

Frewco Services Limited

Community Life Choices Head Office

Inspection report

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Date of inspection visit:
21 June 2016

Date of publication:
21 October 2016

Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?

Requires Improvement ●

Is the service effective?

Requires Improvement ●

Is the service caring?

Requires Improvement ●

Is the service responsive?

Requires Improvement ●

Is the service well-led?

Requires Improvement ●

Summary of findings

Overall summary

This inspection took place on 21 June 2016. The provider was given 24 hours' notice of the inspection so that arrangements could be made to have the necessary information available for us.

Community Life Choices is a domiciliary care agency, which provides support to people in their own home. The agency operates from a well-equipped office in the docklands area of Preston. At the time of this inspection there were 33 people who used the service.

At the time of the inspection, a new management team had been appointed. One of the new managers had submitted an application to the Commission to become a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

The last inspection of this service took place on 25 January 2016. During this inspection we found breaches of regulations relating to dignity and respect, safeguarding people from abuse, safe care and treatment and governance. There were also breaches identified at an earlier inspection in November 2015, in relation to medicines management, receiving and acting on complaints and staffing. During the inspection carried out on 25/01/2016 the service was rated as inadequate in the areas of safe and well led, which led to an overall rating of inadequate and the service being placed in special measures.

During this inspection we found significant improvements had been made in all areas we assessed. However, there were some areas identified as requiring further improvement. As the overall rating for this service is no longer Inadequate the service will no longer be in special measures.

People who used the service told us they felt safe and that care workers were able to meet their needs. Risks to the health, safety and wellbeing of people were assessed. However, identified risks were not always addressed by robust care planning. This meant that staff did not always have the information they needed to care for people in a safe manner.

Improvements to the way people's medicines were managed were demonstrated. We found improvements in relation to record keeping and staff training. However, arrangements for managing medicines required further development to ensure people were protected against the risks associated with unsafe medicines practice.

Systems for monitoring the quality and safety of the service provided were significantly improved. However, we identified some areas that required further development to ensure they were fully effective.

We found that the provider took appropriate action to ensure that any restrictive practices were carried out

in accordance with the Mental Capacity Act and associated legislation. People we spoke with reported being asked for their consent before care was provided. However, we found some examples where consent to care had been given on behalf of people who used the service, without it being determined that they had legal authority to give consent.

The care plans we viewed varied in quality. Some provided a good level of person centred information and were based on the individual needs and wishes of the person they belonged to. However, others were found to lack personalised guidance and did not always provide clear guidance to care workers about how people's care needs were to be met. We also found some examples of care plans, which contained confusing and conflicting information.

Good improvements were noted in relation to safeguarding. Since the last inspection all staff had been provided with updated training in safeguarding and knew how to report concerns. Staff were confident that any issues they did report would be dealt with appropriately by the management team. Records showed that safeguarding concerns were identified and reported to the relevant authorities in a timely manner.

Previous concerns identified about the poor organisation of staffing, which had resulted in the service being unreliable, had been addressed. People reported a more reliable service and no one we spoke with had experienced any missed calls. Staff reported more manageable rotas and felt they had the opportunity to provide good quality care to people who used the service.

Staff training had improved and the provider had effective arrangements in place to ensure that staff providing care and support had the skills and knowledge to do so in a safe manner. Arrangements for staff supervision and support had also been reviewed.

People who used the service spoke highly of care staff. They told us they were treated in a kind and patient manner and with respect. People told us they felt able to raise concerns and had confidence that these would be dealt with in an appropriate way by the provider or new managers.

People reported a more reliable and consistent service. People also felt that communication with the office staff and managers had improved significantly since the last inspection.

The provider had made significant improvements to the way in which people's complaints were managed. Any complaints made were investigated in a proper manner and viewed as important in assisting the service to continue making improvements. People were invited to express their views and opinions about the service and their views were taken into account.

During this inspection we found two breaches of the health and Social care Act 2008(Regulated Activities) Regulations 2014 in relation to Safe care and Treatment and Good Governance.

You can see what action we have taken at the end of this report. Where we have taken a higher level of enforcement we will report on this in due course.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was not consistently safe.

Risks to the health, safety and wellbeing of people who used the service were assessed but these assessments did not always translate into robust care plans.

Arrangements for managing people's medicines were improved but required further improvement to help ensure people were protected against the risks of unsafe medicines practice.

Arrangements for staffing were much improved, which resulted in a safer service.

Staff were aware of their duties to report safeguarding concerns and any concerns reported, were dealt with in an appropriate manner.

Requires Improvement ●

Is the service effective?

The service was not consistently effective.

Arrangements for consent required some improvement to ensure that all those consenting to care on behalf of a person had legal authority to do so.

The arrangements for staff training and support were significantly improved, which meant that people received their care from well trained staff who were regularly supervised.

People received appropriate support to access health care when they required it.

Requires Improvement ●

Is the service caring?

The service was not consistently caring.

Some people's care plans required further development to reflect their personal wishes and any support they required to express their choices and decisions.

People felt they were treated with kindness and that their privacy

Requires Improvement ●

and dignity was promoted.

People received their care from a consistent staff team, which gave them the opportunity to build positive relationships with their care workers.

Is the service responsive?

The service was not consistently responsive.

Some people's care plans required further development to better address their care needs and how their support should be provided.

People reported good improvements in the reliability and consistency of the service.

People felt able to express concerns or raise complaints and when they did, their concerns were addressed in an appropriate manner.

Requires Improvement ●

Is the service well-led?

The service was not consistently well-led.

Systems for monitoring the quality and safety of the service provided were significantly improved. However, we identified some areas that required further development to ensure they were fully effective.

People we spoke with reported a positive culture within which they could raise concerns and express their views.

There were systems in place to assist the service in learning from adverse incidents such as accidents or safeguarding concerns.

Requires Improvement ●

Community Life Choices Head Office

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 review the rating for the service under the Care Act 2014.

The inspection took place on 21 June 2016. In line with our procedures when inspecting domiciliary care agencies, the provider was given 24 hours' notice of the inspection to ensure there would be someone present to provide us with the information we required.

The inspection team consisted of two adult social care inspectors and a pharmacy specialist. In addition, an expert-by-experience took part in the inspection. 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 our visit, we reviewed all the information we held about the service, including notifications the provider had sent us about important things that had happened, such as accidents. We also looked at information we had received from other sources, such as the local authority and people who used the service.

We spoke with twelve people who used the service or their relatives, during the inspection. We had discussions with the provider, two care managers and five care workers.

We spoke with seven community professionals and contacted the local authority commissioning team. Their feedback is included throughout this report.

We closely examined the care records of six people who used the service. This process is called pathway tracking and enables us to judge how well the service understands and plans to meet people's care needs

and manage any risks to people's health and wellbeing.

We reviewed a variety of records, including some policies and procedures, safety and quality audits, five staff personnel and training files, records of accidents, complaints records, various service certificates and medication administration records.

Is the service safe?

Our findings

Following the last inspection of the service an inadequate rating was awarded for this domain. We identified a number of concerns in relation to how risks to people were assessed and managed, medicines management and safeguarding. During this inspection we found improvements in each of these areas but identified some further improvements were still required.

People we spoke with who used the service expressed confidence in the staff team and told us they felt safe when receiving their care. Their comments included, "They ring if they can't get in or if there is a problem." "We have a rota but there are regular carers. That's better for [name removed]." "They do all her medications. I check the sheets when I go and it's all done properly." And, "[Name removed] has four visits a day and they seem to turn up alright."

Care plans viewed contained a range of risk assessments designed to identify potential risks to the health, safety and wellbeing of people who used the service. However, the main risk assessment format used was based around a generic tick list. Where risks had been identified, there was often a lack of person centred information about actions required to maintain people's safety.

For example, one mobility risk assessment stated that a person was 'mainly independent' against most activities. However, most activities were also ticked as needing 'other aids'. There was no explanation as to what these aids were.

Risk assessments were not always translated into robust care plans. We viewed one person's moving and handling risk assessment, which stated 'hoist in situ if [name removed] won't mobilise' but there was no further information such as instructions for the use of the hoist. This meant that people were at risk of injury through inappropriate moving and handling techniques.

These findings demonstrated a breach of regulation 12(1)(2)(a)(b) of the Health and Social Care Act (Regulated Activities) Regulations 2014.

In discussion with the manager and provider we were advised that a new care planning system was due to be implemented, which incorporated risk assessments. We were shown examples of how this system would result in a better level of person centred information in the future.

Concerns were identified at the inspection carried out in November 2015, in relation to medicines management. We found the provider had failed to ensure there were effective procedures in place to manage people's medicines in a safe manner.

People we spoke with during this inspection who received support with their medicines expressed satisfaction. One person commented, "They prompt my medications, they do that alright." A relative told us, "They do [name removed] medicines. They fill in the MARs and I check it all when I get home and it's done right."

We looked at the records for five people who were supported to take their medicines. We found that although an audit system had been introduced and record keeping had improved since our last visit, appropriate arrangements for monitoring medicines were still not in place.

Medication Administration Records (MARs) were produced by the service and care workers now routinely signed these to show what they had administered. The service did not keep up to date records of people's currently prescribed medicines however, making it impossible to confirm whether or not all creams and medicines had been included on the MARs. We saw that three people's records were incomplete, as the strengths and doses of medicines had not been recorded. This meant that care workers did not have enough information to follow to ensure that medicines were given correctly and safely.

Care workers routinely prompted some people, especially those living with dementia, to take their medicines. Current guidance, for example, the Royal Pharmaceutical Society of Great Britain's 'The Handling of Medicines in Social Care' clearly states that care workers should record exactly what medicines were prompted on each occasion and whether the person took the medicines. For example, one person was prescribed strong pain killers and the care plan stated that it was important for care workers to prompt the person to take these medicines regularly. There was no record of how much or how often these medicines should be taken. The service provider and senior management team confirmed that there was no system in place to record whether prompts had been given or whether the person had actually taken their medicines. Without these records it was impossible to determine whether or not individuals were supported to take their medicines safely.

We looked at the risk assessments and medication care plans for one person who was at risk of misusing their medicines. Although serious risks had been identified, the care plans did not always reflect how those risks were to be managed. This meant we were unable to evidence that the service had taken appropriate action to ensure potential risks to people's health and wellbeing were managed, monitored and mitigated.

Medication Administration Records were returned to the office weekly in order for audits (checks) to be carried out. However this process was not robust and we saw errors and discrepancies on the records that had not been picked up by the audit process. For example, care workers had clearly marked on two people's records that medication had been refused or had been unavailable, however the corresponding audits showed that these medicines had been administered successfully. We found that changes to people's medication were not clearly recorded and there was no system in place to ensure that care workers followed new instructions correctly. Failing to have a robust audit system placed people at unnecessary risk of harm as errors, discrepancies and concerns were not identified and addressed appropriately.

These failings amounted to a breach of Regulation 12 (1)(2)(g) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Records demonstrated that since the last inspection, all care staff responsible for administering medicines had been provided with updated training. In addition, competence assessments for all staff were completed on a regular basis to ensure they maintained their knowledge and skills.

Environmental risk assessments were in place, which covered areas such as fire awareness, lighting, portable appliances, external paths and steps. Records showed that these were completed annually. The actions needed to reduce the possibility of such hazards were headed, 'Safe systems of work'. Other risk assessments were in place relating to cross infection, lone working, meal preparation and domestic duties.

We noted that concerns had been raised by a family member of a person who used the service in relation to

a pregnant staff member attending her relative who had some moving and handling needs. Following these concerns, it had been agreed that the staff member would not attend again. However, it was unclear if a pregnancy risk assessment had been completed in a timely manner. It is recommended that processes for risk assessment in circumstances such as these be reviewed to ensure they are completed and adhered to at the earliest opportunity.

In the previous inspection carried out in January 2016, we found the service did not always respond to people's concerns properly. We found evidence that allegations of abuse were not always properly recorded, investigated or reported to the local authority.

During this inspection we found that all staff employed by the service had been provided with updated training in safeguarding. The provider had updated the service's safeguarding policy and ensured procedures were up to date.

All staff spoken with demonstrated a good understanding of safeguarding procedures and told us they felt confident that managers would escalate any concerns appropriately.

People who used the service told us they were confident to raise any concerns and felt assured these would be treated seriously by managers or the provider.

We viewed records of safeguarding concerns raised. There was an overview record at the front of the file, which enabled managers to monitor safeguarding concerns, their investigation and outcomes. We were able to determine when viewing the records that safeguarding concerns were now identified and reported in an effective manner.

During the last inspection carried out in January 2016, we identified concerns about the manner in which some service users were treated by staff and some managers. We found that practices at the service did not always promote dignity and respect.

Since that inspection there had been some changes to the management team with a number of new managers in place. The new managers took part in the inspection and demonstrated a positive, person centred approach. Feedback received from people who used the service, in terms of the communication they had with care and office staff was positive. One person commented, "I find them all very kind. When I phone the office for anything they are always helpful." Nobody we spoke with had any concerns about the way staff communicated with them.

Serious concerns about arrangements for staffing were identified in the previous inspection carried out in January 2016. We found evidence that staff were often double booked on runs, or on some occasions, even triple booked, which meant their care runs were physically impossible to complete. These findings were supported by concerns reported to us by people who used the service about carers arriving late, not staying for their designated times or in some cases, not arriving at all. During this inspection significant improvements were found.

We viewed a selection of staff rotas and run sheets and found no evidence of care workers being double booked. The rotas seen showed sensible runs, which care staff were able to complete.

Staff spoke with felt the rota arrangements had improved significantly. Their comments included, "The runs have decreased. They were impossible before." "There is no overlap at all. Nothing like as much pressure." "It feels so much better. We actually get time to spend with people now. And I get breaks."

Feedback from people who used the service also reflected these improvements. Nobody we spoke with reported experiencing a missed call and people felt that punctuality and reliability had improved a great deal.

We looked at the personnel records of three people who worked for the agency and found there were completed application forms in each case, as well as health questionnaires. People had been interviewed before being offered a position with the agency which demonstrated their suitability for the role had been determined.

Prospective employees had submitted various forms of identification which were retained on their file. Evidence of routine checks such as DBS (Disclosure and Barring Service) checks which would demonstrate if they had a criminal record or had ever been barred from working with vulnerable people and references were available on each staff members' personnel records. However, some of these had been obtained after the commencement of employment.

In discussion, we were advised that where full DBS checks had been received after the date of commencement, staff members were limited to the duties they undertook. However, it is recommended that arrangements for staff commencing work prior to a full DBS check being received are reviewed to ensure they reflect current guidance. For example, that this occurs in exceptional circumstances only and not in the absence of any other background checks such as references. Evidence should be available to demonstrate that the situation has been risk assessed and measures in place to mitigate the risks, as far as possible, while full DBS clearance is awaited.

Is the service effective?

Our findings

The service was found to require improvement in this area following the previous inspection carried out in November 2015. This was because we found that the service did not have adequate arrangements in place for staff training and support at that time. We found that staff did not always receive adequate training to enable them to carry out their roles safely, for example in areas such as moving and handling.

We found significant improvements in the arrangements for staff training and support during this inspection.

Feedback from people who used the service about the skills of staff to provide their care was greatly improved. People's comments included, "They are well trained and do everything we want." "The girls seem to know what they are doing. [Name removed] can be a challenge and very vocal but I read through the book when I come home so I can talk to [name removed] about it." "They seem to be well enough trained."

Staff we spoke with were also keen to tell us about the improvements in terms of training and support. One care worker said, "There has been a massive improvement in training. There are lots of courses. They monitor it all and make sure we are up to date with everything." Another care worker commented on the quality of recent courses she had attended; "There have been some fantastic courses. I have really learned a lot."

Records showed that the staff training programme had been reviewed. Mandatory training had been developed to include a number of additional training programmes such as practical moving and handling and complaints handling. All staff employed at the service were enrolled on the nationally recognised care certificate and were being supported to complete this.

We were advised by the provider that since the last inspection, additional training in areas including professional relationships, phone use, communication, principles of care, safeguarding, accident and incident reporting and dealing with complaints had been provided to staff. This information was supported by records we viewed.

Records showed that each new member of staff underwent a three month probationary period and an initial company induction programme, which covered areas, such as organisational information, training needs, a variety of health and safety topics, discipline and grievance procedures, privacy and dignity, independence, complaints, confidentiality and safeguarding. However, it was noted that all areas signed off were covered on the first day of employment, which would have been a difficult task and which would have been difficult for the new employee to retain, due to the sheer volume of information.

A wide range of training certificates were available on the staff records we looked at. These covered modules, such as safeguarding adults and children, medicines management, health and safety, epilepsy, moving and handling, diabetes, pressure care, Alzheimer's Disease and dementia, fire safety, record keeping, equality and diversity and the Mental Capacity Act. All these training sessions had been provided during the

last year.

The personnel files we saw contained evidence of regular supervision sessions, which included feedback from others on occasions, for example, people they supported and colleagues. This enabled staff members to discuss their personal development and training needs with their managers. These meetings also covered areas, such as health and safety, safeguarding, concerns, attendance and action to be taken by the employee.

Records showed that documented 'spot checks' on staff had previously been conducted every month, but these seemed to have stopped two years or so ago. However, more recent records of direct observation were available in the personnel files, which seemed to supersede the spot checks and which included moving and handling techniques, the provision of personal care, safe environments, communication, nutrition, record keeping and attitudes.

A detailed supervision matrix was in place, which enabled the provider and managers to easily monitor that each staff member had been provided with adequate performance support and monitoring such as spot checks, supervisions and appraisal.

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 we spoke with confirmed that they were asked for their consent before any care was provided. One person said, "They ask my permission before they do anything."

Within the care plans viewed we saw consent forms were in place covering various aspects of care. The majority of records seen contained consent forms signed by the service user, including medication and sharing of information. However, two files contained consent forms signed by relatives of the people who used the service. There was no evidence on either of these people's files to demonstrate that the family members who signed the consent forms had legal authority to make decisions on behalf of their relatives. It is recommended that processes for obtaining consent be reviewed to ensure that any consent accepted on behalf of a person who uses the service, is given by a person with legal authority.

We found an example of a restrictive practice on one of the files we viewed. This was a procedure in relation to the safe keeping of a person's medicines. We found that managers had followed due process and recorded best interest decisions were in place and under regular review with the person themselves and other professionals involved in their care.

When tracking the care of people who used the service we were able to confirm that managers and the provider worked closely with community professionals such as health care workers, to ensure people's needs were met. Evidence was seen of positive joint working and appropriate referrals being made by staff to community services.

Nutritional risk assessments were in place in all the files we viewed. Where people required any support in this area, it was recorded in their care plan. For example, the care plan of one person in relation to nutrition stated, 'To prompt a good balanced diet and fluid intake. Support workers to prompt a good diet and fluid intake three times a day, morning, lunch and tea.'

People who received support around mealtimes expressed satisfaction with this aspect of their service. Their comments included, "They make my lunch and my tea. They make what I ask them to. " One person told us, "They do meals for [name removed]. They have been very proactive about suggestions as to a good diet for her."

Is the service caring?

Our findings

In the previous inspections carried out in November 2015 and January 2016 this domain was rated as requiring improvement. This was because we had concerns about feedback we received from people about inconsistency of staff. We also found that practice at the service did not always promote people's privacy and dignity.

People we spoke with during the previous two inspections did not feel they had opportunities to build positive relationships with care staff. This was due to a high staff turnover and a feeling that staff were usually rushing to get their visit finished. Some people reported care staff visiting them to provide personal care, who they had never met before.

Feedback regarding consistency of care workers was much improved during this inspection. Comments we received included, "They are nice girls and we know them all. They know what they are doing." And, "We tend to get the same carers now which is great because they already know [name removed]. I don't have to explain everything." However, one person did comment that they found care workers to be less consistent when their regular care worker was on leave.

People told us they felt they were treated with kindness and respect by both care workers and office staff. People's comments included, "The girls are canny, they let me know if I need to do anything." "The girls are lovely who come in, brilliant in fact." "The girls are nice. They help me keep on top of things." "The girls that come are brilliant. Very good indeed. You couldn't fault them." "They are very nice. They chat to me."

Recent comments made through the service's own satisfaction survey included, 'I like that the support worker treats me as a person and not just a job.' And 'It always makes my day better.'

People expressed satisfaction with the way their or their loved one's care was provided. One relative we spoke with said, "My relative has complex needs and the girls handle her beautifully. They are really good with her. I can't praise them enough. It's been a real lifesaver for me."

Care workers we spoke with also felt that consistency had improved and that improved arrangements meant they had more time to spend with people when providing care and support. One care worker we spoke with said, "The big difference for me is that we actually have time to give the sort of care we want to give."

The provider advised us that all staff had been provided with training in the areas of privacy and dignity. This information was supported by training records we viewed. We also noted that the provider had implemented new processes to ensure that all care staff were introduced to people before they attended them to provide personal care.

We saw some good examples of care that was planned in a person centred way and based on the wishes of the person. However, this was not consistent in all the care plans viewed. Whilst some people's care plans

contained a social history and important details about the things that mattered to them, others were basic and gave little insight into the individual.

Care planning in relation to communication and supporting people to express choices and decisions was again, inconsistent. Some good examples were seen but other people's care plans lacked this sort of information.

In discussion the provider and managers explained that the service was soon to introduce a new care planning system. It was anticipated that this system would result in a more person centred approach to care planning that would increase opportunity for people to make decisions and express choices about the way their care was provided.

An advocate is an independent person who can assist people who use services in expressing their decisions and choices. Information was available for people about how to access local advocacy services. All the staff we spoke with were aware of the role of local advocacy services and how to signpost people to them if appropriate.

Is the service responsive?

Our findings

In discussion, people who used the service and their relatives expressed satisfaction with the service they received. A number of people commented on what they felt were good improvements in the service over recent months. People's comments included, "I am not sure what they are like when I am not here but they seem to be OK with [name removed] and well enough trained." "They know what they are doing." "We know them all." "No complaints at all."

People felt that consistency of carers and general reliability had improved. Nobody we spoke with had experienced any missed calls and the majority of people felt that care workers were punctual. Although some people commented that this could be variable. One person said, "They come on time. I usually know who is coming." Another commented, "They stay as long as they should." Other comments included, "They are more or less on time but they are flexible and you never know what's happened before you." "They would give us a ring if they were going to be very late." "It's improved slightly, only slightly mind, recently."

During the last two inspections shortfalls were found in relation to care planning processes. Care plans were found to lack person centred information and often contained generic statements regarding how people's needs were to be met. Some people who used the service felt their personal wishes were not taken into consideration.

During this inspection we found that whilst some improvements were evident, further development of care planning procedures was required to ensure clear, person centred information was available for staff about the people they supported.

We noted that one page profiles were in place for most people whose care plans we viewed. These were useful documents providing important information about people's likes, dislikes and preferred daily routines.

However, some parts of people's care plans contained only brief information about the support they required and lacked sufficient detail. For example, care plans would often state in areas such as mobility or personal care, 'requires support'. But there was no information as to what that support should entail.

Gaps in relation to important aspects of people's care were also evident in some cases. We viewed the daily care notes belonging to one person, which sometimes referred to them refusing personal care. However, there was no reference to this issue in their care plan or how care workers should approach such a situation. Another person's records stated, 'Isolated history of aggressive outbursts.' However, their care plan did not identify if these outbursts were of a verbal or physical nature, if there were any known triggers or warning signs, or how staff should support them during these episodes.

We also found some examples of conflicting information in some care plans. For example, in one plan it stated that the person did not require any support in relation to mealtimes, eating or drinking, but then the section went on to say, 'Support to be offered in respect of ensuring [name removed] has had breakfast and

a meal is made for lunch. Another person's care plan stated that they slept through the night 'usually', 'often' and 'rarely'.

The format used for assessment and care planning did not promote person centred practice. Many of the sections comprised various statements such as 'requires full support' or 'requires minimal support' and the most relevant one was generally highlighted. There was space for additional information to be entered but in many cases this had not been used.

We spoke with the provider and management team about the care planning system. It was acknowledged that current processes required some development. We were advised that a new system for assessment and care planning was due to be implemented in a matter of weeks, which was more focused on person centred care planning and would assist the service in making the necessary improvements.

People we spoke with who used the service felt that communication regarding their service was improving. One person told us, "We got a care plan a few months ago. We hadn't had one before. I was involved in it as [name removed] couldn't be." Another person commented, "They have been very proactive about suggesting things for [name removed] and how best to do things."

One of the plans of care we saw had been reviewed monthly with the provider, social worker and family member, with actions being developed. This plan of care included a very detailed description of the person's background, which included school life, leisure interests, working history, family life, likes and dislikes.

In their action plan following the inspection carried out in November 2015, the provider told us that care plan review procedures would be improved and feedback received from people who used the service confirmed this had been actioned. For example one person commented, "It's certainly better. We have had a review by phone as [name removed] doesn't like a lot of visitors."

We also noted that training in person centred care was now classed as mandatory. This meant all staff were expected to complete it.

We found evidence that the provider had improved arrangements for enabling people who used the service to express their views and opinions and that their feedback about the service was acted upon.

People we spoke with advised us that they had been invited to take part in a satisfaction survey recently and to give their views about what could be improved. We saw that the provider sent newsletters out to people who used the service requesting their views. We also noted that the provider had informed people about the outcome of the survey and the identified areas for improvement. People had been invited to comment in time, on whether they felt the improvements were effective.

The provider was able to give us a number of examples of improvements made as a result of feedback from people who used the service. These included changes to the way information was provided to people about their visits and the care staff who would be providing support.

The service was found to be in breach of the regulation relating to complaints at the inspection carried out in November 2015. A number of people reported that they felt unable to raise concerns. Others described experiences of reporting concerns and receiving unhelpful responses.

As a result of these findings the provider had taken a number of steps to support improvement in the area. Training in recognising and reporting complaints was now provided to all care and office staff.

All the people who used the service had been re-issued with Service User Guides, which contained an up-to-

date complaints procedure. We were advised at the time of the inspection, that the complaints procedure was being developed in a variety of formats, such as large print and easy read, to ensure more people had access to the information.

We looked at records of complaints received since the last inspection. We found a significant improvement in the way these were responded to. Two complaints had been received and in both cases, the provider had arranged to meet with the complainants and a representative, to discuss their concerns further.

Action had been taken to investigate the complaints and helpful responses, which outlined the action the service would take as a result of the complaints had been sent to the complainant. We were also able to see evidence that the actions had been taken, demonstrating that complaints were now used as a learning tool to improve the service as a whole.

People told us they felt able to raise concerns and were confident these would be dealt with appropriately. Their comments included, "I have complained a few times and the manager sorted it out. I am fairly forthright if I need to complain, I get on the phone and say." "I usually ring [manager] and things do get done."

Is the service well-led?

Our findings

This domain was rated as inadequate following the last inspection in January 2016. We had a number of concerns about leadership and governance.

During the last two inspections we found the systems for quality monitoring to be ineffective. We found a large number of breaches and areas requiring significant improvement, which had not been identified through the service's own quality assurance processes.

During this inspection we found that significant improvements had been made to the system for monitoring quality and safety across the service.

A new audit system had been implemented which enabled the provider to monitor all areas of the service on a periodic basis. The audits aligned to the Health and Social Care Act and good practice guidance and enabled the provider to carry out increased monitoring of areas including customer satisfaction, staff training and supervision, staff hours and consistency of care workers.

At the time of the inspection the provider was in the process of completing the first large scale audit. When completed, this would cover all aspects of the service and continue on a rolling basis to help ensure improvements were maintained.

Following the last two inspections of the service in November 15 and January 16, the provider sent us detailed action plans regarding the measures they would take to make improvements. We found during this inspection that large parts of the action plan had been completed. However, there were outstanding issues in relation to medicines audits and some aspects of risk assessment and care planning. Medicines audits in particular required more detail to ensure they were fully effective.

Evidence demonstrated that not all aspects of the audits were fully effective yet. This was a breach of regulation 17(1) of the Health and Social Care Act (Regulated Activities) Regulations 2014.

In discussion the provider demonstrated a positive approach to the new audit systems implemented. Following the previous inspections during which a number of concerns had been identified, the provider had engaged in an improvement programme with professionals from the local authority. The professionals we spoke with felt the provider had engaged in a positive manner and worked in accordance with their recommendations to ensure the improvement were made.

Several quality monitoring visits had taken place carried out by the local authority contracts team. These had found consistent improvements in all the areas previously identified as having shortfalls.

At the last inspection carried out in January 16 we identified serious concerns about the way the service was organised particularly staff rotas. We found that constant call cramming (double booking of care workers) meant that people did not always receive a safe and effective service.

During this inspection we were able to confirm that the practice of call cramming had stopped. We viewed a selection of staff members' time sheets and found they were given achievable rotas, which meant they could complete all the calls they were allocated to. Feedback from people who used the service and staff demonstrated that the end of this practice had improved the service people received.

People who used the service reported improved communication with office staff. One person commented, "The office are pretty good if you ring them, I've never had to complain." Other comments included, "I have all the phone numbers and names in the file and I know who to call if I needed to. We needed some extra this week, so I rang up and they changed things, no problem." "When I ring the office I always get someone and they are very helpful. Overall we are very pleased." "The office has improved a lot." "It's got better recently. There is a new body in the office who have improved things no end."

However, some people commented that they were not always informed if their care worker was going to arrive late. Several people also mentioned that they did not always receive rota information which was supposed to be provided on a weekly basis. People's comments included, "We are supposed to get rotas but it's a bit hit and miss. Sometimes you do and sometimes you don't." "I have a rota but they are short staffed at the moment, so it changes a bit." "They are late sometimes. Sometimes they ring and sometimes they don't." "They are fairly on time, but you can't legislate for the traffic or emergencies but I wish they would ring if they were going to be very late."

In discussion with the provider and management team, we were advised that a new electronic logging in system was soon to be introduced. This meant that staff would scan themselves in and out of people's homes when starting and ending visits, which would enable the management team to monitor reliability and identify any themes regarding lateness for example.

Since the last inspection carried out on November 2015 and January 2016 there had been some significant changes to the management team. Two new care managers had been appointed, one who had submitted an application for registration to the Care Quality Commission. This application was being assessed at the time of this inspection.

We met with the provider and new management team who all demonstrated a positive, person centred approach. The team discussed the improvements that had been achieved and their plans for further development going forward, which were very positive.

We found that systems had been improved to encourage feedback from people and keep people informed of developments within the service. There was a positive view of learning from people's experiences and from areas such as complaints for the purpose of improving the service. This was reflected, for example in the way the provider now responded to concerns raised by people who used the service.

Feedback from staff we spoke with was also very positive. Several reported on what they felt was a more positive culture within which their views were encouraged. Staff comments included, "I am much happier, things could not be more different." "There is much better communication. There has been a real improvement in office." "Everything is improved." "There have been big changes and massive improvements. I feel really comfortable and confident with everything." "They [the management team] are open and honest about everything."

Records demonstrated that the provider notified us about significant events and concern incidents, such as safeguarding concerns were reported to the relevant agencies. Procedures were in place to review any adverse incidents such as accidents, safeguarding concerns or complaints on a weekly basis during

management team meetings. This helped to ensure that any potential learning from such occurrences could be identified and cascaded to the rest of the team. It also enabled the management team to identify any further areas for improvement through identifying themes or trends.

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	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>The provider had failed to ensure that there were effective systems in place to monitor the safety and quality of all aspects of the service.</p>