

Nestor Primecare Services Limited

Allied Healthcare York

Inspection report

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29 March 2016

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Ratings

Overall rating for this service	Inadequate ●
Is the service safe?	Inadequate ●
Is the service effective?	Requires Improvement ●
Is the service caring?	Requires Improvement ●
Is the service responsive?	Requires Improvement ●
Is the service well-led?	Inadequate ●

Summary of findings

Overall summary

Allied Healthcare York is a domiciliary care agency and is registered to provide personal care to people living in their own homes. We inspected this service on the 9 and 29 March 2016. The inspection was announced. The registered provider was given 24 hours' notice because the location provides a domiciliary care service and we needed to be sure that someone would be in the location offices when we visited. At the time of our inspection Allied Healthcare York was supporting 20 people living in the York, Harrogate and the Northallerton area.

At our last inspection of the service on the 29 April 2015 we identified four breaches of the legal requirements set out in the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. These included breaches in Regulation 9 (Person centred care), Regulation 12 (Safe care and treatment), Regulation 17 (Good governance) and Regulation 18 (Staffing). Following the inspection we asked the registered provider to take action to address these concerns and they sent us an action plan informing us that the required improvements would be made by February 2016. This inspection was planned to check whether these improvements had been made and that the registered provider was now meeting the legal requirements and regulations associated with the Health and Social Care Act 2008.

The overall rating for this service is 'Inadequate' and the service is therefore in 'Special measures'. Services in special measures will be kept under review and, if we have not taken immediate action to propose to cancel the provider's registration of the service, will be inspected again within six months. The expectation is that providers found to have been providing inadequate care should have made significant improvements within this timeframe.

If not enough improvement is made within this timeframe so that there is still a rating of inadequate for any key question or overall, we will take action in line with our enforcement procedures to begin the process of preventing the provider from operating this service. This will lead to cancelling their registration or to varying the terms of their registration within six months if they do not improve. This service will continue to be kept under review and, if needed, could be escalated to urgent enforcement action. Where necessary, another inspection will be conducted within a further six months, and if there is not enough improvement so there is still a rating of inadequate for any key question or overall, we will take action to prevent the provider from operating this service. This will lead to cancelling their registration or to varying the terms of their registration.

For adult social care services the maximum time for being in special measures will usually be no more than 12 months. If the service has demonstrated improvements when we inspect it and it is no longer rated as inadequate for any of the five key questions it will no longer be in special measures.

The registered provider is required to have a registered manager as a condition of registration. A registered manager is a person who has registered with the Care Quality Commission (CQC) 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 the time of our inspection the service did not have a registered manager. The Operational Support Manager told us that a new application had been submitted to the CQC for a registered manager to be appointed.

During this inspection we found that not all care plans and risk assessments had been updated and there were still examples of ineffective risk management. Where care plans and risk assessments had been reviewed and updated risk assessments were being appropriately used to keep people safe, however, we were concerned about the lack of progress in addressing concerns with care plans and risk assessments identified during our last inspection of the service in April 2015.

People were supported to take their prescribed medication, although Medication Administration Records (MARs) were not always well maintained and audits were not being effectively used to address these concerns.

Records were not always well-maintained and did not consistently contain relevant person centred information. The system used to audit and monitor the quality of records kept was not sufficiently robust enough to identify concerns and drive improvements. Whilst some improvements had been made there were on-going issues and concerns that had not been robustly addressed.

People we spoke with raised concerns about the management of the service and the lack of communication.

This was a breach of Regulation 17 (2) (b) (c) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

There was a lack of clarity about people's ability to make informed decisions and care plans did not effectively evidence that people were supported to make decisions in line with relevant legislation.

This was a breach of Regulation 11 (1) of the Health and Social care Act 2008 (Regulated Activities) Regulations 2014.

We received mixed feedback about staffing levels and there were still examples where people's care was provided more than two hours late.

This was a breach of Regulation 18 (1) of the Health and Social care Act 2008 (Regulated Activities) Regulations 2014.

You can see what action we told the registered provider to take in relation to these breaches at the back of the full version of the report.

Staff received training to enable them to recognise and appropriately respond to signs of abuse to safeguard vulnerable adults.

Staff received training, supervision and had appraisals to support them to develop in their role.

People were supported to eat and drink enough and access healthcare services where necessary.

We received generally positive feedback about the kind and caring nature of staff. However, people did not

always know which carer would be visiting and we received mixed feedback about the continuity of care staff.

Staff supported people to be in control of their care and support and listened to people's wishes and views. People told us their privacy and dignity were respected.

Care plans did not consistently contain detailed person centred information.

There were systems in place to manage and respond to complaints.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Inadequate ●

The service was not always safe.

Staff received training to support them to identify and respond to signs of abuse.

Risk assessments did not consistently contain sufficient information meaning we could not be certain that risks were being effectively managed.

We received mixed feedback about staff's punctuality and records showed that there were on-going problems with 'missed episodes of care'.

Staff supported people to take prescribed medication; however, Medication Administration Records were not always completed correctly.

Is the service effective?

Requires Improvement ●

The service was not always effective.

Staff received induction training, supervision and had yearly appraisals to support them to develop in the role.

There was a lack of clarity about people's ability to make informed decisions and care plans did not effectively evidence that people were supported to make decisions in line with relevant legislation.

People were supported to eat and drink enough and access healthcare services where necessary.

Is the service caring?

Requires Improvement ●

The service was not always caring.

We received generally positive feedback about the kind and caring nature of staff. Although people using the service did not always know which carer would be visiting and we received mixed feedback about the continuity of care staff.

People were encouraged by staff to make decisions and people told us that staff listened to them.

People told us that their privacy and dignity were maintained by staff providing care and support.

Is the service responsive?

The service was not always responsive.

People's care plans did not always contained sufficiently detailed and person centred information and it was not always clear that people had been involved in reviews of their care and support.

There was a system in place to manage and respond to complaints, comments and concerns.

Requires Improvement ●

Is the service well-led?

The service was not well led.

Concerns identified at our last inspection of the service had not been fully addressed.

People we spoke with raised concerns about the organisation and lack of communication.

Records were not always well maintained and the system used to monitor the quality of the documentation and to drive improvements was not robust enough.

Inadequate ●

Allied Healthcare York

Detailed findings

Background to this inspection

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

The inspection took place on 9 and 29 March 2016. The inspection was announced. The provider was given 24 hours' notice because the location provides a domiciliary care service and we needed to be sure that someone would be in the location offices when we visited.

The inspection was carried out by one Adult Social Care Inspector and an Expert by Experience (ExE). An ExE is someone who has personal experience of using or caring for someone who uses this type of service. The ExE supported this inspection by carrying out telephone calls to people who used the service and their relatives following our first office visit.

Before our visit we looked at information we held about the service, which included notifications and information we had received from the local authority. Notifications are when registered providers send us information about certain changes, events or incidents that occur within the service. We did not ask the registered provider to complete a Provider Information Return (PIR). This is a form that asks the registered provider to give some key information about the service, what the service does well and improvements they plan to make.

As part of this inspection we visited two people using the service and spoke with seven people by telephone. Where people were unable to provide feedback about the service, we spoke with their relatives or carers and we received feedback from a further five people this way.

We visited the location's offices and looked at six people's care records, three care workers recruitment and training files and a selection of records used to monitor the quality of the service. We spoke with the care delivery director, operational support manager, home care coordinator, acting care supervisor and five care workers.

Is the service safe?

Our findings

At our last inspection on 29 April 2015 we found that people were not protected against risks, because of inadequate risk management. This was a breach of Regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Following the inspection, the registered provider sent us an action plan telling us that all care plans would be reviewed and updated to ensure that people using the service were not at risk. At this inspection we saw that some improvements had been made, however, care plans and risk assessments still did not consistently evidence that risks were effectively managed.

The operational support manager told us they were in the process of updating all care plans and risk assessments again, as previous updates had not addressed the concerns identified during our last inspection. We could see that this work was on-going. Where care plans had been recently updated, risk assessments contained appropriate information and guidance to support staff to manage risks and keep people safe. However, where care plans and risk assessments still needed updating, risk assessments did not always contain relevant information or sufficient detail needed to guide staff in effective risk management. For example one person's medical history recorded they were diabetic, but their 'Eating and drinking needs assessment' did not record this information or contain any guidance on whether this impacted on the person's dietary requirements. We were concerned that in the 11 months since our last inspections that issues such as this had not been fully resolved and some risk assessments still needed to be reviewed and updated.

Accidents and incidents were reported, logged on an electronic monitoring system and assigned to a manager to review, identify any actions that needed to be taken and sign off once they were satisfied with the response. We reviewed completed accident and incidents forms and saw that appropriate action was taken in response to the identified concerns. However, we found one example where a person had fallen twice whilst transferring between their stair lift and wheelchair. The person's care plan recorded 'Requires assistance with all transfers', however, their 'Slips, trips & falls risk assessment' and 'Moving and handling assessment' contained limited information or guidance to staff and no reference to the fact that the person had a stair lift. These assessments had not been updated following these two incidents to reflect the increased level of risk or to alert staff to this area of concern. Despite this issue, people using the service did not raise concerns about how risks were managed and told us that they felt safe with the care and support provided. The operational support manager told us that accident and incident reports were reviewed to ensure that appropriate action was taken in response to concerns, but acknowledged that the person's paperwork should have been updated.

Staff supported people using the service to take their prescribed medication and, where this was necessary, care plans recorded the level of support required. Care plans also recorded when people were responsible for administering their own medication.

The registered provider had a medication management policy to guide staff and staff received training on

how to safely administer medication. Staff we spoke with told us that they were observed supporting people to take their prescribed medication and were signed off as competent before independently administering medication in people's homes. Staff files contained documented medication competency checks evidencing that the training had equipped staff with the necessary skills to manage medication.

We reviewed Medication Administration Records (MARs) used by staff to record medication they had given to people using the service and we found that these were not always completed correctly. We found minor gaps in recording where staff had not signed to record that they had given the person their medication as prescribed. We also found MARs that had not been correctly completed with the chart start date, the person's G.P or the pharmacy details and found that staff did not countersign handwritten records on MARs. We spoke with the manager about the importance of staff countersigning handwritten records to reduce the risk of transcribing errors, as we found one example where handwritten records documented that the same medication was to be taken 'Three times per day as required' and on subsequent MARs 'To be taken three times a day'. It was not clear from these records whether the medication was prescribed to be taken only when needed or whether it was prescribed as a regular dose.

People using the service did not raise concerns about the way their medication was managed and told us that they received the correct medication at the correct time.

We concluded that accurate and complete records had not been maintained and the registered provider had not robustly assessed, monitor and mitigated the risks relating to the health, safety and welfare of people using the service.

This was a breach of Regulation 17 (2) (b) (c) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At our last inspection on the 29 April 2015 we found that there were not sufficient staff to meet the needs of people using the service. This was a breach of Regulation 18 (Staffing) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection we identified on-going concerns around staffing levels and found that the registered provider had not always ensured that sufficient staff were deployed.

At the time of our inspection 18 care workers were employed by Allied Healthcare York and there were 20 people using the service. We were shown staff rotas and saw that work had been completed to allocate people using the service to one of four carer runs – a daily schedule of visits required. The operational service manager told us that staff clocked in and out of people's home using the person's phone and that alerts were generated where staff did not do this, this enabled office staff to identify late or missed calls.

Where there were issues or concerns regarding late calls we saw that this was recorded and the circumstances investigated. We reviewed records for 'missed episodes of care' defined by the registered provider as carers turning up more than two hours late. We saw that there was one missed episode of care in February 2016, two in January 2016, two in December 2015, two in November 2015 and one in October 2015. Reasons for these missed episodes of care included staff sickness, staff oversleeping, a breakdown of communication and previous visits running over. Three people using the service raised concerns about late calls with comments including "The timings are all over the place" and "They are always changing the times, they are short staffed and keep coming in at different times. I can't rely on them, I can't make any arrangements."

However, other people we spoke with did not raise concerns about staffing levels, commenting "They arrive on time, but if they are going to be late they will let me know", "They always come and will phone to say that

they are going to be late" and "I'm quite happy with the service. There was a time when they weren't informing me if my carer couldn't come, but it's much better now." A relative of someone using the service said "I had complained that they weren't letting us know if the carer wasn't able to come or was going to be late, but things have improved over the last three months."

Two staff we spoke with told us that there were not enough staff and that this meant they worked long shifts and were asked to do extra visits including on their days off, with one member of staff commenting "Things have improved a bit...the main problem is the staff and not enough staff for the number of hours."

Staff told us rotas were organised geographically to reduce travelling times and said that "Rotas reflect the travelling time, which they weren't before." Staff said that traffic and emergencies sometimes impacted on the time they arrived at the next person using the service.

Although we could see that feedback about staffing levels was generally more positive, we were concerned that people were still not consistently receiving their calls on time, leading to examples where people using the service waited more than two hours to receive planned care and support. The operational support manager told us that they were proactively trying to recruit more staff and explained that they held open days and were due to attend a careers fair to increase staffing levels. We were told that five new staff had been recruited in the last six months, but six or seven staff had left. We were told that exit interviews were conducted at random by the registered provider, but copies of these were not available as they had been archived.

This was a continued breach of Regulation 18 (1) of the Health and Social care Act 2008 (Regulated Activities) Regulations 2014.

We reviewed three staff recruitment files and saw that references were obtained and Disclosure and Barring Service (DBS) checks completed. DBS checks return information about spent and unspent criminal convictions, cautions, reprimands and final warnings. DBS checks help employers make informed decisions about whether it is safe for a person to be working with vulnerable client groups. By obtaining references and completing DBS checks, we could see that the appropriate steps were taken to ensure that only care workers considered suitable to work with vulnerable people had been employed.

People using the service told us "No doubts at all that I am safe, because I have had the same carer for many years...I have no complaints at all", "I feel safe, because everyone who has come in has been nice and I am able to trust them" and "I feel very safe. I have care five times a day and have no worries at all. They always leave me safe, because they check everything before they go and lock the door when they leave – they are very good like that."

Staff received training to support them to understand what constitutes abuse, what the signs and symptoms of abuse might be and how to appropriately respond to keep people using the service safe.

Where safeguarding concerns were identified, we saw that these were appropriately reported to the local authority safeguarding team and the CQC had been notified of these incidents. We saw evidence that the management team worked with the local authority to address and appropriately respond to safeguarding concerns.

Is the service effective?

Our findings

People using the service told us that staff were well trained and had sufficient skills to be able to provide safe care and support. Comments included "I'm really safe; the carers seem to be well trained and know what they are doing", "I have no worries about the carers, they do a good job and they are very nice people" and "On the whole they do their job all right...when they come they seem to know what they have to do."

The operational support manager told us that new staff completed induction training and shadowed more experienced workers before starting any care work. One member of staff told us "I did one to two weeks shadowing" and said that they felt confident providing care and support on their own after completing this induction period. Staff files contained certificates to show that staff had completed the registered provider's four day induction programme which included training on moving and positioning, first aid, medication management, health and safety, fire safety, infection control, food hygiene and nutrition and principles of safeguarding vulnerable adults.

Refresher training was completed to ensure that staff updated their skills and knowledge. The manager told us that the training completed as part of the induction had to be refreshed every three years, except for moving and handling training which was refreshed each year. The operational support manager showed us electronic records that were used to monitor staff training needs. This recorded when staff training had been completed and identified when training needed to be updated. This showed us that Allied Healthcare York was 77.8% compliant with the registered provider's training requirements as four staff needed to complete refresher training on certain topics.

The registered provider also offered a range of additional training on topics including palliative care, catheter care, dementia awareness, mental capacity awareness and early warning systems – a course that promoted safer ways of recording and reporting concerns to achieve better outcomes for people using the service.

The operational support manager told us that staff had an appraisal, supervision and two spot checks of their practice each year. Staff we spoke with confirmed that they had supervisions and that spot checks were completed. Staff files we looked at documented these and showed that spot checks, supervisions and appraisals were used to support staff development.

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

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. We checked whether the service was working within the principles of the MCA.

We saw one person's care plan recorded 'Due to stroke [Name] does not have capacity', however, we found their 'individual memory needs assessment' had not been completed and we saw no evidence that a mental capacity assessment had been carried out. A member of staff told us they thought this person had capacity and explained that they communicated decisions through hand gestures. The person's care plan had been signed by a relative, but it did not record whether this was a best interest decision (a decision made on someone's behalf where they are assessed as lacking mental capacity) or indicate whether the relative had a power of attorney (POA) giving them the legal authority to act on the person's behalf. A POA is someone who is nominated to make decisions on a person's behalf where they are unable to do so. It is important to be aware when a POA is in place, so that decisions are made by the right person in line with previous wishes. This showed us that there was a lack of clarity about people's ability to make informed decisions and records did not effectively evidence that people were supported to make decisions in line with relevant legislation.

Other care plans we looked at did not consistently record that people had been involved in the decisions made about the care and support provided. Where care plans had been recently updated, we saw examples where people using the service had signed to give their consent to the care and support provided. However, where care plans had not been reviewed and updated recently there was limited or no evidence that people had been involved in planning or agreeing to the care and support provided and people's ability to make decisions was not clearly recorded.

This was a breach of Regulation 11 (1) of the Health and Social care Act 2008 (Regulated Activities) Regulations 2014.

The majority of people we spoke with told us that they made their own meals and drinks or had support from their relatives with this. However, people told us "They do help with preparing meals if needed...if I want anything cooking they will do it" and a relative said "We get the food in and if necessary the carers will give [Name] a hand to get it ready."

Where carers did support people with preparing meals and drinks, this was recorded in their care plans. However, we found that there was sometimes limited detail or guidance for staff and care plans did not consistently contain person centred information about people's nutritional requirements and food likes and dislikes. Despite this, feedback we received about the support provided to ensure people ate and drank enough was positive with people commenting "They get my meals and they know what I like and don't give me thing that I don't like" and "The carer's very good, they prepare my breakfast, dinner and get me a meal at teatime."

Care plans contained information about people's health needs and contact details of health and social care professionals currently involved in supporting that individual. People using the service said "If I am not feeling too good then the carers will get a doctor to look in." Whilst relatives said "Staff keep a good eye on [Name]. If they are worried they will alert us straight away" and "They keep an eye out. If they come in and spot anything wrong they will get the doctor in."

We saw evidence that appropriate medical attention was sought, for example, following accidents or incidents; whilst one member of staff told us "If you know people you can tell when they are unwell" and explained how they contacted people's G.P or family if needed. This showed us that there were systems in place to ensure that people were supported to access healthcare services where necessary.

Is the service caring?

Our findings

We carried out a comprehensive inspection of this service on 29 April 2015. A breach of legal requirements was found as people who used the service did not receive person centred care which was appropriate, met their needs and reflected their personal preferences.

During this inspection we found that the registered provider was meeting the legal requirements in relation to Regulation 9 of the Health and Social care Act 2008 (Regulated Activities) Regulations 2014.

Most people we talked with spoke highly of staff, saying that they were kind and caring; however, other people told us they felt their care and support was variable and not as good as it should be.

People using the service told us "The carers are nice, caring people"; "They give good care, but a bit of companionship as well. We sit and chat together" and "I have got friendly with most of them. I regard them as friends that help me out."

Relatives we spoke with commented "The carers are lovely, we are very pleased with them" and "They are very nice people. They provide good care and support when you need it." It was clear from these and other comments that people using the service had developed some positive caring relationships with the staff that supported them and valued the interaction and time spent together.

Although we received a number of very positive comments, this feedback was not consistent with one person telling us "If they have time they will sit and have a chat, but a lot of the time they can't as they're too busy", a relative told us "I can't fault the care, they look after [Name] well. The problem is that they are under pressure to move on to the next job" and a member of staff said "Half of the staff don't care, it's just a job. You can tell by the way they dress and their attitude." We asked staff how they got to know people using the service, they told us "I talk to people and read through their care plans and get to know them as people – what they prefer and how they like to have things done" and "The care plans are all right...you get a bit of background about them and what they're like." However, we were concerned that where care plans had not been updated recently, or contained insufficient detail, staff would not have access to important information about that person.

Some people using the service told us that they received a copy of their rota informing them who would be visiting; however, other people told us that rotas were not sent out so they did not know which member of staff would be visiting to provide their care and support.

We received mixed feedback about the continuity of care provided by Allied Healthcare. Some people we spoke with told us that their care was provided by a small group of regular carers who they knew well. However, other people told us that they did not know their carers well and often did not know who would be visiting to provide their care and support.

This feedback reflected our findings. Rotas showed that some visits were allocated to regular staff; however,

other visits were not as there was not regular staff available for those dates and times. The operational support manager told us that work had been completed to identify these gaps in availability and this allowed them to target recruitment to improve continuity of care in the future.

People using the service told us "They ask me what I need doing and they do what I need", "They are friendly and do not take over" and "They do listen, if I watch them and they are not doing it right, I tell them and they do it." This feedback showed us that people using the service felt that they had control over their package of care and support. We asked the operational support manager about advocacy services. An advocate is someone who supports people, particularly those who are most vulnerable in society, to ensure that their voice is heard on issues that are important to them. The operational support manager told us they would seek advice from the local authority if anyone using the service needed support from an advocate.

People using the service told us that staff treated them with dignity and respect, with comments including "The carers know what they are doing. They are always respectful and careful." Another person we spoke with explained how staff maintained their privacy when assisting with personal care, saying "They take me into the bathroom and pull the curtain around and I shower myself, they leave me on my own."

Staff we spoke with showed a good understanding of the importance of maintaining people's privacy and dignity and were able to explain how they achieved this when providing care and support. One member of staff told us "We use a towel to cover people up, at the end of the day they are human and you treat them like a human, if they have got a dressing gown I put that on them." Another member of staff told us "You are a guest in their home; you treat people as you would want to be treated, it's being courteous."

We did not identify anyone using the service that had any particular diverse needs in respect of the seven protected characteristics of the Equality Act 2010; age, disability, gender, marital status, race, religion and sexual orientation. We saw no evidence to suggest that anyone that used the service was discriminated against and no one told us anything to contradict this.

Is the service responsive?

Our findings

One person using the service told us "The personal care is very good, they do all I need and some will do that extra bit", whilst a relative told us "If things change and we need more calls then they will bend over backwards to provide whatever we want."

Each person using the service had a care plan containing information about their support needs. A copy of the care plan was stored in the person's home for staff to reference and record details of care and support provided at each visit. A copy was also stored securely in the location offices to assist in the planning of care packages.

We reviewed six people's care plans and saw that they varied in quality and detail. We saw that some care plans had been updated recently using new paperwork. These contained person centred information about the person, their needs and their preferences. We saw other care plans that had not been updated on the new paperwork or had been updated, but still contained brief or limited personalised information about that individual or their needs. For example, one care plan recorded 'Care workers to support [Name] with personal care', but did not include person centred information about what this entailed and 'Care workers to prepare a meal of choice', but no information about likes, dislikes or personal preferences regarding this support.

The operational support manager and care delivery director told us that all care plans were in the process of being reviewed and updated as they had identified that previous care plan reviews had not addressed concerns about the lack of information and did not evidence that people using the service had been involved in this process. This reflected feedback we received from people using the service, some of whom told us "I've not had a review" and "It's a long time since anyone from the office contacted me to ask me about my care or if things are alright."

We saw a board in the location's office which showed the care plans which had been reviewed and which ones were due to be updated. The operational support manager told us that they were prioritising this work, but that it was taking time to arrange visits and to ensure that people and their relatives or carers could be involved if they wanted to. We saw that care plans that had been recently updated were more detailed and person centred and evidenced that people using the service had been consulted. However, we were concerned that more progress had not been made and some care plans had not been updated since our last inspection of the service in April 2015. Where care plans had not been updated we saw that there was limited and brief information available to new care workers to support them to get to know people using the service or to support them to provide person centred care. One person using the service told us "I have to tell the new ones what I need. The new ones come and don't really know what is going on so I have to tell them."

This was a breach of Regulation 17 (2) (b) (c) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We saw that care files in people's homes contained information about how to make a complaint and who to contact. People using the service told us that they had contact details for people in the office if they needed to raise concerns or had any problems. Comments included "There's somebody always on the end of a phone if you need them", "I have been given the office number and I can call the manager, but I've only needed to phone to find out where my carer is" and "I have been given the office number and I can call the manager."

The registered provider had a complaints policy and procedure in place. The operational support manager told us that complaints were recorded electronically and monitored to ensure that they were dealt with and a response provided within 28 days. The operational support manager showed us that there had been 39 complaints made about the service since April 2015 and all had been dealt with within 28 days. Records of complaints showed that issues were investigated and responses provided. However, we noted that records did not consistently record the outcome for people using the service and whether they were happy with how the complaint or issue was resolved.

Is the service well-led?

Our findings

At our last inspection of the service the 29 April 2015 we found that the service was not well-led and there was a breach of Regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Following the inspection, the registered provider sent us an action plan telling us how they intended to address our concerns. This reported that "The Field Care Supervisor will be responsible for undertaking all customer care plans which will be done from new and inputted electronically to ensure all service users' needs are met. This will ensure that all care plans are more personalised and meets the customers individual needs" and "I shall ensure all customer reviews are completed within the correct time frame." At this inspection we found that the registered provider had not followed the action plan they had sent us and there was a continued breach of Regulation 17 (Good governance).

We identified that whilst some of the care plans and risk assessments had been updated, others had not been updated or had been updated, but still contained insufficient detail to enable staff to provide effective person centred care. We were concerned that issues around care plans and risk assessments were identified at our last inspection in April 2015 and insufficient progress had been made to address these concerns.

We found examples where care plans did not contain details of the time of the visit recording 'AM call'; care plans where the mandatory screening tool, used to identify potential risks and hazards, had not been completed, and care plans that had not been updated on to the new paperwork and contained inadequate levels of information or detail about what care and support was being provided.

We found that records were not always well-maintained and the system used to monitor the quality of records kept was not sufficiently robust enough to identify concerns and drive improvements. For example, we saw that Medication Administration Records (MARs) were not always completed correctly. We saw that some audits had been completed on MARs and these identified issues and concerns. Despite this, we found that there was not a robust system in place to ensure that MARs were returned to the office and audited in a timely manner. At the time of our inspection we saw that MARs from January 2016 had not been audited. We reviewed these records and found multiple examples which contained issues or concerns regarding the way these records were kept. By not ensuring that MARs were returned to the office and audited in a timely manner, opportunities to identify and address concerns were being missed.

Alongside these recording issues, the inspection identified continued issues with missed episodes of care with people raising concerns about punctuality. These concerns were identified and raised at our last inspection in April 2015. We were concerned that these issues had not been fully addressed and resolved as there were still concerns and examples of missed episodes of care. We concluded that the management response to the concerns identified at our last inspection had not been robust enough and these continued examples of late visits demonstrated that there were insufficient contingencies and safeguards in place to identify and appropriately respond to prevent missed episodes of care.

Meanwhile people we spoke with raised concerns about the management of the service, because they felt that communication was poor. People using the service told us "They don't hear what you say" and "It needs a right good shake up." Whilst relatives of people using the service told us "Nobody ever phones. I have to phone them. Communication is very poor", "There's poor communication I have expressed my concerns, but it's not got much better" and "It's a bit chaotic and disorganised. They are struggling with communication." One relative explained "There has been the odd incident, within the last few months, where carers have been 2 hours late. The issue is that [Name] is a vulnerable person...If they only let us know then we could make arrangements, but they don't."

The registered provider is required to have a registered manager as a condition of registration. At the time of our inspection the service did not have a registered manager and had been without a registered manager since May 2015. Whilst a manager had been in post for some of this period, they had left before completing an application to become the service's registered manager. The Operational Support Manager told us that a new application had been submitted to the CQC for a registered manager to be appointed.

We concluded that whilst some improvements had been made in certain areas, there had been a lack of overall progress in the 11 months since our last inspection. The continued evidence of issues and concerns documented throughout this report raised concerns about the registered provider's ability to sufficiently and robustly act on known risks and to drive improvements within the service.

Despite these concerns we did receive some positive feedback about the service with two people telling us "I have no problems with the service. Anything I have raised has been sorted out" and "I have a quite a good relationship with management. They do ask me if I am happy with things."

Staff we spoke with said "The managers are great, easy to talk to and I think they are organised" and "They are good with us, they are there if we need them." However, feedback was not consistently positive with other people telling us "It's not good; they are always changing the rotas. They send out so many rotas we do not know where we are." Whilst a person using the service told us "These I've got today start early and finish at 10:30pm it's a long day and not a lot of them can handle it, sometimes they say they've not had time for breaks."

The care service director told us that the registered provider had a Quality and Compliance Department which provided updates on changes in legislation or guidance on best practice. They also explained that the registered provider received updates from the Care Quality Commission and local authority and changes were communicated through area team meetings and cascaded through to local team meetings.

The operational support manager told us that team meetings were held every three months at Allied Healthcare York. We saw team meeting minutes for January 2016. This meeting had been held over two days to maximise attendance and we saw that 12 staff have participated. Topics discussed included recording, confidentiality, uniforms and sickness and absences. The operational support manager told us that previous team meetings had not been minuted and that steps had been taken to ensure that they were in future.

We reviewed the registered provider's quality assurance systems. We saw that audits were completed of daily records and MARs, although we identified concerns that these were not completed in a timely manner. We saw that some people's care files contained a customer quality review form used to gain feedback about the care and support provided and the operational support manager told us that the registered provider completed a telephone quality assurance survey anonymously. Some people using the service told us they had received a phone call asking them for their opinions about the care provided.

Where there were known issues or concerns these were added to an Action Plan, which identified actions needed and a timeframe for this to be completed. However, we noted that this action plan did not cover the concerns we identified about recording on MARs or the punctuality of carers visits/missed episodes of care. We concluded that although there were systems in place to monitor the quality of the service, our findings during the inspection demonstrated that these systems were not always effective in identifying and addressing concerns and driving improvements.

We saw that an annual carer engagement survey had been completed in December 2015/January 2016 and that results of these had been collated. We were told that feedback had raised concerns about the lack of communication and the operational support manager showed us that they had introduced a recognition board and a suggestion box to address this, We were also shown a copy of the March 2016 newsletter for staff which had been introduced and included a 'communication update' page about changes happening within the service.

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 did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

Regulated activity	Regulation
Personal care	<p>Regulation 11 HSCA RA Regulations 2014 Need for consent</p> <p>The registered provider did not ensure and evidence that consent to care and treatment was sought in line with relevant legislation and guidance on best practice.</p>

This section is primarily information for the provider

Enforcement actions

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

Regulated activity	Regulation
Personal care	Regulation 17 HSCA RA Regulations 2014 Good governance The registered provider did not have an effective system to assess, monitor and improve the quality and safety of the service provided.

The enforcement action we took:

We have issued a Warning Notice telling the registered provider that improvements must be made.

Regulated activity	Regulation
Personal care	Regulation 18 HSCA RA Regulations 2014 Staffing The registered provider had not ensured that sufficient numbers of staff were deployed.

The enforcement action we took:

We have issued a Warning Notice telling the registered provider that improvements must be made.