Age Gracefully 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

We carried out an unannounced inspection of the service on 21 November 2017. Age Gracefully Limited is a domiciliary care agency. It provides personal care to people living in their own houses and flats. It currently provides a service to older adults. Not everyone using Age Gracefully Limited receives a regulated activity; CQC only inspects the service being received by people provided with 'personal care'; help with tasks related to personal hygiene and eating. Where they do we also take into account any wider social care provided.

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

At the time of the inspection Age Gracefully Limited supported 51 people who receive some element of support with their personal care. This is the service's second inspection under its current registration. During our previous inspection on3 November 2015 we rated this service as 'Good'. However, due to the concerns identified within this report we have changed this rating to 'Requires Improvement. The rating of 'Good' for the question; Is the service Caring?, has remained unchanged.

Staff had not always been recruited safely. Staff had received training in the safeguarding of adults but some staff required training to be updated. Some of the risks to people's safety had been assessed although some lacked detail and were not always regularly reviewed. People told us they felt safe when staff were in their home, but raised concerns that they were not always informed which staff were coming. People required minimal support from staff with their medicines, however medicine administration records were not always appropriately completed. Some staff had received infection control training and assessments of the environment people lived in where carried out to ensure they were safe. Themes and trends in relation to accidents and incidents were not always reviewed, but investigations about specific incidents were carried out.

People's physical, mental health and social needs were assessed and support requested from health and social care professionals to aid them in providing care in line with current legislation and best practice guidelines. People were supported by staff who had completed an induction and training programme although some of this training was not up to date. We were told all staff received supervision at least every three months although we were not provided with records to support this. Where people received support from staff with their meals staff his was done so effectively. However the assessment of people's nutritional needs was not always completed. The registered manager told us they worked with other health and social care agencies to ensure people's health needs were regularly monitored and transitions to other services were effective. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service support this practice, however clearer documentation was required to ensure all decisions made clearly evidenced that they were in each person's best interest.

People felt staff were caring, treated them with respect and dignity and listened to what they had to say. Staff took the time to talk with people and showed a genuine interest in building positive relationships. Staff were knowledgeable about their needs and people were involved with making decisions about their care. People's diverse needs were respected. People were encouraged to lead as independent a life as possible. People were provided with information about how they could access independent advocates.

People felt there was a lack of effective communication, primarily with the office based staff. People felt able to contribute to decisions about the individualised care needs. People's care records were in the process of being transferred to a more detailed format as the current system of care planning was not responsive to people's needs. People were treated equally, without discrimination. The registered manager had limited knowledge of the Accessible Information Standard, however some efforts had been made to ensure people with communication needs and/or sensory impairment were treated equally. People felt able to make a complaint and were confident it would be dealt with appropriately.

This service is currently suspended with local authority commissioners. This means they cannot currently provide care and support for any new people until they have made sufficient progress with the actions requested by the commissioners. Quality assurance processes were not effective in ensuring the risks to people's health, safety and welfare were addressed. There was a lack of personal accountability for the performance of office based staff. There was not a strategic approach to ensuring continued learning and development of the service. The registered manager had the best interests of people at heart but currently did not have the processes and systems in place to address the declining standard of service people received. People completed a questionnaire about the quality of the service provided and their concerns have been recorded within this report.

We identified one breach of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. You can see the action we have told the provider to take at the back 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 consistently safe.

Staff had not always been recruited safely. Staff had received training in the safeguarding of adults but some staff required training to be updated.

Some of the risks to people's safety had been assessed although some lacked detailed and were not always regularly reviewed.

People told us they felt safe when staff were in their home, but raised concerns that they were not always informed which staff were coming.

People required minimal support from staff with their medicines, however medicine administration records were not always appropriately completed.

Some staff had received infection control training and assessments of the environment people lived in where carried out to ensure they were safe.

Themes and trends in relation to accidents and incidents were not always reviewed but investigations about specific incidents were carried.

Is the service effective?

Requires Improvement

The service was not consistently effective.

People were supported by staff who had completed an induction and training programme although some updated training was required.

We were told all staff received supervision at least every three months although we were not provided with records to support this.

People received minimal support with their meals but where staff support was needed this was done so effectively. However the assessment of people's nutritional needs was not always completed.

People were supported to make choices for themselves and where unable to, the appropriate legal guidelines were followed. However documentation needed to be clearer in stating how a decision was made for people who were unable to make a decision for themselves.

People's physical, mental health and social needs were assessed and support requested from health and social care professionals to aid them in providing care in line with current legislation and best practice guidelines.

The registered manager told us they worked with other health and social care agencies to ensure people's health needs were regularly monitored and transitions to other services were effective.

Is the service caring?

Good

The service was caring.

People felt staff were caring, treated them with respect and dignity and listened to what they had to say.

Staff took the time to talk with people and showed a genuine interest in building positive relationships.

Staff were knowledgeable about their needs and people were involved with making decisions about their care. People's diverse needs were respected.

People were encouraged to lead as independent a life as possible. People were provided with information about how they could access independent advocates.

Is the service responsive?

Requires Improvement

The service was not consistently responsive.

People felt there was a lack of effective communication, primarily with the office based staff.

People felt able to contribute to decisions about the individualised care needs.

People's care records were in the process of being transferred to a more detailed format as the current system of care planning was not responsive to people's needs.

People were treated equally, without discrimination. The

registered manager had limited knowledge of the Accessible Information Standard, however some efforts had been made to ensure people with communication needs and/or sensory impairment were treated equally.

People felt able to make a complaint and were confident it would be dealt with appropriately.

Is the service well-led?

Requires Improvement

The service was not consistently well-led.

Quality assurances processes were not effective in ensuring the risks to people's health, safety and welfare were addressed.

There was a lack of personal accountability for the performance of office based staff. There was not a strategic approach to ensuring continued learning and development of the service.

The registered manager had the best interests of people at heart but currently did not have the processes and systems in place to address the declining standard of service people received.

People completed a questionnaire about the quality of the service provided and their concerns have been recorded within this report.

Age Gracefully Limited

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 comprehensive inspection took place on 21 November 2017 and was unannounced.

The inspection team consisted of two inspectors 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. Prior to the inspection, the Expert by Experience carried out telephone interviews to gain people's views in relation to the quality of the service provided. On the 21 November 2017 the two inspectors continued the inspection at the provider's office.
Before the inspection we reviewed information we held about the service, which included notifications they had sent us. A notification is information about important events which the provider is required to send us by law.

We also contacted Local Authority commissioners of adult social care services and Healthwatch and asked them for their views of the service provided.
Prior to the inspection we attempted to speak with 25 people. We successfully spoke with 11 people who used the service and two relatives.
During the inspection we spoke with two members of the care staff, a care coordinator, a human resources manager, accounts manager, quality assurance manager, the assistant director and the registered manager.

We looked at all or parts of the records relating to seven people who used the service as well as staff recruitment records. We looked at other information related to the running of and the quality of the service. This included quality assurance audits, training information for care staff, staff duty rotas, meeting minutes and arrangements for managing complaints.

Requires Improvement

Is the service safe?

Our findings

Risks to people's health and safety had been identified through initial assessment when they first started to receive a service. Risk assessments and care planning documentation were in place to enable staff to support people safely. However, these were not always regularly reviewed to ensure that people's changing needs could be addressed safely. For example, a person who was immobile without staff support could be at risk of developing pressure ulcers. However a risk assessment had not been carried out. We also noted where risk assessments were in place these had not always been regularly reviewed. For example, we saw people with specific health conditions such as a hearing impairment and communication needs had not had their assessments reviewed for over 12 months. Where equipment was used to support people in their homes, such as a hoist or standing frame these had been assessed, but again had not been reviewed for over 12 months.

We discussed this with the registered manager and we were advised that they were aware that the current risk assessment process needed reviewing. They told us they were in the process of moving to a new style of care planning and risk assessment which they told us would be more relevant to people's changing needs and reviewed more regularly. We saw some examples of the new style of risk assessments and saw some good examples, however there was still work to be done to ensure the risks for all people were appropriately assessed and reviewed.

Some of the people we spoke with raised concerns with the continuity of the staff who attended their calls and also told us they were not always aware of who would be attending. They told us communication from the office was not sufficient and felt they were not always told when there were changes to their assigned staff or the times staff would arrive.

One person said, "I'd prefer certain individuals [staff] if possible; certain people adapt to you and tend to do as best they can, but if they chop and change people you can't get that. I do have some regular carers." A second person said, "I need regular carers because I have [explained health condition]." Other people raised concerns that they should have two members of staff for some calls but on occasions they only had one.

We looked at the computerised staff rota system to establish how calls were planned and whether the right number of staff arrived on time for each call. However, having reviewed this system we concluded that it was not fit for purpose. The system showed staff were expected to attend calls when they had not finished the calls they were currently at. For example, if a call took place for 45 minutes, we saw examples where the staff member was expected to be at another call before that call had finished. A member of staff told us that a written rota system was in place to work alongside the electronic version as they could not be certain that the information was correct. However, this only took place during office hours. Therefore outside of these hours and at weekends the risk of mistakes occurring with some calls was greater which increased the risk to people's safety. A member of the office staff described the computerised system as, "a nightmare for us all."

The registered manager told us they recognised this system had its limitation and plans were in place to introduce a new system shortly which they felt would improve the quality of the service people received.

Robust recruitment procedures were not fully in place to ensure the risk of people receiving care and support from unsuitable staff was reduced. Whilst some records contained sufficient references and identification documents, others did not. We noted telephone references were requested for some staff with no evidence of written references having initially been requested. This is not appropriate for ensuring staff meet the standards required to support people safely.

People told us they felt safe when staff were in their home or were supporting them with accessing the community. One person said, "Yes I feel safe with them. Another person said, "I trust them in my home."

People were supported by staff who understood how to protect people from avoidable harm and how to keep them safe. Staff could explain the different types of abuse and the signs they look for when caring for people in their homes that might alert them the person was subject to abuse. They also said they would immediately report to their manager if they suspected abuse was taking place.

We noted that a number of safeguarding allegations had recently been, or were in the process of, being investigated by the Local Authority with the input of the registered manager. The outcome of these allegations have or will be notified to the CQC and appropriate action will be taken where needed.

A safeguarding policy was in place. This policy ensured people were protected from abuse, neglect and harassment. Staff had received safeguarding adults training and most had done so within the last year, however we noted for others they had not. 'Skills for Care' the strategic body for workforce development in adult social care in England states providers should; 'monitor performance; assess competence at least annually; provide learning and development opportunities when identified or required and at least annually'. We were unable to discuss this with the registered manager during the inspection as the record of the training staff had completed was not up to date.

People were provided with the information they needed to keep themselves safe. People told us they felt able to speak with staff if they felt unsafe or had concerns and people gave us examples where following concerns raised, changes had been made to support them.

People's care records contained information that ensured if people required a visit to their hospital or other health or social care service, information was available so that they could receive appropriate care and support. However, reviews of this information for some people was needed to ensure all information was up to date and reflective of their current needs.

Care records contained guidance for staff on how to support people who may present behaviour others may find challenging, however we were advised that people supported within this service required minimal support in this area.

People told us in the majority of cases they received their prescribed medicines when they needed them. Some of these people were able to manage and administer their own medicines, others required some support from staff. One person said, "Medication I do myself, but they [staff] ask if I've had it, and check I've got my alarm on." Another person told us the staff had a general understanding of how to support them with their medicines. A relative told us they were happy with the support their relative received.

Each person's care records contained guidance for staff on how they wished to be supported with medicines, how they liked to take them and whether they had any allergies. When staff supported people with their medicines their actions were recorded on medicine administration records (MARs). The MARs we looked at contained recorded evidence of whether the staff member had prompted or supervised a person

to take their medicines or whether they had actually administered them. However the coding system that was in place to record this was inconsistent. For example, for one person we noted that instead or recording the letter 'P' to indicate the person had been prompted to take prescribed medicine or 'SM' to indicate the person self-medicated, carers had signed their initials and entered 'T', indicating the person had taken the medicine. This would indicate that the person required staff support. However the person's records showed they self-medicated and therefore the records were not completed correctly. The registered manager told us they would review the recording process to ensure all records were completed correctly.

Staff responsible for supporting people with their medicines had completed appropriate training, and competency checks were carried out to ensure they continued to support people safely and in line with current best practice guidance. The effectiveness of those reviews needed assessing.

A medication audit carried out in April 2017 by the Local Clinical Commissioning Group gave the service a score of 83% which meant there were some actions needed to ensure safe medication processes were in place. Prior to the inspection we spoke with a Senior Specialist Technician responsible for carrying out reviews of services in the adult social care sector and they told us, they had been working with the registered manager to address the concerns raised. They told us they would keep us updated if they had further concerns.

Some staff had completed infection control training and all staff had received training to ensure food was prepared hygienically and safely. This helped them to reduce the risk of the spread of infection within people's homes and also ensured when people needed support with preparing meals, they were able to do so safely. An infection control lead was not currently in place, however the registered manager agreed it would be beneficial to ensure that staff knowledge and expertise in this area was regularly reviewed to ensure it continued to meet current best practice guidelines.

The registered manager did not always carry out regular reviews of the accidents and incidents that occurred within people's home. Whilst these accidents and incidents were investigated, regular reviews would enable the registered manager to identify any themes or trends which would enable them to put preventative measures in place to reduce the risk of reoccurrence. The registered manager told us that although the number of incidents was low, they would ensure monthly analysis was carried out to help reduce the risk of reoccurrence.

Requires Improvement

Is the service effective?

Our findings

People told us they were, in the majority of cases, happy with the way staff supported them. One person said, "I tell them what to do, and they do it." Another person said, "[Staff member] asks what I want. I said to get me up, do my breakfast and cleaning; they will do anything I want done, even removing a cobweb or moving a picture that's not straight."

However, there was a general theme of people being unhappy with the punctuality of the staff. One person said, "They [staff] can't always manage to get here at exactly the right time, but it's never far out, although it can be as much as half an hour." A second person said staff were, "Not always on time." A relative said, "They don't always come on time, it depends on their [staff's] last call." Some people told us staff did arrive on time and that some staff did call to say they would be late, which they appreciated.

Technology was used to record when staff arrived at a call and how long they stayed for, to improve the quality of service people received. This information was then sent directly to the electronic staff rota system to enable office staff to monitor staff attendance. Whilst the system was difficult to navigate and an overall review of staff punctuality was unavailable, the records we checked showed that staff generally arrived on time.

Staff received an induction and training programme and some staff had received professional development by completing diplomas (previously known as NVQs) in adult social care. This was designed to equip the staff with the skills needed to support people effectively. Staff training was completed in key areas such as safeguarding of adults, medication and moving and handling. The frequency of the refresher training needed reviewing to ensure staff competency met current best practice guidelines.

We reviewed six staff files. These included records of supervision meetings and 'spot checks'. A spot check is when a manager arrives unannounced and observes the care and support the staff delivers. Staff who had commenced employment in the previous nine months had had more than one supervision meeting and all had at least one 'spot check'. However staff who had been employed longer did not have records of recent supervision or annual appraisal in the records we looked at.

We were told all staff prior to working alone shadowed a more experienced member of staff. Once it was agreed that they were competent in their role then they were authorised to work alone. We were also informed staff received supervision "at least every three months". However the records used to record this were incomplete. We asked the registered manager to forward us an update of the number of supervisions staff had completed in the last 12 months however, at the time of writing this report, this had not been received. Therefore, although the staff we spoke with told us they felt supported by the registered manager, we were unable to assess whether staff received sufficient on-going review of their performance.

People's physical, mental health and social needs were assessed and support requested from health and social care professionals to aid them in providing care in line with current legislation and best practice guidelines.

People's care records contained guidance on how to support people with a variety of health needs. The majority of people told us they felt staff supported them with their health needs. One person said, "They do my tablets, help with the bed, wash me and put fresh clothes on." A relative told us their family member; "Seems to be happy or they would tell me if they were not."

Where people received support with food preparation and eating their meals, care records contained guidance for staff on how to support people with making healthy food and drink choices. People's food likes and dislikes were also recorded. Where staff prepared food and drink for people this was recorded however we saw minimal assessment of the risk of people experiencing malnutrition or dehydration. In the records we looked at this had only been completed for one person.

The registered manager told us they welcomed support and guidance from other health and social care agencies and wanted to ensure that people received effective care, support and treatment. They told us that whilst examples of people needing the support of other agencies were rare, they wanted to ensure as smooth a transition between health and social care services as possible. They told us, for example, if a person needed residential care they would work with the staff at the new service to ensure a detailed handover was conducted, reducing the impact on that person.

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. We checked whether the service was working within the principles of the MCA.

Where people lacked the ability to consent to decisions about their care, their care records contained assessments which were designed to ensure that the decision made adhered to the principles of the MCA. When a person was unable to consent to a decision, mental capacity assessments were completed. However these assessments were not currently carried out in line with principles of MCA. The registered manager told us they had recently sought advice from a social worker to assist them in making improvements and were confident that an improved version of the assessment would be implemented soon. In the records that we looked at we saw the majority of people were able to make decisions for themselves, so currently the impact was minimal, but the registered manager agreed action was needed in this area.

The staff we spoke with were confident that they ensured people were able to make their own choices and they respected and acted on their views. A staff member told us that whilst they did not currently care for any people living with dementia, they had received training about dementia and the Mental Capacity Act.

People told us staff gave them choices and acted on their wishes. A relative said, "[Family member] does choose and if they do not feel good, they do tell them [staff] if they do or do not want them to do something."

Good

Is the service caring?

Our findings

Although people raised concerns about the punctuality of the staff and poor communication with the office staff, people were, in the majority of cases, happy with the staff who supported them and felt they genuinely cared for their well-being. Many people described the staff as "kind" and "caring" and more detailed responses included; "[The staff member] is kind and caring and I talk to them as I would to a best friend." A second person said, "They are very patient." A third person said, "They are very kind. Sometimes if I run out of things they buy things for me on the way here, like milk."

People had varying communication needs and staff were provided with the information they needed to communicate effectively with people and to enable them to engage with people in meaningful conversation. Staff told us they had formed positive relationships with the people they supported and felt they had the skills and the knowledge to communicate with people.

A member of staff described a person they regularly cared for and did so with affection. They described the person as "always happy and smiling" despite having communication needs. They knew details about the person and their preferences and likes and dislikes and described in detail, the care they gave. We later checked the person's care file and saw it was detailed and included every aspect of the care described by the member of staff.

People felt staff were respectful of their views and acted on them. One person told us they had requested female only staff to attend their home and this was provided. The person told us this made them "happy". Another person told us when they had decided they did not want a particular member of staff to attend and this was dealt with and they did not return.

The majority of the people supported by the service were able to make informed decisions themselves and felt comfortable in doing so. Where they were unable, many had relatives they lived with or who visited them regularly to assist them with making decisions. The registered manager told us if they identified people who did not have this level of support available to them then they would contact an independent person to speak on their behalf if they wished them to. Advocates support and represent people who do not have family or friends to advocate for them at times when important decisions are being made about their health or social care.

People told us that when the staff were in their home they had built positive relationships with them; they understood their needs and enjoyed their company. One person told us staff treated them as an equal. Another person praised a particular member of staff by saying they always "go above and beyond" for them. The staff we spoke with told us they enjoyed speaking with people and had time to complete their daily tasks at each call, but also to spend time with people.

Office based staff knew people using the service well and between them had visited all
the people using the service, sometimes to deliver care and support. We discussed several people's needs and care plans with them during our visit. They gave a detailed account of people's care and health needs

however this information was not always recorded in people's current care files. It was explained the service was currently undertaking major change to the system they used and were reviewing all care plans to ensure they were more detailed and reflective of people's current needs.

We asked the registered manager whether people had personal preferences that needed to be taken into account when scheduling staff rotas. They told us that people who had preferences for certain staff members, such as a person who had requested a staff member from their cultural background, were accommodated wherever possible. They also told us that they had a varied mixture of cultural backgrounds both of people who used the service and the staff team. They said this gave them more flexibility to enable people's personal choices to be respected.

The majority of people felt staff treated them with dignity and respect. For example, people told us when they had requested either male or female members of staff their choice had been respected. A person told us they had requested a female for personal care and then for other matters, like assistance with getting in and out of bed then they did not mind whether they were male or female. They told us this was respected and felt their dignity was maintained. Another person said, They do respect my privacy and dignity and none of them smoke in the house." A third person said, "Respect, dignity and privacy? Oh yes they do that."

People's care records were treated respectfully within the provider's office. People's care records were handled respectfully ensuring the information within them was treated confidentially. Records were stored in locked cabinets away from communal areas to prohibit unauthorised personnel from accessing them. The registered manager was aware of the requirements to manage people's records in accordance with the Data Protection Act. They told us should the provider's computer system fail, then people's records were retrievable by a backup system provided by an external organisation tasked with managing the provider's computer systems.

Requires Improvement

Is the service responsive?

Our findings

A consistent theme raised when speaking with people throughout this inspection process identified that communication between them and the office staff was poor on occasions and it was impacting on the quality of the service they received. People told us they did not always get the staff members they expected and some told us they were frustrated that not all staff rang to say they were going to be late. One person told us this affected their daily plans. Another person told us when staff were going to be late the staff member had informed the office to ask them to ring them, but, they said, "The office don't ring." Another person told us the office based staff never rang to say their staff would be late. We reviewed the provider's most recent survey. Again, the theme of poor communication was raised by a number of people as being one of the main areas of concern for their care.

After the inspection had taken place, we needed to contact the registered manager to discuss a matter that had arisen. We contacted the office phone number and an answer phone message asked us to call the 'on-call' phone number as nobody was currently available. This call took place at 3.30pm on a Friday afternoon. Additionally, the number stated to call on the answer phone message was in fact the number for the office that we had already dialed. This meant there was no office based support available to take calls during office hours. We spoke with the registered manager about this later that day and were told the receptionist had gone home due to illness and the answerphone message had been updated incorrectly. However, the failure to have appropriate facilities in place for people to speak with staff could place people's safety at risk.

During the inspection we spoke with the registered manager about both our observations and people's feedback in relation to the poor communication in the service. They told us they had been aware of this issue and would be addressing it with staff during staff supervisions and team meetings. They agreed the current process that was in place was not working for all people.

Care planning documentation was currently in the process of being updated and a new system to be implemented. This was because a recent quality audit by the Local Authority commissioners identified the 'old' style of care planning had been deemed as insufficient. We noted many people had been transferred to the 'new care planning' system and was told by the registered manager they would advise us when this was complete. We will also continue to review this with the commissioners.

The people we spoke with told us the planning of and continued decisions about their specific care and support needs were carried out by their relatives and they were happy with the process. We did note in the care records that we looked at that some people had signed their care records to say they agreed with their content. Office records also showed that telephone interviews were carried out to obtain people's views and regular visits were also carried out by members of the management team. The registered manager felt people were able to give their views and they ensured action was taken.

We saw people's care records contained details about their personal preferences and their life history. Care plans had also included the role of staff in helping people to maintain independence. For example when delivering personal hygiene care to a person, they were encouraged to wash part of their body for

themselves, supported by carers.

People felt staff planned their care around their individual levels of independence and were encouraged to do more for themselves. One person told us staff supported them to do things for themselves and they also had good knowledge of a condition they had which could worsen through inactivity. They welcomed the encouragement of staff. Another person told us they used the staff as "tools" in aiding their independence.

Some people supported by the service had a mental or physical disability. Staff could explain how they ensured that people were not discriminated against and the provider ensured all people were treated equally and had the same access to relevant information. The registered manager had a limited knowledge of the Accessible Information Standard. The standard ensures that provisions are made for people with a learning disability or sensory impairment to have access to the same information about their care as others, but in a way that they can understand. We saw some steps had been taken to support people with a sensory impairment. For example, the first page of their care record contained in large print, the telephone contact details for the service both during office hours and after 5.00pm at night and at weekends. Having discussed the standard with the registered manager, they told us they would review how information was provided for people to ensure information was accessible for all. The registered manager told us they were members of the United Kingdom Home Care Association (UKHCA). The UKHCA is member led professional association with the aim to promote high quality, sustainable care services so that people can continue to live at home and in their local community.

People's care records showed their religious and cultural needs had been discussed with them and support was in place from staff if they wished to incorporate these into their life. The registered manager told us one person had specific cultural needs and they had ensured staff were available to support them with this. We spoke with a person who had specific needs in this area and they were happy with the support they received.

Due to the type of service provided people received limited support from staff with their hobbies and interests. However, people told us that when staff were in their homes they enjoyed conversations with them and staff made the effort to partake in any activity or area of discussion if able. One person said, "We both listen to the radio and talk about things. I enjoy that." Another person said, "I like watching telly and doing a puzzle books. I'm alright, they [staff] leave things for me to do."

People told us they felt confident to raise a complaint if they needed to and that it would be acted on. One person said, "If I had a complaint, I'd phone the office ; it's only been once." Another person said, "In the folder there is a complaints sheet, so I fill that in."

The registered manager told us that they had not received a formal written complaint, but when people had raised any issues either in person or via the telephone they had the processes in place to manage it in line with the provider's complaints policy. We asked the registered manager whether informal complaints as described were ever reviewed or monitored to address any themes that may have occurred. They told us complaints were rare, but this was something they would address if more complaints were received.

Due to the type of service provided end of life care was not provided. However, the registered manager told us they would consider arranging end of life training for their staff if there was a need to support a person with this.

Requires Improvement

Is the service well-led?

Our findings

The quality of the service people received by staff at Age Gracefully Limited was placed at risk due to the lack of strategic overview and planning for the service. This service is currently suspended with local authority commissioners. This means they cannot currently provide care and support for any new people until they have made sufficient progress with the actions requested by the commissioners. We have been in regular contact with the commissioners and will continue to do so until sufficient improvements are made and all required actions are completed.

We have concluded that although people felt safe and the staff cared for them well, the current management structure and limited quality assurance systems were not sufficient to ensure all people received high quality care and support or to assist with the continued development and improvement of the service. Improvements are needed in the assessment and monitoring of the risks to people's care. The staff rota requires immediate attention to ensure that people are protected from the risk of staff arriving late or on rare occasions not at all. Improvements were also needed in relation to the recruitment, medicines and mental capacity documentation as well as ensuring a robust process was implemented to ensure that communication between all staff and the people they support was significantly improved. All of these areas placed people's health, safety and welfare at risk.

These examples are a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The registered manager acknowledged that more needed to be done to improve these areas. They told us they had recently employed a new Quality Assurance Manager (QAM) to carry out a strategic review of the service to identify the areas where improvements were needed and working with the registered manager to act on the concerns. The QAM told us they were confident that they would be able to support the registered manager and improvements would be made.

The staff we spoke with told us they enjoyed their job and felt a valued member of the staff team. A staff member told us the registered manager and their team leaders were approachable and available and responded to questions or concerns. People also felt able to discuss their care with the registered manager. Some praised the fact that they came out to see them to discuss their care needs. One person said, "They came out the other day and asked how's the care is going and asked who my next of kin is and we went through all of it [care plan] again to make sure I haven't changed my mind about anything."

People were supported by staff who felt valued, their opinions were respected and they understood how to identify and act on poor practice. A whistleblowing policy was in place. Whistleblowers are employees who become aware of inappropriate activities taking place in a business either through witnessing the behaviour or being told about it.

People gave their views about the overall quality of their care via a recent provider survey. In the sample of ten results that we looked at the quality of the care scored highly however eight of the ten people felt

improvements were needed. Areas highlighted included: communication, late calls and time management. We were aware that this was only a sample of the results received, however the findings did reflect the feedback we had received from people when we spoke with them. Although the results of the questionnaires had not been analysed at the time of the inspection, we were told by the registered manager that their new Quality Assurance Manager would do so to assess where improvements may be needed as a result of the feedback of the people who used the service.

We had concerns that office staff were not held accountable for their actions. We have identified a number of areas where office based tasks had not been carried out as effectively as they should have been. There was a lack of urgency and personal responsibility from some of the office staff in addressing and acting on people's concerns. Although office based staff had separate areas of responsibility, such as training and induction, rotas and quality assurance, staff did not have the drive or ability to support the registered manager with making the required improvements. When we discussed the areas raised within this report with individual staff they acknowledged that things were not right but could not explain what they had done to improve things. We felt some of these staff may lack the skills required to carry out their roles effectively. The registered manager told us they would address this and ensure office based staff were held more accountable for their performance.

The service is managed by an enthusiastic and caring registered manager who has people's best interest at heart. They were keen to improve the service but require the support of a dedicated and experienced office based staff team to help them to improve. They had an understanding of their role and responsibilities as registered manager with the CQC and other agencies, such as the county council safeguarding team. The registered manager told us they were eager to make the improvements needed to improve the experience people received.

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 17 – The registered person did not ensure: (2) Effective systems or processes were always in place to enable the registered person, in particular, to— (a) assess, monitor and improve the quality and safety of the services provided in the carrying on of the regulated activity (including the quality of the experience of service users in receiving those services); (b) assess, monitor and mitigate the risks relating to the health, safety and welfare of service users and others who may be at risk which arise from the carrying on of the regulated activity; (c) maintain securely an accurate, complete and contemporaneous record in respect of each service user, including a record of the care and treatment provided to the service user and of decisions taken in relation to the care and treatment provided; e) seek and act on feedback from relevant persons and other persons on the services provided in the carrying on of the regulated activity, for the purposes of continually evaluating and improving such services;