines competency assessed every year as required by the National Institute for Health and Care Excellence. Staff were knowledgeable about risks to people and how to provide safe care. The provider had systems and processes in place to safeguard people against abuse. The provider followed safe recruitment practices to ensure sufficient and suitable staff were employed to meet people's needs safely. Staff followed appropriate infection control practices to prevent the spread of infection.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice.

People's needs were assessed and met by staff who were trained appropriately. People told us staff met their healthcare needs. All new staff had received induction training and shadowed existing staff before they started working on their own. All staff were provided with refresher training that enabled them to provide effective care. Most staff received regular supervision and an annual appraisal. Where requested, people were supported with their dietary needs and to access healthcare services.

People and relatives told us staff were caring and helpful, and treated them with dignity and respect. The provider ensured continuity of care by ensuring people were supported by the same team of staff. Staff were knowledgeable of and met people's cultural and spiritual needs, and these were recorded in their care plans. People were involved in the care planning process and made decisions regarding their care and support as far as possible. Staff supported people to remain as independent as they could be.

People's care plans were personalised, detailed how they liked to be supported, and were regularly reviewed. People, and their relatives where necessary, were involved in their care reviews. Staff told us they found care plans useful and were promptly informed of any changes to people's needs. The provider had systems in place and trained staff on how to support people on end of life and palliative care. People and relatives knew how to make a complaint and they told us their complaints were addressed in a timely manner.

Staff were trained in equality and diversity, and told us they supported people without any discrimination. The provider encouraged lesbian, gay, bisexual, transgender people to use the service.

People and relatives told us they were happy with the service and spoke positively about the provider. Staff told us they felt well supported. People, relatives and staff's feedback was sought to continuously improve the service.

The provider had reviewed and updated their monitoring and auditing systems and processes to enable them to evaluate the safety and quality of the service. As they had recently been introduced we could not fully assess their efficiency.

The provider worked with the local authority and healthcare professionals to improve the quality of the service.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement

The service was not consistently safe.

The provider was in the process of reviewing and updating all people's risk assessments to ensure risks to people were appropriately assessed and mitigated.

People's medicines were managed by staff who were appropriately trained. However, not all staff had their medicines competency assessed.

People told us they felt safe with staff and they generally arrived on time. There were sufficient and suitable staff in place to meet people's needs safely.

Staff were trained in safeguarding and knew how to safeguard people against harm and abuse.

Staff followed appropriate procedures to prevent the spread of infection.

The provider had systems in place to learn lessons when things went wrong.

Is the service effective?

Good

The service was effective.

People's needs were assessed before they started receiving care and they told us staff met their needs.

Staff received induction and relevant regular training to meet people's needs effectively. The provider was in the process of ensuring all staff received regular supervision and an annual appraisal.

People's dietary needs were met when the support was requested.

Staff supported people to access healthcare services where necessary.

The provider delivered a service in line with the Mental Capacity Act 2005.

Is the service caring?

Good

The service was caring.

People and relatives told us staff were caring and helpful. They were mainly supported by the same team of staff.

People, and their relatives where requested, were involved in the care planning process and told us they felt listened to.

People told us staff respected their privacy. Staff were trained in dignity and respect, and knew how to provide care in a dignified way.

Staff met people's cultural and spiritual needs, and encouraged them to remain as independent as possible.

Is the service responsive?

Good

The service was responsive.

People told us they received personalised care that was responsive to their needs. Staff provided care that met people's likes and dislikes.

The provider had reviewed and updated people's care plans, and introduced a new person-centred care plan. People's care plans were comprehensive and regularly reviewed.

Staff members told us that they respected people's sexual orientation so that lesbian, gay, bisexual, and transgender people could feel accepted and welcomed in the service.

People and relatives knew how to make a complaint and told us they were satisfied with how their concerns were addressed.

The provider had systems in place to support people with their end of life care needs.

Is the service well-led?

Requires Improvement

The service was not consistently well led.

The provider had made several improvements to their monitoring and evaluation systems to enable them to have a better overall sight of the management of the service. However,

as the new systems that had been introduced recently had not been fully embedded in the service, we were not able to fully assess their efficiency.

People and relatives told us they were happy with the service and found the provider approachable.

Staff told us they felt supported and that the service was well managed.

Nwando Domiciliary Care

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This comprehensive inspection took place on 16 January 2019 and was announced. We gave the provider 48 hours' notice of our visit to ensure they were available to talk with us when we visited. The inspection was undertaken by two inspectors.

Prior to our inspection visit, we reviewed the information we held about the service including any statutory notifications. A statutory notification is information about important events which the provider is required to send us by law. Due to technical problems, the provider was not able to complete a Provider Information Return form. This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make. This inspection was informed by the feedback from the local authority.

During our visit to the office we spoke with the provider, the care coordinator, the human resources and finance officer, and four care staff. We reviewed seven people's care files including their care plans, risk assessment, care reviews, medicines administration records, and daily records so we could see how their care and support was planned and delivered. We also reviewed nine staff files including their recruitment, training and supervision records, and records related to the management of the regulated activity.

Following our inspection visit, we spoke to two people who used the service and two relatives. We reviewed documents provided to us after the inspection. Some of these included a training matrix, missed and late visit logs, updated care plans, and internal audits.

Requires Improvement

Is the service safe?

Our findings

At the last inspection on 6 August 2018, we found the service was not safe. The provider did not operate effective systems and processes to prevent and protect people from abuse. Risks to people were not always assessed and mitigated in a timely manner before providing care to people which then put people at risk of avoidable harm. The provider did not safely manage people's medicines and did not ensure staff were suitably trained and competent. Appropriate recruitment checks had not been carried out to ensure the staff that were employed were of good character and safe to work with vulnerable people. Following the inspection, the provider sent us an action plan that showed the actions they would take to address the breaches.

At our inspection on 16 January 2019 we found the provider had followed their action plan and was compliant with our Warning Notices served in relation to the breaches of Regulations 12 and 19 described above.

Although the provider had made some improvements, they were still in the process of applying the improvements across the service to ensure all people received safe care. Hence, the safe domain has been rated Requires Improvement.

Since the last inspection, the provider followed appropriate safeguarding procedures to alert safeguarding concerns to the local authority. Records confirmed this. The provider told us they had reviewed their record keeping around safeguarding to ensure it detailed the referrals, investigation notes, actions taken, outcomes and lessons learnt. These records were maintained on the computer and they were in the process of filing them in the safeguarding folder. This was to ensure they were easily accessible for all the authorised office staff. Records confirmed this.

The provider demonstrated a good understanding of their responsibility and actions they needed to take to ensure people were safeguarded against abuse. For example, the provider told us the actions they had taken in relation to the most recent safeguarding concern. They told us, and records confirmed, that they had safeguarded the person by suspending the staff member pending an investigation. Their investigation showed a misunderstanding between the staff member and the person who used the service, and the actions taken to discipline the staff member. The provider had contacted other people who were supported by the same staff member to ascertain if they had any concerns, and had implemented frequent unannounced spot checks to make sure the staff member was supporting people safely. Records confirmed this. This showed the provider had followed appropriate safeguarding procedures.

The provider had reviewed and updated people's risk assessments that we had asked them to as per our Warning Notice. All risks to people were appropriately identified, assessed and mitigated to ensure they received safe care. Risk assessments covered areas such as the environment, personal care, moving and handling, nutrition and hydration, skin integrity, medicines and falls. For example, a person was assessed as having mobility difficulties. The risk assessment identified what equipment was required, the number of staff to help them with their daily living activities, and the person's moving and handling plan. The plan

instructed staff on how to support the person safely whilst using their profiling bed, bed rails, the hoist and slings.

There were also detailed guidelines on how to support people safely with their health conditions that posed risks to people's health such as diabetes, epilepsy and stroke. For example, one person was identified with type two diabetes. Their risk assessment gave staff detailed information on the person's condition and how to safely manage their condition. Their risk assessment also stated the signs of low blood sugar levels that staff should look out for and actions they needed to take if they noticed any signs of concerns. This showed staff were provided with sufficient information on how to safely meet people's individualised needs.

Since the last inspection, the provider reviewed and updated medicines assessments and support plans for people who required support with their medicines. Records confirmed this. People's medicines needs were clearly recorded in their medication support plans and gave instructions to staff on how to safely manage people's medicines. People's care plans recorded prescribed list of medicines with details on the dosage, time, frequency and the packaging. This information was to enable staff to administer right medicines on time and without any errors.

People's medicines administration record (MAR) charts were mostly appropriately completed. However, we found there were some gaps and staff did not always record reasons when the medicines were not administered, refused or administered by the relatives. The provider had identified these gaps during the MAR audits and told us they had retrained staff who made those recording errors. This showed there were systems in place to investigate gaps and errors found in MAR charts and actions were taken to prevent errors from occurring again.

People received medicines by staff who were appropriately trained. The provider had recently started assessing all new staff's competency to ensure they followed safe medicines administration practices. Records confirmed this. However, not all existing staff had their medicines competency assessed every year as required by the National Institute for Health and Care Excellence guidelines. The provider told us they were in the process of assessing all staff's medicines competency and had scheduled dates to carry out 'medication observation visits' for the existing staff.

Most people either self-administered medicines or were supported by their relatives in relation to medicines management support. One person said, "I manage my own medicines." However, some people who were supported with medicines management told us they were satisfied with the support. One person said, "[Staff] give me medicines on time, in the morning and in the afternoon." A relative said, "[Person who used the service] was able to take her medicines by herself. However, nowadays, where she forgets to take them, staff administers medicines on time." Another relative commented, "Staff give [people who used the service] medicines on time and in a safe manner."

Since the last inspection the provider reviewed all the staff files that we had asked them to as per our Warning Notice. Staff files contained the required recruitment paperwork to indicate staff had been assessed as safe to work with vulnerable people. The files of all the new staff who had started working since the last inspection contained the required recruitment, identity, right to work in this country, reference and criminal records checks. This showed the provider followed appropriate recruitment procedures to ensure people were supported by suitable staff.

People and relatives told us staff generally arrived on time. They further said that if staff were running late someone from the office would usually contact them or their relatives to inform them. One person commented, "[Staff] come on time, but I tell them not to worry if running a bit late, you never know with the

traffic." Another person told us, "Oh yes, more or less [staff are] on time." One relative said, "Most of the time [staff] arrive on time." A second relative told us, "Yes, they arrive on time."

Staff told us the care visits were well scheduled, they had sufficient travel time between care visits and that they did not feel rushed. A staff member said, "[The provider] plans calls very well, she doesn't like us running late. She looks at the map and works out how to allocate care calls. She would leave whatever she is doing, will drive us there [people's homes], drop you off and pick us up." Another staff member told us, "If I am running late for a visit, my first call is to call the office and notify them straight away that you are running late. The office will notify the client and come back to you to let you know what you have to do. For now, it is doable, because the clients are local and I drive."

People and relatives told us the service was safe and they felt safe with staff. One person said, "Yes, I feel safe with [staff]." Another person told us, "Well at the moment I have had the carer [staff member] for a while and feel very safe with her." One relative commented, "Yes, [staff] are safe. I don't worry about [person who used the service] being left on her own with them." A second relative told us, "Yes, [person who used the service] is safe with [staff]."

The provider trained staff in infection control practice and staff followed appropriate procedures to protect people from the spread of infection. Staff told us they were given enough personal protective equipment including gloves, aprons and where requested, shoe covers.

The provider had procedures in place to report, record, investigate, learn and share lessons from accidents and incidents. The provider told us learning lessons from mistakes was important to minimise their recurrence and they shared the learning with their team via staff meetings and supervisions. The provider further said, "It is about transparency and honesty, learning from mistakes and putting actions in place to prevent them from happening again." Staff demonstrated a good understanding of their role in reporting and recording incidents. One staff member said, "I would inform the office and take advice from them. [Where necessary] I would call the ambulance 999, then call the office."

The provider maintained an incidents log and it showed there had been two incidents since the last inspection. Incident records contained investigation notes, actions taken and outcomes. The records showed the provider had taken appropriate actions to ensure people's safety. However, the provider did not always record lessons learnt as part of the process. The provider told us moving forward they would record lessons learnt to ensure they were easily accessible and for a better audit trail.

Good

Is the service effective?

Our findings

At the last inspection on 6 August 2018, we found the service was not consistently effective. Staff were not always provided with regular support and supervision, and induction and sufficient training to provide effective care. The provider did not always verify whether the relatives that made decisions on people's behalf were legally appointed to represent them. During this inspection we checked to determine whether the required improvements had been made. We found the service had made sufficient improvements.

Since the last inspection, the provider had delivered refresher training to all their staff and told us they had scheduled training dates for staff who had missed out on the last round of refresher training. Training records confirmed this. Staff told us they felt the training was good. One staff member said, "Training is good. I feel confident in my job." A second staff member told us they found training helpful and was given opportunities to take on additional training. They said, "If any support or extra training we need, [the provider] provides it. I just finished NVQ level 3." A third staff member said, "In my case I have a wealth of experience of doing this, so training and additional training is always good, more effective and for client [person who used the service] and my benefit. We did a whole range from manual handling, safeguarding, health and safety, infection control, first aid, all within last 12 months. This training has kind of reinforced with what I've been trained, for example using the right equipment to remove the risk to client of falling."

All new staff had received induction training and where staff did not have a level two qualification in health and social care they were asked to complete the Care Certificate training. Records confirmed this. The Care Certificate is a set of standards that social care and health workers use in their daily working life. A staff member who had started working since the last inspection told us they were provided with a detailed induction training before they started working. They commented, "I have done my training, they told me that I had to finish off my training before I start to work. I did safeguarding, health and safety, food hygiene, medication training." All new staff were provided with a one-week induction followed by shadowing an existing staff member before they started supporting people on their own. A new staff member commented, "Before I started working, I shadowed other staff, and [the provider] and [human resources officer] observed me on how I was performing." There were shadow observation records that confirmed new staff had successfully passed the shadowing period before they could work on their own. The provider also trained staff in areas that enabled them to meet people's specific health related needs such as diabetes, prevention and management of falls, management of epilepsy, dementia and challenging behaviour. Records confirmed this.

Since the last inspection, the provider had scheduled one to one supervisions with staff to make sure they were provided with regular formal support and supervision to enable them to do their jobs effectively. Supervision records showed most staff had received one to one supervision and for other staff, supervision dates had been scheduled in. Staff told us they felt supported in their roles and that they did not have to wait for a scheduled supervision if they needed any support or help. A staff member told us they found supervision and appraisal sessions useful. They said, "Yes, it was helpful, it gave me the opportunity to explain some of my observations. An opportunity to talk about everything, from training to your personal development needs." The provider had scheduled appraisal dates for staff who had completed one year of

service and some staff had received annual appraisal. Records confirmed this.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. We checked whether the service was working within the principles of the MCA.

Since the last inspection, the provider had contacted people's relatives to ensure they had necessary documents that confirmed they were legally appointed to make decisions on people's behalf. This was to ensure decisions made on behalf of people were made in their best interests by relatives or friends who had legal powers to do so. Records confirmed this.

The provider assessed whether people had capacity to make decisions regarding their care and treatment before they started using the service. This information was clearly recorded in people's care plans to enable staff to support people appropriately. People's care plans instructed staff on how to encourage and support people to make decisions regarding their daily living activities.

People and relatives told us staff asked their consent before they provided care and gave them choices. One person said, "[Staff] always ask me before helping me." A relative said, "Staff do ask [person who used the service] how she wants to be supported." Another relative commented, "[Staff] do give them [people who used the service] choices."

Staff demonstrated a good understanding of the MCA principles, people's right to choice, and the importance of seeking people's permission before providing care. Their comments included, "You treat everybody as you would treat somebody with capacity", "I bring two dishes out and ask [person who used the service] what she would like to eat, and she chooses. Yes, would give choices to people who lack capacity, use different ways to communicate with them" and "I give them choices, encourage them to choose, for example what drink do you want to drink, what sandwich you want to eat, what cereals you would like to eat, what kind of yoghurt you want to eat." This showed consent to care and treatment was sought in line with the legislation and guidance.

People and relatives told us their needs were met and they found staff appropriately skilled. One person said, "[Staff member] is very good and very nice. Yes, she is trained and skilled. Oh yes, my needs are met. She helps me with washing." Another person told us, "They come at 7.30 in the morning and wash me, cream me and get me dressed in clean clothes, every morning." Relatives' comments included, "Yes, [person who used the service] needs are met and [staff] are well trained. They know how to support her" and "Yes, [staff] meet [people who used the service] needs. Yes, think they are appropriately trained."

The provider assessed people's needs, abilities and choices which enabled them to achieve effective outcomes for people. At the time of referral, the provider assessed people's needs to ensure the service could meet people's needs and enabled them to identify staffing numbers and training needs. The provider visited people's homes and met their relatives where necessary and contacted relevant healthcare professionals so as to understand people's medical and emotional needs, physical and personal care, continence needs and abilities, medicines, dietary requirements, communication, and spiritual and cultural beliefs. Records confirmed this.

People told us they were happy with the dietary support they received. One person said, "[Staff] do my breakfast, they warm up my lunch meals and make sandwiches of my choice for tea time." Most people's

nutrition and hydration needs were met either by themselves or by their relatives and these were clearly captured in people's care plans. Where people required support with their dietary needs, their needs were assessed and their support plan instructed staff on how to meet those needs effectively. For example, in one person's care and support plan under their food likes and dislikes, it stated "I like English foods, ham and cheese or corn beef sandwiches, tomato soups, shepherd's pie, shredded wheat, corn flakes and porridge. I dislike spicy food." The care plan instructed staff to support the person with their breakfast, lunch and dinner time meals. It also stated, "I need support with my fluid intake. I like my tea and other beverages throughout the day left ready for me placed on my side table, I drink with a straw." This showed people were supported effectively with their dietary needs.

People were mainly supported by their relatives to access healthcare services. However, the provider had systems in place to support people who required help with booking and attending healthcare appointments, and liaising with healthcare professionals. We saw there were healthcare professionals' records and copies of correspondence in some people's care files where this support was provided. For example, there were emails from the provider to the local authority and the district nurse team that stated the change in the person's needs and requested an urgent intervention to meet the person's health needs. On the day of our inspection, we noticed that the provider contacted the district nurse team and the local authority to request an urgent assessment of needs for a person who was at risk of developing pressure sores.

Good

Is the service caring?

Our findings

At the last inspection on 6 August 2018, we found the service was not consistently caring. People did not continuously receive person-centred care as they were not always supported by the same team of staff. During this inspection we checked to determine whether the required improvements had been made. We found the service had made sufficient improvements.

Since the last inspection the provider had tried to ensure that people were supported by the same staff. People confirmed that they were generally supported by the same team of staff. One person said, "I know the carers very well, they have been with me for a very long time." A relative told us that their family member was supported by the same staff. They said, "I am pleased the same carers support my [relative] as she doesn't like changes, having different carers stresses her out." People's care plans recorded where the continuity of care was paramount to their care outcome. One person's care plan stated, "I like continuity in my care and to see the same face, I dislike seeing too many different care staff in my home."

Staff rotas showed people were usually supported by the same team of staff. Staff told us they were mainly allocated to support same people and at times they supported other people when their main staff were on leave. One staff member said, "I have been working here since last May and have been supporting the same people since then. It does help with getting to know them better." Another staff member commented, "I started working in December 2018 and have had three regular clients [people who used the service] since."

People told us staff were caring, helpful and that they listened to them. One person said, "[Staff member] is kind and helpful. We have conversations and have a laugh. Yes, she listens to me." Another person told us, "Carers are lovely and oh they are very nice." A relative said, "They are caring and friendly." Another relative commented, "They are friendly. They do listen." Staff spoke about people in a caring way and knew how to provide person-centred care. One staff member said, "The clients [people who used the service] we have they are quite lovely. I am really enjoying it [working here]. [Person who used the service] is lovely, she likes talking and attention as she can be quite lonely. We talk and have a laugh."

People and their relatives told us staff treated them with dignity and respect. A person said, "Oh yes, she treats me with dignity and respect, she is good that way." One relative said, "[Staff] are respectful towards [person who used the service]. They do respect her privacy and dignity." Staff were trained in dignity and privacy. Staff spoke about people in a respectful way and gave us examples of how they ensured people's dignity was maintained. One staff member said, "When giving them personal care, make sure the door is closed, covered appropriately, clients [people who used the service] have the right to say how to be supported, meet their individual needs, explain how to support them." A second staff member commented, "I talk to them with respect and show them I really care for them, and whatever I support I provide I do it in a respectful way." This showed staff respected people's privacy and provided care in a dignified way.

The provider involved people and their relatives where required in the care planning process. People and the relatives told us they were asked for their views in relation to their care and support. A person said, "Oh yes, I am involved in my care. I tell them how I want to be supported." One relative commented, "Yes, I have

been part of the meeting where we discussed my [relatives] care needs." The provider told us staff encouraged people to tell them their views about their care and how they liked to be supported. A staff member said, "The more clients [people who used the service] are involved in their own personal care the easier it is for you and for improving the quality of their life. It is better for them to understand what you are offering so you can work out the balance. I always communicate with my clients, seek their opinion. Constant communication is key when caring for people."

People were asked about their cultural, religious, spiritual and gender preference of care needs and these were recorded in their care plans. For example, one person's care plan stated they liked going to their preferred place of worship every Sunday and required one staff member to accompany them. The staff member who supported this person confirmed their spiritual needs. Staff knew people's cultural, religious and gender preference for their care needs and were knowledgeable about how they would like to be supported. People were asked for their dietary needs and were supported by staff to meet those needs. For example, one person preferred culturally specific meals, this was recorded in their care plan and the person was matched with staff who could cook their cultural meals. Records confirmed this.

Staff supported people to remain as independent as they could. One relative said, "[Staff] do help [person who used the service] to remain independent. They encourage her to do things by herself wherever she can. Her independence is very important to her." The provider told us they were re-educating staff on how to encourage and enable people's independence even if it meant it took them a bit longer to support them. The new care plans included instructions for staff to follow to ensure people's independence was promoted wherever possible. For example, one person's care plan stated, "I will get dressed in my bedroom, I will tell you what I wish to wear for the day I will need support with dressing (2 carers). I can manage my own oral hygiene and manage my hair myself." Staff told us they respected and promoted people's independence. One staff member said, "I encourage [person who used the service] to use her Zimmer frame to mobilise around her house." Another staff member commented, "By including them [people who used the service] first of all in whatever that decision maybe and encourage them to participate in the plan [care plan]. For example, I got a client, [who had] had a stroke, I let them do as much as possible for themselves."

Good

Is the service responsive?

Our findings

At the last inspection on 6 August 2018, we found the service was not consistently responsive. The provider did not always develop people's care plans following the initial needs assessment. Not all people's care plans reflected their preferences and they were not always person-centred. People's care plans were not always updated following their care reviews. The provider did not train staff in end of life care and did not have effective systems in place to support people with their end of life care needs. During this inspection we checked to determine whether the required improvements had been made. We found the service had made sufficient improvements.

Since the last inspection, the provider reviewed and updated people's care plans that we had asked them to as per our Warning Notice. The care plans now detailed instructions for staff to follow to enable them to meet people's personalised needs. The provider ensured that people's care and support plans were developed following the needs assessment process. Records confirmed this. The provider had introduced a new care plan that was person-centred, it reflected people's preferences, and detailed the support they required. The new care plan took into consideration their strengths, levels of independence and quality of life.

People's care plans were comprehensive and included their background history, likes and dislikes, routines, physical, emotional and medical health, personal care, communication, and dietary needs and abilities. They also included what people had agreed as their overall care outcomes and aspirations, care visit days, timings and how they would like to be supported. For example, a person's care plan stated their day and night routines, and instructed staff on how to support them. The care plan stated, "Please pull curtain and turn lamp on and put the light on in the passage. Make sure I have my television remote control and phone beside me and my call pendant is on." The person's communication plan informed staff that they communicated verbally and understood what was said to them. The care plan instructed staff on how to maintain effective communication. It stated, "I can understand instruction and give direction to how I wish my care to be delivered to me. Please engage with me and keep me involved in my care, talk to me and give me assurance."

Staff had access to people's care and support plans and this information was available to them in the office and in people's homes in their care files. Staff told us care plans were detailed and they read them before they started supporting people as that enabled them to understand people's individual support needs, and likes and dislikes. One staff member commented, "The [care plans] seen so far are detailed." A second staff member said, "If going to a new service user [person who used the service] I am given sufficient information about them, their place has always got a care plan and risk assessments." A third staff member told us, "I go through the care plan before I start about the client and what I need to do and cannot do." This showed staff were provided with sufficient information to deliver personalised care.

Since the last inspection, the provider had introduced a new daily log book where staff recorded the support they provided to people during the care visits. We reviewed people's daily care logs and saw staff recorded care visit dates, times, how people were supported, and any concerns regarding their wellbeing.

People and their relatives told us they were involved in care reviews and the care plans were reviewed regularly so that any changed needs were taken into consideration. One person said, "Oh yes, I have got a care plan and risk assessment. They do visit too to review my care." The provider had reviewed people's care plans since the last inspection and there were systems in place to review and update them regularly, and as and when people's needs changed. Records showed that the provider carried out six weekly care reviews and where necessary staff had recorded actions that needed to be taken to improve people's care experiences and quality of life. For example, one person's six weekly care review identified a change in their mobility needs and the need for appropriate equipment to reduce the risk of pressure sores. The action points included referring the person for occupational and physiotherapist assessments. We saw the actions had been carried out and the provider told us the person now had appropriate equipment in place. We spoke to this person and they confirmed this. This person's care plan was updated to reflect the change in their needs. A staff member said, "[The provider] always informs us of the change in the care plan." This meant staff were kept informed on people's changing care needs in a timely manner to ensure their personalised needs were met.

Since the last inspection, the provider had introduced end of life care training for staff so that they would have necessary skills required to support people receiving end of life care and their relatives effectively. The provider had an end of life care policy in place and staff we spoke with were knowledgeable about how to support people who were near the end of their life. This showed the provider had systems in place to support people with their end of life care wishes and preferences. However, currently no one was being supported with end of life and palliative care needs.

People told us staff knew their likes and dislikes and provided personalised care. One person said, "Every time [staff] come they make me a cup of tea. Yes, they do meet my personalised needs. Because they talk to me they don't just come in, rush and finish the tasks." Another person told us the service was flexible and that they could request a change in the care visit timings and that their requests were always accommodated. There were records in people's care files demonstrating the provider's responsiveness to people's needs.

Staff were trained in equality and diversity and told us they treated people as individuals. The provider told us they encouraged people from various backgrounds and lesbian, gay, bisexual and transgender (LGBT) people to use their service. They asked people their sexual orientation as it was part of the new care plan which encouraged people to talk about their sexual orientation and specific needs if they wished to. Staff comments included, "I have signed up as a carer, hence would support people doesn't matter what gender, race, sexuality they are, it is about making them comfortable in their home, providing quality of care. I am not there to be judgemental, you go through their care plan and support them" and "Everybody is treated equally, there's no discrimination whatsoever. I wouldn't exclude [LGBT people] in my service. It wouldn't make any difference in the care I offer to the client."

People and the relatives told us they knew how to make a complaint and were satisfied with how their concerns and complaints were addressed. One person said, "Yes, [the provider] will listen to my concerns. I have never made any complaints." Another person commented, "I had complained about a carer [staff member] who did not show up and since then never had the same problem. They do listen." A relative said, "I feel comfortable raising concerns with [the provider] and [care coordinator], they do listen to me. Would like [staff] to stay longer and spread out [care visits], now that they are supporting [person who used the service]. I have spoken to [care coordinator] and he is going to sort it out. I am sure he will as they have in the past." Another relative told us, "We are happy, have never made any complaints."

There was an up-to-date complaint policy and processes in place to report, record and investigate

complaints. The complaint records showed the complaints were reported promptly, investigated and addressed in a timely manner.

Requires Improvement

Is the service well-led?

Our findings

At the last inspection on 6 August 2018, we found the service was not well-led. The provider had failed to notify CQC on three occasions about safeguarding concerns as required by law. There was lack of robust auditing, monitoring and evaluating of systems and processes to identify gaps, errors and areas of improvement. The provider did not maintain accurate, complete and contemporaneous records related to care delivery, staffing and management of the regulated activity. There was a lack of management oversight to ensure safety and quality of the service. During this inspection we checked to determine whether the required improvements had been made. We found the service had made some improvements but they were not sufficient.

At our inspection on 16 January 2019 we found the provider had followed their action plan and was compliant with our Warning Notice served in relation to the breaches of Regulation 17 as described above.

Since the last inspection, the provider had reviewed and updated all the care plans and risk assessments we had asked them to as per our Warning Notices. The provider retrospectively submitted all three aforementioned safeguarding notifications to CQC. During this inspection, the provider could describe the incidents they needed to notify us of by law. This showed the provider had a good understanding of their responsibilities in reporting and notifying external parties including CQC of the incidents related to the regulated activity.

Since the last inspection, the provider had recruited a new care coordinator and trained their human resources and finance manager to carry out assessments and monitoring visits. This enabled the provider to share the management of the regulated activity workload.

At this inspection we found the provider was in the process of reviewing and updating their monitoring and evaluation systems and processes to ensure the safety and quality of the service. The provider had introduced an internal audit system for care and staff files a few weeks before this inspection. The internal audit records showed that the provider had identified gaps, errors and areas of improvement. The provider told us of the actions they had taken to address some of errors and there were records in place to confirm the same. For example, the provider had started to audit people's daily care logs and medicines administration charts, and records confirmed this. As the provider was still in the process of completing all the set actions to address the errors and the gaps we were not able to fully assess the efficiency of the newly introduced monitoring and evaluation systems.

Since the last inspection, the provider had carried out several unannounced spot checks and telephone monitoring calls. One person said, "[The provider] phones now and again to find out if I am happy with the carer." Another person commented, "Yes, office staff do visit me and ask me if I am happy with the service or have any concerns." A relative told us, "Yes, have had spot checks."

Records showed people were happy with the care and where there were areas of concern or improvement the provider had taken actions in a timely manner to address them. For example, one person had said that

they preferred the same staff team to support them however, if there were going to be any changes in staffing they would prefer to be notified in a timely manner. The provider told us that since the spot check they had continuously allocated the same staff team to support the person. They further said that they had recorded the person's wish to be notified of any staff changes and would ensure that happened if there were going to be any changes in the staffing. Staff rotas and daily care logs following the spot check showed the person was supported by the same staff team. Records showed that the person was satisfied with the actions taken by the provider. The provider was in the process of sending out annual survey forms to people and their relatives to seek their feedback formally. This showed the provider had systems in place to seek people's feedback to improve the care delivery.

Since the last inspection, the provider had sought staff feedback in relation to the quality and safety of the service via a staff survey form. Following the inspection, the provider sent us the staff survey analysis report that showed nine staff had participated in the survey and they were generally happy working with the provider and felt supported in their roles. The provider had identified areas of improvement and had taken actions to address them. For example, one staff member had raised concerns regarding not being fully briefed on their duties. The provider had spoken to this staff member in person to identify what improvements they would benefit from. The provider went through the rotas with the staff member so that they were fully aware of the support needs of the person they were allocated to support. As a learning outcome, the provider started to include all care support tasks on staff rotas so that staff were informed of people's support needs. Records confirmed this. The provider had also started to email and text rotas to staff on a weekly basis before the rotas were due to start so that they had ample of time to amend them where required. This showed the provider asked staff's views to continuously improve the quality of the service.

The provider told us they were in the process of developing an overall business improvement action plan for the service that would consider the findings from their newly introduced audit systems. They told us this improvement action plan would be reviewed regularly and this would enable them to have a better oversight of the management of the service.

People and the relatives told us they were happy with the service and they found the provider was approachable. One person said, "I feel comfortable raising concerns to [the provider], she is approachable. I am extremely happy with the service at the moment." Another person commented, "I am very happy with the service. My daughter and son are happy with the service, too." Relatives' comments included, "[The provider] is helpful and approachable. We are happy with the service and [person who used the service] is happy with the carers [staff]" and "I have nothing bad to say about the service."

Staff told us the service was well managed and they felt supported by the provider. One staff member said, "[The provider] does help out when short of staff, it is very rare to see a manager provide hands on support. 100% I feel listened to. She is very supportive." A second staff member told us, "It [the service] is a beautiful place where your voice is heard. [The provider] is passionate about providing good care. At the meetings we get good lunches, she really cares about her staff. She is always on on-call." A third staff member commented, "Very much supported, if not sure of anything, I always call and they [the provider] always tell me what to do. All of them are approachable. Yes, I feel so [listened to]." Staff told us they attended staff meetings and found them useful. Records showed the topics discussed at the meetings were on people's needs, training, spot checks, supervision and recordkeeping.

The provider worked with the local authority and healthcare professionals to improve the management of the service and the safety and quality of the care delivery.