

Nestor Primecare Services Limited

Allied Healthcare Hythe

Inspection report

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Hythe
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12 September 2016

13 September 2016

14 September 2016

15 September 2016

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Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?

Requires Improvement ●

Is the service effective?

Requires Improvement ●

Is the service caring?

Requires Improvement ●

Is the service responsive?

Requires Improvement ●

Is the service well-led?

Requires Improvement ●

Summary of findings

Overall summary

The inspection took place on 12, 13, 14 and 15 September 2016, and was an announced inspection. The registered manager was given 48 hours' notice of the inspection.

Allied Healthcare Hythe provides care and support to people in their own homes. The service is provided to mainly older people and some younger adults and people who have a learning disability. At the time of the inspection there were approximately 128 people receiving support with their personal care. The service provides care and support visits to people in Ashford, Canterbury, Folkestone, Hythe, the Romney Marsh and surrounding areas. It provides short visits to people as well as covering shifts over a 24 hour period to support people.

The service is run by a registered manager. 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 our previous inspection in February 2016 we found the service was not meeting the standards of quality, safety and personalisation of care and support to people and there were significant shortfalls, the service was rated inadequate and placed into special measures. We took enforcement action against the provider and registered manager and asked them to tell us what they were going to do to put the shortfalls right. Since that time the provider has kept us regularly informed of progress they have made towards meeting the required standards. This inspection was to check the progress made against the shortfalls, the quality of the improvements and the impact of the improvements on people using the service.

Our inspection highlighted that whilst there had been improvements made there were still shortfalls that required further management action to ensure people received safe care.

People were still not fully protected by safe medicine management and handling. How staff should support people with their medicines was much clearer. Written guidance in relation to medicines prescribed 'as required' in most cases was now in place, but still required work. Staffs recording of medicines they had administered had improved, but not all instances of administration were recorded so we were unable to ascertain if people had received their medicines on those occasions.

The provider had had a consistent recruitment drive in the last six months, but the turnover of staff had remained high and had continued to impact on the time people received their visits and whether they were from regular staff, although the number of missed visits and the timing of visits had improved since the last inspection.

Most people had had their needs reassessed and a new care plan put in place. These varied in detail about risk and personalised care and some required further work, to ensure they reflected people's preferred routines and how to keep them safe. Some people's care plans and information about risks associated with their care and support still required review to ensure they contained sufficient information to inform staff and were up to date.

People felt staff were kind and caring. Most people staff respected their privacy and dignity, but some staff talked about their work problems when visiting them, which was not professional.

People gave their consent for their care and support and records were being improved to show the legal arrangements in relation to decision making people had in place and their capacity to make decisions to ensure people were supported accordingly.

Staff received training, supervision and team meetings to help them do their job effectively. Some additional training had been identified by senior staff to enhance the service people received. People were fully protected by robust recruitment procedures.

People had been asked for feedback about the service they received, any negative feedback had been or was being addressed. There continued to be a fairly high number of complaints since the last inspection, but action was taken to try and resolve people's concerns.

Most people felt communication with the office and the registered manager had got much. Audits and systems were more effective in picking up shortfalls and further systems had been put in place to help ensure people would receive a quality service that met their needs.

As this service is no longer rated as inadequate, it will be taken out of special measure. Although we acknowledge that this is an improving service, there are still areas, which need to be addressed to ensure people's health, safety and well-being are protected. We have identified a number of continued breaches of regulations. We will continue to monitor Allied Healthcare Hythe to check that improvement continues and are sustained.

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.

Information about people's medicine management was much clearer and therefore safer. Further improvements were required for medicines prescribed 'as required' and staffs recording of medicines that were administered.

Despite a continued recruitment drive people continued not have their needs met by sufficient numbers of staff resulting in late visits.

Risks associated with people's care and support had started to be reviewed and where this had happened information was in place to reduce these risks. In some case this required further improvement. Other people's risk still needed to be reviewed and ensure guidance was in place.

People were fully protected by robust recruitment procedures.

Requires Improvement ●

Is the service effective?

The service was not always effective.

People did receive care and support from sufficiently competent, experienced and trained staff. Further training had been identified by staff that would enhance the service people received. People did not always receive care and support from regular staff.

People had given their consent for their care and support. The legal arrangements they had made had started to be recorded to ensure they were carried out.

People were supported to maintain good health.

Requires Improvement ●

Is the service caring?

The service was not always caring.

Most people thought staff respected their privacy and dignity.

Requires Improvement ●

However there were examples where this was not the case.

People felt staff were kind and caring and encouraged their independence.

Some people talked about staff that went that extra mile and made a difference to their lives.

Is the service responsive?

The service was not always responsive.

The majority of people had had their needs reassessed and up dated care plans were in place. Most of these contained a good level of detail about people wishes and routines. Some still required review.

There continued to a high number of complaints, but complaints were being address and action was taken or was being taken to improve the service people received.

People had been asked for feedback about the service they received. Where there was negative feedback action had been or was being taken.

Requires Improvement ●

Is the service well-led?

The service was not always well-led.

Considerable work had been undertaken to improve the service people received, although further work was required and staff shortages had impacted on this being completed in a timely way.

The atmosphere within the office was more relaxed with senior staff working in a calm and effective way. People felt communication with the office and registered manager had improved.

Audits and systems had been improved and were better in highlighting shortfalls. Extra systems had been put in place to address shortfalls.

Requires Improvement ●

Allied Healthcare Hythe

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 took place on 12, 13, 14 and 15 September 2016 and was announced with 48 hours' notice. The inspection carried out by an inspector and an expert by experience. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service. The expert by experience had personal experience of caring for older family members who have used regulated services.

Prior to the inspection we reviewed information, such as the previous inspection report, we held about the service and we looked at notifications received by the Care Quality Commission. A notification is information about important events, which the provider is required to tell us about by law.

During the inspection we reviewed people's records and a variety of documents. These included 15 people's care plans and risk assessments, three staff recruitment files, staff training, supervision and appraisal records, visit and rota schedules, medicine and quality assurance records.

We spoke with 19 people who were using the service, four of which we visited in their own homes, we spoke with seven relatives, the registered manager and ten members of staff.

Before and after the inspection we received feedback from two health and social care professionals who had had contact with the service.



Our findings

People and relatives told us they felt safe when staff were in their homes and when they provided care and support. Two people told us, "Yes I feel safe they know what they are doing they lift me in and out of the bath for my shower and I never have to worry". "I do feel safe they are all very nice girls".

People told us they felt they received their medicines when they should and staff handled them safely.

At the previous inspection we found people were not fully protected against the risks associated with medicine management and there had been a high number of (25) medicine errors. During this inspection we identified that improvements had been made, but further improvements were required to ensure people received their medicines according to the prescriber instructions and safely. Since the last inspection there had only been two medicine errors and there was clearer information about what support staff were required to give people with their medicines.

Previously there had been no guidance about how to administer medicines that were prescribed 'as directed' or as 'required'. A new form had been developed for topical medicines that were prescribed this way (which was the majority of medicines prescribed), which gave staff clearer information about what topical medicines to apply and where. The form was specific to a medicine and included a body map, however they lacked guidance about if the medicine was continually used when staff should seek advice and guidance and from whom. In some cases the information stated that the medicine should be used 'when required' rather than clearly detailing when, such as when the skin was red and sore or when the skin was dry. A few people also had other medicines prescribed this way. For example, Laxido (for constipation) or paracetamol (for pain) or an inhaler (to ease breathing), but there was no guidance in place for these medicines to ensure they were administered consistently and safely.

At the previous inspection Medication Administration Records (MAR) charts showed that medicines were not always administered according to the prescriber's instructions. MAR charts had been reviewed and updated since then and new MAR charts were now delivered to each person monthly. There had been long periods where no code or signature had been recorded on the MAR chart so we had been unable to ascertain whether people had received their medicines. There were improvements, but we still saw instances where there was no code or signature. The system for returning MAR charts to the office had greatly improved and audits of MAR charts were being undertaken and in a more timely way than previously. This was picking up errors which were being addressed with staff. The registered manager had also recently introduced a three strike approach to errors where staff were spoken with or were spoken with and received a letter and on the

third occasion they would either undertake further training and/or disciplinary action.

Previously risks associated with people's care and support had not all been assessed. In some cases care plans lacked detail about the steps that were in place to reduce these risks so the information about reducing risks was not always available to staff in people's homes. At this inspection we found that where people had had their care plans reviewed using the old format care plan there was better information about keeping people safe, but further improvements were still required. For example, where a person had a catheter although there was information about emptying and changing the catheter bag, there lacked information about monitoring the person's urine output and the colour and encouraging fluids, although staff were clearly doing this as daily reports noted these things. Details about how to move a person using a hoist and sling were again better detailed where care plans had been reviewed. Where people had had their care plans reviewed using the new template there was good information about risks and keeping people safe. In the cases where people's care plans had not yet been reviewed there remained a shortfall in that not all risk information and the steps to keep people safe was available to staff in people's homes. For example, when a person had diabetes, care plans did not identify the signs and symptoms a person may display when they became unwell due to this condition or what action staff should take to keep the person safe. There were charts in place to record the equipment staff used and service dates to ensure it remained safe to use, again those that had been reviewed in all but one case reflected up to date information.

It is acknowledged that the provider had taken considerable action to address the shortfalls identified at the previous inspection. However further improvements are still required to ensure compliance. The provider had failed to do all that was reasonably possible to mitigate risks to people's health and safety. The provider had failed to have proper and safe management of medicines. This is a continued breach of Regulation 12 of the Health & Social Care Act 2008 (Regulated Activities) Regulations 2014.

At the previous inspection people did not have their needs met by sufficient numbers of staff and although there has been an ongoing recruitment drive, the turnover of staff has remained high (54 leavers and 32 starters) and further staff were still required to meet people's needs. The numbers of people receiving care and support had decreased since the last inspection from 236 to 128, which would result in fewer staff required, although the recent peak holiday period had also impacted on the service people received due to staffing numbers. Some people remained unhappy about the timing of their visits and how this impacted on their day although being informed that staff were going to be late by the office had got better. There had been a reduction in the number of missed visits people received since the last inspection. Records showed that week on week since the last inspection there had been an improvement in the percentage of people receiving their visit on time (or within 30 minutes of the visit time). Although we still saw and heard about some instances where because staff were running late people told them not to bother or relatives stepped in to undertake the care or helped another member of staff when two staff were required because they did not want to wait. To help improve things the registered manager had worked with the local authority since the last inspection and 31 people's packages of care and support or part of their care and support had been moved to another provider where their staffing resources in the area people lived were better. Travelling time on schedules had also been reviewed and this was ongoing. The registered manager told us at the time of the inspection that five prospective staff were awaiting the results of their Disclosure and Barring Service (DBS) check (these checks identify if prospective staff had a criminal record or were barred from working with children or vulnerable people) and then they would start work and another four staff were required to be recruited. Most people we spoke with told us staff stayed the full time or did all the tasks required and this was confirmed by records we examined during the inspection, although a few people felt staff were rushing to leave.

It is acknowledged that the provider had undertaken a consistent recruitment drive to recruit new staff.

However the turnover of staff remains high and people have felt the impact of this in the timing of their visits. Further staff are required to ensure the service can consistently be delivered safely. This is a continued breach of Regulation 18 of the Health & Social Care Act 2008 (Regulated Activities) Regulations 2014.

There was a clear medicines policy in place. Staff had received training in the management of medicines. Staff we spoke with were all able to talk through the correct process to administer medicines. Previously staffs competency in administration had only been checked during spot checks on their practice if they happened to administer medicines during that visit. However recently a specific competency check for all staff had been introduced and the registered manager told us this would take place annually. At the time of the inspection five staff had had their competency check completed.

Previously people had not been fully protected by recruitment processes as a full employment history had not been requested or obtained. We viewed recruitment files of three staff that had been recruited since the last inspection. We found that the application form had been reviewed and requested a full employment history be recorded and it was. Recruitment files included all the required pre-employment checks to make sure staff were suitable and of good character. The registered manager had a plan in place to ensure all staff recruited previously had a full employment history recorded on their file.

Accidents and incidents were clearly recorded. Records showed that accidents and incidents were investigated, we saw this could include the registered manager and senior staff visiting a person to discuss what had happened and review the measures in place to minimise the risk of further occurrences.

The registered manager told us they had a risk assessment in place in the event of bad weather and operation stack. These included measures, such as access to a 4x4 vehicle, communicating with families and staff working locally to where they lived, to ensure people would still be visited and kept safe.

People told us they felt safe whilst staff were in their home and would feel comfortable in saying if they did not feel safe. There was a safeguarding policy in place. Staff had received training in safeguarding adults; they were able to describe different types of abuse and knew the procedures in place to report any suspicions or allegations. The registered manager was familiar with the process to follow if any abuse was suspected; and knew the local Kent and Medway safeguarding protocols and how to contact the Kent County Council's safeguarding team.



Our findings

People and their relatives we spoke with had mixed opinions about their satisfaction with the care and support they received. Positive comments included, "I am very happy, it's usually a regular person". "I get mostly the same carers for my every day, Saturdays sometimes is different, but I don't mind". "I get the same carer usually or if not it's one I know". "My carers knows me well...she doesn't have to ask anymore she knows how I like things done". "They've all got their own qualities, but consistency is the key".

However other people were not satisfied. Their comments included, "They've chopped and changed a lot recently now I have a series of carers, we have a rota, but it's not always accurate". "This Wednesday I had a girl, I've never seen her before and they don't know where anything is and it has to be explained". "I did have a main carer, but now I have a rota sometimes I'm not sure who is coming or if the rota is right". "I would like the same carer to do my shower; I don't like all different people".

People told us that they now received a schedule each week so they would know who was coming. However it often showed the staff member as 'relief' and they were not telephoned nearer the time to confirm the name of the staff. We discussed this with the registered manager who agreed to consider the timing of sending out the schedules to see if this resulted in them containing more accurate information.

It continued to be the case that people were generally satisfied when they received their care and support from regular staff who had built up their skills and knowledge of the person they visited and their needs and knew their preferred routine. Records confirmed that some people continued to receive a high number of different staff visiting them and the service was still unable to consistently provide regular staff and this had impacted on the quality of care people received.

Most people felt the staff were sufficiently trained, skilled and experienced to meet their needs. Comments included, "They meet my needs very well". "Those that come seem well trained."

At the previous inspection we found that there had been insufficient numbers of suitably qualified, competent and experienced staff deployed in order to meet the requirements of the service. People had told us about a few instances of poor practice. The registered manager had taken action to address these and those staff no longer worked at the service.

Staff had completed a four day induction programme and shadowed experienced staff and also received a staff handbook. The induction was based on Skills for Care Care Certificate. These are an identified set of 15

standards that social care workers complete during their induction and adhere to in their daily working life. The registered manager told us there was a three month coaching/probation period to assess staff skills and performance in the role. During this time they received a one to one meeting (supervision) with a senior member of staff, observational supervision whilst working in people's homes and a first shift telephone call for support and problem solving.

At the last inspection some staff had raised with a social care professional they did not feel confident undertaking the role of the care coach for new staff. Since that time staff had been given the option to withdraw as a care coach and a further workshop with the registered manager to go through the role and process had been undertaken to help their confidence in undertaking the role.

Staff attended refresher training courses relevant to their role. All the staff spoken with felt the training they received was adequate for their role and in order to meet people's needs. Previously it was identified that mental capacity training had been added to the induction, although this had resulted in existing staff not undertaking the training. The registered manager told us that senior staff had now undertaken the training, but it remained outstanding for care staff.

Previously field care supervisors had identified that further training for stoma and catheter care, diabetes and epilepsy was needed and this remained outstanding at the time of this inspection. During the inspection it was identified that where a person who required a service specific task to be completed only one member of staff was trained. This had not impacted on the person, but was not sustainable for the service. The registered manager had an appointment booked to meet this person the following week and said they would discuss further training, as the training would be required to be undertaken during their visit.

People had consented to their care and support and had signed a form to confirm this. People said their consent was achieved on each visit by staff discussing and asking about the tasks they were about to undertake and made choices available where possible. For example, for meals.

The registered manager told us that no one was subject to an order of the Court of Protection. Some people had a Lasting Powers of Attorney in place and some a Do Not Attempt Resuscitation (DNAR) in place. Previously information about arrangements people had in place relating to decision making and their capacity to make decisions was not recorded. As people were reviewed using the new care plan format this information was being recorded, although for the majority of people recording this information was still required and we consider that this is still an area for improvement. The Mental Capacity Act 2005 (MCA) provides the legal framework to assess people's capacity to make certain decisions, at a certain time. When people are assessed as not having the capacity to make a decision, a best interest decision is made involving people who know the person well and other professionals, where relevant. The registered manager talked about a best interest meeting that they had been involved in regarding the arrangements of a person's care and support and discussions demonstrated they understood the process to be followed.

Twenty one out of the 63 staff had obtained or were working towards a Diploma in Health and Social Care (formerly National Vocational Qualification (NVQ)) level 2 or above. Diplomas are work based awards that are achieved through assessment and training. To achieve a diploma, candidates must prove that they have the ability (competence) to carry out their job to the required standard.

Staff told us they had opportunities to discuss their learning and development through spot checks, supervisions, staff meetings and an annual appraisal. During these observational supervision staff practice was checked against good practice. For example, infection control procedures. Staff were able to discuss

any issues and policies and procedures were reiterated. All staff said they felt well supported by senior staff. One said, "Yes more so in the last few months".

People's needs in relation to support with eating and drinking had been assessed during the initial assessment and recorded. As care plans were reviewed any key information was included in the care plan. In the new format care plan the nutrition assessment would be available in a person's home. Most people required minimal support with their meals and drinks if any. Staff told us no one was at risk of poor nutrition or hydration. Staff usually prepared a meal from what people had in their home. One person used a straw, which enabled them to eat and drink independently. One person when they were unwell had a soft diet. People talked about how staff prepared what they asked for. People told us staff encouraged them to drink enough and would leave a drink or drinks for later.

People were supported to maintain good health. People told us staff were observant in spotting any concerns with their health. People talked about how staff had noticed when there was a problem and mentioned it to them and/or a family member or called a health professional with their consent. Observations and discussion showed that when staff were concerned they took appropriate action including calling health professionals where appropriate.



Our findings

People felt staff were kind and caring. Comments included, "I think they have recently become more caring". "The girls that come are very nice and caring". "They are all very good". "Definitely wouldn't be without them". "Happy with care staff they do a fantastic job. Field care supervisor is also reliable and trustworthy". "I'm very pleased with them, always cheerful, they brighten my day". "Can't fault the girls, very polite and very good at their job".

Three people told us how staff complained to them about the organisation of the service or their workload or the traveling they had to do, which they felt was not right or professional. One relative whose family member required two staff to undertake their visit told us these conversations had taken place over their family member instead of talking to them. On the whole people felt information about them was treated confidentially. However two people told us that staff sometimes mentioned the name of the person they were visiting next. These are areas that require improvement.

Some people talked about staff that "Went that extra mile". One relative said, "My (family member) could not cope without her I am very lucky. I am very happy, she is my friend". Another person talked about two staff that they had got a good relationship with and how they had just "jelled" with them and they always "had a joke". One person said, "Both (main staff) are very good as they are regular, they work well together and know our routine and we can have a good chat". Another person said, "(staff member) and (staff member) are more my age and I have a better rapport with them".

The service had received some compliments letters and telephone calls about the care and support provided.

During the inspection we observed staff took the time to listen to people and their feedback and answer people's questions. Quality monitoring records we saw during the inspection showed that people felt staff were polite and courteous.

Most people told us they received person centred care that was individual to them. Most people felt staff understood their specific needs relating to their age and physical disabilities. Staff had built up relationships with people and were familiar with their life histories and preferences. Care plans contained some details of people's preferences, such as their preferred name and some information about their personal histories and this was enhanced in the new care plan format. During the inspection staff talked about people in a caring and meaningful way.

People and relatives told us staff treated them with dignity and respected their privacy. One person told us, "Yes they are very good. I feel relaxed". Staff had received training in treating people with dignity and respect as part of their induction and this was checked during spot checks on staffs practice. It had also been reiterated since the last inspection in correspondence from the registered manager and during team meetings. Care plans also encouraged privacy and dignity including closing curtains and doors and covering people during personal care.

People told us their independence was encouraged wherever possible. One person said, "They (staff) help to dress me, they encourage me to do what I can". Another person told us, "They encourage me to do as much as I can in the shower and then they will assist me with what I can't do". Other people gave us examples of how staff encouraged them to be independent.

People told us they were involved in the initial assessments of their care and support needs and planning their care. Some people had also involved their relatives. Most people told us they had not been visited periodically to talk about their care and support and discuss any changes required or review their care plan. However care plan reviews were now taking place and the majority of people had had their care plan reviewed since the last inspection giving people the opportunity to review or change their own care. Most people and relatives felt care plans reflected how they wanted the care and support to be delivered.

The registered manager told us at the time of the inspection people that did require support to help them with decisions about their care and support, were supported by their families or their care manager, and no one had needed to access any advocacy services. Details about how to contact an advocate were available within the organisation.

The registered manager had signed up to be a dementia champion. Signing staff up as a dementia friend is a national government funded initiative to improve the general public's understanding of dementia.



Our findings

Some people told us in some instances it continued to be the case that they had to explain their preferred routine to new staff that had not visited before, which got "tedious". Two people commented, "This Wednesday I had a girl, I've never seen her before and they don't know where anything is and it has to be explained" and "The new ones do not always know what they are doing I have to explain all the time".

At the previous inspection people did not have a personalised care plan in order that they could receive care and support in line with their wishes and preferences. Since the last inspection considerable work had been undertaken to reassess people's care and support needs and review their care plans and at the time of the inspection 31 people still required their care plans to be reviewed although 19 additional people had had their needs reassessed, but their care plans were still in the process of being typed up. This meant staff still did not have an up to date care plan available to them within these people's homes.

Care plans that had been reviewed varied in the level of detail they contained. One of those we examined before senior staff had received care planning training in July 2016 continued to reflect statements such as, 'carer to wash, dry and apply creams'. This care plan reflected a task list rather than the person's personalised preferred routine. The registered manager had recognised that some care plans undertaken before the training would require further review and told us this would be undertaken once all care plans had been reviewed.

It is acknowledged that the provider has taken considerable action to improve care plans so they reflect people's wishes and preferred routines. Not all care plans reflect people's assessed needs, preferences and were up to date. The above is a continued breach of Regulation 9(3)(a)(b) of the Health and Social Care Act 2008 (Regulated Activities) Regulation 2014.

Other care plans that had been reviewed on the old format contained a good level of detail and did reflect people's wishes and preferences and what they could do for themselves and what support was required from staff.

In July 2016 the provider had introduced a new format care plan, which meant that the full assessment and care plan remained in the person's house so that staff had access to all the information and this included information about risks associated with their care. Those examined reflected people's preferred routines and contained a good level of detail.

People were not socially isolated. Some people were supported to be ready to attend groups and daycentres within the community. Other people said they looked forward to the staff visits each day and some people told us this in itself sometimes ensured they were not lonely.

People had a copy of the complaints procedure and felt confident in complaining although most people had not made a complaint. One person told us they had complained and things had changed although two people told us they had complained about continuity of staff and timing of visits and this had not really improved. One person told us the registered manager did come out to see them about their concerns and had the acknowledged the ongoing staffing shortages. Records showed that there continued to be a fairly high number of complaints with 31 received since the last inspection. The main themes of the complaints were continuity and timing of visits. Complaints were recorded onto the computer system and an action plan developed to address any shortfalls. This was then allocated to the most appropriate senior member of staff to investigate and resolve. Complaints records confirmed that complaints were investigated and responded to.

People had mixed views about whether they had had opportunities to provide feedback about the service provided. Some people told us they had completed questionnaires. The registered manager told us that questionnaires had recently been sent out by head office and they were collating the responses. During the inspection we observed that senior staff telephone people to gain their feedback on the service they received. The registered manager told us 78 telephone reviews had been completed since the last inspection. Records showed that most were positive and the areas for improvement were continuity and timing of visits. Positive comments relate to regular staff and encouraging independence.



Our findings

There was an established registered manager in post who was supported by field care supervisors and coordinators. The area covered by the service was split into three zones, Canterbury and coastal had two field care supervisors and one coordinator. South Kent coastal (Folkestone to Romney Marsh) had one field care supervisor and one coordinator. Ashford and South Kent coastal Ashford had two field care supervisors and one coordinator. The coordinators were office based and scheduled the visits and field care supervisors were out and about undertaking assessments, supervisions and care plan reviews. In addition there was one administrator who dealt with payroll, training and invoicing and support from head office. The registered manager and coordinators worked Monday to Friday and both they and the field care supervisors covered a backup system for the organisations central out of office hour's service.

The previous inspection followed a period of high turnover within the senior staff team, which had impacted on the service people received. Since that time one coordinator had left resulting in a change in one area of the coordinator. During the last inspection the office had been chaotic in trying to cover a very high number of visits for the current day. We found during this inspection the office atmosphere was relaxed and although there were some visits to cover for each day this was undertaken in a calm manner.

A few people still felt the service was not well-led or well-organised although feedback about communication within the service was better. One person said they got passed around on the phone, but this would be in order that they spoke to the right coordinator for their area. Other people said they generally only called when they need to change a time of a visit or staff had not arrived on time. People said senior staff were "always pleasant" and "very obliging and helpful".

Since the last inspection the registered manager had taken action to address shortfalls that had been identified. They now spent the majority of their time working in the open plan office so communication and senior staff working could be observed and monitored. Coordinators had spent time shadowing field care supervisors so they had a better understanding of people and their needs and traveling between visits. In discussions with staff a few felt there were occasions when there was not always sufficient travel time on their schedules, but did not realise they were required to raise this with coordinators. The registered manager agreed to raise this with staff again so improvements could be made.

The registered manager had written to people introducing themselves and offering to visit them if they had any concerns they wished to discuss. Fifteen people had taken up this option and met with the registered manager. Both working in the main office and meeting people face to face had given the registered manager

a greater understanding of people's needs and the service. One person said, "Since my complaint the manager will now come to the phone they never did before". Quality feedback obtained over the telephone by senior staff was recorded and the report then went to the registered manager so they could see what feedback was coming in and also ensured any negative comments were addressed.

The registered manager had worked with other service providers within the area to improve the quality of the service people received. This had involved looking at where services were struggling to cover visits due to a lack of staffing and where other providers might have staff within that area. This had resulted in the registered manager handing over packages or part of them to other providers. Records showed that a social care professional felt that the registered manager had handled this well, "particularly in relation to the provider to provider transfer discussions".

Staff generally felt the service was now well-led and well organised. Their comments included, "It is now, 100% improvement". "There is some room for improvement, but its better". "It is work in progress; it has definitely changed and come on in leaps and bounds, lots of changes in the last six months". Staff felt the improvements were that complaints were dealt with and swiftly, any poor practice was dealt with, communication and feedback, schedules were much better with not as many mistakes, introduction of the body maps for topical medicines, better notes made by staff in the daily report books and the office staff worked harder to make things easier for care staff. Staff had also been given the option of meeting with the registered manager on a one to one basis and the registered manager had attended team meetings. All staff told us that the communication between them and the office had got much better. They felt the registered manager was more visible in the office and approachable if they had any concerns and had not felt this previously. Where poor practice had been identified staff had been brought into the office for supervision and had extra spot checks arranged until management were confident things were resolved. Staff now felt the registered manager had more confidence and would deal with things. One staff member said, "Things have definitely improved lately. Things are dealt with".

Records and quality monitoring systems were improved. The system for returning MAR charts and daily records made by staff was now better. Senior staff delivered MAR charts to people's homes and collected old records at the same time and MAR charts could then be and were audited within a reasonable timeframe. Since the last inspection senior staff had received further medicine administration and recording training. The audits on MAR charts were now more effective in picking up errors, which were then addressed with staff. However this had not been totally effective in reducing the number of errors, so the registered manager had introduced in July 2016 a three strike approach to errors where staff were spoken with or were spoken with and received a letter and on the third occasion they would either undertake further training and/or disciplinary action. In addition annual competency checks had also recently been introduced and five had been undertaken at the time of the inspection. The registered manager had introduced an auditing system to audit the new care plans as they were completed to ensure they were of the required standard.

The provider's national compliance officers had visited the service on two occasions and produced a report on the second occasion. This showed similar findings to this inspection that improvements had been made, but further were required to ensure compliance.

It is acknowledge that the provider had taken considerable action to address the shortfalls identified at the previous inspection. This was despite continued staff shortages, which had meant senior staff for a period had been covering visits instead of focusing on their own roles, resulting in less reviews being undertaken in that time and a back log of new care plans were waiting typing. However improvements had not been driven in a timely way to ensure compliance with the regulations. This is a continued breach of Regulation 17(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulation 2014.

One social care professional felt the registered manager was "very co-operative", when they contacted the service. Another told us that they had always found the registered manager to be professional, organised and punctual in their responses. They thought their communication was effective, with timely responses.

The provider's mission was displayed within the office. Staff were aware of the aims and objectives of the service through induction and training. Staff told us the mission was to provide a quality service to people in their own homes and they felt the service was moving towards this.

There were systems in place to monitor that staff received up to date training, had regular team meetings, observational supervisions and appraisals, when they could raise any concerns and were kept informed about the service and any risks or concerns. Staff felt the training was well-organised. The provider had a 'carer of the month' branch award. This could be nominated by people and staff and was awarded every two months for staff. In addition one staff member was nominator for the branch 'Shining Star' award.

Staff had access to policies and procedures via the office or their staff handbook. These were reviewed and kept up to date. Records were stored securely and there were minutes of meetings held so that staff would be aware of issues within the service.

Action we have told the provider to take

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

Regulated activity	Regulation
Personal care	<p>Regulation 9 HSCA RA Regulations 2014 Person-centred care</p> <p>Not all care plans reflect people's assessed needs, preferences and were up to date.</p> <p>Regulation 9(3)(a)(b)</p>
Regulated activity	Regulation
Personal care	<p>Regulation 12 HSCA RA Regulations 2014 Safe care and treatment</p> <p>The provider had failed to do all that was reasonably possible to mitigate risks to people's health and safety.</p> <p>The provider had failed to have proper and safe management of medicines.</p> <p>Regulation 12(1)(2)(a)(b)(e)(g)</p>
Regulated activity	Regulation
Personal care	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>The provider had failed to have systems and processes operated effectively to ensure compliance with requirements in a timely way.</p>

Regulation 17(1)

Regulated activity

Personal care

Regulation

Regulation 18 HSCA RA Regulations 2014 Staffing

Further staff are required to ensure sufficient numbers of suitably competent, skills and experienced staff in order to meet people's needs.

Regulation 18(1)(2)(a)