

Hopscotch Asian Women's Centre

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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?	Good ●
Is the service responsive?	Requires Improvement ●
Is the service well-led?	Inadequate ●

Summary of findings

Overall summary

About the service

Hopscotch Asian Women's Centre provides care services to people living in their own homes. The service specialises in supporting people from the Asian community and people living in South Camden. At the time of this inspection there were approximately 55 people using the service. The service provided care to people between the ages of 18 to 65 years some of whom are living with dementia, physical disabilities, learning disabilities and mental health conditions.

Not everyone who used the service received personal care. CQC only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they do we also consider any wider social care provided.

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

During this inspection we found that shortfalls identified during our last inspection had not been fully addressed. Since our last inspection the agency had undergone a major managerial change. There was a new chief executive, new manager and two new care co-ordinators. The new management team had started acting on improvements. However, further work was required to ensure improvements were sufficient, effective and sustained. The management team needed to improve the overall oversight of the service provision and to take prompt action when issues and concerns were identified.

Shortfalls we identified related to risk assessment, management of medicines, protecting people from abuse and scheduling and monitoring of care visits. Further areas for improvement related to effective support and monitoring of staff, consent, person centred care, communication and acting on concerns and overall monitoring of the service.

People were not always protected from avoidable harm. The provider had not ensured all risks to the health and wellbeing of people had been sufficiently assessed. Staff did not always have clear guidelines on how to minimise these risks.

Medicines were not always managed safely and as required by the current national guidelines. Staff competencies in medicines support and administration were not assessed. Therefore, the provider could not evidence that staff were competent in this area. However, we noted some improvements in how the medicines administration charts (MAR) were used.

The agency's systems to safeguard people from abuse were not robust enough to ensure people were always protected. The managerial oversight of handling people's money by staff was not comprehensive. Safeguarding concerns were not always dealt with promptly to ensure people were safe.

The monitoring systems related to staff punctuality and attendance at care visits was not always affective and people were at risk of not receiving their support when needed.

People were not supported to have maximum choice and control of their lives. The systems in the service did not support this practice. Staff involved people in making decisions about their day to day care. However, care plans did not guide staff on what decisions people who did not have capacity could make and which they needed support with.

The agency's complaints system was not effective in identifying, receiving, handling and responding to complaints from people using the service, people acting on their behalf or other stakeholders. This meant people were at risk of receiving care that did not meet the standard required by regulations.

Not all members of the management team had received training to help them to carry out their duties well. The provider assured us that this would be addressed immediately.

People's care plans needed more comprehensive and person-centred information about some areas of the care provided. This included nutrition, skin care, accessible communication, end of life choices and specific care needs and medical conditions.

Staff received training and support in the form of supervision and spot checks of their direct work in people's homes. However, there was no evidence to show that issues, concerns or areas for improvement identified during staff checks and supervisions had been acted on.

We also found some positive examples of systems used by the agency to ensure people were protected from avoidable harm. These included safe recruitment practice, infection control and management of accidents and incidents.

People's diversity had been respected to ensure people from different cultures and walks of life received respectful and dignified support.

Although we found widespread shortfalls, most people using the service spoke kindly about staff who supported them. They said staff were caring and had a genuine interest in people. However, the general feedback received from various stakeholders was that the agency needed to improve their customer service and responsiveness to people's changing needs and concerns and complaints raised by them. This was to ensure people's needs were met. The new senior management team assured us they were keen to make the required improvements promptly.

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

Rating at last inspection (and update)

The last rating for this service was requires improvement (published 11 July 2019). This service has been rated requires improvement for the last three consecutive inspections.

The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection, not enough improvement had been made and the provider was still in breach of regulations.

Why we inspected

This was a planned inspection based on the previous rating.

You can see what action we have asked the provider to take at the end of this full report.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Hopscotch Asian Women's Centre on our website at www.cqc.org.uk

Enforcement

We have identified breaches in relation to risk assessment, management of medicines, safeguarding people from abuse, consent, person centred care, managing and acting on complaints and Good governance. We made four recommendations on monitoring care visits, supporting people with nutrition, effective skin care and customer care.

Please see the action we have told the provider to take at the end of this report.

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

Follow up

We will request an action plan from the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and local authority to monitor progress. We will return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

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.

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 safe.

Details are in our safe findings below.

Inadequate ●

Is the service effective?

The service was not always effective.

Details are in our effective findings below.

Requires Improvement ●

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

Is the service responsive?

The service was not always responsive.

Details are in our responsive findings below.

Requires Improvement ●

Is the service well-led?

The service was not well-led.

Details are in our well-Led findings below.

Inadequate ●

Hopscotch Asian Women's Centre

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

The inspection team consisted of one inspector, one inspection manager, one assistant inspector and one Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type

This service is a domiciliary care agency. It provides personal care to people living in their own houses and flats and specialist housing.

The service had a manager who was not yet registered with the Care Quality Commission. They told us they would be submitting their application for registration shortly. This means that they and the provider would be 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 48 hours' notice of the inspection. This was because we needed to be sure that the provider or registered manager would be in the office to support the inspection.

What we did before inspection

We reviewed information we had received about the service since the last inspection. We used the information the provider sent us in the provider information return. This is information providers are

required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all of this information to plan our inspection.

During the inspection

We spoke with the nominated individual, the manager, two care coordinators, the training officer, and one field supervisor. The nominated individual is responsible for supervising the management of the service on behalf of the provider.

We reviewed a range of records. This included 12 people's care records and multiple medicines records. We looked at eight staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

Before and during the inspection we spoke with seven people who used the service and five relatives about their experience of the care provided. We also received feedback from five care staff.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at training data and quality assurance records. We received feedback from one professional who was in regular contact with the service.

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 requires improvement. 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

At our last inspection the provider had failed to robustly assess the risks relating to the health safety and welfare of people. This was a breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection not enough improvements had been made and the provider was still in breach of this aspect of Regulation 12.

- Not all risks had been assessed and therefore staff were not always given sufficient guidelines on how to provide safe care to people. For example, for one person medicines were being mixed with thickener but no risk assessment for such administration of medicines or risk of choking had taken place.
- There was a lack of thorough risk management plans to guide staff on how to minimise risk to people. We found gaps in relation to the management of safety of the environment people lived in. We also found gaps in relation to ensuring proper skin care, equipment used and specific medical conditions, for example Parkinson's disease.
- The information about the risk was scattered across different parts of the risk documentation and did not always match. Therefore, it was not easily available to staff. For one person the risk management document said the person was not at risk of self-harm. In another part of the same document it said that the person could self-harm when upset.

We found no evidence that people had been harmed, however, the risk assessment process was not robust enough to demonstrate safety was effectively assessed and managed. This placed people at risk of harm. This was a continued breach of Regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Using medicines safely

At our last inspection the provider did not manage medicines safely and people were at risk of receiving their medicines not as intended by a prescriber. This was a breach of Regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection not enough improvement had been made and the provider was still in breach of this aspect of Regulation 12.

- At our previous inspection there was no up to date list of people's medicines contained in care files. This continued to be the case on this inspection. This meant the provider could not be assured that people were receiving their medicines as prescribed.
- Care plans continued to lack adequate detail of the medicines support people required. For example, in one person's care plan it stated, "prompt medicines," however, it also stated that the person was unable to open the blister pack. This suggested that the care staff were in fact administering the medicines not simply prompting. Staff could not clarify this during the inspection.
- Records of topical medicines administration were not being made. Care plans for two people indicated they required topical creams, but these were not documented on the Medicines Administration Record (MAR). Daily log sheets completed by care staff did not contain information about whether these creams had been administered. Therefore, we could not be assured that people received their topical medicines as prescribed.
- Medicines training was in place. Staff were expected to receive this annually, however, from the training matrix it was not clear if all staff had received the training within the last 12 months. No competency assessment took place for medicines support and administration. This meant the provider could not assure themselves that training was effective, and staff were competent in this area.
- MAR's were not completed consistently. We reviewed MARs for eight people and found gaps on all. For example, one person's MAR was not completed for their evening medicines for the whole month of April 2019.
- A system of auditing the MAR charts had been implemented in May 2019, however, the provider was not able to show us any results, outcomes or actions from these audits.

We found no evidence that people had been harmed. However, systems relating to the management of medicines were not robust enough to demonstrate people were fully protected from unsafe use of medicines. This placed people at risk of harm. This was a continued breach of Regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Electronically generated MARs had been implemented since our last inspection and were generated by supervisors. This meant the charts were clear and easy to read with administration details included for medicines.
- The new MAR contained an approved key code which we saw care staff were using when completing the MARs. This was an improvement since our last inspection.
- Changes had been made to care plans and all care plans we reviewed now contained details of where medicines were stored in people's homes.

Systems and processes to safeguard people from the risk of abuse

At our last inspection, we recommended the provider sought advice and guidance from a reputable source, on how to handle people's money safely. At this inspection we found the provider had not made improvements.

- Staff and people using the service continued to be at risk of financial exploitation. The agency had not monitored all financial transactions carried out on behalf of people, for example grocery shopping. The managers told us two people received staff support with their shopping. However, financial records for only one person were available for us to view during the inspection. Records of transactions and receipts for the second person were not collected from a person's home for the audit purpose. Five people we spoke with told us staff supported them with regular shopping. This confirmed there was no managerial oversight of handling people's money by staff. Following our visit, the provider informed us that they amended their money handling system. This was to ensure financial transactions made on behalf of people were monitored.

- The agency did not have robust safeguarding systems in place to protect people from abuse. There was a safeguarding policy in place, however, it was not always followed. For example, safeguarding concerns were not dealt with within the given timelines. We noted that the policy was recently reviewed, and the new version was awaiting the provider's approval.
- Care coordinators tasked with investigating safeguarding concerns had not received training in safeguarding and how to conduct such investigations. Following our visit, the provider informed us that training in how to investigate safeguarding concerns was scheduled for care coordinators to attend in early July 2019.
- Other agency systems aiming to protect people from harm were not always effective. For example, during the inspection, when reviewing daily care visit records, we saw that one visit that morning had not taken place. The agency had a monitoring system in place to ensure such situations were immediately acted on. However, the provider could not evidence that action was taken to contact this person to ensure they were well.
- The provider had not informed CQC about seven safeguarding concerns. They should have done this to comply with the law. We are looking into this in more detail.

The lack of robust safeguarding systems in place put people at risk of possible harm and abuse from others. This was a breach of Regulation 13 (Safeguarding service users from abuse and improper treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Staffing and recruitment

- People were not always satisfied with how the calls were scheduled. Some people told us that staff supporting them were frequently changed. This upset people and made it more difficult to build friendly relationships with staff.
- People were at risk of not receiving their care when they needed it. The agency had not always monitored staff timekeeping and attendance at care visits effectively. One person and three relatives told us staff were often running late or they did not arrive at all. They told us the office had not contacted them to notify about staff lateness, absence or changes. The manager explained, in May 2019 the agency had implemented a new monitoring system to help to improve staff timekeeping and attendance. They expected that this area of the service provision would continue to improve. However, an example we saw of the calls monitoring report from July 2019 showed that some care calls still took place significantly earlier or later than planned.

We recommend that the provider seeks further support and training on scheduling of care visits and monitoring of staff timekeeping and care visit attendance.

- The agency had appropriate recruitment checks in place to ensure only suitable staff supported people. These included, references from the previous employer, proof of identity and Disclosure and Barring checks (DBS). The DBS helps employers make safer recruitment decisions and prevent the appointment of unsuitable people.

Preventing and controlling infection

- Staff received training in infection control. Staff we spoke with understood how to protect people from the risk of infection.
- The agency provided staff with personal protection equipment (PPE), for example gloves, aprons and shoe covers. People using the service and their relatives confirmed that staff followed infection control measures when providing care.

Learning lessons when things go wrong

- The provider had an accidents and incidents procedure in place. Staff we spoke with knew how to report

any accidents and incidents they witnessed.

- Accidents and incidents had been recorded including what action was taken to address the situation.
- The manager maintained an accidents and incidents log. They said they used it to monitor and analyse accidents and incidents for any potential themes and patterns so improvements could be implemented.

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, requires improvement.

This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

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.

At our last inspection the provider had not always acted in accordance with the principles of MCA. This was a breach of Regulation 11 (Need for consent) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection we found improvements had not been made and the provider was still in breach of Regulation 11.

- Where people were identified as not having capacity to make decisions, the provider could not evidence that they had sought the consent to their care lawfully. In two cases relatives signed the consent forms. However, there was no documentation available to show that these relatives had been legally authorised to do so. In two other cases, consent documentation was not present in people's files. Therefore, the provider could not evidence that the agency had been given permission by people or their representatives to provide care for these people.
- Care staff were not provided with sufficient information on how to support individual people who did not have capacity. Care plans did not include information on what decisions people could make and which they needed support with. People's care files did not have mental capacity assessments carried out by the service or other professionals. There was no reference to best interests' decisions to ensure any decisions made on people's behalf had been made to benefit them.

- When people were described as living with dementia, there was not enough information in their care plans on how this affected them. Therefore, staff were not provided with clear guidelines, so they could understand people and what the best ways of supporting them was.

We found no evidence suggesting that people received care they did not want. However, the lack of effective systems to seek informed consent could put people at risk of receiving care that did not benefit them or was unwanted. This was a continued breach of regulation 11 (Need for consent) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- People using the service who had capacity signed their consent confirming they agreed to the care provided by the agency.
- People and relatives told us, staff always asked for people's permission before providing care and support to people.

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

At our last inspection the provider had failed to robustly assess people's nutritional and hydration needs, and risks related to them. This was a breach of Regulation 14 (Meeting nutritional and hydration needs) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection we found improvements had been made and the provider was no longer in breach of Regulation 14. However further improvements were still needed.

- People's care plans had information about what support was needed at mealtimes. This included special dietary requirements, for example soft diet and thickened fluids. However, care staff were not always provided with enough information on what people's dietary likes and dislikes were. We noted these had often been mentioned on the list of daily care tasks.
- One family member said, at times staff did not want to prepare certain types of food. We discussed this with the manager. They explained, as much as possible staff and people were matched to ensure support at mealtimes was provided with respect to cultural, religious and personal preferences of people and staff.
- We saw that in one example, staff were provided with specific instructions on how to prepare food for a person. However, there was no risk assessment to inform staff about risks relating to supporting this person with eating.

We recommend that the provider considers current best practice guidance and training on supporting people with food and drink.

- People who needed support at mealtimes, said they received the support they needed. People said staff always offered a choice of food before preparing it. One person told us, "They give me breakfast, lunch and dinner. They do ask me what I want to eat. It varies, from cooking from scratch, but it's mostly ready meals."
- Staff provided people with a variety of meals depending on what was available at home and what staff were able to prepare. One person said, "The carer does sometimes cook a few Indian dishes for me, which I have shown her how to make."

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

- In most cases, staff supported people to have access to external health and social care professionals when needed. However, in one case staff had not notified the service about the person's wellbeing deteriorating.

This was later highlighted with the agency and addressed by the local authority.

- People's care plans did not always have sufficient information on effective skin care. This was especially true for people experiencing incontinence issues or confined to a bed or chair. In care plans, staff were asked to monitor people's skin and provide appropriate personal care. However, there was no information on how to recognise skin deterioration and how to address it. We discussed this with the manager who said they would ensure more information was provided in respective care plans.

We recommend that the provider seeks further guidance and training on effective skin care and making referrals to health and social care professionals when needed.

- People thought staff would support them effectively in accessing health services if needed. One person told us, "Luckily it's not happened, but I am sure they would if needs be; they're very competent like that."

Assessing people's needs and choices; delivering care in line with standards, guidance and the law
At the previous inspection we identified that the service had not carried out their own assessment of needs and preferences for care and treatment of people who used the service. At this inspection we found that this had been addressed.

- People and relatives, we spoke with, said the agency's representative had visited them to discuss their needs and preferences. All people and relatives we spoke with said that with some exemptions to the timekeeping, they had been receiving care and support as per their care plan. One person said, "Yes they're knowledgeable about me and my care. If there's something I want doing, they will do it." One relative said, "They came to our house and spoke to my relative. They asked what service she requires."

Staff support: induction, training, skills and experience

- Staff were supported through a variety of checks which included supervisions and spot checks of their work in people's homes. Staff who received supervision told us it helped them to understand their strengths and areas for improvement. However, we noted there was no evidence to show that issues, concerns or areas for improvement identified during staff checks had been acted on. We brought this to the attention of the manager who said they would look into and address this.

- Staff had not received a yearly appraisal of their development and performance. The newly appointed manager explained they wanted to get to know staff better before appraising them. The manager told us appraisals would take place in July 2019.

- People and relatives thought staff were well prepared to provide the support. One person said, "My carer knows what she is doing and understands my needs. One relative told us, "Yes, staff know what they are doing." However, another family member stated that staff visiting their relative for the first time did not always have good knowledge about what care was needed.

- Newly employed staff received an induction to the agency. Staff comments showed that it was helpful. One care staff said, "Induction was good. I read the policies, shadowed few carers and done few trainings during induction."

- Staff received training considered mandatory by the provider. We saw a copy of the training matrix which showed that care staff had completed or were scheduled to attend required training. The training covered a range of areas, including safeguarding and the MCA 2005, moving and handling, infection control and medicines awareness. Training provided was in line with The Care Certificate. The Care Certificate includes a set of standards that staff should abide by in their daily working life when providing care and support to people. Staff confirmed that they received training and they said it was useful.

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 remained the same, good.

This meant people were supported and treated with dignity and respect; and involved as partners in their care.

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

- People using the service and relatives said staff treated people with kindness and respect. One person told us, "Everything the carer does is so kind; she's adorable. She's a gift from God and she's like family. The carer wouldn't do anything that we haven't discussed beforehand." A relative said, "What I've seen, staff treat my relative with respect. They're respectful of her wishes. They don't go into anything they shouldn't."
- The agency respected people's diversity and was open to provide care to people of all faiths, cultures and belief systems. Staff received training in equality and diversity to better understand other cultures and the way people chose to live. Most staff employed by the agency were of Asian background and English was not always their first language. When needed, the agency offered further support and training for staff to improve their language skills to be able to better communicate with people who used the service.

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

- Staff understood the importance of good communication with people and showing interest in them. A staff member told us, "I must speak slowly and clearly. Not too loud." A person using the service said, "They are lovely, they ask me how I am doing, and how are my children doing."
- The provider could not always evidence that they sought formal consent to care provided to people. We covered this matter in the effective section of this report. However, we noted that staff told us, and people and relatives confirmed that people were always involved in making decisions about their day to day care. One staff member said, "People can choose their food and drink, the TV channel they want to watch. With clothes, I will show them several clean clothes and they choose which one they want to wear." A person using the service told us, "On the day I tell carers what I want to eat. I may arrange times for them to arrive." A relative stated, "Yes, they respect my relatives wishes, of how she wants to be treated and cared for."

Respecting and promoting people's privacy, dignity and independence

- People and relatives said people's dignity was protected when receiving care. One person told us, "They're mindful of my mood. They offer to come into the shower to wash me, but I can do it myself. Whilst I am in the shower they go into the kitchen and get on with other tasks." A relative said, "Personal care is done in the bathroom, carers shut the door and cover the body while giving my relative a wash." All people and relatives said staff asked for people's permission before providing personal care.
- Staff respected people's privacy when visiting them. One person told us, "They're mindful of my home and don't go anywhere they're not supposed to."

- Staff told us they supported people to be as independent as possible. One care staff told us, "I encourage people to comb their hair, and I only give them support if needed."
- People could choose if they wanted a female or male worker supporting them.

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 requires improvement. At this inspection this key question has remained the same, 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, Meeting people's communication needs, End of life care and support

At our last inspection the provider did not ensure that care and treatment met people's needs and reflected their preferences. This was a breach of Regulation 9 (Person centred care) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection, not enough improvements had been made and the provider was still in breach of Regulation 9.

- Following our previous inspection, the agency had introduced new care plans which aimed to incorporate people's care needs, preferences and risks involved in people's care. We noted, these care plans had limited information recorded and staff were not always provided with enough guidelines on how to support people effectively. This was especially true for support related to skin care, nutrition, ability to make decisions about a person's own care and specific health needs and medical conditions for individual people.
- We saw some care plans had a good level of information about people's earlier life, their family and support network. However, information about people's cultural and religious needs were often limited or not provided at all.
- People's care plans did not have information about people's end of life choices and preferences. This indicated the agency had not explored this matter with people to ensure their end of life wishes had been known in case of their passing.

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 provider had not ensured that all people receiving the service were given information about care provided to them in a way they could understand. For example, some people using the service were living with a learning disability or were unable to read. There was no alternative such as an easy read pictorial care plan or other information about the service. Such information could help people to better understand what care was provided to them.
- Information about people's communication needs had been included in people's care plans. However, it

did not always match the description provided in other documentation available in people's care files. For example, one person's care plan stated they had no issue with communication. However, a referral from the local authority described the person as having poor hearing and sight, therefore their ability to communicate could have been affected.

We found no evidence that people had been harmed. However, the provider's care planning system was not responsive in ensuring individuals, including people and staff, had sufficient information about people's care needs and in the form that could be accessible and understood by them. This was a continued breach of Regulation 9 (Person centred care) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- People and relatives said staff had a genuine interest in people. They said, staff asked about people's needs, preferences and chatted about life and things that mattered to people when possible.
- At the time of our inspection, the agency had not provided end of life care to any person who used the service.

Improving care quality in response to complaints or concerns

At our last inspection the provider did not have an effective system in place for managing complaints and ensuring that actions on improvements were followed. This was a breach of Regulation 16 ((Receiving and acting on complaints)) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection, not enough improvement had been made and the provider was still in breach of Regulation 16.

- The agency had received six formal complaints since our last inspection. We reviewed a sample of three complaints received since January 2019. We saw these had not been acknowledged and dealt with promptly. For example, only one out of three complaints were responded to within five days as required by the provider's policy. The other two complaints had been responded to after 10 or more days. Records showed the complainants prompted the response from the agency with follow up emails, as their initial complaint had not been acknowledged by the agency.
- Records of complaints did not always have clear information about how the investigation had been conducted and the outcomes. For example, one complaint related to a medicines error. There was no clear explanation about how the error happened and what was done about it. Available records and discussion with the manager showed that at our inspection (over three months since the complaint was made) the matter had still not been fully clarified and addressed.
- People and relatives, we spoke with, said they knew how to make a complaint if they had concerns about the service received. They gave mixed feedback on how the agency dealt with their complaints. Three people and relatives said that the agency had addressed their complaints to their satisfaction. However, one person and two relatives said no action was taken following their complaint.

We found no evidence that people had been harmed. However, the provider did not have an effective system for identifying, receiving, handling and responding to complaints from people using the service, people acting on their behalf or other stakeholders. Therefore, people were at risk of receiving care that did not meet standard required by regulations. This was a continued breach of Regulation 16 (Receiving and acting on complaints) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

At our last inspection the provider did not have effective systems in place to ensure regular monitoring, analysis and improvement of the service. This was a breach of Regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection, not enough improvement had been made and the provider was still in breach of Regulation 17.

- The agency manager was not registered with the Commission at the time of our visit. The manager informed us they would be submitting their application to the CQC shortly.
- The agency's quality monitoring systems were still not sufficient to ensure the agency met standards required by regulations. There was an improvement plan which covered areas highlighted during our last inspection. It showed that some actions had been taken to address identified shortfalls. However, the agency's quality monitoring systems had not identified that these improvements were not always sufficient. For example, the manager's service users' documentation audit included dates when care plans and risk assessments had been completed. However, the audit did not look at the quality of the information in these documents and if they needed further improvement.
- The provider had a range of tools to support and monitor staff. However, where areas for improvement had been highlighted, the provider could not evidence these had been acted on and addressed. For example, all spot checks we viewed found that staff had not been wearing the agency's identification badge when visiting people. These had at times been observed at two consecutive spot checks. None of the spot check documents highlighted it was an issue and what action was taken to address it. We spoke about this with the managers who said they would look into it.
- The agency had not always monitored staff timekeeping and attendance at care visits effectively. Therefore, people were at risk of not receiving their care when they needed it. We saw calls had at times taken place significantly earlier or later. In one case the care visit did not take place at all. The manager explained, staff timekeeping had significantly improved since the new monitoring system was introduced. However, they were still implementing this new way of working. They expected the timekeeping and calls attendance would continue to improve.
- Not all members of the management team had training to carry out their roles and duties safely and

effectively. This was especially related to the rota management, dealing with complaints and safeguarding issues. Care staff and people told us this affected the service delivery and how they experienced the support provided to them. One staff member said, "Co-ordinators are difficult to get along with."

- Communication systems within the management team were not effective. Therefore, information about the service delivery, including concerns raised by various stakeholders was not always effectively delivered, received and acted on by the respective managers. Consequently, important issues related to, for example, safeguarding matters or complaints, had not been dealt with promptly.
- Not all records were readily available for the inspection team to view. These related to medicines management, daily care provided, and monitoring of people's money. Therefore, the provider could not evidence that they had effectively monitored these aspects of the service delivery.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The manager understood their role under the duty of Candour. However, the agency had not always acted promptly when things went wrong. Safeguarding and complaints systems were not prompt in dealing with issues highlighted by people, relatives and other stakeholders. This put people at risk of receiving care that was not safe.
- The provider had not notified the Commission about events as they should as required by the law.

We found no evidence that people had been harmed. However, systems were either not in place or robust enough to show the service was monitored, analysed and improved effectively. This was a continued breach of Regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; Continuous learning and improving care

- People said they knew the service had a new manager and they were still to meet them. Most people we spoke with said they had not experienced issues with the service provided. However, those who did felt they were not always supported in a friendly manner and had not always achieved good outcomes for people. One person said, "The manager is good; some of the operative staff are rude and one day I had to tell one to stop talking down to me".

We recommend that the provider seek guidelines and further training on effective customer care.

- The new senior management team understood issues faced by the agency. They said they were keen to successfully improve the service provided. They acknowledged that although work has already been done to implement positive changes, more work was needed to ensure the agency met all the requirements of the regulations.

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

- The agency was conducting quality monitoring calls to people and relatives. Some people we spoke with confirmed they had already been contacted for the feedback about the service provided. The manager told us they were yet to analyse the outcomes of the calls.
- There were office staff meetings in which topics related to the service delivery were discussed. These included management of the service delivery and staff recruitment. However, care staff told us they had not taken part in the care staff meeting since the new management team had joined the service.
- Staff spoke kindly about the new manager. One staff member said, "[The manager] is great she is easy to

talk to."

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Personal care	<p>Regulation 9 HSCA RA Regulations 2014 Person-centred care</p> <p>The registered person had not ensured that care and treatment to service users met their needs and reflected their preferences.</p> <p>Regulation 9 (1) (3) (b) (c) (g)</p>
Personal care	<p>Regulation 11 HSCA RA Regulations 2014 Need for consent</p> <p>The registered person had not always ensured that care and treatment was provided with the consent of the relevant person.</p> <p>The registered person had not always acted in accordance with the Mental Capacity Act 2005.</p> <p>Regulation 11 (1) (3)</p>
Personal care	<p>Regulation 16 HSCA RA Regulations 2014 Receiving and acting on complaints</p> <p>The registered person had not ensured that an effective system was put in place or managing complaints and that and that actions on improvements were always followed.</p> <p>Regulation 16 (1) (2)</p>

This section is primarily information for the provider

Enforcement actions

The table below shows where regulations were not being met and we have taken enforcement action.

Regulated activity	Regulation
Personal care	<p>Regulation 12 HSCA RA Regulations 2014 Safe care and treatment</p> <p>The registered person had not ensured care was provided in a safe way for service users because:</p> <p>They had not done all that was reasonably practical to assess and mitigate risks to care and treatment of people who used the service.</p> <p>Regulation 12 (2) (a) (b)</p> <p>They had not ensured the safe and proper management of medicines.</p> <p>Regulation 12 (2) (g)</p>

The enforcement action we took:

We took enforcement action under regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. We told the registered person to make the necessary improvements by 31 August 2019.

Regulated activity	Regulation
Personal care	<p>Regulation 13 HSCA RA Regulations 2014 Safeguarding service users from abuse and improper treatment</p> <p>The registered person had not ensured that systems and processes had been established and operated effectively to prevent abuse of service users.</p> <p>Regulation 13 (1) (2) (3)</p>

The enforcement action we took:

We took enforcement action under regulation 13 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. We told the registered person to make the necessary improvements by 31 August 2019.

Regulated activity	Regulation
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Regulation 17 HSCA RA Regulations 2014 Good governance

The registered person had not operated effective systems to:

Assess, monitor and improve the quality of the service.

Regulation 17 (2) (a)

Assess, monitor and mitigate the risks relating to health, safety and welfare of service users.

Regulation 17 (2) (b)

Maintain accurate, complete and contemporaneous record in respect of each service user, including a record of the care and treatment provided to the service user and of decisions taken in relation to the care and treatment provided.

Regulation 17 (2) (c)

Analyse feedback received from people using the service and use it to drive improvements to the quality and safety of service and the experience of engaging with the provider.

Regulation 17 (2) (e)

The enforcement action we took:

We took enforcement action under regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. We told the registered person to make the necessary improvements by 30 September 2019.