

Premier Care Limited

# Premier Care Limited – Specialised Services

## Inspection report

8 Premier Street  
Old Trafford  
Manchester  
Greater Manchester  
M16 9ND

Tel: 01612262270  
Website: [www.prem-care.co.uk](http://www.prem-care.co.uk)

Date of inspection visit:

22 January 2018

23 January 2018

26 January 2018

Date of publication:

04 April 2018

## Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Good 

Is the service caring?

Good 

Is the service responsive?

Requires Improvement 

Is the service well-led?

Requires Improvement 

# Summary of findings

## Overall summary

This inspection took place on 22, 23 and 26 January 2018 and was announced.

We last inspected the service on 16, 17 and 21 June 2016 when the service was called 'Premier Care Limited - Trafford & Manchester Mental Health Branch'. At that time we rated the service requires improvement overall, and found five breaches of the regulations. We asked the provider to make improvements in relation to safeguarding processes, good governance, staff training, submitting notifications to CQC about alleged abuse, and to their statement of purpose. A statement of purpose is a legally required document that provides key information about a service. The provider sent us an action plan and told us they would have made these improvements by December 2016. At this inspection we found the provider had made improvements and was meeting the requirements of the regulations for all previous breaches other than in relation to good governance. You can see what action we have told the provider to take at the back of the full version of this inspection report. Although we found some improvements had been made, this is the second time we have rated the service requires improvement.

Premier Care Limited – Specialised services is registered to provide personal care to people living in their own homes. At the time of our inspection the service provided support to people with a learning disability, or who required support in relation to their mental health, including people who required support with medicines administration. The service was provided through both a domiciliary care service and care to people living in supported living arrangements. At the time of our inspection, the service was supporting 25 people. Two people using the service received support with the regulated activity of personal care. CQC only inspects the service being received by people provided with 'personal care', which includes help with tasks related to personal hygiene and eating. Where people receive support with personal care, we also take into account any wider social care provided.

Both people who received support with personal care were using the service's supported living service. These people lived in two supported living settings, so that they can live in their own home as independently as possible. People's care and housing are provided under separate contractual agreements. CQC does not regulate premises used for supported living; this inspection looked at people's personal care and support.

The care service has been developed and designed in line with the values that underpin the Registering the Right Support and other best practice guidance. These values include choice, promotion of independence and inclusion. People with learning disabilities and autism using the service can live as ordinary a life as any citizen.

Since our last inspection, a new manager had registered to manage 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.

Staff understood their responsibilities in relation to safeguarding, and were aware of how to raise and escalate any concerns they might have. The service had an appropriate safeguarding policy in place, and we saw information on safeguarding procedures was readily available to staff.

Staff had received training in medicines administration, and a senior member of staff had assessed their competency to administer medicines safely. There were procedures in place to help the provider monitor the safe management of medicines, but these had not always been effective. We saw one person had not been administered their medicine in accordance with the prescribing instruction printed on their medication records. The medicines audit had not identified this shortfall. The registered manager took action to request a review of this medicine with the person's GP as staff felt it was no longer required.

Risks to people's health, safety and wellbeing had been assessed, and there were plans in place to help staff reduce the risk of harm occurring. Staff demonstrated an understanding about the importance of supporting people to make positive risks where these were managed appropriately. The registered manager had recently revised the risk assessment form to include the views of the person it related to, which would help ensure these were taken into account and that risk assessments did not impose unnecessary restrictions.

Care was provided by small, consistent staff teams. This helped ensure staff understood the needs and preferences of the people they supported. We saw 24-hour care was provided to both individuals, which was reflected on the rotas. We saw staff were sometimes asked to work long shifts. The provider told us they were addressing this issue by recruiting additional staff, and there were measures in place to ensure staff were able to safely carry on working for extended periods.

We found an ongoing issue in relation to the intensity of the induction and refresher training. Multiple courses were covered over a relatively short period of time. The registered manager had recognised there was a need to increase the range of training offered to staff. We saw they had produced a training plan, and staff had started to attend additional training on top of the internal training given by the provider. Spot-checks were performed to help ensure staff were providing good quality care and were competent.

Staff understood the principles of the Mental Capacity Act 2005, and we saw staff had considered any issues relating to consent and capacity as they provided care.

Staff understood the importance of supporting people to be as independent as possible and to gain new skills when this is what they wanted. We saw staff had considered whether people might wish to access volunteering or employment opportunities. Staff supported people to be involved in their communities and to take part in a variety of activities in line with their preferences.

People's needs and preferences were recorded in their care plans. However, relevant information was not always easy to access as it was spread across several care plans that were completed to varying levels of detail. One person's care plan had not been updated following a significant change in their support needs, although a separate interim care plan had been put in place. Staff told us they would involve people in reviewing and planning their care. However, there was limited evidence of this being done routinely or consistently.

We saw there was a system of audits and checks to help the registered manager and provider monitor the service. However, these were not always robust, and did not always identify issues we found. There was little evidence that the quality of care plans had been considered, and the audit of medicines had not identified an ongoing issue in relation to the administration of one person's medicine. There was a tool available to

staff to evidence they had reviewed people's care records, but this had not been used.

Staff felt supported in their job-roles and were confident they could approach the registered manager or director of Premier Care if they had any concerns they wanted to discuss. An external auditor had commented on an increasing sense of 'openness'. We also found the registered manager was encouraging staff to work in open and honest ways to help enable any issues to be identified and for learning to take place.

At our last inspection we found the service's statement of purpose was not up to date. The registered manager had submitted a revised statement of purpose to CQC following our last inspection. However, this still did not identify the needs of the people the service was providing support to as is required. We discussed this with the registered manager and they sent us an updated statement of purpose during the inspection.

The registered manager had submitted notifications to CQC about notifiable events such as incidents involving the police, deaths and instances of alleged abuse.

## 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 consistently safe.

Medicines were not always administered in accordance with instructions on the medication administration records. This issue had not been identified prior to us informing the registered manager.

Staff were aware how to identify potential safeguarding concerns and how to report these in line with local procedures.

Risks to people's health, safety and wellbeing were assessed. Reasonable measures were identified to help reduce potential risks.

The registered manager had introduced new tools to help assess and monitor risks relating to falls.

### Is the service effective?

**Good** 

The service was effective.

The registered manager had started to increase the range of training staff received. This helped ensure staff had the required skills and competence to meet people's needs.

Staff supported people to access health services, including GPs and speech and language therapists. The registered manager had strengthened the services' approach to monitoring and following-up the outcomes of people's health appointments.

Induction training was very intensive, which was an issue we first identified in our last inspection. The registered manager showed us that new staff's competence was assessed prior to them being able to lone work.

### Is the service caring?

**Good** 

The service was caring.

People received support from consistent, small teams of staff who understood their needs and preferences.

Staff understood the importance of supporting people to learn new skills and maintain or develop their independence. They were able to give us practical examples of how they had done this.

Staff had received training in equality and diversity, and were able to discuss the impact of this training on their day to day practice.

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

The service was not consistently responsive.

Care plans reflected people's needs and preferences. However, this information was not always clearly or consistently presented.

Processes for involving people and those important to them in reviews of their care were inconsistent.

Staff supported people to join in with activities they enjoyed. They had considered whether people wanted to be supported to access volunteering, employment or education opportunities.

**Requires Improvement** ●

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

The service was not consistently well-led.

Systems in place to monitor the safe use of medicines had not picked up the error we identified. Audits of daily records had not been completed until prompted by our inspection.

The registered manager encouraged an open and honest culture within the service. This would help ensure staff reported any concerns and that the service was able to learn from mistakes.

Staff were happy in their job roles and felt valued for the work they did.

**Requires Improvement** ●

# Premier Care Limited – Specialised Services

## **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.

Prior to this inspection the provider had notified CQC of an incident that occurred in June 2017 where a person using the service sustained a serious injury. We are currently carrying out further enquiries, and as a result, this inspection has not examined the circumstances of the incident. However, the information shared with CQC about the incident indicated potential concerns about the management of the risk of falls. We took this information into account when planning our inspection. It led us to consider how the provider was currently managing falls risks.

This inspection took place on 22, 23 and 26 January 2018 and was announced. We gave the service three days' notice of the inspection site visits. This was to ensure someone would be at the office to facilitate the inspection, and to help us plan the inspection. Inspection site visit activity started on 22 January 2018 and ended on 26 January 2018. It included visits to the location's office and visits to two people's homes. We visited the office location on each day of our site visits to see the registered manager and review care records and policies and procedures.

The inspection team consisted of one adult social care inspector and an expert by experience. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service. The expert by experience in this instance had expertise in a range of areas, including in relation to learning disability and mental health services.

Prior to the inspection we reviewed information we held about the service. This included the last inspection report and statutory notifications sent to us by the provider. Statutory notifications are information the

provider is required to send us about certain events that occur whilst they are providing a service, such as deaths, serious injuries and safeguarding. We had not received any feedback from people using the service or members of the public since our last inspection. We reviewed the information the provider sent us in their Provider Information Return (PIR). This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make. The registered manager had sent us this information as required in October 2017.

We sought feedback from professionals with recent involvement in the service, along with Trafford Healthwatch and the local authority quality and contracts monitoring team. We received feedback from one professional and used this to help plan our inspection.

During the inspection we visited both people who were using the service and receiving support with personal care in their own homes. One person was able to consent to our visit, and we asked the provider to undertake a best interests decision for the second person. We spoke with both people during our visits. We also spoke with staff including the registered manager, the director of the service, the provider's head of governance, two support workers and one 'field manager'. Following the inspection we spoke with a further two support workers by phone on 31 January 2018. We reviewed the care plans and care records of two people using the service. We also looked at records relating to how the service was run. This included records of training, supervision, audits, complaints, accidents/incidents and the service's policies and procedures.



# Is the service safe?

## Our findings

At our last inspection in June 2016 we found staff had failed to identify and report safeguarding concerns appropriately. We also found the service did not have an appropriate safeguarding policy in place. We found this to be a breach of Regulation 13(1)(2) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection, we found the provider was meeting the requirements of this regulation.

Systems were in place to help ensure people were protected from harm. Since our last inspection, the registered manager had identified potential safeguarding concerns that they had notified to the local authority and CQC. We saw the registered manager kept a record of safeguarding referrals, and the outcomes of any investigations. There was a safeguarding policy in place, which contained details about procedures for identifying and reporting any concerns of suspected abuse or neglect. Staff received initial training in safeguarding along with annual refresher training. We saw some staff were overdue to attend this refresher training by approximately one month, which the registered manager told us was due to delays over the Christmas period. However, staff we spoke with were aware of the local procedures for reporting any safeguarding concerns and they were able to tell us the signs they would look for that would identify possible abuse or neglect.

Staff told us they would be confident to raise any concerns they had with either the registered manager or one of the directors. We saw contact details for one of the directors were displayed within the homes to allow staff to bypass their normal management chain and 'whistle-blow' should they feel this was necessary. Staff were also aware of external agencies such as CQC and the local authority who they could contact if they felt unable to raise concerns within the organisation.

Staff supported people who had behaviours that challenged the service. They told us they felt confident in their current ability to provide effective support to people with behaviour that challenged. There were small, consistent staff teams supporting each individual, which helped staff meet people's needs in relation to behavioural support. The registered manager had identified that staff required training in positive behavioural support (PBS) and breakaway techniques following changes in one person's support needs. They showed us evidence that they had arranged for this training to take place, although it had not been delivered at the time of our inspection. They also showed us evidence that they had booked staff onto the next available course in supporting people with behaviours that challenge with the local authority. We saw where relevant, people had PBS support plans, which had been developed in conjunction with other professionals. The plan we saw provided staff with strategies to help reduce the likelihood of behaviour that challenged occurring, as well as strategies to enable them to respond effectively and safely. The provider told us there was no current use of any physical intervention or restraint within the service.

Risks to people's health, safety and wellbeing had been assessed. We saw there were standard checklists that staff used to help them identify potential risks. This included for example, risk of falls, absconding, self-neglect and failing to eat and drink adequately. Risk management plans were then produced that provided staff with guidance on how to reduce the likelihood of harm occurring. Separate 'risk and relapse' support plans were in place for each individual. These were used to help highlight each person's key support needs

and how staff should act to reduce any potential risks to their wellbeing, including a possible relapse of a mental health condition. The registered manager showed us that they had recently updated the risk assessment format to include the views of the person the risk assessment related to, where they were able to provide it. This was a positive step that would help ensure people agreed with any risk reduction measures, and would help ensure risk assessments did not act to unnecessarily restrict people's freedom.

We saw the registered manager kept a record of accidents and incidents. Staff had recorded any immediate actions taken to ensure people's safety, as well as any longer-term follow-up actions required. The registered manager told us they had recently strengthened the service's approach to monitoring and learning from accidents and incidents that occurred. They showed us a new falls log that had been put in place to help provide a more readily available overview of any patterns or trends in falls an individual had sustained. They had also introduced a falls risk assessment and analysis tool. Staff would use this tool following any falls to help identify any cause of the fall, as well as ways in which they could manage and reduce any ongoing risks that might result in a fall. We saw flow-charts for the procedure staff should follow in the event that someone sustained a fall were displayed in the staff areas of the people's houses we visited. This would help ensure staff consistently followed safe procedures in relation to responding to and reporting any accidents.

People lived in their own homes, which were owned by housing association landlords. Whilst the landlords had responsibility for maintaining the property, agencies such as Premier Care have a responsibility to ensure they are providing care in a safe environment. We saw staff had completed environmental risk assessments that had identified actions to reduce any risks posed to people using the service from their home environments. We also saw the provider had schedules in place that identified when checks of electrical equipment were due (PAT testing) and when fire drills were due. Records in people's homes showed staff completed checks, including recording fridge and freezer temperatures and checking the fire alarms. The registered manager showed us evidence that they worked with the fire service to refer people for 'safe and well' visits. They were able to provide us with examples of improvements they had made to people's homes to help reduce risks relating to fire safety.

Staff were supporting one person to take their medicines. Staff had received training in medicines administration and they had had their competency to administer medicines checked within the past year. We saw medicines were stored securely in a locked cabinet within the person's home. Staff had recorded the administration of medicines, which corresponded correctly with what was left in the blister packs. However, we saw recording of one medicine not contained in the blister packs was inconsistent. The provider told us they believed this medicine was prescribed to be taken on a 'when required' (PRN) basis. However, this was contrary to the instruction printed on this person's medication administration records (MARs). For some weeks there were no staff signatures on the MARs for this medicine, and other weeks staff had recorded administration on some days, and an 'R' code for 'refused' on other days. We were not able to tell whether this medicine had been given correctly, as the quantity available carried forward from one month to the next had not been recorded. We asked the registered manager to investigate the reason for this inconsistency, and they later informed us there had been confusion amongst the staff team as to whether this medicine had been discontinued, although staff felt it was no longer required. They arranged an appointment with this person's GP to review this medicine.

Staffing levels were determined based on people's assessed needs, in discussion with commissioners of their service. Staff told us they thought there were sufficient numbers of staff on duty to meet people's needs. The rotas reflected the provision of 24-hour staffing within each of the homes we visited. However, there was no time reflected on the rota to allow staff to handover any significant information to the next staff between shifts. The provider told us staff did complete handovers in spite of this, and this was confirmed by

staff we spoke with. We noted from the rotas that staff were sometimes scheduled to work long shifts of up to 32 hours including a sleep-in period. We discussed this with the provider who told us they were seeking to address this situation through staff recruitment. They also told us any staff member working for over 24 hours would receive a welfare call to check they were okay to continue their shift. None of the staff members we spoke with raised a concern about working hours.

Procedures were in place to help ensure only staff of suitable character were employed. We found one staff member had started work prior to the service obtaining a second character reference in line with the provider's recruitment policy. However, we saw other required checks had been completed prior to their appointment, and the registered manager assured us this person had been working supervised by other staff until the second reference had been returned. We saw that staff had been interviewed, completed a written assessment, health declaration, and filled out an application form providing a full employment history. Staff had provided identification as required, which was kept on file along with a recent photograph. We found that Disclosure and Barring Service (DBS) checks had been obtained for employees. DBS checks provide details of any criminal offences and other relevant information held by the police, and help employers make safer decisions about recruitment. We saw that where staff members had declared convictions, that a robust risk assessment had been completed, which was signed off by the registered manager and director. The risk assessments demonstrated that the provider had considered the applicant's suitability for the role, as well as identifying any further measures required to offer further reassurances as to the staff member's suitability. This included measures such as additional supervision sessions during the staff member's induction period.

Staff were aware of practical measures they should take to help reduce the risk of the spread of infection. For example, they told us personal protective equipment (PPE) was made available to them, and that they would use gloves and aprons when providing personal care. The provider had a dedicated team of domestic staff, which they told us were available to deep-clean properties when people required this support. During our visit to one person's home, we saw prompts displayed in the kitchen area to remind staff to regularly wipe down work surfaces. This showed staff considered reasonable steps to help people maintain clean environments that would reduce risks of infections.

# Is the service effective?

## Our findings

At our last inspection in June 2016 we found one third of staff were overdue 'annual refresher training' and there was no training offered between refresher training days. A course on recognising signs of mental distress had been discontinued, despite this being important to allow staff to meet the needs of the people they supported. We found these shortfalls to be a breach of Regulation 18(2) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection we found the provider was now meeting the requirements of this regulation.

The registered manager had acknowledged that a more extensive range of training was required to enable staff to provide effective support to people using the service. Since our last inspection, they had started to introduce training courses from a range of external training providers to complement the internal training staff received. A number of staff had already attended some of these courses, such as courses in the Mental Capacity Act, safeguarding, and mental health medication. The registered manager was able to show us evidence that further training such as positive behavioural support (PBS) and 'challenging behaviour and learning disabilities' courses had been arranged to take place over the coming year. We saw there were three training courses that covered aspects of supporting people with mental ill health. The majority of staff had attended at least one of these training courses.

At our last inspection in June 2016 we were concerned at the intensity of the induction and refresher training, and we found not all staff had received their annual refresher training within the last year. We found these concerns were ongoing issues. Seven of the 28 staff were overdue their refresher training by between one and four months. We also saw that up to 18 topics were covered over a three-day period during the induction. The registered manager told us the induction was to be extended to a four day period, and said a large proportion of new staff member's learning took place 'on the job'. We saw managers used a competency assessment tool to check staff were comfortable and competent to undertake their roles before they were asked to work unsupervised.

Staff we spoke with told us they found the training was sufficient to meet their learning requirements despite the intensity. They also told us their line manager asked whether they needed any additional training during their supervision sessions, which we confirmed when reviewing records of staff supervision. We asked to see staff feedback and any analysis of such feedback in relation to the refresher training. This was not available and the provider acknowledged that feedback had not been gathered consistently. They told us they would ensure feedback was gathered routinely in the future. This would help the provider assure themselves that staff found the training useful, and that it met their development needs.

New staff completed booklets that asked them to reflect on the 15 core standards covered by the care certificate. The registered manager told us the provider had recognised that their approach to the care certificate needed to be strengthened to ensure staff were competent in the core standards. They showed us evidence that an external training provider had been contracted to start providing training and assessment in relation to the care certificate. The care certificate is designed to ensure all new care staff receive adequate induction, to help ensure staff have the required skills, knowledge and behaviours to provide safe

and effective care.

Staff told us they received supervision approximately every three months. They told us they found supervision useful as it provided them with opportunity to discuss any concerns, as well as to receive feedback on their performance. Records showed most staff had received between two and four supervisions in 2017, and had received 'spot checks' of their performance and an annual appraisal in addition. This would help assure the registered manager that staff were adequately supported and competent in their roles.

We saw people using the service had health action plans in place. These provided details on how each person's health needs would be met, for example though their attendance at planned healthcare appointments. We saw staff had not updated one person's appointment log to show that they had attended some of their planned appointments. We asked the registered manager to look into this, and they later informed us staff had recorded attendance at these appointments in other care records. They showed us an updated record of this person's health appointments, and confirmed they had taken place as intended. The registered manager talked about how they had recognised a need to improve the recording of planned health appointments and their outcomes within the service. They showed us a new recording system they had introduced to help enable them to do this.

We saw staff had supported people to attend appointments with a range of health professionals. One person attended most of their appointments independently, although we saw staff maintained an awareness of when their appointments were due so they could offer any support required. For example, in this person's daily notes we saw staff had recorded, "Reminded [Person] about their GP appointment."

We saw people's preferences and dietary requirements were recorded in their care plans. Staff completed meal planners with the people they supported. Staff informed us they promoted people to maintain healthy diets, whilst respecting their choices in relation to the food they ate. During our visit to one person's home we saw staff had supported them to prepare a fruit salad with custard for their dessert. We asked if they were enjoying it and they confirmed they were and gave a 'thumbs up'. Staff told us they had specifically requested this to eat.

The registered manager maintained an awareness of good practice guidance and how they could meet people's holistic health and social care needs. We saw the registered manager kept copies of national guidance and strategies in the office, and they talked about embedding practices such as the use of the recovery STAR support plans within a 'recovery based' model of care and support. Both people whose records we reviewed had a recovery STAR support plan in place, which identified goals to help those individuals gain independence and manage their mental health effectively. The registered manager also showed us they had access to an electronic system that enabled them to monitor people's progress against objectives set in their support plans. However, neither person whose records we reviewed had been added to the system at the time of the inspection. We saw the provider also maintained awareness of good practice guidance, such as that issued by the National Institute of Health and Care Excellence (NICE). For example, we saw reference within audits for the need to implement NICE good practice guidance in relation to the management of oral hygiene.

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. We checked whether the service was working

within the principles of the MCA.

Staff, including the registered manager demonstrated an awareness of the principles of the MCA. For example, staff understood that they should start by assuming the people had capacity, and that they should be supported to make their own decisions whenever possible. We saw the provider had been involved in best interest decisions relating to significant decisions about the care of the people they were supporting. In community settings, the use of restrictive practices has to be authorised by the Court of Protection. The provider was aware that they should make the local authority aware of any restrictive practices that should then be authorised by the Court of Protection. At the time of the inspection, no such applications had been made.

Staff understood that they should seek consent before providing any care or assistance where the individual was able to provide it. We saw people were asked to consent to their planned care, including documents such as their risk assessments where they were able to provide valid consent.

## Is the service caring?

### Our findings

We received positive feedback from the person we spoke with about their relationship with the staff who worked with them. They told us staff were always "caring and polite". When asked about the staff that worked with them, the second person we visited gave a 'thumbs up' and told us the names of the staff who worked with them. We saw from staff rotas that there were dedicated teams of between five and seven staff members that worked with each individual. Staff also confirmed that there were stable staff teams in place, which helped them provide consistent and person-centred support.

Staff we spoke with demonstrated a good understanding of people's needs, preferences, interests and social histories. This information would be helpful in order to build positive relationships with people and to help understand their support needs. During our visit to one person's home, they proudly showed us medals they had received, which were displayed in a cabinet at the entrance to their home. Staff spoke about ensuring another person's personal belongings and furniture moved with them when they recently had to move into temporary accommodation. This demonstrated consideration of ways in which they could help this person feel at home and reassured during a period of transition.

Both people receiving support at the time of our inspection had access to 24-hour care. One person was able to access the community independently and this person and their staff team spoke about a number of community activities they attended. Staff demonstrated an understanding of how to encourage people's independence and help them learn new skills. They were able to provide practical examples of how they had done this, such as supporting people to use public transport and involving them in the day-to-day running of their homes. The registered manager showed us a new budget support plan they had recently developed. This tool was being used to help people manage their money more effectively and support them to save for items or activities that would have a positive impact on their health and wellbeing, such as holidays or trips. The registered manager talked about the service working to a recovery model. They told us they requested reviews of people's support hours from the local authority where it was no longer felt they required the level of support they previously did. This would help people to move on and develop their skills and independence.

Staff understood the importance of keeping people's confidential information secure. We saw there was secure storage available within people's homes and at the office we visited to help keep confidential paper records safe. One staff member talked about a time they had been contacted by an unknown person requesting information about the service. They told us they had directed the person to call the office as they were reluctant to give out potentially confidential information over the phone.

Staff worked to ensure people's privacy and dignity was respected. During our visits to people's homes we saw staff interacted positively and respectfully with people using the service. This included allowing people to have space when they wanted it. Staff told us they would always knock on people's bedroom doors before entering, would respect people's choices and would work to meet any preferences they had in relation to their care. One staff member told us it was important to remember it was the person's own home they were working in.

Staff received training in equality and diversity during their inductions. Staff we spoke with were able to demonstrate they understood the principles of how to ensure people's rights and needs in relation to areas such as their culture, religion, spirituality or sexuality for example, were met. One staff member told us, "The most important thing I took away [from equality and diversity training] is that everyone is different and you need to treat everyone on their merits." A second staff member said, "I treat people the way they want to be treated, respecting diversity and accepting that people are different and need different support."

Staff told us they would involve people in decisions about their care by offering choices and supporting people to make choices. Prior to us visiting people in their homes, the registered manager took a photo of the inspector. This was sent to staff to help them explain the purpose of our visit and to check the people we were visiting were happy with this. One staff member told us they talked through people's care plans with them when they underwent their annual review. Following the inspection we received confirmation from one person's relative that they had been involved in the review of their family member's care plans. However, there was little documented evidence of such involvement, or how any input from relevant others had been taken into account. The registered manager was aware of a local lay advocacy service where they could make referrals to if this was felt necessary. We also saw the provider ran an advocacy group for people using the service. The registered manager talked about getting an independent chair for this group, although this had not been arranged at the time of our inspection.



## Is the service responsive?

### Our findings

People had care plans in place that reflected the support they required, along with any preferences in relation to how they received their care. However, this information was not always clearly or consistently presented. We found several documents were in use to record people's support needs, interests and preferences. Information in one care plan was not always reflected in other support plans, which would make it more difficult for people involved in that person's care to gain an accurate, holistic overview of their support needs. For example, we saw staff had recorded detailed information on people's social histories, hobbies and interests in a previously used person-centred support plan. Not all this information was reflected in this person's current care plans and personal profile. The main care plans for this person also contained limited information about the support they required in relation to their mental health, and no details were recorded about potential signs of deterioration or triggers. However, this information was recorded in this person's health action plan.

Staff told us care plans were reviewed annually or as required. We saw one person's care plans had not been updated following a significant change in their care needs. However, the registered manager had produced an interim 'hospital discharge support plan' for staff to follow and told us the former care plan was treated as an 'archive' copy for reference if required. The registered manager told us the discharge care plan format had recently been developed, and it would help ensure that staff were aware of any changes in people's support needs following transfers of care from other settings. The registered manager acknowledged that the main support plan needed to be reviewed as it contained information that was not up to date, and they confirmed they would do this as a priority.

There was limited evidence of people, or others involved in their care were included in the development and review of their care plans. We saw several documents were in use to help staff complete reviews and gain feedback from people using the service. These included an annual review, four weekly keyworker reports and spot-checks of a person's service by senior staff to monitor the quality of care staff were providing. The use of each type of review had been implemented inconsistently. We saw one of the two people had a documented recent review of their care, which was a keyworker report. This provided an overview of recent health appointments, activities and feedback on whether they were happy with their current service. The second person had signed their care plans. Staff also told us they would discuss any changes to this person's needs and preferences with them at same time as the annual review of their care plans. However, there was no further evidence of any recent annual reviews or spot-checks for either individual. The registered manager acknowledged that improvements could be made in this area, and discussed plans they had for strengthening the service's approach to involving people in reviews of their care.

Staff planned the activities they would offer people for the forthcoming week. We found staff had an awareness of people's hobbies and interests, and they were able to tell us how they supported people to remain involved in such activities. We saw a range of activities were planned, which included attending community groups and activities. Staff had considered whether people may wish to access employment, education or volunteering opportunities, and one person undertook some voluntary work. Staff were looking into options to find further volunteering opportunities for this person based on their interests and

skills.

Staff were aware of people such as friends and family who were involved in the lives of the people they supported. One person told us staff supported them to maintain relationships with people that were important to them. Staff were aware of any goals or aspirations that had been identified as part of people's care planning process. However, there was scope to improve the work done in this area. Long-term goals were not regularly reviewed, and there was limited information recorded about how staff would support people to meet any identified goals. The registered manager told us the use of the life and recovery star care planning approaches would help ensure goals were clearly identified and followed-up once fully embedded within the service's approach.

The provider had procedures in place to help ensure complaints were adequately investigated and responded to. We saw evidence that the registered manager had investigated and responded to complaints they had received. We found the registered manager had a good awareness of any recent complaints raised, and they were able to discuss any learning that had arisen as a result of the complaint. The complaints policy stated that complaints should be viewed 'positively'. This would help ensure complaints were welcomed as a way to improve the service. The policy also stated that all complaints should be acknowledged in writing within two days. We found this was not being done. The registered manager told us they used their professional judgement to decide on the most effective way to communicate with people during the complaints process. Due to our feedback, the provider revised the complaints policy so it reflected the approach taken by the registered manager.

The registered manager told us that no-one using the service had any communication support needs relating to a disability, impairment or sensory loss. We saw information on how to communicate with people effectively had been recorded in a 'communication passport' for one person. Details about how to effectively communicate with people using the service were also recorded in their 'hospital passports'. These are documents that provide an overview of people's key support needs in the case that they might need to be admitted to hospital.

## Is the service well-led?

### Our findings

Since our last inspection a new registered manager had been appointed. The registered manager had been registered with the CQC to manage this service since March 2017. Three 'field managers' supported the registered manager with the day to day running of the service. Since our last inspection, the deputy manager had left. They had left their post in December 2017, and the provider had not recruited to this position within the service. They told us that it was intended that this position would be filled as part of a planned expansion of the service. The registered manager told us they felt well supported by the director of the service, head of governance and the provider as a whole. They told us they were provided with the resources they required to enable them to manage the service effectively.

At our last inspection in June 2016, we found there was no evidence of recent care plan audits, and there was no analysis of spot-checks carried out on staff to identify any common themes. We found this to be a breach of Regulation 17(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection we found the provider remained in breach of this regulation.

The provider sent us evidence that they had completed a care plan audit in October 2017. The audit tool was a simple check for the presence or absence of standard documents, and there was limited evidence of any attention to the quality or content of those documents. We also found issues raised in this audit, such as lack of evidence of annual reviews or recent 'spot-checks' were still an issue in relation to the people's care we reviewed.

The provider had a system to help identify any medicines errors that occurred. Staff returned medication administration records (MARs) to the office each week, along with people's medication blister packs. This allowed a member of staff to check whether people's MARs reconciled with any left-over medicines in the blister packs. We saw examples of occasions when this system had identified potential medicines errors. The registered manager had investigated and followed up these potential errors appropriately. However, the issue we identified with the one person's medicine recording and administration had not been picked up through this process. The error we found related to a medicine that was not contained within a blister pack, although the audit has also failed to recognise the gaps on this person's MARs as a potential issue.

Staff recorded notes of the care and support they provided to people within 'daily logs'. The logs came in a booklet format, which included an audit/review section at the back. We found none of the audit sections had been completed for either person's records we reviewed. We saw the introduction of this audit tool had been identified as an action within the service's improvement plans, with a target completion date of March 2018. On the second day of our inspection we saw the registered manager had started to complete these audits.

The issues outlined above demonstrate that systems and processes to monitor and improve the quality and safety of the service were not adequate. This was a breach of Regulation 17(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At our last inspection in June 2016 we found that only half of the people using the service had received a survey asking for feedback on their experience of the service. At this inspection, the provider confirmed it was their usual approach to send surveys to a 50% sample. They also told us they had begun to carry out phone surveys, as this resulted in a higher rate of response. The provider was not able to show us any evidence that either person receiving support with personal care had been given opportunity to provide feedback through a questionnaire or phone survey. However, one person had given feedback via a series of quality assurance questions included as part of their keyworker meeting.

Staff told us they were happy in their job roles, and felt valued for the work they did. One staff member told us, "I love it, it [my job] is rewarding. I definitely feel appreciated" and another said, "I enjoy my job. It's nice you can make a difference." Staff told us they felt well supported and able to approach the registered manager or director with any concerns they might have. They spoke positively about the service, which they felt put the needs of the people they supported first. The registered manager had a clear vision for how they wanted to improve the service for the people using it, and they demonstrated a person-centred approach to the way they worked.

We saw a recent audit had been undertaken by a third party on behalf of the provider. Within this report we saw the auditor had noted an 'increasing sense of openness' within the service. This was supported by our findings that staff were willing to raise any concerns they had. We also saw the provider had acted in an open and transparent way with staff by sharing findings of safeguarding investigations when appropriate, and it was recorded that the registered manager had discussed a need for an open culture in relation to medicines to enable the service to 'learn from mistakes'.

Prior to the inspection we were made aware that the service had put in place a voluntary suspension in relation to taking on new packages of care. The registered manager told us this had been due to another of the provider's services managed by the same registered manager being in special measures at that time, and due to some of the 'files' requiring improvements. They told us they had lifted this suspension around six months previously in July 2017 when they had felt the service was performing better. This showed the provider had acted in a responsible way to ensure they were able to focus on improving standards within the service prior to taking any new referrals.

The provider acted on feedback from relevant persons. We saw the registered manager had improvement plans in place. These related to required improvements identified through the provider's audit and quality assurance processes, as well as based on the feedback of others such as CQC. For example, we saw there was an action plan in place in relation to how the registered manager would address breaches of the regulations identified within CQC's last inspection report. However, we noted some ongoing issues from our last inspection such as a failure to submit a statement of purpose with the required information, and shortfalls in quality assurance and governance procedures. During the inspection the registered manager and provider were responsive to our feedback. Where they acknowledged there had been shortfalls, they acted on these promptly, such as in relation to the medicines issue we identified, and in relation to the complaints policy. Further details about these issues are discussed in the safe and responsive sections of this report respectively.

At our last inspection in June 2016, we found the provider had not notified CQC of incidences of alleged abuse. This was a breach of Regulation 18 of the Care Quality Commission (Registration) Regulations 2009. Since our last inspection the registered manager had submitted statutory notifications to CQC. Statutory notifications are information that services registered with CQC are legally required to tell us about. This includes notifications of alleged abuse, serious injuries and police incidents for example. At this inspection we did not find any evidence of such events not having been notified to CQC as required.

During our last inspection, we found that the provider had not updated their statement of purpose to reflect that they had started to provide support to people with a learning disability. We found this to be a breach of Regulation 12(2) of the Care Quality Commission(Registration) Regulations 2009. A statement of purpose is a legally required document that contains a standard set of information about the service, such as its aims and the types of need the service aimed to meet. Following the last inspection, the provider sent us a revised statement of purpose. Whilst the revised document reflected changes in staff involved in the running of the service, we found the revised statement of purpose still did not contain details of the range of service users' needs that the service intended to meet. The registered manager revised the statement of purpose and sent us an amended version that contained the required information during the inspection.

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 17 HSCA RA Regulations 2014 Good governance  Systems and processes to monitor and improve the quality and safety of the service were not adequate  Regulation 17(1)