

Aaron Abbey Care Services 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?

Good 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

About the service:

Aaron Abbey Care Services Limited is a domiciliary care agency. It provides a service to people living in their own homes in Berkshire. Not everyone using the service receives a regulated activity. The Care Quality Commission only inspects the service being received by people provided with 'personal care', that means help with tasks related to personal hygiene and eating. At the time of this inspection staff were providing personal care to 28 older people and/or younger adults, some of whom may be living with dementia, physical disabilities and/or sensory impairments.

People's experience of using this service:

- The provider had not taken enough action to ensure the safe and proper management of medicines. They had not established an effective system that enabled them to ensure compliance with the requirements of the fundamental standards.
- Where possible, the registered manager scheduled visits so the same staff went to see people to maintain continuity of care and support. However, the registered manager did not have an effective system to monitor late/early or missed visits at all times.
- We have made a recommendation about seeking guidance from a reputable source to ensure principles of the Accessible Information Standard are met.
- At the last inspection we found the registered manager had not ensured staff received appropriate support, training and supervision to carry out the duties they are employed to perform. At this inspection we found the provider had taken the necessary action to improve staff support and training.
- People felt safe while supported by the staff team who made them feel reassured and relatives agreed with this.
- Staff had a good understanding of how to keep people safe and their responsibilities for reporting accidents, incidents or concerns.
- The registered manager had the knowledge to identify safeguarding concerns and acted on these appropriately.
- The registered manager and senior staff had planned and booked training when necessary to ensure all staff had the appropriate knowledge and skills to support people. Staff had ongoing support, supervision and appraisals. They felt supported by the registered manager and senior staff, and maintained good team work.
- People and relatives were complimentary of the staff and the support and care they provided. People received support that was individualised to their specific needs which were kept under review and amended as changes occurred. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice.
- People were treated with respect, and their privacy and dignity were promoted. People felt the staff supported them in the way they wanted. Staff were responsive to the needs of the people and enabled them to improve and maintain their independence with personal care.

- The staff monitored people's health and wellbeing and took appropriate action when required to address concerns. People felt confident they would be looked after well and relatives agreed with them.
- The service assessed risks to people's personal safety, as well as staff, and plans were in place to minimise those risks.
- The service had recruitment procedure that they followed before new staff were employed to work with people. This included ensuring staff were of good character and suitable for their role.
- Staff felt the registered manager and senior staff were approachable and considerate. They had good communication, worked well together and supported each other.
- The registered manager praised the staff team for their hard work and appreciated their contribution to ensure people received the best care and support.

Rating at last inspection: The service was rated Good in the domains of caring and responsive. The service was rated Requires Improvement in the domains of safe, effective and well-led. We found three breaches. Overall the service was rated Requires Improvement (Report was published 10 April 2018).

Why we inspected: This was a planned comprehensive inspection based on the rating at the last inspection.

Enforcement: We have identified breaches in relation to regulations 12 and 17 of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 at this inspection. Medicine management was not always safe; effective systems and governance overview were not always used to ensure the service met the required fundamental standards of care. We asked the provider to complete an action plan to show what they would do, and by when, to improve the key questions Safe and Well-led (refer to end of full report).

Follow up: We have met with the provider following this report being published to discuss how they will make changes to ensure they improve their rating to at least good. We will follow up on issues that we identified by asking the registered manager to send us evidence of how and when the issues will be resolved. 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.

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

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 always safe

Details are in our Safe findings below.

Requires Improvement ●

Is the service effective?

The service was effective

Details are in our Effective findings below.

Good ●

Is the service caring?

The service was caring

Details are in our Caring findings below.

Good ●

Is the service responsive?

The service was responsive

Details are in our Responsive findings below.

Good ●

Is the service well-led?

The service was not always well-led

Details are in our Well-led findings below.

Requires Improvement ●

Aaron Abbey Care Services Limited

Detailed findings

Background to this 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. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

Inspection team:

This inspection was carried out by two inspectors on 7 February 2019 and one inspector on 11 February 2019 and was announced. An expert by experience made telephone calls to interview people or their relatives. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service. Bank inspector made calls to staff members.

Service and service type:

Aaron Abbey Care Services Limited is a domiciliary care agency. It provides a service to people living in their own homes in Berkshire. Not everyone using the service receives a regulated activity. The Care Quality Commission only inspects the service being received by people provided with 'personal care', that means help with tasks related to personal hygiene and eating. At the time of this inspection staff were providing personal care to 28 older people and/or younger adults, some of whom may be living with dementia, physical disabilities and/or sensory impairments.

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

Notice of inspection:

We gave the registered manager 48 hours' prior notice because the location provides a domiciliary care service and we needed to make sure someone would be in the office.

We visited the office location on 7 and 11 February 2019 to see the registered manager and office staff; and to review care records and policies and procedures.

What we did:

- We reviewed the information the provider sent us in the Provider Information Return. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make.
- Prior to the inspection we looked at all the information we had collected about the service including previous inspection reports and notifications the registered manager had sent us. A notification is information about important events which the service is required to tell us about by law. We also contacted 12 community professionals for feedback and received feedback from three.
- During the inspection we spoke with eight people who use the service and two relatives. In addition, we spoke with the registered manager, the director, compliance manager and seven members of the staff team.
- We looked at records relating to the management of the service for example:
 - □ four people's care plans and associated records
 - □ three recruitment records
 - □ staff training records
 - □ supervision, spot checks and field observations
 - □ incident and accident records
 - □ quality assurance records
 - □ the compliments and complaints log
 - □ policies relating to the running of the service
- Following the inspection, we asked the provider for some further information to support the inspection which was received. This included: weekly medicine audits, action plans, meeting minutes and policies relating to the running of the service.

Is the service safe?

Our findings

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

RI: Some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed. Legal requirements were not always met.

Using medicines safely:

- At our last inspection on 21, 22 and 24 November 2017, this key question was rated "requires improvement". We found the registered manager did not ensure they had assessed the competence of new staff to administer medicines. They did not ensure the staff assessing the competence in administration of medicine were trained to do so. The registered manager did not have an effective system to ensure safe management of medicine. The outcome of the inspection in November 2017 was a repeat breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. The provider had continued to fail to ensure the proper and safe management of medicines.
- At this inspection, we found the service had taken some steps to improve the practice and ensure appropriate records were in place. However, we still found issues with senior staff competency, medicine records and audits. Therefore, the rating for this key question has remained "requires improvement".
- The registered manager and the senior staff reviewed medicine records for any errors. When errors were found, the management team addressed this with staff. The compliance manager had introduced a new policy and procedure relating to staff disciplinary should medicine errors occur.
- We looked at medicine administration record (MAR) sheets and electronic MAR (EMAR) information for three people and we found gaps and discrepancies. For example, we looked at a paper MAR and an EMAR for November 2018 for one person. The information of medicine for the morning visit was not clearly recorded. We found inconsistencies on the paper MAR sheet and on the EMAR. For example, on 6, 7 and 8 November 2018, there were three tablets recorded on EMAR but it was recorded four tablets on the paper MAR sheet. On 9 November 2018, the MAR sheet was not signed and no tablet number was recorded. There was no note recorded on the back of the paper MAR sheet to advise why there was a gap. However, the EMAR indicated three tablets were given on 9 November 2018. We looked at the list of medicine this person should take in the morning and it was four. We asked to see an audit for November 2018 but the registered manager could not locate it. The compliance manager stated they were doing the weekly audits on a Friday, which meant not all people had a weekly audit as only people due a visit that Friday would be audited. We highlighted to the management team this person was visited on 9 November 2018 which was a Friday. The senior staff administering the medicine on those four days were involved in completing medicine audits. Therefore, the senior staff did not maintain accurate records of administration of medicine.
- The two systems that were in place were not used effectively to ensure appropriate recording of medicine administration. The registered manager could not ensure it was used appropriately to reduce the risk of unsafe management of medicine.
- We looked at another person's medicine records and we found again the information recorded did not always match the medicine administered. The director advised us they called the care coordinator who stated she noticed the error where the December 2018 paper MAR sheet for the person had missing medicine on the list on the back. We asked what these medicines were but the management team could not

tell us. The director advised the care coordinator had completed the medicine audit for this person for December 2018 and it highlighted the list of medicine not being up to date. However, this audit was not made available to us during our inspection.

- We looked at November and October 2018 paper MAR sheets. The list was the same as in December 2018. The list indicated there were three tablets to be administered in the morning. However, staff were recording they were administering five tablets in the morning. On 1 November 2018 staff had recorded they administered one tablet but five tablets were given. The action to take for this error was "manager informed". There was no outcome of this or investigation into how it happened or how to prevent recurrence. The compliance manager was not aware of this issue. The registered manager sent us action plan for November 2018. It was recorded that staff completed MAR sheet incorrectly. The action was to speak to staff to remind them of importance of recording information correctly. The medicine list was incorrect between October 2018 and December 2018. None of the audits conducted picked up on this issue. The registered manager did not ensure the record of medicine administration was accurate to ensure safe medicine management.

- In the weekly medicine audit dated 25 May 2018 sent by the registered manager after the inspection, there was a note saying as from June 2018, one of the medicines would no longer be in the medicine box for this person. The note continued saying that GP confirmed the person did not need it any longer. The to do action was to inform all staff about it and next MAR sheet should not include this on the list of medicines. However, looking at the information during our inspection, the person still had this medicine on the list in October, November and December 2018. Again, the audits conducted did not pick up on this issue. The registered manager could not be sure this medicine was not administered.

- After the inspection, we asked the manager about any information or training given to the senior staff to help them carry out medicine audits effectively. We received information illustrating the provider had taken the necessary action to train senior staff in medicine audits. However, we did not receive further information regarding the means the provider had have used to test the effectiveness of the audits and the accuracy of these.

- The senior staff doing audits were not identifying issues effectively. We asked to see competency checks including staff doing the audits. One senior staff had been subject to a competency check in April 2018 and another senior staff had competency checks in February 2018. In the action plan sent at the end of April 2018 we asked the registered manager how they would ensure the senior staff were competent. One of the actions they said they would do was, "We will carry out peer reviews of each other regularly to maintain the quality and consistency of the training".

- Two other senior staff had a certificate for the train the trainer in medicine. The registered manager said they did not need their competency checked as their certificate would expire in September 2019. We highlighted to the registered manager one senior staff (train the trainer) had been administering medicine and completing weekly audits. But they had failed to pick up on the missing medicine on the list recorded in the paper MAR sheets. Therefore, whilst the staff had undergone regular medicine competency checks, they were not consistently identifying issues and errors in the MAR sheets. The registered manager could not be sure people received correct medicine because the system to check MAR sheets and EMARs was not effective in identifying gaps or errors.

The registered manager failed to protect people from the risks associated with the unsafe management of medicines. They did not establish effective system to ensure safe management of medicine. The above was a repeat breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Systems and processes to safeguard people from the risk of abuse:

- People felt safe in their homes and liked the staff who supported them and relatives agreed people were

safe. People knew who to ask for help if they felt unsafe. Staff knew how to deal with any issues relating to people's safety.

- The registered manager understood their responsibilities in regard to safeguarding people who use the service and reporting concerns to external professionals accordingly.
- Staff told us they were confident the management team would act on any concerns reported to ensure people's safety.

Assessing risk, safety monitoring and management:

- People's support plans had information and guidelines to help staff provide care in a safe and person-centred way, based on people's needs and the support they required. This included information about people's likes and dislikes, medical issues and self-caring abilities. As part of the support plan, the service carried out an environment risk assessment of the person's home to ensure the person, and staff were safe while carrying on the regulated activity. The registered manager assessed the risks to people's personal safety and put plans in place to minimise these risks. Risk management plans had guidance to ensure risk mitigation so that people continued to receive safe and effective support.
- The service had business continuity plans to ensure the service could continue in the event of an emergency. There was an on-call system in place for staff should they need help and advice and staff confirmed this.

Staffing and recruitment:

- The registered manager had recruitment procedures in place to ensure suitable staff were employed. This included a health check and a Disclosure and Barring Service check to confirm candidates did not have a criminal conviction that prevented them from working with vulnerable adults. Additionally, value-based interviews were designed to establish if candidates had the appropriate attitude and principles. We found two queries with employment histories and evidence of conduct. The registered manager provided information during inspection to rectify these.
- The registered manager determined the number of care packages according to the needs of the people using the service and staff numbers. They allocated the same staff to the same people as much as possible to ensure there was a continuity in meeting people's needs. It also helped in building stronger relationships between people and staff.
- The staff confirmed they had time to visit and support people and helped each other to cover absences. People and relatives confirmed staff took time to support and care for them appropriately without rushing.

Preventing and controlling infection:

- Staff were provided with and used personal protective equipment to prevent the spread of infection. People and relatives confirmed this and said staff wore the protective equipment while supporting them. They said, "Very good on infection control", "Yes, I'm satisfied with hand-washing, the use of gloves and aprons as needed" and "Yes, they use gloves and aprons and wash hands every time they do something".
- Staff were trained in infection control and followed the provider's policies and procedures on this when keeping the home clean and working in the laundry.

Learning lessons when things go wrong:

- There was a system for recording accidents and incidents including what happened and appropriate actions taken. The registered manager explained how they would address any accidents and incidents and the support that would be provided to the people who use the service. They would also discuss them with the team for ideas of improvements or if things could have been done differently.

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

Good: People's outcomes were consistently good, and people's feedback confirmed this.

Staff support: induction, training, skills and experience

At our last inspection on 21, 22 and 24 November 2017, this key question was rated "requires improvement". We found the registered manager had not ensured staff received appropriate support, training and supervision as is necessary to enable them to carry out the duties they are employed to perform. The above was a breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection, we found the service had taken steps to improve the practice and ensure staff received support and training needed for their roles.

- We reviewed the latest training information provided to us which recorded mandatory training. Where training was due to be out of date, the registered manager booked staff to complete refresher training. Where necessary, the registered manager provided additional training to ensure staff maintained good knowledge and skills. Staff felt they received enough training to help them carry out their roles effectively. Social care professionals agreed the care staff were competent to provide the care and support people needed.
- New staff induction included training and a period of shadowing experienced staff before working on their own. Staff new to care work completed the Care Certificate as part of their role. This is a set of 15 standards that new health and social care workers need to complete during their induction period. The registered manager used a flow chart for assessing all of the staff's skills and knowledge. They explained where applicable, existing staff would complete specific modules from Care Certificate as well as training to ensure they maintained good skills and knowledge.
- Staff received supervisions (one to one meetings) with their line manager, along with spot checks and field observations. The registered manager explained they had a plan to carry out supervisions four times a year along with spot checks and field observations. Staff who worked more than 12 months also had annual appraisals to discuss their learning and development plan and raise concerns related to health and safety.
- Staff felt they could contact the registered manager or other senior staff at any time to discuss various topics or ask for advice. The registered manager and staff regularly kept in touch with each other which helped them work well as a team. They felt their good communication ensured people received good care and support at all times. The registered manager took appropriate disciplinary action if they needed to address poor performance.

We are satisfied the service has achieved compliance with Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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

- People's care needs were assessed to identify the support they required and to ensure that the service was meeting these individual needs.
- People's care plans clearly described how they wished to be supported with physical and emotional needs, as well as, personal likes and preferences, and their social interests. People received care and support they needed which supported their cultural identities and preferences at the time specified in the care plan.
- People and relatives spoke positively about staff and told us they were skilled and able to meet their needs. We received compliments from people about the support. They said, "Yes, they are trained to do the job", "Not found anybody not up to scratch. They come in pairs" and "They have the right skills".

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.
- The registered manager demonstrated a good understanding of mental capacity considerations ensuring people could make their own decisions. It was evident people were involved in their care and support.
- However, we saw some consent forms were signed by family members. It was unclear if they had a legal right to do so. We discussed this with the registered manager. They assured us this matter would be reviewed to ensure and evidence people's consent was sought and recorded in line with the MCA legal framework.
- People and relatives agreed staff respected people's wishes and sought consent before helping them. they said, "They ask permission", "They talk things through", "Two-way conversation all the time. I tell them what I want!" and "No complaints". Staff knew it was important to communicate with the person and ensure they always had a choice and the right to make decisions about their care and support.

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

- Some people needed support with eating and drinking as part of their care package. The level of support each person needed was identified in their support plan. Where someone needed help with eating or encouragement with drinking and having a balanced diet, guidance was provided to staff.

Staff working with other agencies to provide consistent, effective, timely care

- People were referred to various health professionals in good time to address any health or changing needs issues. The registered manager and staff were knowledgeable and well informed about people's health and

wellbeing. We saw the care for people's health and wellbeing was proactive and organised well.

- Professionals agreed the service supported people to maintain good health, have access to healthcare services and receive ongoing healthcare support. They said, "If issues crop up the manager deals with them effectively and in a timely manner. They encourage customers to be independent instead of being dependent on them" and "Yes, as staff or management have contacted me for advice on several services".

Supporting people to live healthier lives, access healthcare services and support

- Staff made sure people's health and care needs were met in a consistent way. They communicated with each other and the registered manager, reporting any changes or issues. If needed, health or social care professionals were involved. Each person had an individual needs assessment that identified their health and care needs. The staff team were prompt to pick up any issues or concerns so they could prevent health and wellbeing deterioration.

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

Good: People were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; equality and diversity

- People felt they were treated with compassion and kindness by the staff team and the registered manager. People praised staff members efforts and care when supporting them. Staff delivered care and support that was caring and person-centred and which had a positive effect on people. People and relatives said, "Yes, they are kind and caring. Very good. They get involved with you", "Yes, [staff are] kind and caring. It's just the genuine friendliness", "They are kind and caring. Yes. They're very attentive. Quite attached to the clients".

- The registered manager placed importance on ensuring continuous support to people from regular staff. People and staff knew each other well and had well established relationships. The registered manager and senior staff regularly checked people were happy with their support and listened to and responded to any issues or questions.

- Staff were attentive to people and made sure people were able to share any concerns. People and relatives said, "Oh yes. They have a nice rapport with [relative]. Always a lot of laughter going on", "They know how [relative] likes things done. [Relative] lets them know and they do it" and "They are wonderful – no complaints".

- People's care was not rushed, enabling staff to spend quality time with people. Relatives reported staff took their time to complete all the tasks and provide the support that was needed.

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

- People and those important to them were encouraged and involved in making sure people received the care and support they wanted.

- Staff knew people's individual communication skills, abilities and preferences. People's records included detailed information about their personal circumstances and how they wished to be supported. Staff used this information to learn about people and engage with them in decisions about their care and support.

Respecting and promoting people's privacy, dignity and independence

- People agreed staff respected their dignity and privacy, and made them feel comfortable at all times.

- Staff were able to give examples of how dignity and privacy was respected. They understood the

importance of treating people respectfully and showing their choices and wishes mattered to the staff.

- People and relatives felt the staff tried to help people maintain their independence by supporting them with daily tasks as necessary. They said, "They encourage me to do things for myself. I take over [other] parts", "I'm limited with independence, but they don't patronise me" and "They encourage independence. They always tell me how independent I am." Relatives added, "As far as they can, they encourage independence – brushing own teeth, face cloth to wash own face" and "Yes, [relative] washes as much as they can them self." Staff ensured people were fully involved with their care, promoting independence whenever possible.

- Any private and confidential information relating to the care and treatment of people was kept in their home in a chosen place. This information was also kept securely in the registered office. Staff were aware of confidential information sharing and discussed it only with relevant people such as professionals or family members with people's permission.

Is the service responsive?

Our findings

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

Good: People's needs were met through good organisation and delivery.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control

- People received individualised care and support they needed which was tailored to meet their cultural identities and preferences at the time specified in the support plan. People continued to have their needs assessed after they started using the service. People and relatives confirmed they were involved in the care planning process.
- Information had been sought from the person, their relatives and other professionals involved in their care. This information was then used to compile the plan of care and support. Each person had an individual support plan which included practical information on maintaining the person's health and wellbeing, emotional support, and their daily routines. Staff recorded care and support provided at each visit. The information helped staff monitor people's health and welfare, responding to any changes and enabling them to make timely referrals to appropriate professionals.
- Community professional felt the service provided personalised care that was responsive to people's needs. They said, "Individual care plans are tailored to meet their needs" and "Yes as have witnessed carers been trained exclusively to support certain clients".
- From August 2016 onwards, all organisations that provide adult social care are legally required to follow the Accessible Information Standard (AIS). The standard sets out a specific, consistent approach to identifying, recording, flagging, sharing and meeting the information and communication support needs of people who use services. The standard applies to people with a disability, impairment or sensory loss and in some circumstances to their carers. There was some guidance in communicating with people in a manner they could understand. We discussed the five steps of AIS with the registered manager to ensure all information presented was in a format people would be able to receive and understand.

We recommend the service seeks advice and guidance from a reputable source about meeting all five steps of AIS.

Improving care quality in response to complaints or concerns

- Complaints and concerns were taken seriously and used as an opportunity to improve the service and identify any trends. There had been three complaints since our last inspection and these had been addressed and responded to appropriately.
- We saw the service received a number of compliments regarding the care and support provided to people.

The registered manager always passed the feedback to the staff to let them know their work was appreciated.

- People and relatives felt they could approach the registered manager or one of the staff if they had any issues. The staff felt they could approach the management team with any concerns should they need to. People and relatives said, "No complaints. I would go to the manager if I did", "No complaints or concerns. I've always got on well with them. I would go to the team leaders if I need to", "No concerns. Sometimes minor issues – answered immediately. I'm happy, I always get a good response" and "No complaints or concerns. I know the office number. I can contact at any time".

End of life care and support

- At the time of our inspection there was no one receiving end of life care. However, if needed, the service was able to assess and set up a care package for someone needing that kind of support.

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

RI: ☐ Service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care. Some regulations may or may not have been met.

Managers and staff being clear regulatory requirements and understanding quality performance:

- It is a condition of registration with the Care Quality Commission (CQC) that the service has a registered manager in place. There was a registered manager registered with CQC to manage the service.
- At our inspections of May 2015, October 2016 and November 2017, this key question was rated "requires improvement". We found the provider was in breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 repeatedly.
- After the last inspection in November 2017, the Commission imposed a condition on the provider's registration due to the repeated breaches. The provider was asked to submit monthly reports to the Commission regarding evidence of their compliance with Regulation 17.
- At this inspection we found the registered manager was in breach of this regulation again as there was no effective system established to identify whether there was proper and safe management of medicines. The registered manager did not put effective systems in place to ensure compliance with Regulations 8 to 20.
- The registered manager sent monthly action plans as part of the condition of the registration. The registered manager failed to comply with the conditions. The July, August, September, December 2018, and January and February 2019 action plans were sent in late, after the Commission sought to remind the registered manager for the need to comply with this condition. This means the registered person failed to comply with the condition of the registration such as imposed using enforcement process after the last inspection and rating.

This is an offence of section 33 of the Health and Social Care Act 2008. The registered person has failed to comply with their conditions of registration which required them to send a report of action plan at a set time and date each month addressing compliance with the Regulations 8 to 20.

- During the last inspection in November 2017, the registered manager did not ensure he completed the Level 5 Diploma in Leadership for Health and Social Care to ensure he had a qualification relevant to being a registered manager. It was part of the condition of the registration that the registered manager progressed towards completing it by 31 October 2018. We found the registered manager completed their qualifications in April 2018 and it was awarded in June 2018 as necessary.
- Providers must operate effective systems and processes to make sure they assess and monitor their service against regulations including regulation 12. However, the system put in place did not work to ensure safe management of medicine. The registered manager did not have an overview of issues and actions to be taken after he delegated these tasks to other senior staff. The registered manager did not ensure their recording of medicine was correct and they did not have a system to identify it. The systems that were in

place such as weekly medicine audits, did not effectively identify the errors. Therefore, the rating for this key question has not changed.

- The registered manager had additional quality assurance system in place to assess and monitor the service delivered. The registered manager and senior staff continued to carry out visits to people, review their care and seek feedback from people and their relatives to help them monitor the quality of service. Senior staff and the registered manager also carried out spot checks and field observations monitoring the performance and competency of care staff. These checks involved getting feedback from the people who use the service. It also included checking the timing of visits, attitude of staff and whether the staff were wearing their uniforms and identification badges. Any issues or gaps picked up were addressed with the staff. However, these systems did not enable the registered manager to monitor whether they were meeting their legal obligations and compliance with regulations.

- We asked the registered manager how they monitored visits. The director stated they would expect the person or the staff member to call into the office. We reviewed a sample of expected visit start times and when the staff member actually arrived using their electronic system. Staff had to sign into this system when they arrived at the person's house and care commenced. For example, one service user had a visit book for the day of inspection on 07 February 2019 at 11.45am. However, the record stated that the staff member turned up at 12.46pm. We reviewed the notes written by the staff member for this visit which stated, "Apologised for my lateness". We asked if this staff member or the person had called into the office. The director confirmed no call from staff or person had been received. We asked if a person or staff member called to say they were late, how would they record this to look at trends or themes. The director confirmed they did not do it. There was no formal oversight of late/early or missed visits. There was no evidence the registered person looked at trends or themes or were able to identify areas of concern and take action to prevent recurrence.

This was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. The provider had not established an effective system to enable them to ensure they were meeting their legal obligations and compliance with the regulations.

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

- People were complimentary about the care and support they received and felt their care during visits was managed well. There was a commitment from the registered manager who encouraged staff to provide people with care and support they wanted.

- The management team and staff were interested to ensure people were looked after well and able to live their lives the way they chose to. People and relatives felt the service was managed well. They said, "I've met the manager many times. He is approachable, comes around and has a chat", "Nice regular staff. Happy with the care company" and "They're positive. Always leave on a positive note. [Relative] always feels happier when they've been". The registered manager and the staff team provided care and support to people as their needs and health was changing.

Managers and staff being clear about their roles and risks:

- The registered manager had an open-door policy and welcomed staff's feedback.

- Staff felt they were listened to and could approach anyone from the management team for any advice or support. They said, "I love the company. [The registered manager] is a really good boss, he understands us", "[The company] is great to work for. I'm very happy and clients get exactly what they need" and "I know I can call my managers any time". The registered manager provided clear direction for the staff to ensure they provided an effective and safe service. They praised their staff team and their commitment to work saying, "It is a pleasure to work with our staff team".

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

- The registered manager carried out surveys to seek feedback including conducting quality assurance surveys to gain the views of people, relatives, staff and professionals. The registered manager had drawn up an action plan to address any issues from the surveys so far. After reviewing the effectiveness of previous surveys, the registered manager was planning to send two annual surveys a year.
- People who use the service and relatives felt they were listened to and could share their views or issues with the registered manager and the staff team. They said, "Yes, we get questionnaires quite regularly. Oh yes. They listen. I was trying to get a later evening visit and they did that", "They do a good job. Not really anything that's not so good. They look after you. They do everything they can for you" and "I'm very pleased with the service I receive". Relatives added, "I've met the manager many times. He is approachable, comes around and has a chat", "Yes, questionnaires? Yes. Suggestions are acted on. I make suggestions if (relative) is not well to get them out of bed safely. They put things into plan. They like suggestions, listen and act" and "Surveys, yes. We only ask for different times and they respond positively".

Continuous learning and improving care; Working in partnership with others:

- The registered manager would hold staff team meetings to ensure any items arising from daily work were shared with the staff team. The management team introduced a session on different training topics as part of the team meeting each month. The staff felt this was a good improvement within a team and it gave them a chance to discuss the topics and have a short training sessions such as medicine or safeguarding.
- The registered manager had established partnership working in the service and with outside organisations. There were examples provided where external health and social care professionals had been consulted or kept up to date with developments. Professionals said, "If issues crop up, the manager deals with them effectively and in a timely manner" and "With my customers who use this provider, I am happy that the services and risks are well managed".
- The registered manager encouraged feedback and acted on it to continuously improve the service. Records showed the service had positive relationships and regular contact with professionals including GPs, community nurses, mental health teams and the local authority.

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 12 HSCA RA Regulations 2014 Safe care and treatment</p> <p>How the regulation was not being met</p> <p>The registered person had not made sure that care and treatment was provided in a safe way for service users. The registered person had not ensured the proper and safe management of medicines.</p> <p>Regulation 12 (1)(2)(g)</p>
Regulated activity	Regulation
Personal care	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>How the regulation was not being met</p> <p>The registered person had not ensured that systems or processes were established and operated effectively to ensure compliance with the requirements of regulations 8 to 20A of the HSCA 2008 (Regulated Activities) regulations 2014.</p> <p>Regulation 17 (1)</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>Section 33 HSCA Failure to comply with a condition</p> <p>Failure to comply with a condition</p> <p>The registered person has failed to comply with their conditions of registration which required them to send a report of action plan by 5 pm on the last day of every month addressing compliance with the regulations 8 to 20.</p>

The enforcement action we took:

We have served a Fixed Penalty Notice for failing to comply with the conditions of the registration under section 33 Health and Social Care Act 2008.