

Figtree Care Services Ltd

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## Inspection report

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## Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Requires Improvement 

Is the service caring?

Good 

Is the service responsive?

Requires Improvement 

Is the service well-led?

Requires Improvement 

# Summary of findings

## Overall summary

The inspection took place on 16 and 18 October 2018. The inspection was announced.

This service is a domiciliary care agency. It provides personal care to any adults who require care and support in their own houses and flats in the community. Not everyone using Figtree Care Services Limited may receive regulated activity; 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 inspection, the service only supported people who required regulated activities. Approximately 25 people were receiving personal care in their own homes. The majority of people receiving care and support needed two staff to provide their care at each visit. People had varying needs, some had physical difficulties with their mobility, some had received treatment in hospital for serious health conditions and others were receiving care to support them at the end of their life.

A registered manager was employed at the service. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

At our last inspection, on 24 and 25 August 2017, the service was rated 'Requires improvement'. We found breaches of Regulations 9 and 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. These were in relation to, the provider had not provided care that met people's needs and preferences; systems had not been established to assess, monitor and improve quality effectively and accurate and contemporaneous records had not been kept. The registered manager sent an action plan dated 3 November 2017 stating they would meet the regulations by June 2018.

At this inspection, on 16 and 18 October 2018, the service continues to be rated 'Requires improvement'. This is the third consecutive time the service has been rated Requires improvement. The provider and registered manager had made improvements in some areas. People's care plans had improved, setting out their needs and preferences, the breach of regulation 9 was now met. However, we found that accurate recording continued to be an issue. Although some small improvements had been made to quality monitoring, these were not robust enough to identify and sustain improvements. Records had not been maintained to ensure people always received the care and support they needed; Records showed some people had received shortened and late care visits by staff.

We found further areas of concern that needed to be improved. Safe recruitment practices were not followed; the policy for medicines administration was not clear to ensure people's safety; staff did not always receive the training required to meet people's needs.

People and their relatives were asked their views through a questionnaire survey. The results were not analysed to provide an opportunity for the provider and registered manager to make improvements

following the feedback. We have made a recommendation about this.

The provider had commenced management meetings where they met with the registered manager every three months to keep up to date. The meetings did not show a clear oversight and direction of the provider in order to provide continuous improvement. This is an area identified as needing improvement by the provider.

Individual risks were identified to ensure measures were put in place to help keep people safe and prevent harm. Environmental risks inside and outside people's homes were documented to keep people and staff safe from identified hazards.

A safeguarding procedure for staff to follow should they have concerns about people was available to staff. People told us they felt safe and knew who they would talk to if they did not. Not all staff had received safeguarding vulnerable adults training.

Accidents and incidents were reported and recorded appropriately. The registered manager monitored incidents. Staff followed safe practice to control the risk of infection and had enough equipment such as disposable gloves and aprons available to wear.

The registered manager responded to formal complaints made as directed by the provider's policy. Informal and verbal complaints were recorded on a complaints log with the action taken.

Staff were supervised by the registered manager or a coordinator to check their competency and offer support.

People told us they made their own decisions and choices. The registered manager understood the basic principles of the Mental Capacity Act 2005 and made sure their processes upheld people's rights.

Although many people did not require the assistance of staff with their nutrition and hydration needs, some people did require this support. People and their relatives told us they were happy with the support given by staff and it worked well.

Many people did not require the assistance of staff to look after their health care needs as they either managed this themselves or had a relative or friend to help. Where support was required, people and their relatives told us staff were observant and offered advice or to make appointments with healthcare professionals.

The positive and caring approach of staff was clear from the responses of people and their relatives, telling us how happy they were with the staff who supported them. People were given a service user guide at the commencement of their care and support with the information they would need about the service they should expect.

An initial assessment was undertaken of people's personal care needs so the registered manager could be sure they had the staff resources with the appropriate skills available to support people. People had a care plan to detail the individual support they required as guidance for staff.

We received good feedback from people and their relatives about the caring attitude of the registered manager and staff.

During this inspection, we found four breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations. You can see what action we told the provider to take at the back of the full version of this report. Full information about the Care Quality Commission's regulatory response will be added to the report after any representations and appeals have been concluded.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

The service was not always safe.

Robust recruitment practices were not in place to safeguard people from unsuitable staff. Records were not accurately maintained to make sure safe practices were followed; People's care visits were often cut short and were not always at the times people expected.

The responsibilities for administration of people's prescribed medicines within their home was not always clear to ensure safe practice.

Individual risks were identified to help protect people's safety. Risks in relation to people's home environment were checked to keep people and staff safe. Accidents and incidents were reported and checked by the registered manager.

Staff knew how to keep people safe by following the safeguarding procedure and reporting any concerns they had.

**Requires Improvement** 

### Is the service effective?

The service was not always effective.

Suitable induction and training was not always provided to develop staffs' skills appropriately to meet people's care needs. Staff were supported through a supervision and observation process.

People had an initial assessment to determine the care and support they required from staff.

People had control over the choices and decisions they wished to make.

Staff provided the support people required with their health needs and the preparation of meals and fluids.

**Requires Improvement** 

### Is the service caring?

The service was caring.

**Good** 

People made positive comments about the staff who supported them, finding them kind and caring.

People and their relatives were involved in their initial assessment. Staff knew people and their relatives well.

People were given a guide about the support they received and the standards they could expect from the staff.

People experienced care from staff who respected their privacy, dignity and independence.

### **Is the service responsive?**

The service was not always responsive.

Individual care plans that were in place recorded the personal detail needed to provide people's care. However, these had not always been updated to respond to changes or following a review.

The complaints logged had been responded to appropriately. Changes had been made as a result of complaints.

People did not always have the opportunity to share their end of life wishes.

**Requires Improvement** 

### **Is the service well-led?**

The service was not always well led.

Some monitoring processes were in place to check the safety and quality of the service. These had not been effective in identifying areas that required improvement. The provider did not maintain a clear oversight of the service to ensure improvements were made and sustained.

Records were not maintained to provide a clear picture of the delivery of people's care.

Staff meetings were held to keep staff up to date with the information they needed.

Feedback was sought from people about the service they received. Analysis was needed to ensure the opportunity was taken to make improvements.

The registered manager was aware when CQC should be notified of significant event. The provider displayed the rating of their last

**Requires Improvement** 

inspection within the registered office.□

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# Figtree Care Services Ltd

## 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.

This inspection took place on 16 and 18 October 2018. The inspection was announced. We gave the service 48 hours' notice of the inspection visit because it is a care agency and there may not always be someone available to support the inspection.

The inspection was carried out by one inspector, an assistant inspector and one expert by experience. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service. The expert by experience made telephone calls to people and their relatives on 16 October 2018 to gain their views of the service provided.

Before the inspection, we asked the provider to complete a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We also looked at notifications about important events that had taken place in the service which the provider is required to tell us by law. We used this information to help us plan our inspection.

We spoke with seven people who used the service and four relatives, to gain their views and experience of the service provided. We also spoke to the registered manager and four staff. We requested feedback from two health and social care professionals.

We visited the office location and spent time looking at 10 people's care files, medicine administration records, six staff records including staff training records and supervision, the staff rota and staff team meeting minutes. We also looked at the provider's records such as; policies and procedures, auditing and monitoring systems, complaints and incident and accident recording systems, as well as surveys carried out.

We asked the registered manager to send us some further information following the inspection. They sent



this in a timely manner within the timescales we provided.

## Is the service safe?

### Our findings

Some people and their relatives told us that staff were often late and some people did not know what time to expect staff as the times they had originally requested were not adhered to. The comments we received included, "Sometimes they come at 10.20am I don't think there are set times. In the beginning I think I asked for 9am but they have to go to other people"; "We don't have the same carers they change their shifts the majority of the time. The morning carers are usually okay. A carer came last night at 7pm instead of 8pm, my [relative] was not happy about it. Sometimes they are late then I have a whinge. Sometimes they phone and let you know but not always"; "No they don't usually come on time, sometimes we are waiting till midday. They can come at any time and we are not given a specific time. Sometimes they are not here to get [relative] dressed and washed and we are sitting waiting. It can be anyone who comes."

The numbers of care visits each person needed through the day to meet their care and support needs were clearly recorded in their care plan. The times people preferred staff to visit to assist them with their personal care and the amount of time agreed and paid for were also recorded. However, we found that not everyone received their care as documented in their care plan.

Staff recorded their visits to people on handwritten visit record logs. We found that some of those we looked at showed shorter visits, and at different times, to those documented in their care plan. One person should have had a 45 minute visit in the morning and 30 minute visits at each lunchtime, teatime and bedtime. We reviewed their care documents from 24 September to 7 October 2018, a period of 14 days, and found they had received shortened visits on seven of those days. For example, on 24 September the person received 25 minutes in the morning, 15 minutes at lunchtime, 15 minutes at teatime and 20 minutes at bedtime. On 25 September 2018 they received 30 minutes in the morning, 15 minutes at lunchtime and 20 minutes at bedtime with no teatime visit recorded. The registered manager could not give any explanation to account for what the records showed.

We looked at recording logs completed by staff for four more people and found staff had regularly documented shorter visit times than recorded in their care plans. Many people had been assessed as requiring 45 minutes in the morning to make sure they had the assistance they needed to start their day. We found very few visits lasting 45 minutes. Another person had been assessed as needing four visits a day. We reviewed their visit logs for the week 8 – 14 October 2018. On four days that week the person did not receive the full amount of time they needed on any visit by staff. People had complex care needs and required significant support to make sure their personal care was attended to as planned.

Some people told us staff were often late arriving for their care visits. Records confirmed this was the case. One person's care plan documented they required four visits a day and the times agreed for staff to visit were 10.30, 13.00, 16.30 and 19.30. Although it would be acceptable to have a 30 minute leeway either side of these times to allow for traffic problems or other delays, the recording logs showed the person regularly received their care at times very different to those agreed. For instance, the recording log for week beginning 8 October 2018 showed they received all their morning visits between 7.50 and 8.30am with two visits not recorded at all; five lunchtime visits were before 12.30; four tea time visits were as early as 14.20 and as late

as 17.58 and four bed time visits after 20.00 with two visits not recorded at all.

Some people told us that weekends proved to be more difficult with staffing issues such as being late and occasionally visits had been missed. They told us how it could impact on their lives. One person said the weekend previous to the inspection was the first time in four to five weeks that staff were on time. Some people told us they had, at times, been kept waiting to take their prescribed medicines as staff were late, which meant they were sometimes in pain. One person needed regular painkillers so it was important staff visited within a time period to avoid them being in pain. One relative told us that their loved one was diabetic and although they themselves gave their relative insulin and made their meals, they relied on the staff to be on time to provide personal care before the person had their insulin and their tea. The relative said, "The tea time call is a problem because he is a diabetic and he needs insulin by 4.30pm to 5pm along with his dinner. Sometimes they don't arrive till 6.30pm to 6.45pm but they do let you know so I have to do his tea."

Daily records did not provide the information needed to ensure the registered manager could monitor the safety of the care given. Staff recorded the times they entered a person's home and the time they left, as already described. On a separate daily recording sheet they described the care given. Staff did not record which visit and time of the day their record referred to which meant it was not possible to positively determine the correct record for each visit. For example, staff had recorded the times they had visited on one person's visit recording log for 27 September 2018. Although the person required four visits a day, only two visits had been logged; the morning visit and the tea time visit had not been recorded. Their daily record showed that staff had made entries for three visits. As staff did not record the time when they were writing the daily record it was not possible to establish which visit had been missed, the morning or the tea time visit. No reasons were documented. We checked the missed calls log and none were recorded for this person. There was no record that this had been checked and picked up by the registered manager.

There was no evidence that the registered manager had checked the daily log in sheets to make sure people received their support as planned and agreed.

The registered manager told us the provider owned a small fleet of cars for staff to use when visiting people in their homes. They said these were used regularly rather than staff's own cars. The registered manager told us the company cars had a satellite tracker system so they could be tracked. This meant they could check that staff were where they should be and for the correct amount of time. They gave an example of a relative complaining that staff had arrived late. The registered manager was able to check the tracker and find staff had in fact arrived at the person's property on time. However, the system would not show that staff had actually entered people's homes on time and left at the correct time.

Some people said they had very few problems with late or shortened visits although these were in the minority of the people and relatives we spoke with. One relative told us, "We mainly have the same carers and we have got used to them. Their timekeeping is pretty good, sometimes they run behind because of traffic and visiting other clients but they do let us know."

The failure to ensure robust systems were in place to ensure peoples' needs were met and records were accurately kept is a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activity) Regulations 2014.

People were not always protected from the risks associated with the management of their prescribed medicines. Although the registered manager told us the provider had made the decision that staff would not administer people's prescribed medicines, the practices of staff were unclear. Some people's daily records

showed that staff were documenting that they had given people their medicines. One person had been prescribed a nebuliser by their GP as well as other medicines. A nebuliser is a machine used by people with severe and chronic respiratory illnesses such as asthma. The nebuliser administers the person's liquid medicine as a fine mist to ease breathing. Staff had recorded in the daily records for example, 'Gave [person] her pump, nebuliser and meds'. The person's care plan did not give clear direction to staff. The person lived alone and was debilitated by their health conditions. There was no guidance or information about the medicines the person was prescribed; the names of the medicines, what they were prescribed for or what the side effects were. Staff were not given advice within the care plan what symptoms would require medical attention. The person's medicines administration record (MAR) documented they were prescribed three medicines that showed they required a 'prompt'. Staff were guided to 'assist' with two other medicines. There was no guidance in place to advise staff what the meaning of these two types of support requirements were. The notes on the MAR for the nebuliser stated, 'Prompt and assist [Name] with nebuliser at every call'. The person's care plan did not provide guidance for staff when they should prompt and when they should assist. Although a MAR was in place, staff had not recorded on the MAR at every visit. We looked at the MAR between 1 and 15 October 2018 and saw that there were many gaps where staff had not recorded if a medicine had been administered. We asked the registered manager about this. They told us that although there was a policy that staff do not administer medicines, they could not be sure that some staff may actually administer if the person was struggling to self-administer their medicines.

Staff were recording in the daily records of another person that they had 'given' the person their medicines on more than one occasion. Staff recorded at other times that the person's family member or friend had administered their medicines. The registered manager told us staff prompted the person to take their medicines. However, it was clear from their daily records that they would have been unable to self-administer medicines as they were not able to eat without full assistance. Staff had recorded more than once that they had, 'fed [person] fruit', 'fruit and fluids given, meds given'. The person's friend told us that Figtree care staff administered the person's medicines when they or the person's relatives were not available. They said, "All the medication is from a dosette box. All the instructions are on the front of the box. They give [Person] medication and a drink and they are good at doing this task." A consent form stated, 'I agree not to self-medicate and to take medicines as administered by trained staff'. The consent was circled 'yes' and signed by the person's representative on 23 August 2017.

A person's care plan stated, 'If meds (medicines) needed, [Person] will ask carers to take from package and give to [Person]'. Another person had a risk assessment in place to provide guidance to staff when administering their medicines. The risk assessment recorded that staff were, 'to supervise and help to administer as unable to self-administer, requires medication to be put into mouth. All staff to complete training.' We found no further records in the person's care plan regarding staff administration of medicines. We asked the registered manager about this who said the risk assessment was not documented correctly.

The registered manager told us all staff were trained in medicines administration even though they were not expected to administer medicines. However, we did not find evidence that all staff had been trained or had their competency checked by a suitably trained staff member to make sure they could administer medicines safely.

The registered manager told us the provider had a policy of not administering peoples' medicines. This meant that medicines were not monitored by the registered manager to ensure safe practice and take action when errors were made. The providers medicines policy did not provide clarity for staff as it contradicted what the registered manager and staff understood as practice. The policy stated, 'Figtree Care services provides general support or some assistance with medication administration. This can involve physical assistance from staff as long as the service user directs the carer

The failure to ensure the safe management of people's prescribed medicines is a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activity) Regulations 2014.

The provider and registered manager did not have processes in place to be assured recruitment of new staff was carried out in a safe way. We looked at staff recruitment records and found many areas of concern. Applicants for staff roles had not provided a full employment history. No new staff member had provided the details of more than two previous employers even though some had been working for many years prior to commencement in their new role at Figtree Care Services. Where two previous employers had been given, some staff had not entered the dates they worked for those employers. Gaps in employment had been left without explanation. New staff had not been asked for this information by the provider or registered manager. There was no evidence that any staff had been interviewed to check if they were a suitable candidate for the role they were applying for. References had not been obtained prior to commencing employment. One staff member had been in post since February 2018 and another since January 2018 and no references had been received. There was evidence that checks had been made against the Disclosure and Barring Service (DBS). However, these had not been followed up when they were not received within a reasonable time period. A DBS check highlights any issues there may be about staff having criminal convictions or if they are barred from working with people who need safeguarding. Although preliminary checks had shown new staff had not been barred from working with people who need safeguarding, a full enhanced DBS check had not been received for some staff. A DBS check had not been received for one staff member who started working in February 2018. The registered manager told us new staff worked in pairs and never alone. However, where DBS checks were still outstanding, this had not been picked up until we raised the concern.

The failure to ensure robust and safe recruitment practices are in place is a breach of Regulation 19 of the Health and Social Care Act 2008 (Regulated Activity) Regulations 2014.

People told us they felt safe in the care of the staff who visited them. One person told us, "If I have any concerns I would talk to the carers (staff) and I would tell them that I am not so good and ask them to help me. Yes, I do feel very safe because they treat me well."

The provider had an electronic system to record the hours that staff worked and who they were supporting at what times each day. The registered manager told us the system did not show them the rostered times of individual staff members to check they had the capacity to get from one visit to the next in the time allocated. Although the system used should have allowed staff to log in and out of each visit with their mobile phone to provide a live log of their visits, this did not work as planned. The registered manager told us the system was not suited to their needs and they had been researching other systems. They had found a rota system that would provide them with a better service and planned to commission this. In the meantime, staff continued to record the times they visited by hand on a recording log in each person's home. As we were unable to analyse staff rotas fully this meant we were unable to determine through the rota system if there were suitable numbers of staff deployed to meet people's needs. This is an area identified as needing improvement.

At our last inspection, on 24 and 25 August 2017, full environmental risk assessments had not been completed of people's homes and we made a recommendation to the provider. At this inspection, a health and safety risk assessment of the environment was carried out before support commenced which included an assessment of the hazards inside the property and outside. The assessor checked for cluttered access areas, trailing cables and fire safety was considered such as if the person smoked, if fire equipment was available and if smoke detectors were in place. Where equipment was used in a person's home, a record was kept of the dates the equipment was serviced and when the next service was due. This meant staff

could be sure they were using equipment that was safe.

Individual risks were managed appropriately. Risks to people's safety were identified and management plans were in place to control the risk. The areas of individual risk identified and recorded included, the equipment people used; falls; pressure areas; choking; incontinence; eating and drinking. Where people were at risk of acquiring pressure sores due to their lack of independent mobility, staff were given guidance to check for sore areas at every visit and report any concerns. The appropriate health care professionals were contacted if any concerns were highlighted.

A moving and handling assessment was in place for each person to assess what their needs were when moving around their home, taking account of the person's build, their mobility and the aids they needed to help them. The type of equipment people needed to move around was detailed, such as a hoist, including the type of hoist and the size of sling used. Increased risks in relation to people's medical conditions, if they suffered pain, were low in mood or were anxious were also taken into account. One person had limited mobility and used a hoist to transfer from their bed to a chair and vice versa. Their assessment was individual, giving detailed step by step guidance to staff how to move the person safely and comfortably when using the hoist. The steps included the importance of providing reassurance to help the person to feel safe.

There was an up to date safeguarding policy which included information on how to report safeguarding concerns and the local authority safeguarding process. An up to date whistle blowing policy gave staff the information they would need if they wished to raise concerns external to the organisation about staff conduct within the service. However, many staff had not received training in safeguarding people from abuse. Although staff were clear that they would report any signs of abuse immediately, they did not know who they would report to outside of the organisation. They had not had the appropriate training to equip them with this knowledge. This an area that requires improvement.

Staff followed the provider's policy for recording and reporting accidents and incidents. As well as completing the appropriate records, staff contacted the office to make sure they reported any incidents and request advice where necessary. The registered manager monitored incident reporting and carried out an investigation if necessary. Incidents were used by the registered manager as a tool to identify areas of learning for staff.

The registered manager had a supply of personal protective equipment to protect people from cross infection. Staff were provided with appropriate equipment to carry out their roles safely. For example, they were issued with gloves and aprons.

## Is the service effective?

### Our findings

A number of new staff had been recruited in the last 12 months. There were no records of reviews of their work in the probation period. Many staff had not completed induction training. One staff member had started their role in April 2018 and another in June 2018 and they had not completed induction training. One member of staff told us they had received manual handling training from existing staff during their period of shadowing. However, they did not have this training from an experienced trainer until two months after starting their employment. The only other training the staff member had taken part in was first aid. No other induction training had been offered. Some records of shadowing more experienced members of staff were recorded, however these did not show the member of staff they were shadowing with or how they had responded. Some new staff had not been observed providing care to check their learning and competence and some staff had been observed only once in a four month period. Staff told us they had shadowed other staff when they first started in post and confirmed their training. The people we spoke with confirmed new staff shadowed more experienced staff. However, the registered manager did not have the information to be able to monitor the performance of new staff and identify their support needs in their new role.

Staff did not receive training to take account of people's specific care needs. Staff were required to provide stoma care to more than one person, however stoma care training had not been undertaken by any staff. Other people had a catheter in situ and needed the assistance of staff to provide their care. Catheter care training had not been provided. People told us that new staff or staff visiting for the first time were shown how to proceed with supporting their specialist needs by other staff who had visited before. One person we spoke with told us they would have preferred staff to have received training before attending to their needs. However, staff had not been trained or had their competency checked to provide this training so poor and unsafe practice could be shared from one staff member to another.

The registered manager sent us an updated training matrix as we requested. The matrix showed all staff had completed moving and handling training although some staff had not completed this training until more than three months after commencing in their role. Training certificates were not available for most staff in their file to correspond with and confirm the information on the training matrix. Many staff had not completed some important training. Out of 27 staff, not including the registered manager, no staff had completed food safety training even though staff supported people with their nutrition and hydration and cooking meals; no staff had completed Mental Capacity Act 2005 (MCA 2005) training; only one member of staff had completed safeguarding vulnerable adults training; five staff had completed palliative care/end of life training even though the registered manager told us they cared for people who were near the end of their life; six staff had completed medication training even though the registered manager told us all staff were trained; 15 had completed infection control training.

The registered manager told us they had arranged training that included MCA 2005 awareness, safeguarding vulnerable adults, food safety and medication awareness and showed us a letter from the trainer confirming this.

The failure to make sure staff had the induction and training they needed to carry out their role is a breach



of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activity) Regulations 2014.

The registered manager carried out an assessment with people, and their families where appropriate, before commencing care and support. They gathered information about the person from other sources such as NHS continuing care assessments to feed into their own assessment. This gave them the opportunity to check they had enough staff with the skills and experience required to meet each person's assessed care needs.

People told us they made their own decisions and staff supported them as they wanted. One person said, "Oh yes they help me in a way I would want, I couldn't fault them, they are very good. Yes I am able to make my own decisions."

The Mental Capacity Act 2005 (MCA 2005) 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 people lack mental capacity to make particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. People gave their consent to the care agreed with the service and to the care plan and risk assessments undertaken. Some people needed the support of their loved ones to help them to make decisions about their care. This was recorded in the care plan.

Most staff had an opportunity to discuss their performance and any concerns they had through one to one meetings with the registered manager or a senior member of staff. These were often held over the telephone due to the nature of the service and staff availability to attend a face to face meeting.

Many people did not need the assistance of staff to support them with their healthcare, such as making and attending appointments, as they managed this themselves or a family member or friend assisted them. However, where people did need some assistance, staff were responsive and made sure advice was sought. People confirmed this when we spoke with them. One person's relative told us, "They (staff) haven't needed to call a doctor but they do notice when he is not well and they mention it to me if they think it is something I am not aware of."

Many people could either make their own meals and drinks or had a family member or friend who helped them. One person told us, "Although I do my own cooking they (staff) will make sure the tins are within easy reach and they will open tins for me as I can't use a tin opener." Some people required the support of staff to assist with their nutrition and hydration. Where this was the case people told us they chose what they wanted to eat and staff prepared it for them. People's likes and dislikes were included in their care plan. One person liked to have two slices of toast with marmalade for breakfast and sandwiches with two cakes at lunchtime.



## Is the service caring?

### Our findings

The feedback we had from people and their relatives about the caring attitude of staff was positive. The comments we received from people included, "I think they do know me well and the things that are important to me. They are kind and caring. They come because they care and they are not rude"; "Some of them know me very well. Quite a number I consider to be friends." One relative said, "Yes they do know him well and know what is important to him. Most of them are kind and caring for example, they are very gentle when moving him, they hold his hand and they ask if there is anything else they can do for him."

Although we found during this inspection that some people's visits were shorter than planned and some were not at the times requested, people told us staff knew them well and were kind and caring.

People's privacy and dignity were respected by staff when providing care within their home. Staff described how they respected people's privacy and dignity such as closing doors and curtains when delivering personal care and ensuring that people were covered up as far as possible. All of the people we spoke with told us they were satisfied with how their privacy and dignity was respected by staff. One person said, "Oh yes they treat my home and myself with respect. They know I love pets and they say hello to the dog" and another commented, "Yes, they always treat me and my home with respect. As we have got to know each other we use Christian names."

People's care plans detailed basic information about what type of care and support they needed in order to maintain their independence and where possible to support their improvement. One person told us, "I can rely on them to do things I need that I can't do for myself." The daily records showed staff had delivered the care in their care plan. Staff had actively encouraged independence and choices. One relative told us, "Yes, they do ask what he likes and dislikes for example, they ask what clothes he would like to wear, what TV channel and what radio station he would like to listen to." Staff were aware of the need to respect choices and involve people in making decisions where possible.

Staff told us since recruiting more staff recently it meant they were not as rushed as they had been previously. One staff member said, "I love to chat with people and feel as though I have the time to now." Another staff member said, "We know people well and they get to know us well so we are always pleased to see each other."

People and their relatives told us they were involved in their initial assessment, having the opportunity to say what they liked and what they did not like.

The registered manager had a good understanding of the need to maintain confidentiality. People's information was treated confidentially. Personal records other than the ones available in people's homes were stored securely in the registered office. People's individual care records were stored in lockable cabinets. Staff files and other records were securely locked in cabinets within the offices. Computer records were password protected to ensure they were only accessible to those authorised to view them.

The provider had developed a service user guide which was given to people when they began to receive support from Figtree Care Services to provide them with the information they would need about the service and their rights. Information included what they could expect from staff, contact numbers and how to make a complaint.

## Is the service responsive?

### Our findings

We received mixed feedback from people and their relatives about their involvement in developing their care plan and reviewing it. Nine people and their relatives could tell us about their care plan, of these, five said they had not been involved in their care plan or review and four said they had. The comments we received included, "Yes I have been involved in a care plan there is a paperwork folder and they keep daily visit notes" and "No, I can't remember being involved in a care plan or review but I may need one."

At our last inspection on the 24 and 25 August 2017 we found a breach of Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Care plans set out the needs of people and how staff supported those needs. However, care plans had not been reviewed and did not always reflect changes in people's circumstances. The registered manager sent us an action plan following the inspection detailing what they planned to do to meet the regulation by June 2018. At this inspection reviews had been recorded as having taken place but care plans were not always reflective of people's changing needs and some people had not been involved in reviewing their care plan.

People's care plans were detailed, providing a step by step guide to assisting people with their personal care in the way they preferred. Guidance included what people could do themselves and when staff needed to step in to help. One person's care plan recorded they could put on their own top half of their clothes and needed assistance with the bottom half. This helped new staff to support people to maintain their independence.

Religious or cultural needs were not addressed in people's care plans to make sure staff had the information they needed to respect people's needs. One person's care plan was very clear that staff must not wear shoes without covers at any time, for any reason, in their home. The registered manager had told us in their PIR that this intervention was in place to respect the person's religious and cultural needs. However, the care plan did not record this was why staff must not wear uncovered shoes in the person's home. The person's religion was not recorded anywhere in the care plan.

Each person's care plan had been reviewed in September 2018. However, this was only evident by a handwritten note on the front of each care plan stating, 'Reviewed September 2018'. No record had been made if changes had been made to the care plan or if people had contributed to the review. The member of staff carrying out the review had not signed their name or given a precise date for monitoring purposes. One person's care plan recorded that staff needed to administer water in to their Percutaneous Endoscopic Gastrostomy tube (PEG) if required. A PEG is a tube into a person's stomach through the abdomen to help to feed people when they are unable to take sufficient nutrition orally. However, staff had not reported this in their daily records and we found a risk assessment dated 18 June 2018 stating the person no longer had a PEG. The person's care plan also stated staff to monitor their blood sugar and alert the GP if the reading was below 5.6mmols or above 8.9mmols. There was no record of staff doing this task. We asked the registered manager who confirmed the person no longer required the support of staff for these healthcare interventions. Their care plan had been reviewed in September 2018 and these changes had not been made.

People were receiving the care that met their needs and preferences as staff had incorporated changes having received the information verbally or from people and their relatives if changes had not been made to the care plan. However, the records did not evidence this as they were not accurately maintained and monitored.

The failure to ensure people's records are accurate and contemporaneous is a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activity) Regulations 2014.

Although the registered manager told us they provided care and support to many people who were receiving end of life care, we found that people's care plans did not include their wishes for the end of their life. Staff had not received end of life care training. This is an area identified as needing improvement.

At the last inspection, on 24 and 25 August 2017 the provider had not been collating complaints making it difficult to monitor themes and improvements made as a result. The registered manager now collated complaints in a file making it easier to monitor them. The registered manager had responded to formal complaints made. Those that were recorded had been dealt with according to the provider's policy, with an investigation and suitable response to the complainant. One record listed increased spot checks, English language training, and moving and handling training as next steps, although when this was completed was not recorded. We came across other complaints during the inspection that had not been recorded within the provider's complaints file. We spoke to the registered manager about this who said that they did not always record verbal complaints over the telephone or during a visit to people's homes as these would be dealt with immediately, such as late calls. The registered manager sent us a verbal complaints log following the inspection that showed where verbal complaints had been logged. Some lessons had been learnt from complaints received, for example the provider and registered manager had made changes to staff pay and conditions to make weekend working more attractive. People and their relatives told us they knew how to make a complaint if they needed to and who they would speak to.

## Is the service well-led?

### Our findings

At the previous two inspections, the last one on 24 and 25 August 2017, we found a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Systems had not been established to assess, monitor and improve quality effectively and accurate and contemporaneous records had not been kept. The registered manager sent us an action plan following the inspection detailing what they planned to do to meet the regulation by June 2018. At this inspection, although the provider and registered manager had introduced a quality audit system, this had not been embedded and was not being used effectively. Records had not always been maintained to give an accurate and contemporaneous reflection of peoples' care and support.

The registered manager told us the provider had introduced a quality assurance system since the last inspection as this had been an area of concern. They had reported this in the PIR they sent to CQC prior to this inspection. We reviewed the audits that had been carried out and found that they had not been effective in identifying or actioning the areas that required improvement.

A personnel audit of staff files was completed by the registered manager. A checklist of documents held for each staff member was completed by the office administrator and checked by the registered manager. Many areas had been documented as 'not applicable', for example, references; interview notes; gaps in employment; induction records and appraisal records. In the column titled 'application forms', 'yes' had been recorded. It was unclear what the audit was checking and what the purpose of it was. We found the recruitment process was not managed in a safe way and none of the areas of concern we found had been picked up by the registered manager in their audit.

Many of the care plans audited by the registered manager since the last inspection had been carried out in September and December 2017 and on 15 October 2018, the day before this announced inspection. The registered manager told us audits were meant to be completed every three months and this was also stated in the PIR sent to CQC prior to the inspection. The auditor had commented in September 2017 'adjustments needed' to one person's health records. In December 2017 the auditor had documented 'improvements still needed'. There was no record on either date what needed improvement, who was responsible for making the improvements and when they should be completed by. Where areas for improvement were found, no action plan was in place to address areas for improvement; those available were blank. The system was reliant on checking again at the next audit and the most recent of these had been 10 months apart. Most care plan audits did not record if improvements were needed, or where improvements had been identified these were not specified. This meant it was not possible to check if the issues we found during inspection had been identified previously by the registered manager and not actioned or whether the concerns had gone unnoticed.

Care plan audits were used to check if paperwork was in place and did not monitor the quality of care plans or reviews of plans. Daily records and daily logs were brought into the office each week. However, there was no evidence that they had been monitored to check visit times and length of time stayed or to check the accuracy and quality of the records kept.

As stated in the PIR, an independent auditor had been commissioned to carry out audits. However, only one had been completed, on 15 October 2018, the day before this announced inspection. The auditor had found some areas for improvement, however, there had been no time to act on their recommendations.

The failure to ensure quality auditing systems are fit for purpose to provide an effective means of monitoring and continuous improvement is a continued breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activity) Regulations 2014.

The people we spoke with were positive about some elements of the service they received and thought it was managed well. Some people and their relatives said the main problems were the timings of their care visits and late visits. They were positive about other aspects, regarding the response to telephone calls and the polite exchanges with office staff. The comments we received included, "The service is very well managed. They are polite and helpful"; "They do answer the phone promptly. Most of the time they do get back to me."

The registered manager had completed a successful application to register with CQC since the last inspection. Although they were managing the service at the last inspection, their registration was completed following this, in October 2017.

The provider carried out two surveys a year to gain feedback about the service people received. A survey had been completed by people and their relatives in June 2018. Nineteen people had completed a questionnaire. There were a mixture of views and seven people had taken the time to make comments. Of these, five had commented on staff timekeeping and missed and late calls with examples given such as, 'Can be in/out in 5-10 minutes'; 'Arrive sometimes 11.30am for breakfast'. Three people commented that they had no input into their care plan. We asked the registered manager if an analysis of the survey had been taken in order to plan improvements based on the feedback given. They said they did not complete an analysis but responded to individuals if they left their name. However, not everyone did give their name as they could complete anonymously. The registered manager said the survey was discussed in their management meetings with the providers. We checked the management meeting minutes and could not find any record of discussion regarding the results of the survey.

We recommend the provider and registered manager gain advice and guidance from a reputable source to use the opportunity to evaluate and analyse the feedback received from people and stakeholders to provide a source of continuous improvement.

Management meetings had been introduced since the last inspection and were now held every three months between the provider and the registered manager. General discussions were held about day to day matters including complaints received and safeguarding concerns. The meeting in July 2018 recorded a discussion about rates of pay and how to tackle the issue of weekend staffing. The provider agreed an increase in hourly rates at weekends to try to address this. Otherwise, the meeting records did not show conversations and decisions about how to improve the safety and quality of the service and how these would be actioned to evidence the oversight of the providers. This is an area identified as needing improvement.

The registered manager held regular staff meetings where they raised issues of concern and general areas of staff performance. Staff had the opportunity to raise items to discuss such as areas they needed advice on or clarity over. The notes of staff meetings showed an opportunity for peer support and keeping up to date. There were mixed views amongst staff about the support they received from the registered manager. One member of staff said, "It is definitely well managed. It is much better now since they have recruited more

staff. Everything is running smoothly." Another member of staff told us, "No, it is not well run. The manager does not call back when you ask [them] to."

The registered manager liaised with referral officers, district nurses and other health professionals. This helped people get the right support and equipment promptly and helped people continue to live independently, safely or be referred to the most appropriate services for further advice and assistance when this was necessary.

Registered persons are required to notify CQC about events and incidents such as abuse, serious injuries and deaths. The registered manager knew their responsibilities and had notified CQC about these important events that had occurred.

It is a legal requirement that a provider's latest CQC inspection report rating is displayed at the service where a rating has been given. This is so that people, visitors and those seeking information about the service can be informed of our judgments. We found the provider had displayed their ratings in the office area.

This section is primarily information for the provider

## Action we have told the provider to take

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

Regulated activity	Regulation
Personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment  The provider and registered manager failed to ensure the safe management of people's prescribed medicines.
Regulated activity	Regulation
Personal care	Regulation 19 HSCA RA Regulations 2014 Fit and proper persons employed  The provider and registered manager failed to ensure robust and safe recruitment practices were in place.
Regulated activity	Regulation
Personal care	Regulation 18 HSCA RA Regulations 2014 Staffing  The provider and registered manager failed to ensure staff had the induction and training they needed to carry out their role.



This section is primarily information for the provider

## Enforcement actions

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

Regulated activity	Regulation
Personal care	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>The provider and registered manager failed to ensure quality auditing systems were fit for purpose to provide an effective means of monitoring and improvement. Records were not maintained accurately to make sure people received care and support to meet their needs.</p>

### **The enforcement action we took:**

We served a warning notice to ensure the provider and registered manager took action to comply with the Regulation.