

J.C.Michael Groups Ltd

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Bexley

## Inspection report

Suite 26 Thames Innovation Centre  
Veridon Park, 2 Veridon Way  
London  
DA18 4AL

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## Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Good 

Is the service caring?

Good 

Is the service responsive?

Requires Improvement 

Is the service well-led?

Requires Improvement 

# Summary of findings

## Overall summary

This inspection took place on 10 January 2019 and was announced. JC Michael Groups Ltd Bexley is a domiciliary care agency. It provides personal care and support to people in their own homes. Not everyone using the service may receive the regulated activity; personal care. CQC only inspects the service being received by people provided with 'personal care'; help with tasks related to personal hygiene and eating. Where they do we also take into account any wider social care provided. At the time of this inspection it was providing personal care to 39 people.

At our inspection of the service on 5 October 2017, we found the service did not meet Regulations 9, 12, 13 and 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This was because care plans were not kept up to date, there was no clear guidance on how people's care needs should be met, risks to people were not identified and managed, procedures for reporting safeguarding concerns were not always being followed appropriately and there was a lack of effective quality assurance systems in place. We served a warning notice on the provider relating to regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. We carried out a focussed inspection on 4 January 2018 to follow up on the issues referred to in the warning notice. We found the service had acted and had made improvements to the issues referred to in the notice.

At our last comprehensive inspection of the service on 31 May 2018, we found the service took sufficient action to meet Regulation 13. However, the provider had not sustained improvements they had made in relation to regulation 17. We also found continued breaches of regulations 9 and 12 and new breaches of regulations 10 and 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This was because care plans were not kept up to date, there was no clear guidance on how people's care needs should be met, risks to people were not identified and managed, staff were not always caring and people's privacy and dignity had not always been respected and the service did not ensure the appropriate levels of staff were deployed to keep people safe and meet their needs in a timely manner. We took enforcement action against the registered provider and we placed the service into Special Measures.

Following that inspection, the registered provider sent us an action plan telling us how they planned to make improvements. They appointed a manager in August 2018 to run the service and to implement the improvement action plan. We found that improvements had been made. The provider had quality assurance systems in place that were operating effectively at the time of this inspection. People's care plans were up to date and there was guidance on how their care needs should be met, risks to people were being identified and managed, the provider had taken steps to make sure that staff treated people with respect and dignity and we found there were appropriate levels of staff were deployed to keep people safe and meet their needs in a timely manner.

We also found there were safeguarding adult's procedures in place and staff had a clear understanding of these procedures. Appropriate recruitment checks were being carried out before staff started working at the service. There were systems in place for monitoring, investigating and learning from incidents and

accidents. Staff had received training in infection control and food hygiene, and they were aware of the steps to take to reduce the risk of the spread of infections.

Staff completed an induction when they started work and received appropriate training, supervisions and appraisals. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice. People were supported to meet their nutritional needs where appropriate and people were supported to access health and social care professionals when required.

People told us staff were caring and respectful. People were consulted about their care and were provided with information about the service in a format that met their needs. People received personalised care that met their diverse needs. People knew about the provider's complaints procedure and how to raise concerns. No one using the service required support with end of life care, however the service had access to health care professionals for this type of support if it was required.

The provider considered the views of people using the service and there was an out of hours on call system in operation that ensured support and advice was always available. The provider and staff worked closely with health and social care professionals to ensure people received good quality care. The service did not have a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run. The manager told us they were due to leave the service the day after we inspected. The business manager told us that a new manager was due to start working at the service on the 21 January 2019 and they planned to register them as a manager with the CQC.

The service is no longer in special measures. We will continue working with the local authority to monitor this provider to ensure the improvement we observed continues. We will carry out a further comprehensive inspection within 12 months. We will return before this time if we think this improvement has not been 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?

Improvements had been made to people's safety at the service.

Risks to people using the service were assessed, reviewed and managed appropriately.

People's medicines were managed appropriately, and they were receiving their medicines as prescribed by health care professionals.

There was enough staff available to meet people's needs.

There were safeguarding adult's procedures in place and staff had a clear understanding of these procedures.

Appropriate recruitment checks were being carried out before staff started working at the service.

Staff had received training in infection control and food hygiene, and they were aware of the steps to take to reduce the risk of the spread of infections.

There were system's in place for monitoring, investigating and learning from incidents and accidents.

**Requires Improvement** 

### Is the service effective?

Improvements had been made to the effectiveness of the service.

People's care needs were assessed before they started using the service.

Staff received supervision and training relevant to the needs of people using the service.

Staff were aware of the importance of seeking consent from the people they supported and demonstrated an understanding of the Mental Capacity Act 2005 and how it applied to the support they gave people to make decisions.

**Good** 

People were supported to maintain a balanced diet.

People had access to a GP and other health care professionals when they needed them.

### Is the service caring?

**Good** ●

Improvements had been made to the care that was provided to people.

People's privacy and dignity was respected.

People and their relatives, where appropriate, had been consulted about their care and support needs.

People were provided with appropriate information about the service. This ensured they were aware of the standard of care they should expect.

### Is the service responsive?

**Requires Improvement** ●

Improvements had been made in the responsiveness of the service.

Peoples care plans and had been reviewed and updated following our last inspection to make sure they accurately reflected their individual needs.

Staff had a clear understanding of people's care and support needs.

Staff had received training on equality and diversity. Staff said they would support people according to their diverse needs.

People and their relatives knew about the provider's complaints procedure and they were confident their complaints would be dealt with appropriately.

People could communicate their needs effectively and could understand information in the current written format provided to them. Information was available for people in different formats when it was required.

No one using the service required support with end of life care, however the service had access to health care professionals for this type of support if it was required.

### Is the service well-led?

**Requires Improvement** ●

Improvements had been made in well-led.

The provider had acted to make sure that the systems for monitoring and improving the quality and safety of the services provided to people were operating effectively.

The service did not have a registered manager in post. The business manager told us that a new manager was due to start working at the service on the 21 January 2019 and they planned to register them as a manager with the CQC.

The provider took into account the views of people using the service and their relatives through telephone monitoring calls and satisfaction surveys.

Staff said they enjoyed working for the provider and they received good support from the manager and senior managers. There was an out of hours on call system in operation that ensured that management support and advice was always available to staff when they needed it.

The provider was aware of the legal requirement to display their current CQC rating which we saw was displayed at the office and on the provider's website.

# J.C.Michael Groups Ltd

## Bexley

### **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 site visit took place on 10 January 2019. We carried out this inspection as the service had been rated 'inadequate' at the last inspection on 31 May 2018. You can see full details of our concerns in our previous report. An inspector and an assistant inspector carried out the inspection. We gave the service 48 hours' notice of the inspection visit because we needed to be sure that the manager would be in. We visited the office to see the manager and office staff; and to review care records and policies and procedures.

Before the inspection we looked at all the information we had about the service. This information included statutory notifications that the provider had sent to CQC. A notification is information about important events which the service is required to send us by law. We also contacted the quality assurance team at the local authority for their views about the quality of the service being provided. We used this information to help inform our inspection planning.

During the inspection we spoke with 11 people using the service and two relatives to gain their views about receiving care. We also spoke with the manager, the business manager, the operations manager and four care staff about how the service was being run and what it was like to work there. We looked at six people's care records, two staff recruitment records and records relating to the management of the service such as medicines, staff training, supervision, quality assurance audits and policies and procedures.

# Is the service safe?

## Our findings

Following our last inspection of the service on 31 May 2018, we found a continued breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. We served a warning notice because we found that risks to some people were not being identified and appropriately assessed. For example, one person's care plan stated they were registered blind however, there was no information which identified or assessed any risk in relation to this or any detail of the specific support the person would need from staff. Another person's care plan stated the person had diabetes, however there was no information about this condition or guidance on what staff should do in the event the person suffered a hypoglycaemic or hyperglycaemic episode. A third person's care plan stated a person mobilised with a Zimmer frame. There were no details of the support they required from staff and there was no mobility risk assessment in place or guidance for staff on moving and handling techniques that would minimise the risk and keep the person safe from harm.

At this inspection we looked at these people's care plans and risk assessments. We found that improvements had been made. Risks to these people were being identified and there were appropriate care plans and guidelines in place to support them with their needs. For example, there was information relating to sensory loss and risk assessments and support guidelines were in place advising staff how the person should be supported. There was information relating to diabetes and support guidelines were in place advising staff how the person should be supported. One person who required the use of a mobility aid had an assessment in place recording their mobility needs. We visited this person at home and they told us they could use the equipment without support from staff and just asked that the frame was left near them. This detail was recorded in the person's care plan and a member of staff confirmed that they were aware of and followed the directions in the person's care plan. We looked at the care records of three other people and found their care and support needs had been assessed, there were appropriate care plans and guidelines in place to support them with their needs.

The warning notice also recorded that medicines were not being managed safely as gaps were found in some people's medicines administration records [MARs] and audits carried out by the provider had not been effective in identifying these.

We looked at how medicines were managed at the service. Each person's needs relating to medicines had been assessed. The assessment indicated if the person could manage their medicines independently, if they were supported by family members or if they required support from staff. Where people required support from staff they had an individual MAR that recorded the medicines they had been prescribed, the dosage and times that the medicines were to be administered.

MARs were returned to the office each month and audited by office staff. We saw that MARs had been signed by staff confirming that people had received their medicines as prescribed by health care professionals. We looked at the MAR audits for seven people for November and December 2018. We saw that action had been taken to update one person's MAR as it did not include the person's GP contact details. On one date a member of staff had not signed a MAR confirming that the person had received their medicines. The audit



recorded that this was discussed with the member of staff concerned and their medicines administrations competency had been reassessed.

We visited three people at their homes. Two people told us they managed their own medicines and we saw this was reflected in their care records. A third person told us that staff supported them to take their medicines. They showed us their medicines blister pack and agreed we could check their MAR. We saw that the MAR recorded the medicines they had been prescribed, the dosage and times that the medicines were to be administered and they had been signed by staff confirming they had received their medicines as prescribed by health care professionals. This person told us, "They [staff] do a very good job. They help me with my medicines, they make sure I take them on time." A member of staff told us, "I have had training on the administration of medicine. The managers carry out spot checks on staff to make sure they administer medicines correctly. If someone was having a problem taking their medicines I would tell the manager and they would sort things out with the person's GP or the district nursing team." We saw medicines competency assessments in some of the staff files we looked at. The manager confirmed with us that these assessments had been completed with all staff that administered medicines to people. This was to ensure that people received their medicines from staff that were trained and competent in the administration of medicines.

At our last inspection we, 31 May 2018, found a breach of regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This was because appropriate levels of staff were not being deployed to keep people safe and to meet their needs in a timely manner.

At this inspection we found that improvements had been made. People using the service, their relatives and staff told us there was always enough staff on duty to meet people's needs. One person told us, "The staff come when they are supposed to. I have never had a missed call." Another person said, "They [staff] might be a few minutes late occasionally but the traffic can be bad around here. They [staff] or the office will ring to let us know." A third person told us, "The staff are reliable. They turn up when they are supposed to, they log in and do all the things they need to do for me. They fill in the book and they log out. They are hardly ever late." A relative told us, "My [loved ones] carers come four times a day. I've got no problem with them." Another relative commented, "There's almost continuous cover in terms of the same carer, they help my [loved one] enormously, she [the carer] is delightful." A member of staff told us, "There is always enough staff on duty to meet people's needs. I live near the people I support so don't need to rush between calls."

The manager showed us a log for recording late or missed calls. The log for November and December 2018 recorded five late calls, the reasons for the late calls and the actions taken to make sure the person received a call. For example, one person had cancelled their call because a member of staff was running late. Another person contacted the office as the carer was running late, the carer could not be contacted on the phone, so another carer was contacted to cover the call. The same person contacted the office again to enquire about when the carer would arrive. The log recorded that the carer arrived at 6pm. The log did not record the times of the calls or the names of the members of staff concerned so it was not possible to understand if these were two different instances of late calls on the same day or the same instance. The manager showed us an out of hours report log related to these occurrences that included much more detail about the actions taken. Where people had received late calls, we saw letters had been sent to them apologising for the late call and the actions taken by the provider. Copies of these letters were held in people's care files. Following the inspection, the business manager sent us a newly developed log for recording late or missed calls. We were not able to assess the effectiveness of the new late and missed calls log at this inspection. We will look at this again at our next inspection.

People could access support in an emergency. We saw that the provider's contact details were clearly displayed in care folders kept in people's homes. One person told us, "I have the office numbers to call day

or night if I need any help." Another person showed us a pendent and said, "I can press the button on my pendent to call for help. There is an emergency service and they will come and help me if I have a fall."

The provider had procedures in place to protect people from abuse. One person told us, "I feel safe with the staff. They wear their identification badges and they make sure my home is secure when they leave." Staff we spoke with demonstrated a clear understanding of how to safeguard people and the types of abuse that could occur. They told us the signs they would look for and what they would do if they thought someone was at risk of abuse. One member of staff told us they would report any safeguarding concerns to the manager or the provider. They also told us they would use the provider's whistle-blowing procedure to report poor practice. Training records that confirmed that all staff had received training on safeguarding adults from abuse.

Appropriate recruitment checks took place before staff started work. We looked at the personnel files of two members of staff. We saw completed application forms that included their qualifications and employment history. The files also included two employment references, proof of identification and evidence that criminal record checks had been carried out.

The provider had an infection control policy in place. We saw that personal protective equipment (PPE) such as gloves and aprons were available in the office for staff. Staff we spoke with confirmed they had access to PPE when required. Training records confirmed that all staff had completed training on infection control and food hygiene.

Accidents and incidents were recorded. Records showed that appropriate action had been taken by management and staff in response to the incidents.

We found that the provider had addressed the breaches of Regulations 12 and 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. We have revised and improved our rating for this key question to 'Requires Improvement' at this time as systems and processes that have been implemented have not been operational for a sufficient amount of time for us to be sure of consistent and sustained good practice.

# Is the service effective?

## Our findings

People told us staff knew them well and knew what they needed help with. One person said, "The staff are good. I think they know what they are doing." Another person said, "The staff must be well trained because they definitely know what they are doing."

Assessments of people's care and support needs were carried out before they started using the service. We saw referral information from local authority social workers in people's care files. These indicated people's care needs, the type of support they required and the times they required the support. The provider used this information along with their own assessments and discussions with people and their relatives to draw up individual care plans, risk assessments and guidelines for staff to follow.

Staff had the knowledge and skills required to meet people's needs. Staff we spoke with said they had completed an induction when they started work, they had shadowed experienced staff to get to know the people they were supporting, and they were up to date with their training. We looked at the certificated training records of three members of staff. We found that all had completed the Care Certificate. The Care Certificate is the benchmark that has been set for the induction standard for new social care workers. Records showed that staff had completed training on topics such as administering medicines, moving and handling, health and safety, infection control, basic life support, food hygiene, dementia awareness, safeguarding adults, equality and diversity and fire safety. We saw records confirming that staff were receiving regular formal supervision with the manager.

There were arrangements in place to comply with the Mental Capacity Act 2005 (MCA). 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. This provides protection for people who do not have capacity to make decisions for themselves.

We checked whether the service was working within the principles of the MCA. We saw capacity assessments in all of the care files we looked at. The manager told us that all of the people they supported had capacity to make decisions about their own care and treatment. However, if they had any concerns regarding a person's ability to make decisions they would work with the person and their relatives, if appropriate, and any relevant health care professionals to ensure further capacity assessments were undertaken. They said if someone did not have the capacity to make decisions about their care, their family members and health care professionals would be involved in making decisions on their behalf and in their 'best interests' in line with the Mental Capacity Act 2005.

People were supported with eating and drinking when required. Staff we spoke with told us they cooked meals for people they supported when it was recorded in the person's care plan. One person told us, "The staff cook some meals for me. They normally heat stuff up in the microwave. They do anything I ask them to do. They make sure I get my cups of tea." Another person said, "The staff ask me what I want to eat and then

cook it for me. They make me sandwiches if I want some and they cook my breakfast and lunch." A third person said, "I'm gluten free and my carer knows what I eat." A relative commented, "The carers come in the morning, they make breakfast for my [loved one]. Another carer comes in about 12pm and makes my [loved one's] lunch, then comes back around 2:30pm for tea and some cake."

People had access to health care professionals when they needed them. One person told us, "My family sort all my appointments out for me. I am sure if I wasn't well the staff would get me the help I needed." A member of staff told us, "If I had any concerns about a person's health I would contact the manager and let them know. If they needed a doctor or an ambulance I would call them."

# Is the service caring?

## Our findings

At our last inspection of the service on 31 May 2018, we found a breach of Regulation 10 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. We served a warning notice because we found instances in which staff were not caring and people's privacy and dignity had not been respected and maintained.

At this inspection we found the service had acted and had made improvements. The business manager told us that following that inspection they had taken steps to make sure that staff treated people with respect and dignity. These steps included providing staff with refresher training on dignity and respect in line with the Care Certificate and a member of the head office team carrying out regular fortnightly telephone monitoring survey calls to people to gain their views about the quality of the service they were receiving. We saw records of these calls held within people's care records. Questions included, do you feel valued and respected by your worker, do you feel threatened by your care worker in any way, if you had a choice, would you choose your carer to work with you again and does your care worker always stay their allotted time? One person told us, "I get regular calls from the office to ask me if everything is alright, if I am happy with the care provided by the staff and if I have any concerns. I just tell them everything is fine because it is." The manager told us that where poor practice was identified this was discussed during supervision sessions with the members of staff concerned. We saw that dignity and respect was also discussed at recent team meetings.

At this inspection people spoke positively about the care and support they received. One person told us, "My carer is a lovely lady. She just comes in laughing and she helps me with a shower." Another person said, "I just think the staff are lovely. They came on Christmas day, that was very nice." A third person commented, "I am very happy with the service. The carers treat me with dignity and respect. They will come earlier if I need them to. They are always trying to do things to help me out." A fourth person told us, "The staff are definitely kind and caring. Recently my wife needed to go to a GP appointment in the evening when it was dark. I don't drive and I didn't know how we were going to get there. I mentioned it to the carer. They came and picked us up and took us to the GP and brought us back home again. They would not accept any money for petrol or anything for taking us." An office manager confirmed with us that this member of staff had let them know what they were doing, and they had done this in their own time.

People told us they had been consulted about their care and support needs. One person said, "They asked me what I needed doing. What they need to do for me is all in the care plan. New staff read it, so they know what they have to do for me." Another person told us, "My wife and I have been with the agency for a few years now. We have care plans and the carers are always asking if we need anything more done."

When we visited people at their homes we observed staff speaking with and treating people in a respectful and dignified manner. One person told us, "My privacy and dignity is always respected. I try to be independent and do as much as I can for myself and the carers know that and let me get on with it." Another person said, "The carers are very respectful when they help me with getting washed and dressed. They don't take my modesty away. They make sure the door is closed and they always explain what they are doing for

me." Staff told us they tried to maintain people's privacy, dignity and independence as much as possible by supporting them to manage as many aspects of their care that they could. One member of staff told us, "I close doors and draw curtains when I provide people with personal care. I let people do what they can for themselves. I cover people up with a towel so that their dignity is maintained. If family members are around I ask them to leave the room before I start providing any personal care."

People were provided with appropriate information about the service in the form of a 'Statement of Purpose'. The manager and provider told us this was given to people when they started using the service. This included details of the services they provided, making complaints and ensured people were aware of the standard of care they should expect. People confirmed with us that they had been provided with a copy of the statement of purpose when they started using the service.

## Is the service responsive?

### Our findings

At the last inspection of the service on 31 May 2018, we found a continued breach of Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At that inspection we found that the service had implemented an electronic care planning system. However, not all people's care plans had been transferred to the system, some care plans were submitted to us in a paper format and some were printed off the electronic care planning system. It was not clear which care plans were being used to reflect the actual care people were receiving and due to the different formats being used risks to people were also not being appropriately identified and managed. This placed people at risk of receiving unsafe and inappropriate care.

At this inspection we found that improvements had been made. All the people using the service had care plans and risk assessments that were available on the electronic system. We saw that the system included needs assessments and individual care plans for supporting people with the different types of care they required for example, medicines, personal care, diet and nutrition, pressure areas and moving and handling. Care plans described people's care and support needs and provided guidelines for staff on how to support them safely. We saw paper copies of the care plans and risk assessments in the homes of the people we visited. The care plans included call times, duration of calls and the care and support tasks to be undertaken by staff. A member of staff told us, "The care plans are easy to access on my phone application. I make sure I read them to keep up to date."

The business manager told us they were introducing a new electronic call monitoring and care planning system because the current system had caused problems since it had been introduced. They told us they planned to transfer all the current information from the old system on to the new system by the end of January 2019. Office and care staff were due to attend training on the new system on the 21 January 2019. We were not able to assess the effectiveness of the new electronic call monitoring and care planning system at this inspection. We will look at this again at our next inspection.

Staff had a clear understanding of people's care and support needs. One person told us, "The staff know what they need to do for me. I have poor eyesight, so they read things for me and make sure nothing is left lying around for me to trip over." We saw reference to staff making sure pathways were clear recorded in this person's care plan. Another person said, "My wife and I have got to know the carers well, they know about us, and we get support with everything we need. They are pleasant, we have a laugh and a joke, and they are good company."

Staff were knowledgeable about people's needs with regards to their disabilities, physical and mental health, race, religion and sexual orientation. Training records confirmed that staff had received training on equality and diversity. One member of staff told us, "I would never discriminate against anyone because they are different. I treat everyone with respect." Another member of staff said, "I had training on equality and diversity, so I know how to respect people from different backgrounds."

The provider had a complaints procedure in place. People told us they would complain to the office staff if

they needed to and they were sure their complaint would be listened to and dealt with appropriately. One person said, "I know how to complain but I have never had to." We looked at the provider's complaints log. The log showed that when complaints had been raised they were investigated and responded to appropriately.

From April 2016 all organisations that provide NHS care or adult social care are legally required to meet the requirements of the Accessible Information Standard. The standard aims to make sure that people who have a disability, impairment or sensory loss are provided with information they can easily read or understand to support them to communicate effectively. The business manager told us most people could communicate their needs effectively and could understand information in the current written format provided to them, for example the service users guide. They told us documents were provided to people with poor eyesight in large print. They said information could be provided in different formats to meet people's needs for example, in different written languages.

Training records showed that staff had completed training on end of life. The manager told us that no one currently using the service required support with end of life care, however they would liaise with the person, their relatives and health care professionals to provide people with this type of care and support if this was required. They told us a care plan for end of life would be developed when assessing or reassessing people's care needs.

We found that the provider was compliant with Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. However, our rating for this key question remains 'Requires Improvement' at this time as systems and processes that have been implemented have not been operational for a sufficient amount of time for us to be sure of consistent and sustained good practice.



# Is the service well-led?

## Our findings

At our inspection on 5 October 2017, we found there was a lack of effective quality assurance systems in place. This was a breach of regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. We served a warning notice on the provider. We carried out an inspection on 4 January 2018 to follow up on the issues referred to in the warning notice. We found the service had acted and had made improvements. However, at our last inspection of the service on 31 May 2018, we found the provider had not sustained these improvements. Additional concerns were identified such as no checks done on the Electronic Call Monitoring system [ECM] and staff timekeeping, no regular spot checks to assess staff behaviour and lack of robust medicines management.

At the last inspection the service was providing support to 83 people. At this inspection the service was providing support to 39 people. The business manager told us that following the last inspection the local authority advised them that as the service was in 'special measures' they would not commission any services until improvements had been made. They also told us they had not taken on any new private packages. The manager and the business manager said they had been working with the local authority commissioners to make improvements and valued the support they had received from them.

At this inspection we found that improvements had been made. We found that checks were being carried out on the ECM, there were systems for logging late and missed calls, although further improvement was required to streamline this area. The provider was about to introduce a new ECM and care planning system because the current system had caused problems since it had been introduced. Regular spot checks were carried out on staff to make sure they were competent at their jobs. Fortnightly telephone monitoring calls were being made to people using the service to enquire if they were happy with the quality of care they were receiving from staff. We found that medicines were being managed and audited appropriately. We also found that regular audits were being carried out on complaints, incidents and accidents, care plans and staff recruitment records.

We saw a quarterly report for visits carried out at the office by the provider between October and December 2018. The report covered areas such as late visits, complaints, staff meetings and incidents and accidents and recommendations for improvement were made. For example, the report recorded that the provider's new incident and accident form was not being used by the branch. A recommendation was set to ensure that the form was put in place as soon as possible. They referred to the new form including a lessons learnt section that made sure that the person involved in the incident or accident was safe and mistakes are not repeated. We saw that the new incident reporting forms were in use at the service.

The service did not have a registered manager in post. The current manager had worked at the service since August 2018. Notifications relating to deaths, serious injuries and allegations of abuse were submitted to the CQC as required, however we found that a safeguarding concern that was being investigated by the local authority had not been notified to the CQC. The manager told us they had assumed that because the local authority knew about the concerns then they would have notified CQC. The manager acknowledged this as a lesson learned and sent a statutory notification retrospectively to the CQC following the inspection. The

provider was aware of the legal requirement to display their current CQC rating which we saw was displayed at the office and on the providers website. The manager told us they were due to leave the service the day after we inspected. The business manager told us that a new manager was due to start working at the service on the 21 January 2019 and they planned to register them as a manager with the CQC.

We saw records from spot checks carried out by the provider on staff working within people's homes. The manager told us they carried out these checks to make sure staff wore their identification badges, that staff carried out tasks competently and they completed all the tasks recorded in people's support plans. A member of staff told us, "They don't tell us when they are coming, they just turn up. I have had countless spot checks. I think they are helpful because it shows them I know what I am doing. If there was something they thought I could do better, then I am sure they would tell me. They also have a chat with the person I am supporting, and they will feed back to me if there are any issues."

Staff told us they liked working for the service and they received good support from the office staff, the manager and senior managers. There was an out of hours on call system in operation that ensured management support and advice was always available for staff when they needed it. One member of staff told us, "I like working for this provider. We get lots of training and we all work well together." Another member of staff said, "I think the manager is good. If there is a problem I know that it can be resolved, and I can talk to them about it. Things are more organised now. I get my rota every week, so I know when and who I am working with." We saw that regular staff meetings were held. A member of staff said, "I attend all the staff meetings, they are useful for gaining and sharing information."

The manager and the provider told us they had regular contact with district nurses, occupational therapists and social workers and they welcomed their views on service delivery. We saw evidence in people's care records confirming that the manager, the provider and staff worked closely with these professionals in assessing people's needs and planning for their care. We also saw reports from the local authority that commissions services from the provider following recent quality monitoring visits to the providers office. They had identified areas which needed improvement. These related to care planning and record keeping, auditing the ECM, medicines management and telephone monitoring. The manager showed us an action plan and evidence that these areas were being addressed.

We found that the provider had addressed the breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. We have revised and improved our rating for this key question to 'Requires Improvement' at this time as systems and processes that have been implemented have not been operational for a sufficient amount of time for us to be sure of consistent and sustained good practice.