Helping Hand Care Company Limited

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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 23 and 24 June 2016, and was an announced inspection. The registered manager was given 48 hours' notice of the inspection. At the time of the inspection 57 people were receiving the regulated activity of personal care.

Helping Hand Company Limited provides care and support to people in their own homes. The service is provided to older people and older people living with dementia. Staff undertake visits to provide care and support to people in Dover, Deal and surrounding areas.

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

People told us they felt safe using the service. Staff were trained in how to protect people from abuse and harm. However, records showed that there had been a minor incident in one person's home and staff had not reported the event to the registered manager. This was an area for improvement. There were safeguarding procedures in place and staff had received training about abuse. Staff demonstrated an understanding of what constituted abuse and how to report any concerns in order to keep people safe. Staff were aware of the whistleblowing policy and told us they would not hesitate to report any concerns to the registered manager who would take appropriate action.

People told us they felt safe when staff were supporting them with their care. However, not all risks associated with people's care had been identified and assessed. There were no risk assessments in place to support people with their behaviour, how to use the bathing equipment safely or how to reduce the risk of people developing pressures sores. There was not always sufficient guidance in place for staff to ensure people remained safe. There was very limited information in the moving and handling risk assessments to guide staff about how to move people safely and what staff should be doing to keep people safe. Some people were living with diabetes and the care plans lacked detail of the signs and symptoms to watch out for if their condition became unstable. There was a risk that staff may not recognise the signs if a person was becoming unwell and may not seek the necessary medical help.

Some people needed equipment to support them with their mobility. There was no system in place to ensure that this equipment, such as hoists and bath hoists, had been regularly serviced and were safe to use. Accidents and incidents had not been analysed to look for patterns and trends to reduce the risk of further events.

Contingency plans were in place in the event of an emergency, such as bad weather or a breakdown in technical equipment. There was an on call system operating to ensure that people and staff had support outside or normal office hours

People told us they received their medicines when they should and felt their medicines were handled safely. However, care plans were not clear about people's medicine needs. There were shortfalls in the medicine records and a lack of guidance about some areas of medicine, including topical medicine management.

The registered manager visited people to assess their care needs before the service was commenced. The information gathered did not detail the full guidelines of what care was needed and therefore it was not recorded in the care plan. The care plans were brief and it was difficult to ascertain what had been discussed at the assessment. The care plans were not personalised, they did not have clear and detailed guidance for staff to follow to make sure people received their care and support consistently and safely. People told us their independence was encouraged wherever possible, but this was not always supported by the care plans. Some people told us that they had been involved in their care plans, and some people said they did not have care plan in place. Not all care plans had been updated regularly to ensure people's changing needs were identified and then met.

The registered manager told us that there had been a lapse in supervision and appraisals and plans were in place to address these issues. Each member of staff had been now been sent the initial documents to complete their annual appraisal and dates had been planned to progress and finalise the procedures.

Quality monitoring systems were in place. These audits and checks were not effective as the service had not identified the shortfalls identified during the inspection.

Staff told us how they always asked people for their consent as they provided care. They described how they supported people to make their own decisions and choices. Some people chose to be supported by their relatives when making more complex decisions. Staff had received training on the Mental Capacity Act (MCA) 2005. The MCA provides the legal framework to assess people's capacity to make certain decisions, at a certain time. When people were assessed as not having the capacity to make a decision, a best interest decision was made, involving people who knew the person well and other professionals, where relevant. The registered manager understood this process. However, no mental capacity assessments had been carried out to assess what support people needed to make decisions about their care.

People received a service from a team of regular staff. Staff retention had not been good during the last few months and there were currently several staff vacancies. At the time of the inspection the registered manager was in the process of recruiting new staff. Permanent staff, including the office staff and registered manager, were covering vacant hours or calls when staff were on annual leave. There were systems in place to recruit staff safely.

The service had a training manager who ensured that staff training was kept up to date and staff received the training they needed to fulfil their role. New staff completed induction training, which included relevant training courses and shadowing experienced staff, until they were competent to work on their own.

People were supported to maintain good health. People told us staff noticed if they were not well and supported them to call the doctor or community nurse. People were being supported with their meals and drinks.

People told us the staff were good, kind and caring. People and relatives told us how staff ensured that people's privacy and dignity were supported, and staff were polite and respectful. People we visited felt that staff understood their individual needs and they had built up relationships with them.

People told us that communication with the office was good and they were confident to call the office if they

had any concerns. They said that the office staff listened and responded to their issues. People told us they did not have any complaints but they would contact the office if they did.

People had opportunities to provide feedback when their care plan was reviewed or through surveys. However, relatives, staff and health care professionals had not been included in the annual survey to give them the opportunity to feedback about the care being provided.

Staff were aware of the organisation's visions and values. They told us that they aimed to provide good care, treating people as individuals and respecting their privacy and dignity.

We found five breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. You can see what action we have asked the provider to take at the end of this report.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement

The service was not always safe.

Not all risks associated with people's care had been identified, and there was not always sufficient guidance about how to keep people safe.

Staff knew what to do to make sure people were safeguarded from abuse. One minor incident had not been reported to the registered manager.

There were shortfalls in medicine records and a lack of guidance about some areas of medicine management.

New staff were being recruited to ensure there was sufficient staff available and there were systems in place to recruit staff safely.

Is the service effective?

Requires Improvement

The service was not always effective.

There were no mental capacity assessments in place to ensure that people were being supported effectively to make decisions about their care.

There was a lack of regular one to one meetings with staff and yearly appraisals had not been completed to identify staff's learning and development needs.

People received care and support from a consistent team of trained staff.

People were supported to maintain good health. Staff worked with health care professionals, such as community nurses, to resolve and improve any health concerns.

People were supported to have a healthy and nutritious diet that they had chosen.

Is the service caring?

Good

The service was caring.

People were treated with dignity and respect and staff were kind and respectful.

People were supported to maintain their independence where possible.

People were relaxed in the company of staff. They told us they felt listened to and staff acted on what they told them.

Is the service responsive?

Requires Improvement

The service was not always responsive.

Information in care plans did not give staff the guidance to ensure people received the care and support that they needed in line with their wishes and preferences.

Care plans had not been consistently reviewed and updated to make sure people received the care and support that they needed.

People told us they did not have any complaints but knew how to complain if they needed to. People were asked what they thought of the care provided and had been encouraged to raise any issues or concerns.

Is the service well-led?

Requires Improvement

The service was not consistently well-led.

The audits and systems in place to monitor the quality of care people received were not totally effective as the shortfalls found in this inspection had not been identified.

The staff understood their roles and what their responsibilities were. There were mixed views about the organisation being well led. People felt that the service was well led, whist this opinion varied amongst the staff.

Staff were aware of the organisation's values and this was followed through into their practice.

Helping Hand Care Company 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 checked whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 22 and 23 June 2016 and was announced with 48 hours' notice. The inspection was carried out by two inspectors.

The provider completed 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. Before the inspection we reviewed this and other information we held about the service, and we looked at any notifications received by the Care Quality Commission. A notification is information about important events, which the provider is required to tell us about by law.

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

We spoke with fourteen people who were using the service. Eleven people were contacted by phone and we visited three people in their own homes, we spoke to six relatives/representatives, the registered manager, and members of staff.

After the inspection we contacted two health and social care professionals who had recent contact with the service, and at the time of writing this report, we had not received any feedback.

We last inspected Helping Hand Limited on 13 August 2014 when no concerns were identified.

Requires Improvement

Is the service safe?

Our findings

All of the people we spoke with and visited felt safe receiving their care from this service. People said they trusted the staff who looked after them well. They said, "I feel absolutely safe with the staff". "Yes my relative is safe, it is the only time I can leave them and go to the shops".

Not all risks associated with people's care and support had been identified. For example, risks in relation to people's behaviour, their mobility and their risk of developing pressure sores. People and relatives told us they were confident that the staff moved them safely; however there was no information in the care plans to confirm staff were moving people consistently and safely. There was not sufficient guidance to show how these risks were being managed.

Moving and handling risk assessments varied in detail. Some noted how the person could be involved in their assessment, such as "Ask the person to roll back on their back, put sling around them as per moving and handling training". There were no step by step guidelines for staff to follow and no individual routine to move this person as safely as possible. There was a risk that staff would not move the person in a consistent way to ensure they were safe. There was no information about this person's medical condition and how it affected their mobility. Their medical condition had not been taken into consideration. Another assessment stated 'take this person into the bedroom in their wheelchair and hoist them into bed'. There was no guidance in place to show staff how to do this safely. Some people had equipment in their homes to support them to bath but there were no risk assessments in place to show how staff were managing and doing this safely. People told us equipment they used was serviced regularly but there were no records in place to confirm that the equipment had been checked regularly and was safe to use.

Some people were living with diabetes and were being supported by the community nurses. There was no information in their care plans to support staff to recognise changes that may occur. There was no guidance for staff on the action they should take if the person became unwell and their condition was becoming unstable. There was a risk that people may not receive the medical attention they needed because staff would not recognise signs of a deterioration in their condition.

When people were at risk of developing pressure sores there was no information about what staff should do to monitor people's skin, what signs to look for and what action to take if there were any concerns. In one person's daily notes it stated a person had a sore and they were to lie on their side to prevent it becoming worse. This information had become lost in the daily notes. A risk assessment had not been developed and put in place to make sure all staff knew how to care and support the person to prevent a further deterioration in their skin. The person was aware that they needed to lie on their side and was able to tell staff.

The provider had failed to do all that was reasonably possible to mitigate risks to people's health and safety. This is a breach of Regulation 12 of the Health & Social Care Act 2008 (Regulated Activities) Regulations 2014.

There were contingency plans in place in the event of an emergency, such as bad weather or a breakdown in

technical equipment. There was an on call system operating to ensure that people and staff had the support outside or normal office hours

Staff told us that they had received moving and handling training and were confident they were moving people safely. They could describe how they moved people but this information was not recorded in the care plan. People we spoke with told us that the staff knew how to move them safely. One person said, "They (the staff) are skilled at using the hoist for my relative, they send two carers and have never had to ask me to help".

People said they received their medicines on time and staff handled them safely. However, people were not fully protected against the risks associated with medicine management. There was a medicines policy in place. Staff had received medicine training and their skills and competencies had been checked by senior staff.

There was some information in some people's care plans to tell staff about the medicines people were prescribed and when to apply creams to their skin. It was not documented in the care plans what level and type of support people needed with their medicines and creams. The information was not always accurate and when people's medicines had changed the care plans and records had not been updated. Other care plans did not contain information on the medicines and creams people were receiving. There was no other information in the care plans to detail what support was needed to meet specific and individual requirements relating to obtaining, administering, handling, recording and disposal of people's medicines. Staff administered and gave some people support with their medicines and prescribed skin creams without having information in care plans and risk assessments to follow.

Some people needed medicines on a 'when required' basis, like medicines for pain or other health issues. There was no guidance or direction for staff on when to give these medicines safely. The daily records indicated that staff were giving people 'when required' medicines but they were not signing on a medicines record to say they had been given.

Some people were prescribed creams to protect their skin. Staff applied these creams to people's skin. The administration of prescribed creams was not always recorded in the medicine administration record (MAR's) and there was no information to tell staff where the creams were to be applied.

MAR's were supposed to be audited by the registered manager and returned monthly to the office after they had been completed. Very few MAR's had been returned. The ones that had been returned contained gaps in the records which would indicate that the medicine or cream may not have been given or applied. The MAR's were unclear. No action had been taken to address the issue.

The provider had failed to manage medicines safely. This is a breach of Regulation 12 of the Health & Social Care Act 2008 (Regulated Activities) Regulations 2014.

People told us they felt safe and trusted the staff. There was a policy for safeguarding adults from abuse. Staff confirmed they had received training and could tell us about the different types of abuse that may occur. Staff were familiar with the process to follow if any abuse was suspected in the service, both through the reporting process within the service or the social services safeguarding team. There was one minor incident recorded in the daily notes that a person had hurt their head but this had not been reported to the office. Whilst the impact to the person was minimal there was a risk that staff had not followed procedures to report this incident so that decisions could be made with regard to raising a safeguarding alert. This was an area for improvement. Staff understood the whistle blowing policy and told us they would not hesitate to

report any bad practice. They were confident that the registered manager would take the appropriate action.

There were contingency plans in place in the event of an emergency, such as bad weather orf a breakdown in technical equipment. There was an on call system operating to ensure that people and staff had the support outside or normal office hours. Staff said, "The out of hours are responsive and there is always someone there to respond to". Another member of staff had concerns that staff should be dedicated to the 'on call' response and not being expected to cover calls whilst being on call. One staff member said, "It does not seem right that the out of hours contact is providing calls to people as well as being on call, but they always respond".

Staff were recruited safely to make sure they were suitable to work at the service Staff completed an application form, gave a full employment history, showed proof of identity and had a formal interview as part of their recruitment. Written references from previous employers had been obtained and checks were made with the Disclosure and Barring Service (DBS) before employing any new staff to check that they were of good character. The DBS helps employers make safer recruitment decisions and helps prevent unsuitable people from working with people who use care and support services.

At the time of the inspection the registered manager was recruiting new staff. Staff retention had not been good over the last few months and there were permanent vacancies for care staff. Permanent staff, including the office staff and registered manager, were covering vacant hours or calls when staff were on annual leave. People said that they received care and support from regular care staff. Although some staff had left, the office staff was covering some of the calls and they knew them well. The registered manager told us that the service had recently reduced hours and therefore they were able to manage with the staff they had, however they planned to expand the hours and were therefore continuing to recruit new staff.

People commented, "There have been a lot of changes in staff lately, something is not right. They have managed to cover with staff from the office, even the manager got me up once". People said that sometimes the office had sent them a rota with blanks on and they had to chase the office to see who was coming, but this was in the past and this has not happened recently. One person told us, "Most of the time the staff are not late, I do feel it for the walkers as sometimes they have a long distance between their calls, which sometime makes them late".

Other people said, "The staff are really good I have the same ones and we get on very well, they are very kind and caring". "The staff always come on time and if they are going to be late, someone rings me from the office". "Yes the office does ring me if the staff are going to be late".

People told us that staff arrived on time, stayed the duration of the call and did all the tasks required. Staff told us that they had regular people to visit on their schedules and travel time between calls. One person said: "For the last three weeks I have had the same carer, I like continuity it makes me feel safe". People told us when they had not been happy with a particular staff member there had been no problem with changing to another member of staff. People said they knew who was coming because they received a schedule of visits in advance.

There were no missed calls and people told us that the staff were reliable. Staff usually worked in a geographical area to reduce the travelling time. Some people told us that there was a lot of walking staff and at times they struggled to get to their calls if they had not been placed close to each other.

One person said, "Overall I have continuity of staff, except of course for holidays and sickness".

Requires Improvement

Is the service effective?

Our findings

People and relatives were satisfied with the overall care and support received. People and relatives felt that staff had the right skills and knowledge to provide care and support that met their needs. On person said, "I think the staff know what they are doing and care for me well".

Staff commented: "Yes I do get enough training and have regular discussions with the office staff if I need to". "The training manager is brilliant".

The registered manager told us that the supervisions for staff and appraisal programme had lapsed. Staff had not been receiving regular one to one meetings with their line manager. All staff had been sent an appraisal form as part of the appraisal process but these were in the process of being returned and appraisals had not taken place. Staff had not had the opportunity to discuss their learning and development needs. This is an area for improvement. Staff told us that they were supported by the management team and confirmed they had now started the appraisal programme.

There were systems in place to ensure that staff had the competencies to carry out their role. Unannounced spot checks were undertaken by the senior staff, whilst staff were undertaking visits to people. During these observations staff practice was checked against good practice

The training manager ensured that staff training was kept up to date. There was a programme in place to ensure that staff were supported to complete their training. Training included nutrition and hydration, health and safety, moving and handling, fire safety awareness, emergency first aid, infection control and basic food hygiene. Staff received some specialist training, such as dementia care, Huntington's disease and continence care. 17 staff members had completed a Diploma in Health and Social Care (formerly National Vocational Qualification (NVQ)) level 2 or above. Diplomas are work based awards that are achieved through assessment and training. To achieve a Diploma, candidates must prove that they have the ability (competence) to carry out their job to the required standard. One member of staff told us they had just started level 3 diploma qualifications in care.

Staff felt the training they received was suitable for their role and enabled them to meet people's needs. They had confidence in the trainer and said they could always contact them for further support and guidance.

The induction training programme was in line with the new Care Certificate and included competency tests and shadowing established staff. Staff confirmed they were receiving induction training. They said, "I have found my induction worked well, all of the staff have been helpful and supportive. I have shadowed established staff for a week and learnt about the people I will be caring for and I received a call from the registered manager after my first week to discuss how my induction went". "I am confident that if I have any problem I can call the office and they will deal with them".

People told us that staff always asked their permission before they carried out their daily routines. Staff told

us that they gained people's consent by discussing and asking about the tasks they were about to undertake. People signed their care plans to agree with their care to be provided.

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

People can only be deprived of their liberty so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. In domiciliary care an application must be made to the Court of Protection. No applications had been made to the Court of Protection and people were able to come and go as they wished.

People's care plans did not contain any details about how to support people to make decisions. There were no mental capacity assessments in place to show that people's mental capacity had been considered, what ability they had or what support they may need to make decisions.

The provider had failed to ensure that appropriate assessments had been made in accordance with the Mental Capacity Act 2005. This was a breach of Regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

People's health care needs were not always detailed in the care plans. There were no guidelines in place for people receiving catheter care, such as how to change the catheter bags or what signs and symptoms staff should look for to request medical advice to reduce the risk of infection. There was information on the computer system that staff had reported the signs that a person's catheter was not working properly and prompt action had been taken to contact health care professionals who addressed the issues.

Some people were at risk of developing pressure areas and people had special mattresses and cushions to sit on. However, there was no information in the care plans to guide staff about the signs of developing pressure areas to enable them to take action to ensure people's skin was as healthy as possible. Staff told us that the community nurses visited people to help to maintain their skin integrity and they liaised with the professionals to ensure that the recommendations made were being applied. However, there was no information in the care plans to confirm this. One staff member said "I know how to make sure people's skin is cared for and apply creams, but there is no detail in the care plans".

People told us that the staff were good at noticing if they were not feeling very well and they were encouraged to ring the doctor or the office for a referral to the community nurse. One person said, " We have the same carer for my relative, they are very good, they wash them and put fresh clothes on they are very good at checking them over as well". When staff reported health care issues to the office, this information was recorded on the computer system and processed with the appropriate health care professional.

Most people required minimal support with their meals and drinks. People's needs in relation to support with eating and drinking had not always been linked to the daily routines. For example, staff were providing meals for one person living with diabetes but the care plan did not contained guidance about the type of food the staff needed to prepare. Care plans showed that staff left food and drinks to encourage people to drink between their calls. People said that staff offered them a choice when preparing their food. They

commented, "The staff take my dinner out of the freezer at lunch time for the evening, I choose what I want, then they make me and my husband a sandwich for lunch and make sure we have drinks left out". " If I want my carer will help me with my breakfast". "I have a supportive family who do my shopping, I get my meal out and my carer will cook it for me, they always check I have drinks before they leave".

Good

Is the service caring?

Our findings

People and relatives told us that the staff were kind, patient and caring. They spoke with people respectfully and maintained their privacy and dignity. We observed that people and staff were comfortable with each other and there was a jovial and inclusive way of communication.

People said, "My staff are very good, they are friendly and in some cases just like an extension of the family". "Staff listen to what I say and I do what I like". "I am perfectly happy with my carers". "We have a good chat with the staff and a laugh, they talk as if we are family". "The staff make us a cup of tea in the morning before they leave". "My carer will pop to the corner shop to get me a paper as I can't get there". "I am very comfortable with my carer". "It's all settled down now and I get the same carer, she is an angel, she's marvellous, she makes me laugh and I could not wish for anyone better". "Sometimes I have had different staff but I know them al,l they are all good, kind and caring".

Relatives were complimentary about the service and told us the staff were reliable and did a good job. They said, "The staff stay with my relative and make him safe, they wait for him to calm down". "Staff are very good with my relative". "We have brilliant support." "They treat my relative with dignity, they do this automatically".

People told us that staff listened to them and acted on what they said or wanted. One person said: "I choose when I have my hair washed and they will do it with me in the bed". They said that the staff took their time to make sure they had what they wanted, such as drinks or items within their reach before they left the call. Care plans contained some details of people's preferences, such as how they liked their tea or cold drinks and for staff to make sure people had their watch on or had their glasses within easy reach.

Some people told us that they had regular staff and had built up relationships with them. They said the staff were familiar with their life histories and knew their family. They understood their daily routines, choices and preferences, such as what they preferred to be called and how they liked to receive their personal care. One person said, "I usually get the same carer, she gives me a bath when I want one".

People told us their independence was encouraged wherever possible and staff encouraged them to do what they could. One person said: "The staff always try to involve my relative and encourage them to do things for themselves". "The staff are very good in maintaining my privacy and dignity, they are respectful". "This member of staff is brilliant, they were quiet at first but now they know me well and make me comfortable".

People told us they received person centred care that was individual to them. They told us that all of their care met their wishes and was what they needed.

People and relatives told us they were treated with dignity and respect and had their privacy respected. One relative described how staff ensured their relative was covered and doors were shut when providing personal care. A relative said, "My relative's privacy and dignity is respected, the staff draw the curtains

when they are giving personal care".

Requires Improvement

Is the service responsive?

Our findings

People and relatives told us that they received the care they needed. They said communication with the office was good and the staff were flexible if they needed the time of their calls changed.
There were mixed views about whether people had care plans in their homes for staff to refer to, some said they did not while others told us they did. The registered manager told us that each person had a care plan and they would be investigating these issues.

People told us that a member of staff had visited them to discuss their needs and that they had been involved in planning their care. However, there was no assessment tool in place to assess people's care needs when they first started to use the service. The registered manager completed an initial care plan. The care plan did not contain sufficient details of people's identified needs and how to meet those needs. There was a lack of personalised details to ensure people were receiving care in line with their individual preferences and choices.

Staff we spoke with could describe the care they were providing to people but this was not reflected in the care plans. They said, "I have read some of the care plans and they could do with more detail". "The care plans do lack detail, especially around recording creams". "We know what people like and how they prefer their personal care but this detail is not in the care plan".

Care plans did not contain a step by step guide to supporting people on each visit, including their preferences, what they could do for themselves and what support they required from staff. The care plans in place were brief, with a lack of detail to ensure that people were receiving consistent safe care according to their wishes. There was some information in some care plans of where people liked to sit and what people liked to drink.

Important information was missing from some care plans. The daily notes made by staff showed that they were empting a person's catheter bag but the catheter was not mentioned in the care plan. There were notes that staff were administering creams but there was no information in the plans where the creams were to be applied. One person had complex medical conditions and did not always present positive behaviour. There were no details in the care plan to specifically support their needs so that staff had clear and consistent guidelines to follow to promote positive behaviour.

Other plans stated the task to be undertaken as 'assist with shower and dry', 'assist to bed 'but there was little detail of people's preferences and what they could do for themselves. One plan had information about what the different colour of flannels were for but did not mention if the person could wash their face themselves to promote their independence.

Most of the care plans had been reviewed and updated, however not all of the plans had. One relative said, "My relative's care plan is updated yearly but I have to instigate it". One care plan stated that the person used a pillow between their legs for comfort, but this information was out of date and they had not used this for some considerable time. The person told us that their needs had changed and their mobility had

reduced. They said they had not had their care plan reviewed for some considerable time. Records showed it was last reviewed in August 2015 and no further changes had been made.

The provider had failed to ensure that information within the care plan reflected people's assessed needs and preferences. The above is a breach of Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulation 2014.

People told us they would not hesitate to complain if they needed to. People said, "I am lucky I can speak my mind, and I say what I think". "I have raised concerns in the past when new staff shadow established staff and the office forgets to inform me. This has been sorted now". "I had some issues but they have been resolved now, the new manager has been out to see my relative".
"I did complain recently as they did not always let me know when they were going to be late and when my relative's carer was off we didn't know who was coming but it has got much better now".

A relative told us that they had complained about a member of staff, they said, "We had one member of staff who was not so good, we asked the service not to send them again and this was actioned". The complaints procedure was contained within people's service user guide, which was located within their care folders in their home, along with their care plan.

People were asked for their feedback during their care plan review visit and also during staff spot check visits. People had opportunities to provide feedback about the service provided when their care plan was reviewed. One person said: I am happy with the staff" "The staff are very kind, I am happy with the staff team".

Requires Improvement

Is the service well-led?

Our findings

People and relatives were satisfied with the service. They said, "I am quite happy to recommend the service". "I think this service is good". Staff said: "The registered manager is approachable and easy to get on with; they are always there if you need guidance or support".

The registered manager had been in post since September 2015 and was registered with the Care Quality Commission on 31 May 2016. The provider told us that they had recognised that there were some shortfalls in the service and one of the main challenges was the retention of staff. They told us that the staffing levels had been unstable before the current registered manager had joined the service. They said that they had managed the staff levels as there had been a reduction of the care hours being provided; therefore permanent staff were covering the vacancies. At the time of the inspection interviews to recruit new staff were taking place.

The majority of staff said that communication and support from the registered manager was good. Other members of staff were not satisfied and the number of hours they worked varied and they felt this could be improved by sharing out the hours. The registered manager told us that the total number of care hours varied due to people no longer needing the service and this had an impact on how much work they could offer to the staff. They told us that the hours had to be shared evenly so that new staff had an opportunity to build up regular people to call on.

People said communication with the office was good. They said: "The office are very good at communicating but I'm not sure on who is who". "I have never met anyone in the office since I started using the service over a year ago but I don't mind I'm perfectly happy". "I don't know the manager but I know who to call in the office and they are always helpful and listen to me".

The provider visited the office regularly to check the quality of the service. There were regular management meetings held to discuss the service. All aspects of the service were discussed but the shortfalls we found during this inspection had not been identified.

An external audit was carried out on the care plans in 2015 and an action plan was put into place to address the identified shortfalls. Some of the actions had been completed but the action plan was not clear as to what timescales were in place to ensure the improvements had been completed. For example, it highlighted issues such as, 'No care review notes', but there was no timescales added to the action point to indicate when this action should be completed. Other audits had not been undertaken. There was no audits on people's medicines to make sure they were been given consistently and safely and that records had been completed. There were no audits to make sure equipment had been serviced and was safe to use. These shortfalls were identified at the inspection but had not been identified by the provider.

Accident and incidents had not always been reported to the registered manager and there was no analysis of these events to reduce the risk of them happening again.

Feedback from people using the service was sought at their care reviews, spot checks, and an annual survey. Comments from spot checks included: "I am satisfied with the service, excellent staff", "Very kind staff, very happy with the team". "Thank you for all your professional care of my relative. You were all so caring". I have nothing but praise for the staff's hard work and dedication". The last survey to people was sent in 2015. The overall response was positive. Relatives, staff and health care professionals had not been involved in this process therefore they did not have an opportunity to feedback about the service being provided.

The registered person had failed to identify the shortfalls at the service through regular effective auditing. Feedback was not being gathered from all stakeholders to improve the quality of the service. This was a breach of Regulation 17 (1) (2) (a) (b) (e) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

There were systems in place to monitor that staff had received up to date training, and spot checks, however, there was a lack of regular one to one meetings for staff with their line manager.

The registered manager told us that staff meetings had not been held; they said all staff regularly came into the office each week and communication was good. A staff newsletter was produced monthly, welcoming new starters, and remind staff of current issues, such as reminding them to wear their protective clothing, and what members of staff had achieved their care qualification. Staff told us that they received memos or updates about the service. The staff handbook had been reviewed and reissued to all staff in February 2016 to ensure they were up to date with current guidance and legislation.

Staff understood the visions and values of the service. They said, "I try my best to be very caring, to treat people with dignity and treat them how I would like to be treated myself". "We all do our best we can to make sure the person is as happy as they can be". "Staff morale is good, we work well as a team".

The service were members of the Kent Community Care Association and kept up to date with current practice through workshops, the internet, and meetings with other stakeholders, such as social services.

Staff had access to policies and procedures via the office or their staff handbook. These were reviewed and kept up to date. Records were stored securely.

Services that provide health and social care to people are required to inform the Care Quality Commission, (CQC), of important events that happen in the service. CQC check that appropriate action had been taken. Notifications had been submitted to CQC in an appropriate and timely manner in line with CQC guidelines.

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 9 HSCA RA Regulations 2014 Person-centred care The provider had failed to ensure that information within the care plan reflected people's assessed needs and preferences. Regulation 9(3)(b)

Regulated activity	Regulation
Personal care	Regulation 11 HSCA RA Regulations 2014 Need for consent The provider had failed to ensure that people's capacity was assess in line with the Mental Capacity Act and associated code of practice. Regulation 11(1)(2)

Regulated activity	Regulation
Personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment The provider had failed to do all that was reasonably possible to mitigate risks to people's health and safety. The provider had failed to have proper and safe management of medicines. Regulation 12(1)(2)(b)(g).

Regulated activity	Regulation
Personal care	Regulation 17 HSCA RA Regulations 2014 Good

governance

The service was not consistently well-led.

The audits and systems in place to monitor the quality of care people received were not totally effective as the shortfalls had not been identified.

The staff understood their roles and what their responsibilities were. There were mixed views about the organisation being well led.

Staff were aware of the organisation's values and this was followed through into their practice.