Absolute Care Services Ltd

Absolute Care Services (Sutton)

Inspection report

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Ratings

Overall rating for this service	Requires Improvement

Is the service safe?	Good
Is the service effective?	Good
Is the service caring?	Requires Improvement
Is the service responsive?	Good
Is the service well-led?	Requires Improvement

Summary of findings

Overall summary

Absolute Care Services (Sutton) is a domiciliary care agency. It provides personal care to people living in their own houses and flats and in 'extra care' housing. Extra care housing is purpose-built or adapted single household accommodation in a shared site or building. The accommodation is rented and is the occupant's own home. People's care and housing are provided under separate contractual agreements. The Care Quality Commission (CQC) does not regulate premises used for extra care housing. CQC only inspects the service being received by people provided with 'personal care'; help with tasks related to personal hygiene and eating. At the time of this inspection the service was providing personal care to 134 people using the domiciliary care service in the community and to 87 people living across three extra care housing schemes in the London Borough of Sutton.

This inspection took place on 21, 22 and 23 February 2018 and was announced. At our last comprehensive inspection of the service in January 2016 the service was rated 'good' overall and 'requires improvement' in our key question "is the service well led?" Although we did not find the provider in breach of legal requirements at that time we found some people using the service had concerns about the quality of communication when there were changes to the service and about the consistency and continuity in staffing levels.

At this inspection we found some improvement had been made as people's feedback indicated they were now more satisfied with the support they received from regular, familiar staff. However people using the domiciliary care service in the community were less satisfied with support they received from staff at weekends, who they were less familiar with. People who lived in the extra care housing schemes had more positive experiences and told us they were supported by regular and familiar staff which helped build and maintain continuity and consistency in the support they received.

We received mixed feedback from people about the length of time staff spent with them during their scheduled visits. People using the domiciliary care service in the community were less satisfied with this aspect of the service. However people who lived in the extra care housing schemes gave us positive feedback about this aspect of the service. The provider was aware of the concerns people had and an action plan was being developed in response to people's feedback to address the inconsistencies in these aspects of the service.

Some people told us aspects of the communication they received from the service needed to improve. People using the domiciliary care service in the community told us they often did not receive a rota in advance of scheduled visits to advise them who would be coming to provide them with care, particularly at the weekend. This lack of information from the service had made some people using the service anxious about who they might get to provide their care and support.

The service continued to have a registered manager in post. We found the registered manager had not met their legal obligation to submit notifications to CQC of events or incidents involving people at the service.

Failure to notify CQC of these incidents meant we could not check that the provider had taken appropriate action to ensure people's safety and welfare in these instances. The provider took steps during this inspection to ensure senior staff understood the legal requirement to report these incidents to CQC.

People were safe when being supported by staff. Staff had access to appropriate guidance on how to minimise identified risks to people due to their specific needs to help keep people safe from injury or harm in their home and community. Staff were supported to take appropriate action to ensure people were protected if they suspected they were at risk of abuse.

There were enough staff to meet people's needs. The provider carried out appropriate checks on their suitability and fitness to support people. Staff had relevant training and were well supported by senior staff to meet people's needs. They said senior staff were approachable and dealt with their concerns appropriately.

People contributed to the planning of their care and support. People's needs and specific preferences for how they wished to be cared for and supported were set out in their personalised support plan. Senior staff reviewed people's care and support needs regularly to ensure staff had up to date information about these.

People said staff were able to meet their needs. Staff demonstrated a good understanding about people's needs and how these should be met. Staff were helpful and attentive. They provided people with support that was dignified, respectful and which maintained their privacy at all times. They prompted people to be as independent as they could and wanted to be.

We checked whether the service was working within the principles of the Mental Capacity Act (MCA) 2005. Staff received training in the MCA and were aware of their responsibilities in relation to the Act. Records showed people's capacity to make decisions about aspects of their care was considered when planning their support.

People were encouraged to eat and drink sufficient amounts to meet their needs. Staff supported people to take their prescribed medicines when required. Staff monitored and recorded their observations about people's general health and wellbeing and shared this information with all involved in people's care. When they had concerns about people they took appropriate action so that medical care and attention could be sought promptly from the relevant healthcare professionals.

Overall, people were satisfied with the care and support they received. People knew how to make a complaint if needed and the provider had appropriate arrangements in place to deal with these. The provider promoted a culture of openness and transparency within the service. They sought people's views about the quality of support provided and how this could be improved. Senior staff used this information along with other audits and checks to monitor and review the quality and safety of the support provided. We found some gaps in medicines administration records (MARs) maintained in respect of people using the domiciliary care service in the community. Senior staff assured us this issue had been addressed and a new system of checks had been introduced to help improve their ability to address identified issues more quickly.

The provider made improvements when these were required to enhance the quality of the service. We saw a new 'on call' service had been introduced, the service's policies and procedures had been updated to inform staff in current best practice and national guidance and changes had been made to the management structure which meant there was improved leadership across all aspects of the service to respond to issues and concerns as they arose.

The provider used learning from complaints and incidents to improve the quality of support people experienced. For example, they had identified staff would benefit from additional coaching and support on how to develop and maintain professional boundaries with people they supported. The provider worked in partnership with other agencies such as the local authority to develop and improve the delivery of care to people. Following an incident involving a person using the service the provider had worked with the local authority in ensuring an appropriate policy and procedure was in place for staff to follow if they were unable to make contact with a person when attending a scheduled visit.

At this inspection we found the provider in breach of legal requirements with regard to notifications of other incidents. You can see what action we told the provider to take with regard to this breach at the back of the full version of the report.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good

The service was safe. Staff knew what action to take to protect people from abuse.

Risks to people of injury or harm had been assessed. Plans were in place that instructed staff on how to ensure these risks were minimised.

The provider carried out appropriate checks on staff to make sure they were suitable and fit to work for the service. There were sufficient numbers of staff to meet people's needs. People received their medicines as prescribed.

Is the service effective?

Good

The service was effective. Staff received training to help them meet people's needs. They were supported in their roles through a programme of supervision and appraisal.

Staff were clear about their responsibilities in relation to the Mental Capacity Act 2005.

Staff helped people keep healthy and well. They monitored people ate and drank sufficient amounts and their general health and wellbeing. They reported any concerns they had about this promptly so that appropriate support was sought.

Is the service caring?

Requires Improvement

The service was not always caring. Some people did not receive support from staff they felt comfortable and familiar with and said staff did not spend enough time with them during visits. The provider was taking action to address their concerns.

Staff ensured people's right to privacy and dignity was maintained, particularly when receiving personal care.

People were supported to do as much as they could for themselves to maintain control and independence over their lives.

Is the service responsive?

Good

The service was responsive. People were involved in discussions and decisions about their care and support needs.

Support plans reflected people's choices and preferences. These were reviewed regularly by senior staff.

Overall, people were satisfied with the support they received. The provider had arrangements in place to deal with people's concerns and complaints in an appropriate way.

Is the service well-led?

Requires Improvement

The service was not always well led. The registered manager had not met their legal obligation to submit notifications to CQC of events or incidents involving people at the service.

Improvement had been made since our last inspection to staffing levels but people were still not fully satisfied with this aspect of support. The provider was taking action to address their concerns.

People's views about the service were sought. This was used along with audits and other checks to monitor and review the quality of service people experienced. The provider was taking action to address gaps in record keeping that we found.

Staff spoke positively about the leadership of the service and said managers were approachable and supportive.

The provider used learning and made changes when these were required to improve the quality of service. They also worked with others to develop and improve the delivery of support provided to people.

Absolute Care Services (Sutton)

Detailed findings

Background to this inspection

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

This inspection was announced and took place on 21, 22 and 23 February 2018. We gave the provider 48 hours' notice of the inspection because senior staff are sometimes out of the office supporting staff or visiting people who use the service. We needed to be sure that senior staff would be available to speak with us on the day of our inspection. The inspection team consisted of two inspectors and two Experts by Experience. These are people who have personal experience of using or caring for someone who uses this type of service.

Before the inspection we reviewed the information we held about the service. We used information the provider sent us in the Provider Information Return. This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make. We also looked at reports from previous inspections and statutory notifications submitted by the provider. Statutory notifications contain information providers are required to send us about significant events that take place within services.

On the first day of our inspection we visited the provider's offices for this service based in Wallington. We spoke with the manager for the domiciliary care service in the community, the regional manager and five care support workers. We reviewed the care records of eight people using the service and the medicines administration records (MARs) for eight people using the service. We also looked at seven staff files and other records relating to the management of this aspect of the service.

On the second day of our inspection we visited two extra care housing schemes where the service was

providing personal care to people. We spoke with seven people using the service, one relative and a carer for one person employed by another care provider. We also spoke to the manager for the two schemes, the regional manager, the operations director, an office administrator and the manager from the housing provider of the scheme. We reviewed the care records and MARs of five people using the service, two staff files and other records relating to the management of this aspect of the service.

On the final day of our inspection we visited another extra care housing scheme where the service was providing personal care to people and spoke to three people using the service. We also spoke to the manager for this scheme, the regional manager, the operations director and two care support workers. We reviewed the care records and MARs of four people using the service, two staff files and other records relating to the management of this aspect of the service.

After the inspection we spoke with 17 people using the service and five relatives and asked them for their views and experiences of the service provided.

Good

Is the service safe?

Our findings

People said they felt safe with the staff that supported them. Comments we received included, "I have a regular couple of people who know me well and I feel very safe with them.", "I feel very safe with my regular carers and the weekends are OK. Occasionally it's someone I don't know but I can tell them what I need.", "I feel quite safe with them and I will tell them what to do."

The provider had systems in place to check with people that they felt safe with the staff supporting them. They used surveys, telephone quality monitoring calls and unannounced spot checks on staff to ask people how they felt about the support provided and if they felt safe with this. This provided people opportunities to raise any issues or concerns they had about their safety.

Staff continued to be supported by the provider to protect people from the risk of abuse. All staff had received training in safeguarding adults at risk within the last year. Staff were able to identify the different types of abuse that could occur and understood what action to take to ensure people were protected. This included following the provider's safeguarding policy and procedure to report any concerns to senior staff or to another appropriate authority such as the local council. Staff told us senior staff operated an 'open door' policy and they felt able to share in confidence any concerns they may have about a person. One staff member told us, "I would tell the manager if I thought someone was being badly treated. If they didn't act I would let you (CQC) know."

Staff were also supported to keep people safe from identified risks to their health, safety and wellbeing. Senior staff continued to assess, monitor and review how people's individual circumstances and needs could put them at risk of injury or harm at home and in the community and then used this information to instruct staff on how to reduce any identified risks to people. For example, where people were at risk of falls in their home, staff were instructed to check the environment was clear of trip and slip hazards, that walking aids, drinks and meals were placed within easy reach of people and where people had these, safety pendants were worn before staff left their home so that if people should fall they had the means with which to call for help and assistance. Staff demonstrated good understanding of the risks people faced and how these should be minimised to ensure people were protected from injury or harm. One staff member told us about one person they supported, "I make sure there are no sharp objects around, and I check [the person's] walker to make sure the pads are ok, so it's safe to use."

There were sufficient numbers of staff to meet people's needs. The provider planned staff rotas a week in advance and sent these out to all staff so that they had timely notice of their scheduled visits for the following week. To reduce the risk of staff running late for scheduled visits these were planned as much as possible in close proximity to each other to cut down on travel time between them. The provider also tried to ensure that people received support from the same members of staff in order to experience consistency and continuity in their care. Records showed people's specific needs had been considered by senior staff when planning the support people required so that appropriately trained staff could be assigned to meet these. For example where a person needed help to move and transfer in their home, two staff were assigned to this visit to ensure this was done safely. Staff said they felt they had enough time to complete their duties

safely and effectively. One staff member said, "I think it's (the workload) the best it's been really."

The provider maintained recruitment procedures to check the suitability and fitness of staff to support people. The provider checked their eligibility to work in the UK, had obtained character and employment references for them, sought evidence of their qualifications and training and undertook appropriate criminal records checks. Staff had also completed health questionnaires to enable the provider to check their fitness to support people appropriately. Where the information provided by new staff did not meet the required standard, the provider took appropriate action to seek extra assurances about their suitability. For example we saw for one staff member additional information was sought and obtained from an appropriate referee before the provider would proceed with their application. We noted from files of recently recruited staff, interview notes made by senior staff showed prospective staff were not necessarily asked questions that were focussed on the care people should receive. We discussed this with the regional manager who told us this was an area that had already been identified by the provider as requiring improvement through internal quality assurances processes and changes to the application form and interview format were being introduced to address this.

Where staff were responsible for this, they supported people to take their prescribed medicines when they needed these. People told us they had no concerns about receiving their medicines in a timely manner. One person said, "I have a blister pack for my tablets and they (staff) count them out. I know the number so that helps me." People's records contained current information about their medical history and the medicines prescribed to them. Staff supporting people to take their medicines had received the appropriate training to do so. They had also been provided with a copy of the provider's medicines policy which set out their responsibilities for ensuring people received their medicines safely. Records completed by staff at each visit indicated the support they had provided people with their medicines.

Staff followed appropriate procedures for minimising risks to people that could arise from poor hygiene and cleanliness. Staff had received training on infection control. They wore personal protective equipment (PPE) to reduce the risk of spreading and contaminating people with infectious diseases. People told us staff wore PPE when supporting them with their care needs. Staff were aware of their responsibilities with regard to infection control and how they could reduce risks to people through their day to day working practices.

The provider had systems in place to review and investigate any incidents or safety concerns about people, if these should arise, so that appropriate action could be taken to protect people when required. We saw when incidents involving people had occurred these were reviewed in detail by managers to discuss any learning in terms of new, emerging or changing risks to people so that appropriate measures could be put in place to ensure their continuing safety.

Good

Is the service effective?

Our findings

People's records showed that their needs had been assessed to determine the level of support they required and this was delivered in line with current legislation and standards. For example people's choices and decisions about when, how and from whom they received care and support helped to inform their package of support so that wherever possible, people received person centred care. Risk assessments were undertaken with people as part of this process to ensure that the support provided to them was delivered in a way that maintained their safety and wellbeing.

People said staff were able to meet their care and support needs. One person said, "Yes, they seem to know what they're doing so I leave them to get on with it." Since our last inspection the provider had ensured all staff continued to receive relevant training to help them to meet people's needs. New staff were required to successfully complete a programme of induction before supporting people unsupervised. Staff received a 'staff handbook' and access to the service's policies and procedures to guide and inform them in their roles. Managers monitored and reviewed training on a monthly basis to ensure staff were up to date with the knowledge and skills required for their roles. Staff also received appropriate support from senior staff through a programme of regular supervision and an annual appraisal of their work performance. One staff member said, "I had a four day induction which was really fun, informative and extensive. I felt ready to take up my role after." Another staff member told us, "We get training and we have regular meetings with the managers. I always feel managers listen."

People were supported by staff to eat and drink sufficient amounts to meet their needs. One person said "On a Monday my carer helps me make my meal choices from (food supplier) and then she rings them through. It works well because she can describe them to me and makes sure I have a balance – not all puddings!" Another person told us, "I am always left with a drink." Information had been obtained from people about their dietary needs and how they wished to be supported with these. This included their specific likes and dislikes, food allergies and specialist requirements due to their cultural, religious or healthcare needs. The level of support people required from staff varied and was based on people's specific needs and wishes. This ranged from preparation of drinks and light snacks to cooking meals. Staff recorded how much people ate or drank. This gave everyone involved in people's care and support information about whether people were eating and drinking enough to reduce risks to them from malnutrition and dehydration.

Staff also supported people to keep healthy and well. They recorded their observations about people's general health and well-being so that this could be shared with all involved in people's care and support. When staff had concerns about a person's health and wellbeing they reported these to senior staff who ensured appropriate support and assistance was sought from others, such as the GP. One person said, "I wasn't too good for a couple of days and the carer was worried and called an ambulance. I was reluctant but gave in and she was right. She stayed with me until the ambulance came. I was very grateful."

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 make particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. Any application to do so for people living in their own homes must be made to the Court of Protection.

We checked whether the service was continuing to work within the principles of the MCA. People's ability to make and to consent to decisions about their care and support needs continued to be assessed, monitored and reviewed. Staff prompted people to make decisions and choices and sought their permission and consent before providing any support. Staff had received training in the MCA and were aware of their responsibilities in relation to the Act. The provider involved people's representatives and other health care professionals when people may not have been able to consent to or make a decision about what happened to them in specific situations, so that decisions could be made in their best interests.

Requires Improvement

Is the service caring?

Our findings

Some people using the service did not always receive support from staff they felt comfortable and familiar with. People using the domiciliary care service in the community said that they were satisfied with support they received from their regular weekday carers and had built good relationships with them. One person said, "Our carers have been very caring. Our regular lady is like part of the family." Another person told us, "I get on so well with my carer." However people were less satisfied with support they received from staff, especially at weekends, who they were less familiar with. People said the lack of familiarity increased their anxiety about the quality of support they would receive from these staff. Comments we received included, "The regular carer is how it should be. We know each other and it's relaxed…Sundays is a problem. You don't know whose coming and the office don't let you know when they are running late.", "I don't like it that people come that I've never met. At weekends it's usually people that I don't know and they don't know me." And, "They keep rotating people so just as I think someone knows how and what I like for breakfast, they change and you start all over again…so much depends on who you get. Nobody is awful but some are so much better than others."

People who lived in extra care housing schemes and received support from the service had more positive feedback and experiences to share with us. They told us they were supported by regular and familiar staff which helped build and maintain continuity and consistency in the support they received. One person said, "I call them 'my family'. I've got to know all the girls really well and they all know what I'm like. They completely accept you for who you are." Another person told us, "I've never had a bad one (staff member) in six years." However a relative said about staff that were less familiar with their family member "They don't have the same attitude…but at least you get a hello and goodbye from them."

We also had mixed feedback from people about the length of time staff spent with them during their scheduled visits. People using the using the domiciliary care service in the community were less satisfied with this aspect of the service. One person said, "The younger ones fly in and fly out and don't always give me all my time. The older ladies are very different. No worries there." Another person told us, "I never check the clock but they are gone as soon as they think they are finished." People who lived in the extra care housing schemes had more positive things to say. One person said, "[Staff member] is there 24/7. She always asks if I need any more help and I feel reassured by that." Another person told us, "I never wait long for staff to come." Another person said, "Some go beyond what they need to do."

The provider was aware of the feedback and concerns we received from people, particularly around the care and support they experienced from staff they were less familiar with. They had recently received feedback from people and their relatives through their annual quality survey which indicated people's positive experiences about the service were mainly focussed on the support they received from regular staff members. The regional manager r told us an action plan was being developed in response to people's comments and suggestions, to address issues and concerns that had been raised through the survey.

Notwithstanding the issues above people were treated with dignity and respect and staff maintained their privacy. One person said, "They're nice…they respect my home and keep things tidy." Another person told

us, "Staff are lovely. They respect me and they're never mean." Another person said, "They (staff) respect how you feel and act on it…they listen to everything you have to say." And another person told us, "They're very respectful…I've never had so much peace in my life as I do now!" Staff told us about the various ways they ensured people's privacy and dignity when supporting people with aspects of their personal care. The examples they gave us demonstrated they were sensitive to people's needs and discreet when providing care and support. Staff said they ensured people were offered choice, were not rushed and given the time they needed to do things at their own pace.

People were supported to be as independent as they wished to be when being supported with their care and support needs. One person told us, "I'm very lucky as they are so thoughtful. They let me do the bits I can when I have a wash and then I call them when I need them again. They are just outside the door." People's support plans set out their level of dependency and the specific support they needed with tasks they couldn't undertake without help, such as getting washed and dressed. Staff were encouraged to prompt people to do as much as they could to help them to retain control and independence. A staff member told us, "After [person] had a fall I made sure he could still do things he wanted to, like make a cup of tea or get a bowl of cereal. I try and encourage him all the time. He now lays the table while I cook his meal." Another staff member said, "I give one person a flannel and encourage them to wash and I get people to try and brush their hair and their teeth."

Good

Is the service responsive?

Our findings

People and those involved in their care, such as their relatives, were supported to contribute to the planning of their support package. Senior staff met with people to assess their needs and requirements and then used the information from these meetings to develop a support plan which set out how these assessed needs would be met by staff. People's support plans reflected their preferences for how and when they received support and took account of their specific social, cultural and religious needs. This helped to ensure people received support that was personalised and reflective of what they needed. For example, for one person, there was information for staff about their dietary needs and what they could not eat due to their religious beliefs. Staff had a good understanding about people's needs and preferences and how to respect and ensure these were met. A staff member told us, "One person had to use different flannels for different parts of their body due to their beliefs. We worked with their relative to make sure we got this right." Another staff member said, "At the moment I am learning Punjabi words as I am supporting someone who speaks this. It's just 'hello' and 'goodbye' but it really means a lot to [the person]."

People's care and support needs were reviewed with them regularly. Staff used surveys, telephone monitoring calls and unannounced staff spot checks to gain people's feedback about their current support package and whether this was continuing to meet their needs. Records showed people's care and support package had all been formally reviewed within the last six months. Where any changes were agreed to the care and support people required their support plan and any associated risk assessments were updated so that staff had access to the latest information about how people should be supported.

The provider continued to maintain an electronic call monitoring system to help them monitor the responsiveness of the service. Senior staff showed us how they used the system to check that all staff logged in on arrival at people's homes via an automated telephone service. If staff were late, office staff received a notification on the system, which was monitored during office hours and out of hours so that they could take appropriate action to address this. We were told there had been no missed calls recently as a result of this and we noted staff arrived for scheduled visits at expected times.

Overall, people were satisfied with the care and support they received from staff. Comments we received included, "I'm very pleased…they're very nice people. Had a lovely young lady who is so sweet and helpful."; "They're nice. I have no worries.", "They're lovely and they go out of their way.", "All the staff good. Hardworking. I give them gold stars!", "Really are lovely people. I wouldn't be where I am without them.", "Excellent service. The carers are good." And, "The girls look after me 100%. Can't fault any of them."

People were provided information about what to do if they were unhappy with the service. People said they would make a complaint in this instance and knew how to do this. Although none of the people we spoke with had had to make a formal complaint, they told us when they had raised an issue or concern the provider had been responsive in resolving this. One person said, "I rang to say that I was unhappy that they didn't let us know if someone was off sick or on leave and now they do ring me." Another person told us, "Things have improved in the last three months. Good consistency which I was insisting on and better time keeping." Another person said, "I had an argument with a carer who wanted to leave before she had finished

(some months ago) and I rang the office. She hasn't been to me since."

The provider maintained appropriate arrangements to deal with people's concerns or complaints. Records showed when a concern or complaint had been received, senior staff had conducted a thorough investigation, provided appropriate feedback to the person making the complaint and offered an apology where this was appropriate when people experienced poor quality care and support from the service.

Requires Improvement

Is the service well-led?

Our findings

At our last inspection of the service in January 2016 we found improvement was needed because people had mixed views about the management of the service. People with poor perceptions of the service were concerned about lack of communication around changes to the service and the consistency and continuity in staffing levels. People felt this was due to poor management of the service. Senior staff had been aware of people's concerns at the time and had taken positive steps to address these. However at that inspection it had been too early to judge whether the improvements introduced had improved outcomes for all of the people using the service.

At this inspection we found some improvements had been made. People's feedback indicated they felt more settled and satisfied with the support they received from regular, familiar staff. Senior staff told us considerable work had been done in the preceding 12 months to ensure visits were better planned so that people experienced improved continuity and consistency with regards the regular staff that supported them.

However people said some aspects of the communication they received from the service needed to improve. People using the domiciliary care service in the community told us they often did not receive a rota in advance of scheduled visits to advise them who would be coming to provide them with care, particularly at the weekend. One person said, "We don't get a rota and our regular carer will tell us if she isn't coming but then we don't know who's coming and it's a real problem at the weekend." Another person told us, "I know the office number by heart as I have to ring them so often when someone doesn't arrive…that's at the weekends." This lack of information from the service about scheduled visits had made some people using the service anxious about who they might get to provide their care and support.

The service continued to have a registered manager in post. 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. At this inspection we found the registered manager had not met their legal obligation to submit notifications to CQC of events or incidents involving people at the service. They had not notified us of seven allegations of abuse involving people using the service in the preceding 12 months. From our checks of records we established these incidents had been reported to the appropriate local authority and the provider had cooperated fully in their subsequent investigations. However failure to notify CQC of these incidents meant we could not check that the provider had taken appropriate action to ensure people's safety and welfare in these instances.

We had raised our concerns immediately prior to this inspection with the operations director about the lack of notifications received from the service. The day before the first day of our inspection the operations director contacted us by email to acknowledge this had been an oversight and they had taken steps to ensure senior staff understood the legal requirement to report these incidents to CQC. The operations director told us during the inspection that the recently appointed branch manager for the domiciliary care service in the community would be submitting a registered manager application to CQC on successful

completion of their probationary period. They said this would help to ensure the service would be able to meet all necessary legal obligations as required.

Although the provider had taken steps to address the issue we found this was a breach of Regulation 18 of the Care Quality Commission (Registration) Regulations 2009 (Part 4).

The provider continued to assess, monitor and review the quality and safety of the support provided to people. They did this primarily through surveys, telephone monitoring calls and unannounced spot checks on staff through which people were asked about their experiences of the service. We saw when issues or concerns were identified through these checks, senior staff responded accordingly to address and remedy these. Senior staff also audited people's records to check these were accurately completed by staff and that the support provided reflected people's care packages. We found audit arrangements for records maintained in respect of people using the domiciliary care service in the community were not as effective as they could be. Specifically, we found some gaps in recording through our checks of people's medicines administration records (MARs) that were not being identified quickly enough by senior staff to take the appropriate corrective action to improve staff's record keeping. Gaps in these records did not allow for a clear and accurate audit trail for when, how and by who medicines had been administered to people. We saw MARs for people living in the extra care housing schemes that received support with their medicines, had been completed appropriately. We discussed the inconsistency we found in the quality of these records with the regional manager and branch manager for the domiciliary care service in the community, who assured us this issue was already being addressed through a new system of checks introduced in the month prior to our inspection which should help to improve senior staff's ability to address identified issues more quickly.

The provider promoted a culture of openness and transparency within the service and ensured staff were clear about their duties and responsibilities to the people they supported. Through individual supervision meetings staff were provided opportunities to discuss how they met the values of the service and ensured through their working practices that people experienced good quality care and support. The provider operated a 'carer of the month' scheme to financially reward those staff who were able to demonstrate positive impacts on the quality of people's lives. Staff spoke positively about the support they received from senior staff. One staff member said, "Management (of the service) is much better. I now have set clients. It doesn't change so it keeps the continuity going." Another staff member told us, "I feel quite confident in managers dealing with any concerns and feel well supported. They are very approachable. It's a proactive company." And another staff member said, "They're a nice company...managers are very hands on and you can talk to them."

People continued to be engaged and involved in developing the service. The provider sought their views about the service through their quality assurance checks and asked for their suggestions for how the service could be improved. We saw the provider was responding to people's feedback received via the most recent quality survey (December 2017) by developing an action plan to address those areas highlighted by people as requiring improvement to enhance the quality of the service.

The provider made improvements when these were required to enhance the quality of the service. Since our last inspection the provider had introduced a new 'on call' service that people could contact outside of business hours to get in touch with staff when needed. The provider had also invested in an update of all the service's policies and procedures to guide and inform staff in current best practice and national guidance when providing care and support to people. Changes had also been made to the management structure at the service. From August 2017 an additional management post was created and a new manager had been appointed to oversee the care provided to people living in one of the extra care housing schemes supported

by the service. This improvement meant there was now more visible management across all aspects of the service that was better equipped to respond to issues and concerns as they arose.

The provider was also using learning from complaints, events and incidents to improve the quality of support people experienced. For example, they had identified through a review of complaints and incidents that staff would benefit from additional coaching and support on how to develop and maintain professional boundaries with people they supported so that they were clear about how they should behave and conduct themselves when providing care. The provider worked in partnership with other agencies such as the local authority to develop and improve the delivery of care to people. Following an incident involving a person using the service the provider had worked with the local authority in ensuring an appropriate policy and procedure was in place for staff to follow if they were unable to make contact with a person when attending a scheduled visit. This meant reporting concerns about a person to senior staff and to the appropriate authority so prompt action could be taken to ascertain the reasons for this and the whereabouts of the person to ensure they were not at risk.

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 18 Registration Regulations 2009 Notifications of other incidents The provider failed to notify the Commission without delay of the incidents specified in paragraph (2) which occur whilst services are being provided in the carrying on of a regulated activity, or as a consequence of the carrying on of a regulated activity.