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Helping Hand Domiciliary Care Service

Inspection report

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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



Overall summary

We undertook an inspection on 2 and 12 October 2015 this was an announced inspection. This meant the provider was given 24 hours' notice that we were coming. We carried out a comprehensive inspection and followed up on the enforcement action related to previous breaches that had been identified during our last inspection.

Helping Hands Domiciliary Care Service is registered to provide personal care for older people in their own homes. The service is operated by an individual who also manages the services on a day to day basis. There was no requirement by the Commission to have a registered manager in place for the service.

Summary of findings

We previously visited the service and identified several breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. These were in relation to; safeguarding, staff recruitment, safe administration of medicines, managing risk, staff training, supervision of staff, records, complaints and monitoring the quality of the service. We took enforcement action against the provider and told them the date by which they had to take action to ensure they made improvements. We also issued two recommendations relating to staffing and appropriate training relating to the Mental Capacity Act (2005) and the Deprivation of Liberty Safeguards (DoLS). We followed these up during this inspection. On this inspection we found that improvements had been made in all areas.

People using services and their relatives told us that they felt with the staff who delivered their care. We were told, "I have no concerns about the service or the staff and if I require them I only have to ring the office" and, "I have two carers each visit and I feel safe with them in my home." Staff were able to discuss the appropriate actions to be taken if abuse was suspected and they confirmed they had received recent safeguarding training.

The provider showed us the safeguarding file and we saw evidence of safeguarding investigations which included notes on the investigations. We discussed with the provider their regulatory responsibility to notify the commission of any safeguarding allegations. Following our inspection the provider sent the appropriate notification to the commission.

We looked at a number of staff files and saw improvements had been made to the recruitment process. Evidence of application forms including notes taken from the interview were seen along with reference for the provider to assess the suitability of each candidate. Appropriate checks taking place were evident in staff files along with documentation to confirm people's identity. Staff we spoke with confirmed there was enough staff to meet people's needs.

We asked the provider about how they monitored risk in the service. The provider told us the care plans and risk assessments were being reviewed every one to three months by the care team supervisor. The care files we looked at contained evidence of risk assessments in place.

During this inspection we noted improvements in medication administration, however there was still gaps in the recording on the Medication Administration Record (MAR). The provider told us they were auditing the MAR charts when staff returned them to the office; however they were not recording this. Staff we spoke with confirmed they had undertaken medication training recently. One person told us, "A pharmacist came in and showed us how to complete the MAR sheets." Management we spoke with said, "Medications are our main focus until we can relax. It's ongoing." People using the service were confident in the skills demonstrated by staff in their medication administration, they said, "They give me my medication from the blister pack and make sure that I take the tablets before they go. I have no concerns about the service or the staff." We have made a recommendation that the provider should access relevant NICE guidance for the safe administration and recording of medications.

We spoke with people who used the service; they told us staff treated them with dignity and respect when visiting their homes. People confirmed staff asked for their permission before carrying out any activity.

We looked at six care files and saw evidence of consent documented in them.

We asked about the training staff received from the provider. Staff told us they had received recent training that was relevant to their role and we saw evidence of this in the training matrix and in staff files we looked at. The provider showed us a supervision file that contained details of recent supervision that had taken place. Staff confirmed supervision was taking place regularly and had been undertaken recently.

We received positive feedback about the quality of care offered by the staff team. People said, "The visits are about me. The carers are very kind and caring, they talk to me all the time, they treat me with dignity and respect and allow me to be independent when carrying out personal tasks. My care is about me". Staff were able to discuss the needs of people using service and had an understanding of their role.

We looked at six people's care files and saw improvements had been made in them. Care plans were detailed and provided staff with information on how to

Summary of findings

meet people's individual needs. Risk assessments were up to date and there was evidence of reviews taking place. All care files indicated a preadmission had taken place prior to any care delivery.

We saw a complaints file which indicated any complaints received by the provider and included actions and the outcome taken as a result of their investigations. We saw some positive feedback about the service and people using services were happy with the care they received from the staff.

We noted considerable improvements in audits and monitoring had taken place by the provider. Audits were taking place regularly and there was some evidence of the actions taken as result of the findings. The provider demonstrated an understanding of their role in ensuring the quality of the service was maintained. They said, "We are continuing to make improvements, keeping everything up to date. We talk to the staff constantly focussing on the five domains. We have improved the rotas. We look for new ways of doing things such as using social media for feedback."

Staff confirmed team meetings were taking place and we saw evidence of team meetings minutes that included attendees and topics covered.

Staff gave positive feedback about the management and told us they felt confident to raise concerns with them. Staff told us, "Things have got a lot better. They (The office) have been communicating. We discuss our problems and they have been listening to us. It's brilliant." We received mixed feedback about the management arrangements for the service from people using services and their relatives. Professionals we spoke with about the service also had mixed views. People said that on the whole the provider was responsive to changes in care they had been advised about, however one person told us about an occasion where the staff had not followed guidance offered by them. We spoke to the provider about this who discussed these concerns and the actions they had taken as a result of this.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was not consistently safe.

Improvements in medication administration was seen however we noted there was still gaps in the recording and the provider did not document audits of Medication Administration Records when they were returned to the office.

People using services and their relatives told us they felt with the staff who delivered their care. We saw improvement in recording of safeguarding and suggestions to aid the audit trail of safeguarding's agreed by the provider.

Evidence of improvements in the recruitment process was seen. Records included application forms, interviews questions and references to support the appropriateness of the staff member for their role.

Requires improvement



Is the service effective?

The service was effective.

People told us staff asked for their permission before carrying out any activity. We saw evidence of signed consent in people's care files.

Staff told us they had received recent training that was relevant to their role, and we were shown a training matrix that indicated the training staff had undertaken

We were shown a supervision file which had evidence of recent supervision taking place. Staff told us supervision was taking place and spot checks were carried out in people's homes.

We saw evidence of dementia training as well as Mental Capacity Act (MCA) (2005) training. Staff we spoke with were able to discuss what actions they would take if they were concerned about people's abilities to make decisions.

Good



Is the service caring?

The service was caring.

People told us staff treated them with dignity and respect and that they were kind and caring whilst undertaking their visits

Staff were able to discuss the needs of people using service and had an understanding of their role.

Good



Is the service responsive?

The service was responsive.

Improvements in people's care files were seen. Care planning and risk assessments were detailed and person centred.

Good



Summary of findings

All care files indicated a preadmission assessment had taken place prior to any care delivery.

We saw complaints file which indicated any complaints received by the provider was acted on and included actions and the outcome taken as a result of the investigations.

Is the service well-led?

The service was well led.

We noted considerable improvement in audits taken place by the provider. Audits were taking place regularly and there was some evidence of the actions taken as results of the findings.

Staff confirmed team meetings were taking place and we saw evidence of team meetings minutes that included attendees and topics covered.

Staff gave positive feedback about the management and told us they felt confident to raise concerns with them. We saw evidence of support from the management including a thank you email to all the staff.

The provider must ensure that and that measures are put in place to build on the changes made and continue to improve the quality of the service provision

Requires improvement



Helping Hand Domiciliary Care Service

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 inspection took place on 2 and 12 October 2015 and was an announced inspection. The provider was given 24 hours' notice that we were coming. The inspection was carried out by two adult social care inspectors.

Before the inspection we reviewed the information we held about the service and asked for feedback from the local authority commissioning teams.

During the inspection we looked at a range of records. These included, six peoples care files and associated documentation, five staff files including the recruitment process and evidence of training, audit and quality monitoring, medication records and the policy and procedure file.

We spoke with a range of people including five staff members, six people using services, five relatives and people involved in the management of the service including the nominated individual.

Is the service safe?

Our findings

We spoke with people using services as well as some of their relatives. We received some positive feedback. Comments such as, “We have two carers coming into our home, who arrive on time and stay until the tasks are completed. They go the extra mile and they are very nice. They are never late and always turn up for the visits. Medication is dealt with by myself. We have no concerns and if we need the out of hour’s service we have the numbers”. Another told us, “I have two carers in the morning and the evening and one during the day at meals times. It is usually the same core group of staff who come; they usually arrive on time, but can occasionally be late but they never not turn up for a visit. They give me my medication from the blister pack and make sure that I take the tablets before they go. I have no concerns about the service or the staff and if I require them, I only have to ring the office” and, “I have two carers each visit and I feel safe with them in my home, they arrive on time and stay the correct amount of time for each visit and they always turn up. My medication is in blister packs these are put out for me to take at the appropriate time. I do not like it when people turn up who I do not know and have not been told by the agency that they were coming. Other than that I have no concerns”. However a relative provided mixed feedback. They said, “At the beginning they were alright, we asked if certain carers would not come to us but they still turned up (Name of person) would not let them in. We have stopped the service now. We would not recommend this service to others”.

During our last inspection we identified some concerns relating the safe administration of medicines. We took enforcement action and told the provider the date by which they had to take action to ensure they made improvements. We followed this up during our inspection.

We spoke with people who used the service who told us they were confident staff administered their medication safely. They said, “My medication is given to me from the dosette pack and they stay until I have taken it. I have no concerns but would ring the office if I had” and another told us, “They give me my medication on time and see that I take it before they go, I have no concerns about them”.

Staff confirmed the changes that had been made by the provider since our last inspection relating to the safe administration of medications for people who used the

service. We received some positive feedback. Staff said, “Our medicine sheets have altered. We have blister packs now. It makes life easier”, “The medicines sheets are filled out properly”, “A pharmacist came in and showed us how to complete the Medication Administration Record (MARS) sheets.” we spoke with said, “Medications are our main focus until we can relax. It’s ongoing.” We were shown a copy of the new MAR chart that contained more detailed information to enable effective recording of medications for people using services. The provider told us they were looking at introducing a MAR chart that detailed, ‘As per MAR’ however we discussed concerns that this would pose relating to an audit trail of medication and what is administered or prompted. The provider confirmed that they would not introduce this planned change.

We looked at some completed MAR charts for people who received support with their medication. We saw evidence of improvements in their completion since our last inspection. Medication had been signed for and there was evidence of staff using appropriate codes where gaps were present. However we noted there were still some gaps evident in the recording. We discussed this with the provider who told us they had introduced a new system to audit MAR charts regularly when they were returned to the office. We saw evidence of regular audits taking place that included the actions taken as a result of gaps seen. This would ensure a system to ensure people using the service received their medication in a timely and safe way was in place. We were told that all gaps in MARS charts were discussed with each individual staff member by the provider; however they were not recording this information. The provider confirmed they would commence this immediately following the inspection.

The provider told us they had completed a full audit of medication administration prior to staff receiving medication update training as well as post training. The provider told us they had evidence to show improvements in the administration of medicines had taken place since training was given in early June. The frequency of MAR charts being signed had improved as had the use of the correct codes. We were told an action plan had been drawn up and E mails had been sent to all the staff to remind them about the new MAR sheets. We were told there were plans in place to monitor medication and staff performance to ensure people using service receiving medication in a safe and effective way.

Is the service safe?

We looked at people's care files and saw evidence of medication care plans in place to support staff in medication administration. However one file we looked at did not reflect this person's current need in relation to medication. We spoke with the provider about this who immediately took action to ensure the care plan reflected their individual and current needs.

We asked staff about the training they had received in relation to medication. They confirmed they had received recent training from a Community Pharmacist in how to use blister packs and on recording in MAR charts. We looked at the training records and training matrix and saw evidence that staff had completed medication training recently and records also indicated who the new staff members were as well as the date for completion. We also saw medication training certificates in all of the five staff files we looked. This would mean staff had current and relevant knowledge of medication administration to support safe administration of medications.

We spoke with people who used the service and their relatives about whether they felt safe with the staff and the service provided. We received some positive feedback. People said, "My (Name of person) has a double up, (two people attending) and we feel safe with them coming into the home, they arrive on time and stay the correct amount of time for the visit. We have no concerns about the staff and we have telephone numbers if we require them", "I feel very safe with the two carers coming in they turn up most of the time on time and stay the correct amount of time. They ring if they are going to be late, I have no concerns over the carers", "I have two carers coming into to me and they are lovely and I feel safe with them." However one person gave us mixed feedback. They said, "I feel safe with most of the staff but not so much with new people who I have not been introduced to. They arrive on time and stay the correct amount of time; sometimes they ring to say that no one is coming." Visiting professionals told us they felt people using services were safe with the care that they received.

During our last inspection we identified some concerns because the provider failed to ensure suitable arrangements were in place to safeguard people. We took enforcement action and told the provider the date by which they had to take action to ensure they made improvements. We followed this up during our inspection.

We spoke with staff to establish their understanding of abuse and what actions they would take if they suspected abuse. The staff we spoke with understood the nature of abuse and knew they should inform the supervisor if it was suspected. All the staff told us they had received training in safeguarding during the last six months. The provider discussed appropriate actions to take if suspected abuse was reported to them. They said, "We investigate any abuse. We report it to CQC and the safeguarding team. The whistleblowing policy (Reporting bad practice) is up to date and staff are fully aware of it."

We looked at the training records and saw up to date evidence that staff had undertaken safeguarding training, and there were certificates to confirm training had taken place in all of the staff files we looked at.

We discussed any safeguarding investigation that had taken place with the provider. They told us they had updated the safeguarding file since our last visit and had introduced a more structured approach to recording safeguarding concerns. There was evidence of safeguarding investigations that included any actions taken as a result of the investigation. We could not see evidence of any notifications sent to the commission and we reminded the provider of their regulatory responsibilities to inform the commission without delay of any allegations of abuse. The provider confirmed they would send the notifications as a matter of urgency, we saw this taking place during our inspection. It is important to ensure providers inform the commission without delay of any notifiable incidents or concerns.

During our last inspection we identified some concerns because the provider failed to ensure people were protected from the risks associated with ineffective management of risk assessments. We took enforcement action and told the provider the date by which they had to take action to ensure they made improvements. We followed this up during our inspection.

We asked the provider about what measures were in place to ensure any risk were identified and monitored to maintain the safety of staff and people using the service. We were told the care plans and risk assessments were being reviewed every one to three months by the care team supervisor. This would ensure people were protected from risk of inappropriate care. The care files we looked at contained evidence of risk assessments in place. We saw new risk assessments in each care file which was a pro

Is the service safe?

forma from the local authority that had been developed for use by helping hands. This included memory loss, falls, frailty, smoking, self-medication, the home environment and pressure ulcers. Each risk had been identified and the appropriate actions to take had been identified. Risk assessments been appropriately signed by staff as well as people who used the service. However, we noted that one person had a medical condition that had not been included in their risk assessment. It is important to record all people's individual and specific needs to ensure they are care for safely.

We saw that detailed instructions were provided for care staff which included health and safety issues in the persons home and use of personal protective equipment. This would enable risks associated with peoples home would be identified and monitored.

During our last inspection we identified some concerns relating to staff recruitment. This was because the provider had not protected people against the risk associated with the unsafe recruitment of staff. We took enforcement action and told the provider the date by which they had to take action to ensure they made improvements. We followed this up during our inspection.

We spoke with the staff who told us there was enough staff to meet people's needs. One staff member told us, "I get a set rota; I know where I'm going." The provider confirmed the staff team was adequate to meet the needs of the

people using the service and they were in the process of recruiting to the service. They said, "We have enough staff. I'm interviewing more as well. We need more office staff. It's been hard to recruit due to our ranking."

We looked at the staff files for five currently employed staff members. We saw improvements in their format and organisation since our last inspection. All records followed the same format and were set out in chronological order. This would make it easier for the provider to audit files to ensure accurate recruitment, supervision and training had taken place. We saw evidence of appropriate recruitment processes which included application forms with interview notes as well as references that demonstrated the character and experience of the staff member. All staff files had evidence of Disclosure Baring Service Checks (DBS) in them. The DBS carry out a criminal record and barring check on individuals who intend to work with children and vulnerable adults, to help employers make safer recruitment decisions. Terms and conditions were included and these had been signed and dated. There was evidence of completed induction packs that showed that staff had undergone the necessary training and supervision prior to undertaking care activities independently.

Recommendations

The provider should access relevant NICE guidance for the safe administration and recording of medications.

Is the service effective?

Our findings

We spoke with people who used the service about the knowledge and skills of the staff team who delivered their care. We were told, “We usually have the same staff all the time and they are really good with him, they definitely have the right skills to carry out his care. The carers share information about his condition with us if there are any changes”, “The carers are very good to him and have the skills for the job and some are learning, they listen and follow instructions” and, “Most of the carers who come in are very experienced in their work, but the younger ones need to know how to serve food.”

A relative we spoke with confirmed staff had the knowledge and skills to care for people using services. We were told, “The carers are very friendly, they talk to us all and have the skills for the tasks they have to do, [my relative’s] meals are hot and they get ready whatever meal she wants”.

During our last inspection we identified some concerns relating to staff knowledge. This was because the provider had failed to ensure staff received appropriate training. We took enforcement action and told the provider the date by which when they had to take action to ensure they made improvements. We followed this up during our inspection.

We spoke with staff about the training they received from the provider to enable them to care for people safely in their home. Staff told us training had been improved over the last six months and had completed health and safety, infection control, safeguarding, the Mental Capacity Act and administration of medicines. Staff told us, “I’ve had training recently in fire safety, safeguarding, safe administration of medicines and health and safety”, “I’ve had training in infection control, dementia awareness and the mental capacity act” and, “All of my training has been updated.” Staff confirmed that they had completed nationally recognised qualifications in care and were in the process of completion a higher level of this qualification.

Staff files we looked at identified staff had undertaken training that was relevant to their role. This included; health and safety, person centred care, moving and handling and infection control. There was also a training matrix that indicated dates of completion for the staff team. Topics included fire safety, food hygiene, moving and handling, first aid and person centred care. Records indicated when

new staff had commenced to post as well as the dates of completion of induction training. This would ensure the staff team had up to date knowledge to care for people using service effectively.

During our last inspection we identified some concerns relating to staff supervision. This was because the provider failed to ensure that staff received regular supervision.

We spoke with staff about what changes had been implemented since our last inspection relating to supervision. All staff told us they had received supervision since our last inspection and competency checks were completed in people’s homes. Staff told us, “We discuss our problems and they (The management) have been listening to us”, “If I feel like I’m having difficulties I can just go in and speak to the management” as well as, “The manager supervises me. I last met her on Friday” and, “We get supervision. I had one a month ago.” The provider told us spot checks in people’s home were recorded on the records kept in people’s homes, however following our inspection they confirmed that spot checks would be documented in staff supervision records.

We were shown a supervision file that had evidence of supervisions that had taken place. Records indicated the day of supervision as well as who had undertaken the supervision and plans for future dates. Records indicated supervision had been consistently undertaken since July 2015. Supervision in staff files we looked at identified topics covered such as, time keeping, staff attitude, communication, record keeping and safeguarding.

During our last inspection we recommended the service found out more about training for staff, based on current best practice, in relation to the Mental Capacity Act and Deprivation of Liberty Safeguards.

We looked at five staff files that provided evidence of staff training and saw they had completed training related to dementia. There was a training matrix that indicated all staff had completed dementia training. We could not see evidence of specific MCA training, however the provider confirmed following our inspection that MCA had been completed by all staff and they produced the evidence to support this.

Care files we looked at identified that the new assessment document included whether the person had mental capacity as defined by the MCA 2005. We discussed mental capacity with staff who were able to tell us about the

Is the service effective?

process they would take to check peoples abilities to make decisions regarding their care. They told us this was done by informing the person what treatment and support was to be carried out and why and then checking their understanding of this. If there were any concerns this was then discussed with a relative.

We asked people who used the service about whether staff asked permission from them before undertaking any care delivery or activity. We received some positive feedback from them examples were, “The carers are very kind and helpful and have the correct skills, they ask for my consent

before carrying out tasks for me and share information with me”, “They ask for consent before carrying out tasks; they care for me as well” and, “They listen to me and follow instructions; they ask my consent before using the harness on the hoist.” A relative we spoke with confirmed staff asked for consent from the person using the service before carrying out any tasks. This meant that people were involved in and agreed to the care they received. Evidence on people’s care records indicated that people using services or their relatives were giving their consent to care delivery such as medication.

Is the service caring?

Our findings

We spoke with people who used the service as well as some relatives about the care they received. We received positive feedback. Example of comments made were, “I am treated with dignity and respect by the carers, who are good to me, they respect my privacy and my care is centred on me”, “The visits are about me. The carers are very kind and caring and they talk to me all the time. They treat me with dignity and respect and allow me to be independent when carrying out personal tasks, my care is about me”. Another told us that the staff care about them as a person and “They like coming here. They talk to me whilst tasks are carried out.”

Relatives discussed positive feedback about the care that was delivered to people using services. They said, “The regular carers care about my [relative] and are very friendly with us both. They talk to [my relative] when carrying out their care and treat them with dignity and respect their privacy. The care is centred on [my relative] “The main carer comes in everyday but three days a week we get other carers. They sign the book after every visit and make notes for the next carer visit” and, “We have regular staff and new staff are introduced to us before starting.” However some people raised some concerns relating to regular staff visiting them. Comments received were, “I have regular carers but I am not told when new carers are coming” and, “I have regular carers morning and evening but the other visits during the day they are different”

Staff we spoke with told us they were confident there was sufficient time to provide care for people who used the service and that they always tried to find time to talk with people during their visits. Some comments received were, “I get told it’s nice to see me by my clients (People who used the service)”, “I think the clients are happy overall” and, “I have a good rapport with the clients.”

The staff we spoke with were familiar with the care plans of those people they supported. They confirmed care plans had all been updated in the last three months. Staff said they had signed the new care plans and found them much easier to use. Staff had no concerns about the standard of care delivered and said they felt confident in their colleagues care delivery.

We discussed with the provider about the care delivery for people using services. We were told, “Clients all have a care plan, a service user guide and my mobile number in their home. We plan to introduce spot check visits.” We were shown a copy of the service user guide that was given to all people using services. Topics included in this were; the mission statement, charter of people’s rights and details about the quality management systems.

People who used the service and their relatives offered positive feedback about the privacy and dignity offered by the staff delivering their care. We were told, “I have the same carers and my care is centred on me, they treat me with dignity and respect at all times”, “They treat me with dignity and respect and also respect my privacy. They talk over my head at times but then they do involve me in the talk”, “They treat my [relative] with dignity and respect; they also respect her privacy when carrying out personal tasks” and, “They treat me with dignity and respect and my care is centred on me.”

We discussed with staff about the importance of ensuring people who used the service were treated with dignity and respect. Staff were able to describe how they ensured people’s privacy and dignity and ensured people consented to the care delivered. People’s preference as to how they want to be addressed was noted in their care file and it had been signed by them. This would ensure that staff had access to up to date records relating to their preferences about how to address people who used the service.

Is the service responsive?

Our findings

During our inspection we spoke with people using service as well as relatives about their care records and what involvement they had in their development. We were told, “The records are completed after each visit and are read before the next visit starts. We have a care plan and I was involved with it and it has been reviewed recently”, “They (The staff) record each visit in a book and the notes are read by the next lot of carers. I have a care plan and I have signed it originally but it has not been reviewed recently”, “I have a care plan, I was involved with it and signed it, it has recently been reviewed” and, “The record book is completed every visit including notes for the next carer. I have a care plan I was involved in it and I have signed it. It has been reviewed recently because I can do a little more for myself”. However one person told us the staff recorded their visits in a book but that they had, ‘no care plan.’

At our last inspection we identified a breach of the regulation relating to records. This was because the provider failed to ensure people who used the service was protected against the risks of unsafe or inappropriate care or treatment arising from a lack of proper information about them. We took enforcement action and told the provider the date by which when they had to take action to ensure they made improvements. We followed this up during our inspection.

We asked staff about the care records and how these assisted in the care of people using services. All staff said the care plans had been updated and were always available at people’s homes. This meant they had clear instructions about the person’s needs and the support required. We were told, “There is a care plan everywhere we go”, “All of the clients (People who used the service) have up to date care plans” and, “The communication sheets are getting filled out properly. New care plans have been distributed.” The provider discussed the importance of effective care records to meet people’s individual needs. They said “Care is not a problem. Everybody is happy. The carers (Staff) inform us if they think health care is needed. We visit the client and assess the situation. We act on it immediately. We speak with mental health nurses, occupational therapy, district nurses and pharmacists in the main, particularly about slings, dressings and medication.”

We looked at the care files for six people who were currently using the service. All care files followed a chronological pattern and included an index to ensure easy access to information

We noted substantial improvements in their content and format had been made to them Since the last inspection. The new care plans were a personalised list of tasks and support to be undertaken by staff which mirrored the assessment areas, such as “I prefer to get up at....”, “My wife will cut up my meat”, “I need you to protect my skin” and, “Carers should take care of her with a gentle approach.” Care files included planned outcomes and statements of how the outcome will be achieved. These were signed by people who used the service or a relative as well as the staff member and provider.

Care files identified that reviews of care plans were done every one to three months. These had been completed by the Care Supervisor or the provider and had been signed by both people who used the service or a relative. We noted that whilst most reviews documented, ‘No change in care plan’ one review documented that the client had requested an earlier first call which had been done. In each instance these reviews stated that the client or relative was, ‘Very happy’ but no evidence of this was seen. It is important to ensure care records have clear evidence of actions taken as a result of reviews undertaken. There was evidence of audits taking place by the provider that related to care plan reviews. Records indicated previous care plans checks along with evidence of updated risk assessments as well as the date these had been completed.

We noted from the daily communication records that staff had documented all visits and these included clear times of arrival to the visits as well as the time the visit had been completed; these had been signed by the carer. Records received into the office were noted to be filed in an orderly and chronological manner into people’s individuals records. This would ensure ease of auditing and reviewing information about them.

We saw evidence of pre-assessments taking place in the care files we looked at. We noted these had been completed by the supervisor and identified peoples individual needs such as; medication, mobility, health and medical care, personal hygiene, mental health, communication, awareness and reality orientation. Pre-assessments also detailed the visiting arrangements in place as well as the preferences of people who used the

Is the service responsive?

service such as the preferred gender of the staff member who would provide their care. We had been made aware prior to our inspection that one person who used the service had received care without the appropriate records in place to undertake this safely. We discussed this with the provider who told us an investigation had taken place within the service as well as the local authority safeguarding team and actions had been taken from this. The provider told us that arrangements were now in place to ensure all people receiving care will have received an assessment of their needs prior to any care delivery by the team.

As part of our inspection we spoke with professionals about the service and their approach to partnership working. We received some mixed feedback. One person told us they were happy with the way the provider engaged with their service and the feedback they received from them about people's needs. Another told us, "The provider is responsive to instruction, and the office will get back to us and respond to any concerns. However when staff go on holiday things can go wrong." This person confirmed they had spoken with the provider about this who acted on the discussion. Another professional we spoke with told us they had raised concerns that the provider had not followed their advice relating to one person. We discussed this with the provider who told us about the actions that had been taken as a result of these concerns.

At our last inspection we identified a breach of the regulation relating to complaints. This was because the provider failed to ensure effective system were in place for receiving and acting on complaints. We took enforcement action and told the provider the date by which when they had to take action to ensure they made improvements. We followed this up during our inspection.

We asked people who used the service and their relatives if they had raised any complaints and the responsiveness of the provider. All people we spoke with told us they had no complaints about the service. Staff we spoke with were aware of the procedure to take to deal with complaints and

had the knowledge of the systems in place to report bad practice (whistleblowing). Staff told us they were confident to raise whistleblowing concerns to the provider as well as with CQC.

Staff told us verbal complaints had, 'Reduced in the last few months' however there were still occasional complaints about time keeping particularly at the weekends. Staff told us this could be because the organisation of rotas and communication in the office had improved. We spoke with the provider about how they dealt with complaints. We were told about the appropriate systems in place to deal with complaints. They said, "As soon as a complaint comes in we answer it and start an investigation. We offer the client (People who used the service) the opportunity to meet either at the office or in their home. We are happy to learn from complaints. We visited a client who had complained about the weekend calls. We rang them again recently and they said "it has improved."

We looked at the complaints folder in the office and saw records contained more detailed information that we had observed at our last inspection. Records included the detail surrounding the complaint as well as details of the feedback. For example one complaint had records to indicate improvements had been noted. However we saw one complaint was a concern that related to safeguarding. We discussed this with the provider who confirmed they would ensure this was correctly filed in their safeguarding file and a notification was received by the Commission. The provider told us that they would introduce and log sheet into the complaints file that would facilitate effective auditing and monitoring of complaints.

We saw cards and letters of appreciation received at the office. We noted 14 had been received in 2014 to 2015 however many were undated. Two of the feedbacks from September 15 were positive. They said "The carers (Staff) were extremely caring, each of whom taught me a lot and gave such good advice." Another said "I can't thank you enough for the care you and your team gave to [my relative]."

Is the service well-led?

Our findings

We asked for feedback about the management arrangements in the home from people using services as well as their relatives. We received mixed feedback. People said, “The agency is well managed and I would recommend them to others I have never had to complain”, “The management of the agency is good and they come to see me” and, “The office are very good and sort things out for us”. However others said, “The company is not well managed. We have had problems in the past these have not been sorted out to our satisfaction” and another, “The agency is not very well managed.”

During our last inspection we identified some ongoing concerns in relation to good governance. This was because the provider failed to ensure effective systems were in place for monitoring and improving the quality of the service. We took enforcement action and told the provider the date by which when they had to take action to ensure they made improvements. We followed this up during our inspection.

We spoke with staff about the management arrangements at the service. People told us, “They have improved quite a lot. I get a set rota. I’m getting along fine. I feel it’s better organised”, “Things have got a lot better. They (The office) have been communicating. We discuss our problems and they have been listening to us. Its brilliant”, “Everything’s been brought up to date. We get e mails about what’s going on”; “Things have definitely changed. There is a lot more communication, training and meetings.” and, “Since (Name of one of the management staff) has got involved they have put things in place. If we’ve got any problems we ring them and they sort it straight away.”

We discussed with the management team what improvements had been made to ensure good governance is maintained had been implemented since our last inspection. We were told, “We are engaging with staff and improving communications. The team meetings on Thursdays have helped provide more structure. Everybody tries to get here. We are continuing to make improvements, keeping everything up to date. We talk to the staff constantly focussing on the five domains. We have improved the rotas. We look for new ways of doing things such as using social media for feedback. The staff are not frightened to tell me about concerns. They can talk to me anytime. We have set up a separate e mail address for staff feedback.” We saw an email to all staff to say how proud

the provider was of all staff. The email was to introduce the new communication tool via emails as well as asking for suggestions and inviting staff to discuss any concerns. We were shown the team meeting file and we saw evidence of team meetings taking place. Records included dates and attendees to the meeting as well as topics discussed such as; MAR charts, training, logging in, communication and emails. Records indicated staff signed the minutes as being read when they were available. This meant effective systems to ensure the staff team had access to up to date information were in place.

During our inspection we visited the service office and saw evidence of the improvements that had been made by the provider. Notice boards were on display that contained details of their registration with the commission as well as; dignity in care charter, investors in people, federation of small business, health and safety advice and an up to date employer’s liability certificate. There was a copy of the five key questions on display in the office. The provider told us this was to remind staff about the importance of remembering these. We saw records had been filed and were easily accessible when asked for during the inspection.

One professional we spoke with told us the responsiveness of the service, “Varies in response to concerns.” Another told us, “They (The office) are responsive to instructions and will get back to us.” However a third person said, “One of my staff had reported concerns about a service user (person who used the service) where instructions relating to their care had not been followed”. We discussed this during feedback with the provider who discussed what actions had been taken as a response to these concerns.

We asked about how the provider monitored the quality of the service they were providing. We were shown evidence of monitoring of calls logs taking place. We saw that improvements to monitoring the quality of the service had been made. Evidence of various audits taking place was seen such as care plan audits, visiting monitoring audit as well as calls logs. In these we saw records indicating actions that had been taken as well as time and dates undertaken. The provider showed us a copy of a care quality improvement audit that had been developed recently which included for example, the management of complaints, exit interviews and the staff handbook. Records identified target dates for completion as well as the actions to be taken. The provider told us, “Audits are in

Is the service well-led?

place to manage risks. We keep better records to monitor safeguarding and complaints. We document what is happening at management meetings.” This would ensure effective monitoring systems were in place to ensure people were cared for by a provider that had effective governance. Management also told us, “We analyse any incidents. There has been nothing since the last inspection.” We saw evidence that the provider was monitoring all out of hours calls and the reason for the call from people who used the service. There was also evidence of analysis of calls logged into the computer systems that included a breakdown of the amount of calls taking place.

We were told that management team were keen to introduce an on line system to undertake audits with staff such as an infection control audit. This would ensure audits were current and reflected the views and feedback from all the staff team.

The provider was able to demonstrate an understanding of which incidents needed to be notified to the commission and we saw evidence of some notifications being sent to the commission following our inspection.

We asked about how the provider received feedback from people using services as well as their relatives. We were told, “I contact clients (People who used the service) about problems, and this is either over the telephone, I visit or e mail. Everyone was visited in June. This month it will be done again. We monitor staff by ringing them, checking they are at the call. We tell them to let us know if they are running late.” We saw evidence of a client satisfaction questionnaire which had been sent to people in June and September 2015. We noted the results from these had yet

to be analysed, however we saw positive feedback had been received and overall people were happy with the care they received. However people using services we spoke with could not confirm that they had been asked for feedback about the service.

The provider told us they had completed a staff survey recently. We saw evidence of the results received including analysis of the survey. However there was no evidence that actions taken had been carried forward to ensure any concerns were resolved. We were told the service has regular staff meetings to ensure people were kept up to date with changes in the service. Staff told us, staff meetings every month occurred on Thursdays at 11am and 1pm to encourage staff to attend. The provider told us minutes from the meetings were taken and staff who did not attend received an email of the minutes. One staff member told us, “We had a staff meeting on Thursday and we have them every month now. They do them at 11am and 1pm. We get minutes if you don’t attend.” This would ensure all staff were kept up to date about any changes or updates taking place.

We looked at the policy and procedure file and saw evidence that staff had access to upto date and relevant policies to guide them on how to care for people in an effective and safe way. This was because the evidence of reviews and updates were in place and had been completed recently.

The provider must ensure that and that measures are put in place to build on the changes made and continue to improve the quality of the service provision.