

Nightingale Social Care Staffing Agency Limited

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Inspection report

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Requires Improvement 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Inadequate 

Summary of findings

Overall summary

The inspection of Nightingale Social Care Staffing Agency Limited took place on 13 December 2017 and 3 January 2018. We previously inspected the service on 27 October 2016; at that time we found the registered provider was not meeting the regulations relating consent, safe care and treatment, managing complaints, safe recruitment and good governance. We rated the service Requires Improvement. The registered provider sent us an action plan telling us what they were going to do to make sure they were meeting the regulations. On this visit we checked to see if improvements had been made.

This service is a domiciliary care agency. It provides personal care to older adults living in their own houses and flats in the community. At the time of our inspection Nightingale Social Care Staffing Agency Limited were providing care and support to 41 people.

The service had a registered manager in place. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run. The registered manager was also the registered provider; they were involved on a daily basis in the management of the service.

Although people told us they felt safe, we found aspects of the service that were not safe. We found concerns identified at the previous inspection had not been addressed. Where staff had to use a hoist to move people, a risk assessment was not put in place until an assessment had been completed by an occupational therapist; this meant there was a delay..

Staff recruitment was not robust, a risk assessment had not been completed for a staff member regarding a disclosure from the Police National Database and a gap in a candidate's employment history had not been explored. Staffing levels were sufficient to meet people's needs.

A care co-ordinator had completed an audit of people's medicine records and subsequent changes had been made but improvements were still needed to ensure the management of people's medicines were safe. There was no evidence to show staffs competency to administer medicines was assessed and records lacked information regarding some people's medicines.

New staff were supported in their role, which included training and shadowing a more experienced staff member. We saw evidence staff had received regular ongoing training in a variety of subjects. Staff had not received regular supervision or field based observational assessments of their performance.

People received support to eat and drink although we reviewed the care file for one person which lacked information regarding their specific dietary needs and how staff needed to support them with drinks to reduce the risk of choking. This matter had been addressed when we visited the service for the second day of the inspection.

Staff were able to access relevant healthcare professionals if their input was required.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice. We saw evidence people had given their consent to the care and support they were receiving. Where people lacked capacity, a capacity assessment had been completed and there was evidence of best interest's decision making.

People we spoke with told us staff were caring and kind. Staff treated them with respect and took steps to maintain their privacy. Staff were able to tell us about the actions they took to maintain people's dignity and ensure people's private information was kept confidential.

People had a care plan in place which was person centred and provided sufficient detail to enable staff to provide the care and support required by each individual. Staff made a record of the care they provided at each call.

A system had been implemented to manage complaints.

People gave some mixed feedback regarding the management of the service, although staff were positive. The registered manager clearly cared about the people who used the service and the staff they employed.

However, there were no systems and processes in place to enable the registered manager to have oversight of the service they were providing. The registered manager had purchased a quality compliance system following the last inspection but we were unable to evidence action had been taken to review or implement any of its content into the day to day running of the service. The issues highlighted within the inspection report evidence that systems of governance were ineffective.

Feedback had been gained from people who used the service and regular meetings had been held with staff. These showed steps had been taken to gauge people's opinion and share information with staff.

This is the second time the service has been rated Requires Improvement. We have also identified continuing breaches of the Health and Social Care Act 2008 (Regulated Activities) regulations 2014. You can see what action we told the provider to take at the back of the full version of the 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.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement ●

The service was not always safe.

Detailed risk assessments were not always in place.

Recruitment practices were not robust. There were sufficient numbers of staff employed by the service .

Some aspects of medicines management needed to be improved.

Is the service effective?

Requires Improvement ●

The service was not always effective.

Staff had not received regular supervision and 'spot' checks.

New staff were supported and staff received regular training.

People were supported to eat and drink but one care file lacked information as to how staff were to support the person safely.

There was evidence people had consented to the care and support they were receiving.

Is the service caring?

Good ●

The service was caring.

People told us staff were kind and caring.

People's privacy and dignity was respected.

There was a system in place to reduce the risk of unauthorised access to confidential information.□

Is the service responsive?

Good ●

The service was responsive.

People had care plans in place which were reflective of the care

and support needs.

There was a written record of the care and support provided at each care visit or call.

There was a system to record and investigate complaints.

Is the service well-led?

The service was not well led.

The system of governance was ineffective.

A quality compliance system purchased by the registered manager had not been implemented.

The service had a registered manager in post. ☐

Inadequate 

Nightingale Social Care Staffing Agency Limited

Detailed findings

Background to this inspection

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

This inspection took place on 13 December 2017 and 3 January 2018 and was announced. We gave the service 24 hours' notice of the inspection before each visit to ensure the registered manager would be available to meet with us. The inspection team consisted of two adult social care inspectors and an 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. The expert by experience on this occasion had experience in caring for a person who accesses health and social care services.

Prior to the inspection we reviewed all the information we had about the service including statutory notifications and other intelligence. We also contacted the local authority commissioning, contracts and safeguarding to assist us in planning the inspection. We reviewed all the information we had been provided from third parties to fully inform our approach to inspecting this service.

Before the inspection, the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make.

During our visit to the office location we spent time looking at six people's care files and seven people's medicine administration records. We also looked at eight staff recruitment files and various documents relating to the service's quality assurance systems. We spoke with the registered provider, who was also the registered manager for the service and a care co-ordinator. Following the inspection we spoke with five support workers on the telephone. We also spoke on the telephone with four people who used the service

and five relatives of people who used the service.

Is the service safe?

Our findings

At our previous inspection we found the registered provider was in breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 as care plans did not include relevant risk assessments and moving and handling documentation lacked relevant detail.

At this inspection we saw evidence staff had completed training in both theory and practice of moving and handling people. Staff told us moving and handling risk assessments were completed by occupational therapists (OT's) and if there were any changes to a person's moving and handling needs, they informed the office and a member of office staff would arrange for the person to be re-assessed. Staff also told us in the event of a fault being identified with someone's equipment, for example, a hospital bed or a hoist, they would contact the office. They explained a member of the office staff would then contact the relevant service contractor to arrange either a repair or a replacement.

When we reviewed people's records we found although the service identified risks to people's health and welfare, care records did not consistently show how those risks were to be managed by staff. For example, one person required a specialised ceiling hoist and slings to enable staff to move them. We saw a risk assessment had been completed but it only gave very basic information which would not enable staff to safely move and transfer the person. The risk assessment was not dated therefore, it was difficult to evidence it was up to date and still appropriate. We were told the person had been assessed by the OT for their moving and handling needs but this was not available on the office copy of their care file. The care co-ordinator therefore, asked a member of staff to bring the plan from the person's home to enable us to see it. We saw the OT assessment provided relevant information to enable staff to complete their tasks safely. However, we looked at two other people's moving and handling documentation which instructed staff to use a hoist for all transfers; there were no risk assessments or information in their records to instruct staff how to move them safely.

We raised our concerns with the registered manager. The registered manager and care co-ordinator told us when a person required the use of a hoist; a referral was sent to the OT for them to complete an assessment although they may sometimes have to wait a period of time before this was completed. They said, "We don't do moving and handling risk assessments or care plans, the OT's do them. No-one in Nightingale can do them."

Employers have a legal requirement to reduce the risk of injury to staff and people using care services by: avoiding those manual handling tasks that could result in injury, where reasonably practicable and assessing the risks from moving and handling that cannot be avoided. These examples demonstrate a continuing breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Staff told us some people they supported were at risk of falls. One staff member told us how they reduced the persons falls risk, "We try to minimise their movement. [Person] likes to get out of bed to use the commode, so we move the commode to the side of the bed." Care files also contained a falls risk

assessment, we saw this instructed staff to refer people to the falls team or community therapy service if they were assessed as being at risk of falls. This showed there was a system in place to assess risk which also prompted staff to take action where risk was identified.

At our previous inspection we found the registered provider was in breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 as not all aspects of medicine management were safe. At this inspection we found action had been taken to improve the accuracy and auditing of medicine administration records (MAR's) but we still identified areas where further improvement was needed.

Nobody we spoke with raised any concerns in regard to the management of their medicines. One person said, "Yes they give me my tablets; there has never been a problem." A relative told us, "They help [person] with their medication. As far as I know, there are no problems."

Staff we spoke with told us they had attended medicines training, this was confirmed when we reviewed staffs' training records. Staff also told us they had received an assessment of their competency to administer medicines although when we reviewed staff personnel files we did not see any evidence competency assessments been completed. Both the registered manager and a care co-ordinator told us a formal assessment of competency was not completed with staff. Good practice guidelines published by National Institute for Care and Healthcare Excellence (NICE) guideline; states 'Managing medicines for adults receiving social care in the community suggest social care providers should ensure staff have an annual review of their knowledge, skills and competencies'. We brought this to the attention of the registered manager.

When a person needed support to manage their medicines a care co-ordinator told us a pharmacist completed a medication user review, a copy of which was sent to the service. They said this provided all the relevant details regarding the medicines a person was prescribed which enabled the office based staff to draft the persons medication administration record (MAR) which staff used to record the medicines they were administering to people on a daily basis. This showed there was a system in place to reduce the risk of transcribing or administration errors.

We reviewed the care file for one person who required staff to assist them with their medicines but when we reviewed their MAR, this showed the person was frequently refusing to take their medication with entries recording the person telling staff they would take their medication later. There was no evidence to suggest staff checked the person had taken their medicines when they arrived for their next call. Some of the medication was prescribed for the management of their diabetes. There was no consent to care and treatment document completed on the copy stored at the office, therefore, we were unable to confirm if the person had capacity to understand the risk of not taking their medicines when staff were there to support them.

We reviewed a random sample of MAR charts for seven people, where people were prescribed creams there was a lack of relevant instructions for staff to follow. For example, staff were applying creams to one person but there was no body map or instructions to direct staff as to what they were applying, where or when and there was no MAR for them to record the administration. Staff had handwritten a cream on another person's MAR, but there were no instructions or body map to record where this cream was to be applied. This level of information is important to ensure safe and consistent administration, we informed the registered manager of this.

Some people were prescribed medicines to be taken 'as required' (PRN). One person was prescribed an

inhaler '1-2 puffs as required'; another person was prescribed paracetamol '1 or 2, four times a day, when required'. We could not see any instructions within the care records to direct staff as to when people should take these medicines or how many they should administer. NICE guidelines suggest 'social care providers should record any additional information to help manage 'time-sensitive' and 'when required' medicines in the provider's care plan'. We brought this to the attention of the registered manager at the time of the inspection.

These examples demonstrate the management of peoples medicines needs to be more robust, and therefore evidence a continuing breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

One of the care co-ordinator's told us they had recently completed an audit of peoples MAR'S. We reviewed a random sample of the audited MAR's and noted the care co-ordinator had identified similar themes on each MAR, including missing dates, signatures and reasons for omissions of medicines not being recorded. They said the audit had highlighted areas where improvements could be made and as a result of this some changes had been made to the format of the MARs. This showed the care co-ordinator's audit had been effective as areas of weakness had been identified and they had taken action to address this.

At our previous inspection we found the registered provider was in breach of Regulation 19 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 as staff recruitment procedures were not robust. At this inspection we identified further concerns.

We reviewed six staff files, four of whom had been employed since the last inspection. Each file contained an application form, two references and evidence they had attended an interview. However, we noted gaps in the employment history of one candidate; there was no evidence the reason for this had been discussed with the candidate despite the application paperwork containing a section 'gaps in employment to be discussed and recorded'. A disclosure and barring (DBS) check had been completed for each staff member. DBS checks return information from the Police National Database about any convictions, cautions, warnings or reprimands and help employers make safe recruitment decisions and prevent unsuitable people from working with vulnerable groups. We noted the DBS for one staff member recorded that an incident had occurred a number of years ago. We found no evidence this had been discussed with the candidate or that risk assessment had been completed to evidence the actions taken by the registered manager to reduce the risk of harm to people who used the service. We also noted the DBS for one staff member had been obtained by another employer. We asked the registered manager about this and although we were satisfied with the rationale for this, the recruitment policy made no reference to using DBS checks completed through a different employer.

These examples relating to poor oversight of recruitment processes demonstrate a continuing breach of Regulation 19 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

People told us staff did not miss their calls but they did sometimes get delayed. One person said, "Usually they do (arrive on time), unless there has been an emergency somewhere else. They do let me know if they are going to be late and they have never let me down." Another person told us, "Yes they are not bad at all." Relative's comments included; "Normally they do (arrive on time) but at the moment they are short staffed and have a heavy work load to get through", "Yes they arrive on time usually. They have never missed us completely" and "It is variable, they do try very hard to arrive on time but it is not always possible, especially with the icy weather."

Staff told us they needed more staff, but said this was due to difficulty recruiting and retaining suitable staff.

Staff consistently told us office based staff, including the registered manager, assisted with people's calls in the event of staffing shortfalls.

We spoke with the care co-ordinator about the systems in place to ensure that people's care calls took place at the correct time, and lasted for the correct duration. The service used an electronic rostering system to monitor calls and to create staff rotas for support calls. Rotas were sent to staff's mobile phones. Staff were required to use their phone to scan a barcode when they arrived at a person's home, which alerted the office they had arrived, staff also needed to scan the code again to record they had left the person's home. The care co-ordinators monitored people's calls on a daily basis using the electronic records. The care co-ordinator told us in the event of staff running late for calls they would arrange for another carer to do their next call.

We saw from the registered providers training matrix, staff had received training in infection prevention and control. Staff told us personal protective equipment (PPE), for example, aprons and gloves were available from the office. One of the staff said they visited the office weekly to collect the PPE they needed and to ensure they had adequate supplies in their car. This showed the service had taken steps to ensure the people and staff were protected from the risk of infection.

At the last inspection the registered manager told us there was no system for recording accidents and incidents. At this inspection we saw a file had been set up in the registered manager's office to log any accidents or incidents. The PIR submitted prior to the inspection recorded no serious injuries or medicine errors had occurred since the last inspection, this was also confirmed by the registered manager. The care co-ordinator told us any safety incidents or concerns would be reported and investigated where appropriate.

People told us they felt safe. One person said, "Yes, I feel very safe with them. They are very good carers." Another person said, "I do feel safe with them, yes everything is ok." A relative told us, "I think [person] is safe with them. I am here so I would know if there were any problems."

Staff told us they had received safeguarding training and understood their responsibility towards keeping people safe from the risk of harm or abuse. One staff member said, "I feel it is my duty to make sure people are safe. We do everything we can to keep people safe." Another staff member said, "I would report any concerns straight to the manager."

The registered manager told us all staff; including office base staff had received safeguarding training. This was confirmed from the selection of staff training records and the registered managers training matrix. We asked two of the staff we spoke with what action they would take in the event they were unable to gain access to a person's home or if the person was not at home when they called. They told us they would inform the office, look through the person's letterbox and windows. They said they would not leave the persons home until the person had been located or the office staff told them they had permission to go to their next call. This demonstrated staff knew what was expected of them in the event of a person not being located when they arrived for a scheduled call.

Is the service effective?

Our findings

We asked the registered manager how they ensured people's care and support was delivered in line with current legislation, standards and evidenced based practice. The registered manager told us they regularly looked at a variety of websites, including the Care Quality Commission (CQC) and National Institute for Clinical Excellence (NICE). We asked them if they had used evidence-based guidance to achieve effective outcomes for people, they said the service used 'This is me'. This is a document for anyone who received care who was living with dementia or had communication difficulties. It provided an easy and practical way of recording their life history, their preferences, routines and personality. We saw an example of this in one of the care files we looked at.

The registered manager told us their policies and procedures were supplied by an external company. They told us this ensured the documents were up to date with any changes to legislation or good practice; the company sent them an updated policy and/or procedure. We reviewed a random sample and saw the policies referenced relevant legislation and good practice guidance. For example, the mental capacity policy referred to the Mental Capacity Code of Practice.

People and relatives all told us staff had the skills and knowledge to do their job. One person said, "They are well trained girls and do an excellent job looking after me." A relative said, "Yes they do a good job." At our previous inspection we found the registered provider was in breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 as staff had not received supervisions and appraisals in line with the organisation's own policy.

At this inspection staff told us they received supervisions, one staff member said, "I have had a few (supervisions); my last supervision was September 2016." Another staff member said they had received supervision in the fourth month of their employment while another member of staff said they had received supervision two months ago. Despite this inconsistency all the staff we spoke with said they felt supported by the office based staff.

We looked at the supervision and training records for six staff, including care workers and senior care workers. The registered provider's supervision policy stated staff should receive formal supervision twice per year but the records we reviewed did not evidence this had taken place. We saw one staff member had commenced employment in September 2016 but we were unable to find evidence they had received formal supervision as required within the provider's supervision policy. Another staff member had been employed for over two years but there was only evidence they had received supervision in July 2016 and a further member of staff who commenced employment in January 2017 had only received one formal supervision in October 2017.

The care co-ordinator we spoke with told us staff should receive four spot checks each year. These observations of staff work practice took place in people's own homes. The checks enabled managers and care co-ordinators to ensure staff were delivering the care and support people needed to the required standard. There was very little evidence to confirm these were taking place at the required frequency, most

of the files we reviewed only had one spot check completed during their employment. Although it was clear from speaking with the registered manager and other office based staff that as they regularly worked with staff providing peoples care and support, staffs' practice was being observed, however, this was not being recorded. We asked the registered manager if they had a matrix or other similar document which enabled them to have oversight of each staffs' supervision, spot check and appraisal history. They told us they did not. Having a system to enable oversight of staffs' supervision and performance observations assists in evidencing effective quality monitoring and highlights where shortfalls need addressing.

Staff had not received regular management supervision or observations of their performance. The demonstrates a continuing breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The care co-ordinator we spoke with told us annual appraisals were not taking place. We saw some staff had only commenced in 2017 therefore, their appraisals were not due for completion.

Staff all told us they had attended a local organisation where they had completed training in a range of topics including, moving and handling, infection control, food hygiene and medicines. We saw training certificates in each of the staff files we reviewed and the training matrix provided oversight of the individual courses each staff member had attended. Ensuring staff received thorough training and regular updates meant staff had up to date skills and knowledge to enable them to meet people's needs in line with current standards of good practice.

We spoke with one staff member who had been employed for less than 12 months they told us they had attended training and received an induction prior to them commencing work. They said the training had been, "Very informative." The registered manager told us new staff would be expected to complete a three month probationary period. We were shown evidence for one member of staff which showed evidence of regular meetings with the mentor and manager during their probationary period. The registered manager told us they were able to extend the probationary period if the staff member required more time to meet the expected standards of the provider. They also said new employees would be expected to shadow a more senior member of staff for two weeks before they were able to attend calls to people who used the service on their own. This showed there was a system in place to support new staff.

The registered manager told us staff new to care would be expected to complete the 'Care Certificate'. The 'Care Certificate' looks to improve the consistency and portability of the fundamental skills, knowledge, values and behaviours of staff, and to help raise the status and profile of staff working in care settings. We saw copies of certificates to confirm staff had completed the training, although in one of the staff files we saw the certificate had been issued despite the observational competency section of the training not being completed. We brought this to the attention of the registered manager, they said they would discuss this with their training provider..

We asked people about the help they received with their meals. One person said, "They get me my breakfast and a sandwich at lunchtime. I choose what I fancy." Another person said, "They just get my breakfast, either toast or cereal." One of the relatives we spoke with said, "[Person] does have meals on wheels but they (staff) will get a sandwich for [person's] tea. I always buy them fresh fruit but the staff seem to miss that."

Where people needed support with eating and drinking this was recorded in their care plan. For example, one care file recorded the food and drinks the person liked to have for supper and the action staff were to take in the event the person declined their supper. This ensured consistency of care and provided relevant information to staff. However, another care file we reviewed identified the person needed assistance with

eating and drinking but there was no risk assessment to enable staff to give assistance safely. The care plan stated the person needed 'thick and easy' (a product to ensure the person who may be a choke risk can drink fluids safely) but there was no information recorded as to how the product should be used. We brought this to the attention of the registered manager at the end of the first day of the inspection. On the second day of our inspection a care co-ordinator showed us evidence they had obtained a copy of a speech and language assessment which provided clear instruction for those involved in this person's care. We saw this information had been transcribed into the person's care plan, therefore, reducing the risk of harm to the person.

Staff told us the staff team worked well together, this included all levels of staff both office and field based staff. Staff said they would notify an office based member of staff if they felt people's needs had changed and staff were aware of how they could contact the district nursing service, GP's, pharmacists and occupational therapists. People's care records noted the contact details for the person's preferred family contact and relevant healthcare professionals. An electronic log was retained in the office for each person; this recorded all contact staff had with other healthcare professionals. This showed people were referred for additional support when required for meeting their care and support needs.

At our previous inspection we found the registered provider was in breach of Regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 as consent was not always gained in line with requirements of the Mental Capacity Act 2005. At this inspection we found improvements had been made.

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

We asked people if staff asked their permission before providing care. People told us, "No they don't need to; we have a good relationship", "Yes they will ask me if it's ok to do so and so" and "No, not really. They just get on with the jobs." Relatives said; "I have never heard them when I have been there", "They do talk to her all the time, chatting away" and "I don't think they do."

The registered manager, care co-ordinator and the staff we spoke with expressed an understanding of the MCA. One of the staff we spoke with told us about a person they supported, "I see a person who has dementia, [person] is unable to make decisions, but it depends what type of decisions. I give [person] a choice, like if [person] wanted something for their tea I'd say you've got this and that and get them out of the fridge to show them." Another member of staff was able to tell us how they enabled a person they supported to make decisions.

The registered manager and care co-ordinator told us the care plan document had been amended to ensure people's consent to care was recorded and where relevant, details of Lasting Powers of Attorney (LPA). In one of the care files we reviewed we saw the person had signed the document to consent to staff delivering their care, support with their medicines and relevant information being shared among the staff team and with other appropriate health care professionals. Another care file we reviewed, the care co-ordinator told us the person lacked capacity to manage their own medicines. We saw a capacity assessment had been completed and there was evidence of best interest's decision making which involved a member of their family. It is important this process is followed as it demonstrates openness and transparency in providing services for people who lack capacity as prescribed in the Mental Capacity Act 2005, and evidences,

decisions made are in the persons' best interests.

Is the service caring?

Our findings

People told us staff were kind and caring, comments included; "They are all lovely ladies, nothing is too much trouble for them", "Absolutely, they do a grand job", "Definitely, they always ask if there is anything else they can do before they leave" and "Yes they are very happy and jolly when they come, which helps us cope."

All the staff spoke to us about the people they supported in a caring, respectful manner and it was clear from conversations they knew people well, this included the registered manager and care co-ordinators. Staff were able to tell us how they supported individuals, including their personal likes and preferences.

We asked one of the staff about person centred care, they told us, "It is like when you get a service user, and you sit and ask them what they would like, what the issues are and what they would like us to do." Another staff member said, "It's about looking after them how they want. I have conversations with people; it's about the little things." We saw from the training matrix staff had received training regarding person centred working and equality and diversity. Equality and diversity training promotes staff awareness of peoples basic human rights and helps to reduce the risk of discriminatory practices.

People told us they felt listened to. Relatives said, "They do listen to me and that is important to me as the main carer", "Yes they take things on board" and "They always involve me in conversations." Staff were able to give us examples of how they enabled people to make choices and involved them in making decisions about their daily lives, for example, what to wear or what to have to eat and drink.

The care co-ordinator told us people were asked if they had a preference regarding the gender of the staff who provided their care, when they did the initial visit to assess their care needs; we saw this was recorded in the care plans we looked at. This showed peoples personal preferences were respected.

Staff respected people's right to privacy and maintained their dignity. One person said, "Oh yes, they are all very respectful and polite." A relative said, "Yes they do, [person] is 88 years old and they treat [person] very well" and "Yes they do, they always respect their privacy when helping [person] shower and dress." Another relative told us, "They are very respectful. Always use [person's] name when they are speaking to them. They treat [person] very well and are very aware of [person's] privacy such as when they use the toilet." Staff were able to give examples of how they maintained people's privacy and dignity, staff said, "When we wash people we make sure they are covered" and "I tend to make sure they are not naked, make sure they are covered."

People also told us staff encouraged them to maintain their independence, one person commented, "Yes I manage to cook my own meals. But they always check that I have eaten something", another person said, "Yes they let me do as much as possible for myself."

Information was stored securely and staff were aware of the need to maintain confidentiality. One staff member said, "We don't talk about them to other people." We saw information on display in the office

instructed staff about the steps to take to maintain information securely and what they should do in the event confidential information was shared inappropriately.

Is the service responsive?

Our findings

We asked people if they or their relative had a care plan and if it was reviewed regularly, people said; "Yes I do have one but I can't say it has been reviewed", "They did do an assessment when I started with them but I don't think I have a plan" and "Yes I think it is in the book." Two relatives said, "Yes [person] does have a care plan. I am involved and it has been looked at recently" and "Yes and it reviewed often as [person's] needs change. We have to adapt things to keep [person] safe."

Staff we spoke with said told us everyone they supported had a care file in their home. One staff member said, "Someone from the office does the initial assessment. Everyone has a care plan in the house, if it needs updating the office will update it." Another member of staff said "They (the care plans) are quite detailed. It will tell you what they prefer to be called, what their illness is, who they live with. Everything about the person. When I first started they gave me enough information to care for people."

The registered manager told us either they or a care co-ordinator completed the initial assessment of the person when they accepted a new care package. They said the care file was developed from there and this was reviewed every six to 12 months unless a change in need prompted an earlier review. This showed care planning took account of people's changing care needs. The registered manager told us all care plans were being updated to reflect the improvements being made to the care planning documentation.

Each of the care files we reviewed contained a service user profile, this provided basic information such as the person's name, what they preferred to be called, their address, details of relevant family members and their GP. Care files also recorded the care and support people required at each call. The care files provided sufficient detail to ensure people could be supported in a way which met their individual needs. For example, one care plan recorded 'I may need prompting to have a shave, brush my teeth and put clean clothes on'. Another care plan noted 'I like cereal or toast for my breakfast'. This helps care staff to know what was important to the people they cared for and helped them take account of this information when delivering their care. This is particularly important when people have memory impairments and may not always be able to communicate their preferences.

We also noted there was information in care files about people's life history. This recorded information about people's family life, employment and hobbies, and enables staff to have meaningful conversations and encourage social interaction and communication.

Staff also told they made a record of the care they provided in people's communication logs. We reviewed a random sample and saw the entries provided a synopsis of the care staff had provided and were timed and dated. A record was kept of calls received by the office which related to people's care and support. These records helped to maintain communication between office and field based staff.

At our previous inspection we found the registered provider was in breach of Regulation 16 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 as the registered manager did not have a system in place for recording or dealing with complaints. At this inspection improvements had been made.

The care co-ordinator told us there was a comprehensive complaints' policy and procedure, this was explained to everyone who received the service. It was written in plain English and gave timescales for the service to respond to any concerns raised. We were shown a file containing the complaints which had been investigated. These had been investigated and responded to in a timely way. The care co-ordinator told us some minor issues were dealt with straight away. They showed us a communication log with minor issues recorded and they also gave the outcome of the concern which had been dealt with in a timely way. This evidenced complaints were being recorded and responded to.

The registered manager told us the service did not have a contract to provide services for people whose primary need was end of life care. The registered manager told us, in the event a person had a Do Not Attempt Resuscitation (DNAR) in place, the location of the document would be recorded in their care plan. The care co-ordinator we spoke with told us about a person the service was supporting whose needs were changing. We saw evidence of the actions they had taken to ensure they received an assessment from a palliative care team. This showed people were supported to access support to enable them to receive appropriate end of life care.

Is the service well-led?

Our findings

At our previous inspection we found the registered provider was in breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 as systems of governance were not sufficiently robust. Following the last inspection the registered manager submitted an action plan to CQC; this identified the action they would take to ensure the service would be compliant with the regulatory requirements. The registered manager had recorded the date the service would be compliant with the regulations was recorded as 31 January 2017.

The registered provider was also the registered manager and they were involved with the service on a daily basis. We asked people if they thought the service was well led. People said; "Yes I would say so, they are very good" and "Yes I do." Positive comments from relatives included; "The people in the office are helpful. I just ring them and they get it sorted", "We have no concerns, so I would say it is" and "Well the girls are happy when they come, but they are really stretched and tired. But on the whole, it is fine." Some people said the service needed improvement; "Yes we have met the new manager. The people in the office can be a bit slap happy, sometimes they are not up to scratch", "Not at the moment no. The office is not organised at all. Also, they have said not to speak to individual carers, everything must go through the office. I can see that won't work very well" and "Apparently someone called to see [person] but they did not let me know so that I could be there too."

Staff were positive about the management of the service. One staff member said, "They care about people, they like giving top quality care." Another member of staff said, "They are a nice caring company. They listen to the service user and work with the staff really well." Another staff member told us how the office staff ensured field based staff were supported through the provision of the on-call service in the evening and at weekends. We asked some staff where improvements could be made, one staff member said, "A few more staff."

At this inspection we found improvements had made to the complaints system and gaining consent, however, the system for auditing and quality monitoring was still ineffective. This was clearly evidenced from the issues highlighted within the safe and effective domains of this report, including a lack of sufficient information within peoples care files to reduce the risk of harm to people and staff where the person required a hoist to transfer, recruitment procedures were not robust, staff had not received regular management supervisions, field based assessments of their performance or an assessment of their competency to manage peoples medicines.

From our discussions with the registered manager it was clear they cared about the people the service supported and the staff they employed. We asked them how they assessed and monitored the quality of the service people received. The registered manager told us, "I speak to service users and families; I look out for bad practice. We do spot checks, I did some the other week, I listen to how staff interact with people." We asked the registered manager if they had a system in place which enabled them to have oversight of the quality of care delivery, for example, to see when each staff member last received a spot check or when they were next due. They told us they did not. Having oversight of the service quality through the establishment

of systems and processes to audit and monitor this is a key part of ensuring effective and efficient management.

We reviewed the action plan submitted by the registered manager following the previous inspection. One of the points recorded was 'Care plan reviews are logged on our electronic calls monitoring system to ensure they are reviewed within the relevant time'. We asked the registered manager and another office based staff member if they could evidence this. They told us the electronic management system they used did not enable them to do this. This demonstrated the action plan had been completed and submitted without the registered manager ensuring the actions to be taken to achieve compliance were workable. We asked if there was another system in place to record when people's reviews had been completed or were due. The registered manager showed us where peoples care plans were stored on the computer but they admitted the only way to see when the plan was due for review was to check the individual file, there was no matrix in place to enable oversight. This also demonstrated where an action was not achievable; no steps had been taken to find another route to ensure the required outcome could be achieved.

Following the inspection we received an email from one of the care co-ordinator to update us. They told us the service had implemented a new electronic monitoring service which had a function which enabled office based staff to 'link up to supervision, audits, reviews etc. and everything else that we have to monitor in respect of our standards and regulations'.

The registered manager told us following the previous inspection they had purchased a quality compliance system for the service which they said they were "Trying to implement." During the inspection the registered manager showed us a file relating to the management of medicines, we saw the file contained a template medicines competency assessment, the registered manager had not been aware of its existence. This showed no action had been taken to review the content of the quality compliance system or implement the tools held within it.

When we reviewed peoples care files we also looked at a random sample of communication logs and MAR's. Office based staff were not always able to locate the records we requested. We asked the registered manager and a care co-ordinator if they kept a log to ensure they were able to identify where records were not being returned to the office on a regular basis. They told us they did not. Having a system to log the return of field based records to the office helps to ensure records are being returned in a timely manner.

These examples demonstrate a continuing breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At the previous inspection we rated this domain, Requires Improvement; as the registered manager has failed to address all the issues we raised at the previous inspection and the systems of governance were still not robust or effective, the rating for Well Led from these inspection findings is Inadequate. Not having appropriate quality monitoring systems in a care delivery service means that the risks inherent in the management of care to often vulnerable people cannot be reviewed and mitigated.

We asked the registered manager how they gained feedback from people regarding the quality of the service they received; they told us a survey had been sent to people and relatives in September 2017. They were unable to confirm the exact number of surveys sent out but we saw a total of 40 had been returned. The surveys asked a range of questions about the service people received. The form used both words and pictures, for example, a smiley face and a sad face, for people to express their opinion regarding each question. There was also space for people to write comments if they wished. We looked at each completed survey and saw the feedback was predominantly positive. We also saw the forms had been signed and dated by a care co-ordinator to evidence an office based staff member had reviewed the content of each

returned survey. However, at the time of the inspection feedback from the surveys had not been correlated or shared with people who used the service.

The registered manager told us staff meetings were held on a regular basis and were done in teams due to the geographical spread of the staff they employed and the areas they worked in. This was confirmed when we spoke with a member of staff who told us a meeting had been held recently regarding the management and recording of peoples medicines. We also saw minutes of staff meetings held in June and September 2017. Staff meetings enable relevant information to be shared with the staff team and provide an opportunity for staff to share their views about the service and care provided.

One of the care co-ordinators told us they had introduced 'policy of the month'. They said this was to enable them to highlight key policies to staff and ensure they were aware of the content and importance of them.

Under the Care Quality Commission (Registration) Regulations 2009 registered providers have a duty to submit a statutory notification to the Care Quality Commission (CQC) regarding a range of incidents. Prior to the inspection we saw evidence the registered provider submitted these notifications in a timely manner.

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	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment The management of risk was not always robustly assessed. Not all aspects of medicines management were safe.
Regulated activity	Regulation
Personal care	Regulation 19 HSCA RA Regulations 2014 Fit and proper persons employed Staff recruitment was not always safe.
Regulated activity	Regulation
Personal care	Regulation 18 HSCA RA Regulations 2014 Staffing Staff had not always received regular supervision and or observational assessments of their performance.

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	Regulation 17 HSCA RA Regulations 2014 Good governance The system of governance was ineffective.

The enforcement action we took:

We issued a warning notice against the registered provider and registered manager.