

Alpha Quality Care LTD

Alpha Quality Care Newport

Inspection report

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Ratings

Overall rating for this service

Inadequate 

Is the service safe?

Inadequate 

Is the service effective?

Requires Improvement 

Is the service caring?

Requires Improvement 

Is the service responsive?

Requires Improvement 

Is the service well-led?

Inadequate 

Summary of findings

Overall summary

About the service

Alpha Quality Care is a domiciliary care agency that provides personal care to people in their own homes within the community. At the time of the inspection, the service was providing care to ten people.

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

We found significant shortfalls in the safety and management of the service which placed people at risk of harm. Not all people that received care from Alpha Quality Care were confident that the care they received was safe.

People were at risk of harm due to poor medicines management. We could not be sure people had received their medicines safely and as prescribed.

Risk assessments were not always used effectively to identify and reduce risks to people. Written information for staff detailing how people should be supported safely was not updated in a timely way.

We were not assured that all pre-employment checks had been completed and the system to ensure staff were appropriately trained and skilled to provide care was not robust.

Infection control procedures and guidance was not always followed by staff which placed people at risk of potential infection.

Due to the quality of the care records we could not be assured care had been provided in line with peoples assessed needs, wishes and choices.

We received mixed views from people and relatives about the caring nature of the staff. We could not be assured people were always treated with dignity and respect.

There was a lack of systems and management oversight to ensure care was being provided as required. People were at risk due to poor governance and record keeping at the service. The services quality assurance systems were not robust or effective in identifying shortfalls.

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

The registered manager and provider acknowledged these shortfalls during the inspection and agreed to introduced changes to improve the situation.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection

The last rating for this service was requires improvement (published 20 March 2019).

Why we inspected

This was a planned inspection based on the previous rating.

Enforcement

We have identified the following breaches at this inspection.

Regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. The provider had failed to ensure risks relating to the safety and welfare of people using the service were assessed and managed.

Regulation 10 (Dignity and respect) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. The provider failed to ensure people were treated with dignity and respect.

Regulation 19 (Fit and proper persons) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. The provider failed to ensure systems and processes were consistently implemented to ensure fit and proper persons were employed.

Regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. The provider failed to ensure records were consistent, up to date and detailed and to operate effective systems to assess, monitor and improve the service.

Full information about CQC's regulatory response to the more serious concerns found in inspections and appeals is added to reports after any representations and appeals have been concluded.

Follow up

The overall rating for this service is 'Inadequate' and the service is therefore in 'special measures'. This means we will keep the service under review and, if we do not propose to cancel the provider's registration, we will re-inspect within 6 months to check for significant improvements.

If the provider has not made enough improvement within this timeframe. And there is still a rating of inadequate for any key question or overall rating, we will take action in line with our enforcement procedures. This will mean we will begin the process of preventing the provider from operating this service. This will usually lead to cancellation of their registration or to varying the conditions the registration. For adult social care services, the maximum time for being in special measures will usually be no more than 12 months. If the service has demonstrated improvements when we inspect it and it is no longer rated as inadequate for any of the five key questions it will no longer be in special measures.

Following our inspection, we raised our concerns about people's safety with the local authority safeguarding team.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Inadequate ●

The service was not safe.

Details are in our safe findings below.

Is the service effective?

Requires Improvement ●

The service was not always effective.

Details are in our effective findings below.

Is the service caring?

Requires Improvement ●

The service was not always caring.

Details are in our caring findings below.

Is the service responsive?

Requires Improvement ●

The service was not always responsive.

Details are in our responsive findings below.

Is the service well-led?

Inadequate ●

The service was not well-led.

Details are in our well-Led findings below.

Alpha Quality Care Newport

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

Inspection team

This inspection was carried out by two inspectors.

Service and service type

Alpha Quality Care Newport is a domiciliary care service which is registered to provide a personal care service to people living in the community in their own homes.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

We gave the service 24 hours' notice of the inspection. This was because the service is small and we wanted to be sure there would be management staff available to speak with us.

Inspection activity started on 3 March and ended on 20 March 2020. We visited the office location on 3 and 12 March 2020.

What we did before the inspection

Before the inspection we reviewed information we had received about the service, including previous inspection reports and notifications. Notifications are information about specific important events the service is legally required to send to us. We also considered information the provider sent us in the Provider Information Return, which had been received between day one and two of the visits to the office location. 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.

During the inspection we gathered information from

During the inspection we spoke with the registered manager, who was available to us on both of our visits to the office location. We also spoke with the nominated individual who was present at the office location on the 12 March 2020. The nominated individual is responsible for supervising the management of the service on behalf of the provider. We discussed with them the overall running and management of the service and reviewed records of accidents, incidents and complaints, and audits and quality assurance reports. We reviewed three staff recruitment records and care plans and risk assessments for seven people. We also reviewed three people's medication administration records and the daily records for four people.

We spoke with four members of staff, two people, who received care and three people's relatives. We received feedback from health and social care professionals, the local safeguarding service and the Clinical commissioning group (CCG).

We also continued to seek clarification from the provider and registered manager to validate evidence found.

Is the service safe?

Our findings

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

At the last inspection this key question was rated as Good. At this inspection this key question has now deteriorated to inadequate. This meant people were not safe and were at risk of avoidable harm.

Assessing risk, safety monitoring and management

- Risk assessments were not always used effectively to identify and reduce risks to people. The registered manager told us that all information held in people's care files kept in the office location was also the information kept in their homes. Written information for staff detailing how people should be supported safely was not updated in a timely way.
- One person had a 'Support Plan' in place which detailed what was expected of staff during each care call. This support plan was dated as being completed in January 2018 and had not been updated to reflect the changes in the person's needs; which included an increased number of staff required to support them safely and a change of equipment required. This meant this person was at risk of harm from receiving unsafe care.
- This was discussed with the registered manager who explained that changes in care requirements were recorded in the persons 'care review documentation records' and staff were expected to review these to ensure they were aware of updated and changing information. This could result in changes in the person's care needs being missed by staff placing them at risk of harm.
- The registered manager told us about specific challenging behaviours care staff had experienced during the fulfilment of their role. However, there were no specific risk assessments in place to provide staff with guidance on how this should be managed. When this was discussed with the registered manager they told us, they had made staff aware of the risk of the challenging behaviour and provided staff with verbal guidance on how this should be managed. However, care plans and risk assessments had not been updated to reflect this. This meant staff may not have all the information they required to respond in an appropriate and consistent way should the need arise.
- The registered manager had completed a 'review' of a person's care needs in September 2019. This review stated, 'behaviour is even more challenging.' However, the risk assessment for this person had not been updated since June 2018, did not reflect any changes in need or provide staff with information on how to manage or mitigate these changes in behaviours. From the verbal information received from the registered manager this person was a significant risk to themselves and others. The person had therefore been placed at risk due to staff not having updated information about risks and how these should be managed.
- Other risk assessments in place also contained limited information in relation to how to keep people safe and mitigate the risk of harm. For example, one risk assessment stated, 'Person spends considerable time being static. This makes them prone to developing pressure marks and sores.' The guidance noted for staff to follow included, 'periodically reposition person and apply prescribed creams and ointments to affected areas, as required.' No guidance was provided to staff about how to identify if creams or ointment were required, which cream, or ointment should be used, and actions staff should take should there be a deterioration in the person's skin.

The failure to ensure risks relating to the safety and welfare of people using the service are assessed and

managed is a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Risks in relation to people's home and environment had been assessed and risk assessments had been completed by the registered manager to promote the safety of both the people and the staff. These risk assessments considered the immediate living environment of the person, including lighting, the condition of property and security and the property location.
- Contingency plans were in place, which helped to ensure that people were provided with consistent care and support in the event of an emergency or disruptive condition.

Using medicines safely

- We could not be assured that people received their medicines safely and as prescribed.
- Where people were supported to take their medicine, medicines administration records (MAR) were kept in their homes. The MAR chart provides a record of which medicines are prescribed to a person and when they were given. Staff administering medicine were required to initial the MAR chart to confirm the person had received their medicine. The MAR charts we looked at had not been completed correctly.
- MAR viewed did not demonstrate people had received their medicines as prescribed. For two people we found MAR charts were signed every day for a two and three-month period with a single initial only, in the same pen and handwriting. One of these MAR was compared to the daily records made available to us and the initial did not correspond with the staff member providing care. Additionally, one of these people told us they had a two-week period in hospital during one of the months the MAR charts had been signed as being given. This meant that we could not be assured that this MAR chart was completed at the time of medicine being administered or correctly.
- We identified gaps in one person's MAR with no explanation as to why the record was incomplete. Another person's MAR record indicated that 'as required' (PRN) medicine had been given to the person, however this had not been administered in line with the guidance stated on the MAR chart, additionally no explanation had been given as to why this medication was administered.
- The registered manager told us they completed monthly MAR chart audits. No audits had been completed for the months of January and February 2020. We viewed the medicine audits for the period of November 2018 to December 2019. We found these completed audits had failed to identify any of the gaps in MAR charts or issues we had noted. This meant action had not been taken to address these issues and ensure that people received their medicines safely. When we discussed the audits with the registered manager they told us the audits had not picked up these issues because there were no issues to pick up and things had improved. This was not our findings. Failure to adequately audit records meant people were at significant risk of continual mismanagement of medicine.
- Staff competencies in relation to medication administration had not been completed at the time of the inspection. This meant we could not be assured that staff had the appropriate skills, knowledge and understanding of safe medicine management. Following the inspection, the registered manager told us that staff competencies and training had now been completed.

Unsafe medicines management placed people at risk of harm and is breach of Regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Preventing and controlling infection

- We could not be assured that infection control processes were followed to prevent cross contamination and the spread of infection.
- Staff told us they were provided with enough uniforms, although a person and two relatives of people told us these were rarely worn by staff and that staff had worn casual clothing during care calls.

- Staff and the registered manager told us they had access to personal protective equipment (PPE) such as disposable gloves and aprons, which were worn. However, people and relatives told us aprons were not always worn by staff during the delivery of person care and gloves were also worn beyond the provision of personal care. For example, a relative described how a staff member had completed personal care for their loved one but continued to wear the gloves into the kitchen and while writing in the person's care records. This meant staff and the people they supported were not always protected from potential infection.
- The provider had an infection control policy in place and staff told us they undertook training in this area however, statements from people and relatives indicated staff did not follow their infection control training placing people at risk of harm.
- This was discussed with the registered manager who agreed to investigate these concerns.

Unsafe infection control practices placed people at risk of harm and is breach of Regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Staffing and recruitment

- On day one of the inspection we were told the service supported eight people in their own homes. These people did not live in close proximity of each other and most staff members were reliant on public transport. Immediately following day one of the inspection the number of people the service supported increased to ten. These people had high care needs. One person required two wakeful staff throughout the night and four or more people required four care calls per day of two care workers. On day one of the inspection the registered manager told us this service employed nine care staff, one of which was supposed to be acting as management cover in the absence of the registered manager. Due to the number of staff employed by the service and the level of need of the people who received care we could not be assured that there were sufficient numbers of staff to meet the needs of the people.
- People's relatives told us of missed care calls and that staff did not always stay for the full length of the care call. One relative said, "There has been about five or six times when the carers haven't turned up at all. It happened twice in one week and we are not told. When I discussed this with the staff I was told it was because of sickness." Another relative told us, "They [staff] are reasonably good on time, but if they stay the length of the call, that swings in roundabouts."
- There were not effective processes in place to ensure people's care call had been met, as required or that sufficient numbers of staff were employed to meet peoples care calls. We requested copies of staff rota's on the 3 March 2020 from the registered manager, these were not provided to us. Between day one and two of the inspection copies of staff rotas were requested via email. These were not provided. On the second day of the inspection staff rotas were requested again, the registered manager said staff were sent text messages of their expected care calls.
- Following each care visit staff were expected to record the care they had provided within the person's daily records held in their home. On viewing the daily records made available to us significant gaps in staff recording was noted. For example, one person required four care calls per day. Daily records indicated calls were not always received or documented. For the period of one month, three care visits were recorded for three days; only one care call was recorded for one day and only two care calls were recorded for two days. Due to the quality of the records we were unable to establish the specific dates care had not been recorded or received. Another person also required four care calls a day. On the 10, 14, 17 and 18 September 2019 only three care calls were recorded. The registered manager was unable to confirm if care had been provided at these times. This meant we could not be assured people had received the care they needed placing them at significant risk.
- People were placed at risk as not all pre-employment checks had been completed as per the providers policy and required by regulations.
- On day one of the inspection the registered manager told us two new staff had been recruited since the

last inspection. We viewed both these staff recruitment records. For one of these staff members only one reference had been obtained, which had been received after they had commenced employment. There was no other information to evidence the person was of good character or evidence of conduct in previous employment. There was no evidence that gaps in employment had been investigated.

- When we contacted people, who used the service between day one and two of the inspection a person's phone was answered by someone who told us they were the carer from Alpha Quality Care. They confirmed they had only worked for the service for a short time. This staff members details had not been shared with us on day one of the inspection. On day two of the inspection this staff members recruitment file was viewed by inspectors. We found no references or other information to evidence the person was of good character or evidence of conduct in previous employment. had been obtained for this person.
- Lack of completed pre-employment checks meant the service could not be assured the staff they employed were of good character and fit to carry out the job they were employed for.

The failure to ensure systems and processes were consistently implemented to ensure fit and proper persons were employed was a breach of Regulation 19 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Systems and processes to safeguard people from the risk of abuse

- Not all people and relatives we spoke with were confident that they or their loved ones received safe care. When we asked a relative if they felt their loved one was safe they told us, "That's difficult, I'm not sure. I have to keep my eye on them [staff] and have to make sure they have done what they needed to do when they leave." This relative added that there were some aspects of care they would not want staff to do as they felt staff were untrained. A person said, 'I don't feel safe at all with the carers, but there is no one else.' However, one relative told us, they did not have any concerns about their loved ones safety.
- The provider had suitable systems in place to ensure staff were aware of how to safeguard people from harm and abuse.
- There were processes in place for investigating any safeguarding incidents. The registered manager was able to describe actions they would take if abuse was suspected.
- Staff told us they received training in safeguarding and decided how they would act on a safeguarding concern. A staff member said, "I would report concerns to my manager."

Learning lessons when things go wrong

- Due to the quality of the paperwork and lack of effective processes in place to monitor the quality of the service and care provided we could not be sure that all accidents and incidents were monitored and recorded to recognise any trends or patterns.
- We saw some evidence that investigations had taken place in relation to some concerns. These demonstrated that actions had been taken.

Is the service effective?

Our findings

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

At the last inspection this key question was rated as Requires Improvement. At this inspection this key question has remained the same. This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

Staff support: induction, training, skills and experience

- Due to incomplete records and people's comments about staff skills we could not be sure staff had received all necessary induction and ongoing training. The registered manager told us new staff were required to complete an induction programme before working on their own. This included training for their role and shadowing an experienced member of staff. For two new staff members we found that this induction had been completed as described. We found a third staff member had signed their own induction record stating they had completed their induction and appropriate training. However, this had not been signed off as being completed or competency checked by a senior staff member or the registered manager. There was no evidence that this staff member had completed 'shadow shifts', no certificates demonstrating that training had been received and no records to demonstrate that checks of practice had been completed to ensure this staff member was appropriately skilled. We highlighted this to the registered manager who was unable to provide us with additional information to confirm this staff member had completed their induction as required.
- The registered manager told us all staff had completed training and training updates in a timely way. Following the inspection, we were provided with a copy of the 'staff training matrix' which demonstrated that all staff included on this training matrix had up to date training. However, we compared this list with the list of staff the registered manager provided to us as being employed by the service. These names did not correspond with each other. For example, four members of staff included on the training matrix were not included on the staff list and four names on the staff list were not included on the training matrix. This meant we could not be assured that all staff had received the training they required. All staff we spoke with said they had received the training they required.
- People and relatives had mixed views on the skills, training and experience of the staff. A relative said, "I don't think they [care staff] have done training and I don't think some of them have every done care work." A person told us, "I don't think staff know what they are doing; except for [name of staff member], she is far superior to any of the others, she's amazing and knows what to do and how things should be done." Another relative was more positive about the staff skills. This relative said, "I think the staff are very good, I have no worries and think they must be trained."
- Staff told us they were well supported and received regular sessions on supervision with the registered manager.

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

- Written paperwork including care plans, medication information and risk assessments was not up to date.

If this was shared with healthcare professionals in an emergency, they would not be given the most relevant and up to date information to ensure the person's needs were met appropriately placing people at risk of harm.

- People had care plans in place, which contained essential information, including information about their general health, abilities and level of assistance required. However, we could not be assured that this information was up to date; due to inconsistency in records, information provided to us from people, relatives and health and social care professionals and verbally information provided to us by the registered manager in relation to people's needs.
- Not all people and relatives were confident that staff understood their or their loved one's specific health needs or that staff would recognise a deterioration in their health and wellbeing.
- The registered manager was able to provide us with some evidence that a deterioration in people's health needs or when an increase in the level of care was required this was discussed with health or social care professionals.
- Staff confirmed where people's health needs deteriorated, they were able to support people to access medical support, if required. The registered manager was able to share with us copies of emails when this had been done. A staff member said, "If a person was unwell, I would report it to the registered manager and stay with the person if I needed to."

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

- Due to the quality of the care records we could not be assured care had been provided in line with people's assessed needs.
- People's needs were assessed prior to the commencement of a service. This was to ensure their needs could be met. People and relatives confirmed care needs and wishes were discussed with them before care was commenced.

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

- Most of the people we spoke with said they or a relative prepared their meals.
- Those people whom staff prepared meals for were happy with the way this was done. One relative said, "They [staff] offer a choice of what to eat." A staff member told us, "I always give the person a choice of what they want to eat, if I am getting them a meal."

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

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

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty. We checked whether the service was working within the principles of the MCA.

- The registered manager told us that the people they supported had mental capacity to consent to care and treatment.
- The registered manager was aware of their responsibilities under the MCA and the role they might play in care delivery.

No one in receipt of care was under any authorisation of the MCA but the registered manager said they would alert social care professionals if there were any matters where people were being deprived of their liberty.

- People confirmed they were asked for their consent from staff before care was provided.
- Staff told us they had received training in the MCA. A staff member said, "We wouldn't force someone to have care, they always have a choice."

Is the service caring?

Our findings

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

At the last inspection this key question was rated as Good. At this inspection this key question has now deteriorated to Requires Improvement. This meant people did not always feel well-supported, cared for or treated with dignity and respect.

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

- We could not be assured that people were treated with dignity and respect.
- We received mixed views from people and relatives about the caring nature of the staff. One relative told us they had no concerns at all about the care their loved one received. A person said, "The girls are very nice, I can have a laugh with them."
- However, other people and relatives told us of examples where staff were not caring. A person and relative both commented on staff talking to each other during care calls in a shared language which was not English. This was disrespectful and anxiety provoking to the person receiving care as they had no idea of what staff were talking about.
- One person reported that a staff member listened to music through head phones while attending to their personal care needs. This was discussed with the registered manager on day two of the inspection who told us they had recently been made aware of this and were investigating this concern.
- A relative told us that a staff member left their property still wearing gloves they had worn to provide personal care to their loved one. The relative said, when the staff member left the property, they had removed these and thrown them in the front garden. The registered manager told us they were aware of this and had taken action to address this. However, they were unable to provide us with evidence of the investigation they had said they had completed or actions that had been taken.

The failure to ensure people were treated with dignity and respect was a breach of Regulation 10 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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

- Some information in people's care records demonstrated that their choices and views had been considered. For example, people's preference over the gender of staff they wished to support them had been recorded and the preferred timings of their care calls. However, from the information noted in people's daily records we could not be assured that these choices were respected. For example, one person's preferred choice of timing for their morning call was 10 am and their evening call was 20.30. However, daily records demonstrated, these calls were frequently provided before these times.
- Some information recorded in people's care and support plans was written in a manner that guided staff to respect people's choice around their care. For example, a section of a person's support plan stated, 'I would like the care workers to get me dressed in clothes of my choice.' Another support plan stated, 'I would like care workers to seek my consent before doing anything.'
- Review meetings were held regularly with people and their families. The registered manager provided us

with evidence that these meetings had taken place.

- A staff member told us, "I listen to people and will provide them with the care they want me to." Another staff member said, "I will always give people a choice, I ask people what they want."

Respecting and promoting people's privacy, dignity and independence

- Staff understood their responsibilities when respecting people's privacy. They described how they protected people's privacy when providing personal care by covering people with towels, closing doors and shutting blinds and curtains.
- People and their relatives did not express any concerns in relation to staff not maintaining their or their loved one's privacy.
- Staff described how they supported people to maintain their independence. A staff member said, "I would encourage people to do what they can for themselves." Another staff member told us, "What works for one person may not work for another, we need to support people to do what they can."
- People's care and support plans contained some information for staff about the level of support they required and their abilities. For example, one support plan stated, "I can wash my face and arms, but require support for the care worker to wash my back and lower body." Another support plan stated, '[Person] can wash her face and arms.'

Is the service responsive?

Our findings

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

At the last inspection this key question was rated as Good. At this inspection this key question has now deteriorated to Requires Improvement. This meant people's needs were not always met.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- Not everyone was happy with the care they received. Some people felt they did not receive care at the times they preferred.
- We received mixed views from people and their relatives in relation to whether they received person centred care. A relative told us they were very happy with the care their loved one received and spoke positively about the staff. This relative said, "They [registered manager] promptly increased the number of staff when this became necessary and we usually have the same main two staff who knows [love one] well." However, a person said that although they have regular staff, "They don't always remember to give me my medicine." They added, "Some staff do, and some don't stay the correct amount of time, they seem to want to be in and out in 5 minutes and I have to remind them about things that should be done."
- People told us they were given the opportunity to plan their care. People's care needs were assessed prior to the person starting their package of care. Person centred care plans had been developed for people, to enabled staff to support people in a manner that met their specific needs and preferences. However, not all care records contained a good level of information in relation to people's life stories, preferences and wishes.

Improving care quality in response to complaints or concerns

- There was a complaints process in place which outlined response times and investigation procedure.
- The registered manager told us there had been two complaints received since the last inspection. The information within the complaints log was able to demonstrate these complaints had been investigated and actions taken in a timely way.
- Feedback we received, suggested that verbal complaints about the lack of communication, staff attitude and lack of effective care had not been thoroughly investigated and responded to.
- People told us they knew how to complain should they need to and said, that often, immediate actions were taken. However, some people and relatives were not confident that actions taken were always effective and changes in practice were sustained.
- For example, the registered manager had received a formal complaint about staff speaking their own language and we saw that immediate actions were taken. However, a person told us, "This was addressed but recently this has happened again." Additionally, we received feedback following the inspection from healthcare professionals in relation to the lack of documentation and recording of care given. The healthcare professionals told us this had been discussed frequently with the registered manager however, no improvements had been made. This meant that actions taken following complaints had not led to long term improvements in the service.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- The registered manager told us they actively encouraged and supported people to communicate in a style which was relevant for them, fully considering their equality needs. This included information and documents being provided to people in their preferred written language, where required or in larger font to support people with sight impairments.
- Communication information was in place for people, if needed, which described how they chose to communicate. For example, one person's care plan stated, 'I can make my needs and wishes known. I would like care staff to communicate with me in English and speak clearly.'

End of life care and support

- Some staff had received training in end of life care, however, there was no one currently receiving end of life support who used the service.
- The registered manager described how they supported people at the end of their life, which included working with healthcare professionals to ensure the person received effective care and supporting the person's loved ones.

Is the service well-led?

Our findings

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

At the last inspection this key question was rated as Requires Improvement. At this inspection this key question has now deteriorated to Inadequate. This meant there were widespread and significant shortfalls in service leadership. Leaders and the culture they created did not assure the delivery of high-quality care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

- The service was not well managed. The registered manager and provider lacked oversight of staff performance, quality standards and the care that was being delivered.
- At the time of the inspection there was a registered manager in place. However, there was a lack of direct overall management when the registered manager was absent from the service. During the inspection process the registered manager was unable to always attend dates suggested by the inspectors to support with the inspection process. When discussed with the registered manager they told us a care supervisor was employed who managed the service in their absence. This care supervisor was not available during the inspection process as they were completing essential care calls. This demonstrated there was insufficient management cover in the absence of the registered manager.
- Effective processes were not in place to ensure people's care calls had been met, as required or that sufficient numbers of staff were employed to meet people's care calls. The registered manager failed to provide us with staff rotas when requested. People's daily care records indicated significant gaps in staff recording. The registered manager was unable to confirm if care had been provided at these times or which staff members should have provided care. This meant we could not be assured people had received the care they needed placing them at significant risk. The registered manager confirmed no audits were completed for daily records.
- Medicine audits were ineffective and did not drive the necessary improvement or ensure the safety and welfare of people. We found the issues we identified in relation to medicine administration (as highlighted in the safe domain of this report) had not been identified in the medicine's audits completed by the registered manager.
- Staff had not been recruited in line with the provider's recruitment policy.
- Record keeping was poor and records were not accurate. Care plans and risk assessments did not include all current information required to keep people safe and ensure they were provided with effective care. Training records did not correlate to staff employed or show that all staff had completed an induction and all necessary training.

The provider had failed to effectively assess, monitor and improve the quality and safety of services. Record keeping was poor and records were not accurate. This was a breach of Regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Policies and procedures were in place to aid the running of the service. For example, there were policies

on equality and diversity, safeguarding, whistleblowing, complaints and infection control. However, these were not readily available to care staff.

- The registered manager understood their responsibilities and had notified CQC about all incidents, safeguarding concerns and events that were required.

Planning and promoting person-centred, high-quality care and support; and how the provider understands and acts on duty of candour responsibility

- Not all people and relatives were confident that issues or concerns raised with the registered manager would be acted on, or action taken would result in positive changes. For example, one relative told us they had reported to the registered manager about staff talking in their first language which was not English during personal care. This relative said, "It got better for a while but is happening again." This issue was also shared with us from a person who received care from the service.
- People and their relatives had mixed views about the overall running of the service. One relative said, "[Name of registered manager] is pretty good, he does get back to me when I call." A person told us, "It's been a nightmare, I am never told which staff are coming and the registered manager doesn't always turn up for meetings when they say they will."
- The provider had a duty of candour policy that required staff to act in an open and transparent way when accidents occurred.
- The registered manager was aware of their responsibilities regarding duty of candour.

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

- The registered manager received feedback from people and their relatives through regular contact on the phone and during care reviews and checks of staff performance.
- Annual surveys were sent to people and relatives. We looked at the results of the most recent survey completed in July 2019 which mainly positive feedback about the service. The findings from this service had been collated and described actions that would be taken from the feedback received. We saw evidence that some actions were taken as described.
- Staff were positive about the registered manager. A staff member said, "The manager is very helpful" and another staff member told us, "I am well supported by the manager, definitely."
- Staff meetings were held regularly, which provided an opportunity for staff to discuss any issues or concerns together with their colleagues, staff meeting minutes were produced following these meeting, which were shared with staff who had been unable to attend.

Working in partnership with others

- The registered manager told us that they had a good local support network and attended meetings with other care agency managers in the local area.
- The registered manager told us they worked in partnership with others to improve the service. They shared correspondence with us which they had sent and received from a variety of health and social care professionals, including mental health and specialist health care professionals.