Hopscotch Asian Women's Centre

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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?	Good
Is the service well-led?	Requires Improvement

Summary of findings

Overall summary

We carried out this inspection on 14 March 2017. We gave the provider 48 hours' notice to ensure that someone would be available throughout the inspection process to provide us with the necessary information.

At our last inspection on 18 February 2016 we found that the provider was not meeting all the standards that we inspected. We identified breaches of Regulations 17 and 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. The service did not have appropriate systems in place to asses, monitor and improve the quality of the services provided. Staff did not receive appropriate support, training, professional development, supervision and appraisal as was necessary to enable them to carry out their role effectively. At this inspection we found that the provider had only partly addressed these concerns.

Hopscotch Asian Women's Centre provides care services to people living in their own homes. The service specialises in supporting people from the Asian community. At the time of this inspection there were 56 people using the service. The service provides care to people between the ages of 18 to 65 years some of whom are living with dementia, physical disabilities, learning disabilities and mental health conditions.

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

At the last inspection the provider had not provided staff with appropriate and adequate training in order for them to carry out their role effectively. During this inspection we found that although some improvements had been made the service had still not fully addressed this issue. Where staff were providing care to people with specific specialist needs, they had not been provided with the relevant training required in order to deliver safe and effective care.

Staff told us that they felt supported in their role and received regular supervision as well as an annual appraisal.

Feedback received from people and relatives was positive. People and relatives were happy with the care and support that they received from care staff especially taking into consideration that they were able to speak and communicate with each other in their preferred choice of language which was predominately Bengali.

The service carried out assessments of people's needs and requirements prior to a package of care commencing. The assessment noted people's needs and requirements, choices and wishes. It also identified all risks associated with the person's care and health needs. However, although all risks had been identified, for certain specific risks associated with epilepsy, brain injuries or behaviour that challenges,

there was no further information or guidance provided to staff in order to mitigate or reduce the risks to ensure people's safety.

People and relatives told us that they felt safe in the presence of the care staff that supported them. All staff that we spoke with demonstrated a good understanding of safeguarding, what it meant and the actions they would take if abuse was suspected.

Safe medicine management processes were in place to ensure that people were supported safely with their medicines, where this support had been identified.

The provider had robust recruitment processes in place to ensure that staff who were employed were safe to work with vulnerable adults.

Rotas were managed appropriately ensuring that travel time was incorporated between each call. People and relatives confirmed that staff generally always arrived on time and spent the allotted time of the call. Where staff were running late the service ensured that people and relatives were called informing them of staff running late. Staff also confirmed that rotas were managed well and that they had sufficient time to travel between calls.

Care plans were detailed and person centred and clearly reflected the care and support that people required and also took into account people's choices and wishes on how they received their care.

Senior managers as well as care staff were able to demonstrate a sound understanding of the Mental Capacity Act 2005 (MCA) and also explained that they always obtained consent before undertaking any task. Documents seen also confirmed that people had consented to their care and where people were unable to consent, this had been clearly documented and a relative or next of kin had signed on the person's behalf.

People and relatives told us and records confirmed that they had numerous opportunities to regularly provide feedback about the care and support that they received to allow the provider to make improvements where required.

Since the last inspection the provider had implemented a number of auditing processes which looked at care plans, medicine administration records and daily recording charts. Where issues were noted these were checked by the registered manager and action plans were in place to address the issue or concern in order for the service to learn and make improvements.

A complaints policy was available to everyone receiving a package of care as part of the service users guide which was given to people at the start of a care package. Complaints were managed as per the provider's policy and all records pertaining to the complaint were appropriately recorded.

The provider supported people with their health care needs where this need had been identified. We saw referrals that had been made and on-going communications with health and social care professionals on behalf of people where necessary.

We identified a continued breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This breach was in relation to ensuring that all staff had the qualifications, competence and skills to provide effective care and support. You can see what action we told the provider to take at the back of the full version of the report.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement

The service was not always safe. Where specific risks had been identified with a person's healthcare needs, the service did not always provider further information or guidance to staff in order to mitigate or reduce the risks to ensure people's safety.

People and relatives told us they felt safe with the staff that supported them. Staff demonstrated a good understanding of safeguarding and were able to explain the steps they would take if abuse was suspected.

Medicines were administered and recorded safely and appropriately where this required support had been identified.

The service had robust system and process in place to ensure the safe recruitment of staff.

Is the service effective?

Requires Improvement

The service was not always effective. Where staff were providing care to people with specific specialist needs, they had not been provided with the relevant training required in order to deliver safe and effective care.

Refresher training in certain mandatory topics had not been provided to all staff.

Staff told us that they received regular support through supervisions and appraisals which supported them in their role.

All staff were able to explain their understanding of the Mental Capacity Act 2005. Staff were clear about always asking for consent before undertaking any care tasks.

People and relatives told us that they had consented to the care they received and care plans had been signed confirming this.

The service supported people with their health care needs where this need had been identified.

Is the service caring?

Good

The service was caring. People and relatives told us that they received care and support from a regular team of staff who were caring and always respected their privacy and dignity and with whom they had established positive caring relationships with.

The service specialised in providing care and support to the Asian community. People's and relatives confirmed that their cultural needs were appropriately met as they received care and support from staff that understood their cultural and religious needs and could speak their language of choice.

People's care plans were detailed and provided information about their likes, dislikes, choices and preferences how they wanted their care and support to be delivered.

Is the service responsive?

Good

The service was responsive. Care plans were person centred and clearly outlined the care and support that the person required.

Records confirmed that care plans were reviewed regularly or as and when significant change had been noted. People and their relatives told us that the service maintained regular contact with them to obtain their feedback on the quality of care that they received.

Complaints were dealt with appropriately and according to the provider's complaints policy. People and relatives told us that they knew who to complain and were confident that their complaint would be dealt with.

Is the service well-led?

Requires Improvement

The service was not always well-led. Significant improvements had been made following the last inspection in February 2016. However, improvements in training and ensuring all staff had appropriately received refresher training in the mandatory topics had not been made.

The service did not always provider further information or guidance to staff in order to mitigate or reduce certain identified risks to ensure people's safety.

Staff had also not been provided with specialist training to enable them to support people with specific needs.

The service had systems and processes in place for monitoring the quality of care. Regular spot checks, audits of care plans, and recording sheets were completed as well as the monitoring of

late visits and missed calls.

Staff felt support by the registered manager and senior team based at the office and were regularly kept abreast of all updates and information relevant to their role.

Hopscotch Asian Women's Centre

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection checked whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 14 March 2017 and was announced. The provider was given 48 hours' notice because the location provides a domiciliary care service and we needed to be sure that someone would be available to support us with the inspection process.

The inspection team consisted of two inspectors and two experts by experience. On the day of the inspection one expert by experience carried out telephone interviews with people using the service and their relatives. The second expert by experience called people and relatives two days after 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. The experts by experience spoke with two people and 10 relatives.

Before the inspection we looked at the information that we had received about the service from health and social care professionals, notifications that we had received and the action plan that was sent to us by the provider with details of improvements they planned to make as a result of the previous inspection findings in February 2016.

During the inspection we spoke with the nominated individual, registered manager, three care co-ordinators and eight care staff. We reviewed a range of records about people's care and how the service was managed. These included care plans for six people, six care staff files and training records, four medicine administration records, quality surveys and a range of policies and procedures.

Requires Improvement

Is the service safe?

Our findings

We asked people and relatives about whether they felt safe when receiving care and support from staff. Responses we received from people included, "Yes, all of them are good. I like them" and "Yes I do, they are nice people." Comments from relatives included, "Yes, they are alright. I think they know what they are doing", "She [person] feels safe absolutely, she has mental health issues and epilepsy, they keep her calm and there is a familiarity with them, they understand her and this makes her feel safe" and "[Person] is completely safe, she recognises them, jokes with them, she has dementia and they help her feel comfortable and I think she trusts them."

The service had developed a care plan for each person which included information about the care and support that the person required. Alongside the information contained in the care plans, the service had completed risk assessments which identified potential risks within the person's home environment as well as risks associated with the person's health and safety, moving and handling and individual risks to the person's health and care needs.

Most risk assessments provided staff with guidance and direction on how to mitigate or reduce risk to ensure the person's safety at all times. One care plan that we looked at noted that the person could be unsteady on their feet. Guidance had been provided to staff which recorded, "Help [person] shave as he has unsteady arms. Sit him down and shave so he doesn't lose balance." A second care plan noted that a person had weak legs. The care plan stated, "[Person] can lose balance at times and become breathless. Use walking stick and do not walk far. Low iron count makes [person] dizzy. Always accompany [person] outdoors. When [person] feels dizzy, let [person] rest and stay close to [person]."

However, although the service identified people's individual risks and provided some guidance to mitigate those risks, other risks that had been identified associated with epilepsy, brain injuries and behaviour that challenges, had not been assessed and the assessment did not give staff specific guidance and instructions on how to manage these risks and support the person safely. One person was noted to present with behaviours that challenge. The care plan recorded, "Carer to support [person] with concentration and focus on all support with social rules." The care plan did not give any details of the behaviours that the person may present with, any triggers or any guidance or de-escalation techniques that staff should use to support the person safely.

We asked staff about specific risks associated with people's care and support needs. Most staff were able to confirm people's known risks and how they would support the person to keep them safe. However, this knowledge had been obtained through working closely with people's relatives and observing their actions and methods on how they supported their relative with their care.

We told the registered manager about this inconsistency in assessments and gaps in information who assured us that this would be addressed immediately. Following the inspection, the registered manager sent us updated risk assessments which had addressed the issues we had found and also told us that they would review all care plans where specific information had been missed.

Staff demonstrated a clear understanding of safeguarding vulnerable adults and were able to list the different types of abuse and the actions they would take if they suspected abuse. One staff member told us, "Safeguarding is about protecting vulnerable people from abuse. It's about recognising the signs. If you see the person regularly you can understand them and their body language and report it to the office manager." Training records confirmed that staff received safeguarding training and this was refreshed on an annual basis. Staff also confirmed that they had attended safeguarding training.

Staff were also able to explain the meaning of the term 'whistleblowing' and were able to give specific examples of external authorities, such as the local authority or the Care Quality Commission (CQC), that could be contacted to report any concerns or issues where required.

Staff files demonstrated that pre-employment checks had been carried out. We looked at six staff recruitment records. Out of the six staff files, three files for staff that had been recruited since the last inspection. Records showed that the provider collected two references from previous employers, proof of identity, criminal record checks and information about the experience and skills of the individual. Staff members were not offered a post without first providing the required information to protect people from unsuitable staff being employed.

However, in one staff file, we found that a staff member had an unspent conviction that may have put people at risk. The provider's recruitment policy stated that when a criminal record check highlights any conviction or caution then a full risk assessment should be carried out to ensure that the potential staff member was able to work with people safely. A risk assessment had not been carried out in this instance. We spoke to the registered manager who told us that they had spoken to the person regarding the conviction but was unable to locate the notes of the discussion.

After the inspection the registered manager sent us evidence to show that risk assessment and control measures had been completed and the notes of the discussion they had with the staff member prior to employment.

During the last inspection, people and relatives told us that staff did not always spend the full allotted time at each care visit and that timekeeping on occasions was poor. As a result we had made a recommendation to the provider to monitor staff performance in these areas. During this inspection we found that people and relatives were much more positive about the care and support that they received and no longer had any issues around timekeeping or staff staying for the full time allocated. One person told us, "Yes always on time. Sometimes they may run five minutes late but I am not too worried." Another person said, "Yes they are mostly on time, not really late." Relative's comments included, "Yes no issue they are always on time", "Yes, they are very good never been an issue so far" and "They come on time and stay the full time, there are no issues with timekeeping."

Staff received weekly rotas which allowed for allocated travel time between each call of a minimum of 15 minutes. Where a greater distance between a call was noted, appropriate travel time was allocated. Staff we spoke with confirmed this and also told us that if they felt insufficient travel time had been allocated then they could highlight this to the office staff and rotas would be amended accordingly.

The provider used a monitoring system where staff were required to log in and out when attending to each call. However, this was not a system that alerted office staff to lateness or missed visits at the exact time of the visit. Office staff relied on people or relatives informing them when a staff member had not arrived for their allocated call or a staff member informing the office that they were running late. The system was monitored on a weekly basis by a dedicated member of office staff and where concerns with lateness or

missed visits were noted this was brought to the attention of the senior team members and registered manager to address with the particular staff member. Lateness, staying the allocated time and missed visits were also monitored through regular spot checks and supervisions. The provider was in the process of looking at a system that would allow them to monitor staff out in the community on a real time basis which would support the provider in minimising and eliminating lateness, missed visits and ensured that staff were completing the full allocated time of each call.

Records confirmed that all staff who were involved in medicine administration had received training in medicine awareness. Once the training had been completed, senior staff members assessed the competencies of each staff member to confirm the knowledge had been embedded through a competency assessment. People and relatives confirmed that staff supported them appropriately with all aspects of medicines administration. One relative said, "They give the tablets to my mum and she will take them herself. They are there just to remind her to take them. There has never been any issue about it." A second relative stated, "Yes they do the medicines, there is a blister pack and they make sure she has taken her tablets."

We looked at Medicine Administration Records (MAR) for four people and found that these had been completed appropriately and according to the provider medicine policy and procedure. There were no gaps in recording. Each person's MAR recorded the person's name, date of birth and any known allergies. The chart then listed all medicines that the person had been prescribed, the required dosage and the frequency of administration. Staff were required to sign the MAR with the appropriate code depending on the support that had been provided which included prompting or administration.

All care staff had full access to personal protective equipment at any time when required. We observed that care staff were able to come to the office and collect any supplies that they required.

Requires Improvement

Is the service effective?

Our findings

People and relatives told us that they were happy with the staff that supported them and were confident in their skills and abilities when providing care and support. One person when asked if they felt staff were skilled and experienced told us, "Yes I do. I think they are really good." Another person commented, "Yes I think so, they give me bath alright and listen to me, ask me if I'm okay. It's fine." A third person said, "They do what they need to do, they do it properly."

Relatives feedback included the following comments; "Yes I do. In fact I think they are wonderful the way they talk to her and make sure she's calm and happy. We couldn't ask for more", "Yes they are well trained. It shows in their confidence and in their behaviour. Their manner is very professional. [Person] is confident with them and safe with them" and "Yes they are trained enough, when a new carer comes they watch the old one, so they know what to do, we have watched her and the carer watches and learns how to use the hoist." However, despite these positive comments there were some aspects of the service that were not always effective.

At our last inspection on 18 February 2016 we found some staff had not received refresher training needed to provide care and support to people appropriately. These training included moving and handling, infection control, dementia and medicines.

At this inspection we found that staff had received recent training in medicines, safeguarding and moving and handling. The service had also introduced the care certificate and records showed some staff had started this training in duty of care and privacy and dignity. The care certificate is a set of standards that health and social professionals should abide by when providing care and support to people. The registered manager told us that they planned to train all care staff members on the care certificate covering all of the standards over the forthcoming months.

However, despite this improvement, we found that staff had still not received refresher training in all mandatory topics such as first aid, infection control and health and safety. Records showed that out of the 51 care staff, seven staff had last received training in health and safety in 2012 and eight staff had yet to receive training in this area. Eight staff had last received training in first aid and fire safety in 2012 with one staff having last received both these training in 2010 and eight staff yet to receive training in these areas. Seven staff had last received training in infection control in 2012 with one staff having last received this training in 2010 and eight staff to yet receive this training in this area. Seven staff had last received training in equality and diversity in 2012 with one staff having last received this training in 2010 and eight staff to yet receive this training in this area.

Records also showed that the service supported people with brain injuries, autism, diabetes and epilepsy. Training had not been provided to staff in these specialist areas to ensure people received care and support in a safe and effective way. Twelve staff had not received training in dementia and some staff required refresher training in this area as some staff had last completed this training in 2013.

Records showed that the three staff members recruited since the last inspection had completed induction training and this covered important aspects in infection control, equality and diversity, health and safety and fire safety.

Nine staff members that we spoke with about the training that they had received from the provider all confirmed that they received regular training and were also able to demonstrate basic knowledge in the areas of diabetes and epilepsy. However, the source of this knowledge and information that staff demonstrated was not from the training they had received but from relatives and family members of the people that they supported.

Although the provider had taken steps to meet the breach in Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, in relation to the provision of adequate training and support, we found at this inspection that the provider had not made adequate provisions to ensure that staff received relevant and appropriate training or were sufficiently skilled to ensure the safe and effective provision of care and support.

This was a continued breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

During this inspection the provider explained the plans in place address these identified issues. The service had recently recruited a care coordinator, whose responsibility would be to focus on training management. We spoke to the care coordinator who confirmed that part of their job role would be to review training needs. The care coordinator had identified the issues we found during the inspection and was working towards creating a system to ensure staff received regular refreshers and to identify areas where further training was required.

Following the inspection the registered manager sent us an updated training matrix to evidence that all staff would complete the fifteen standards of the care certificate and also be trained in specialist areas such as epilepsy and diabetes over the next two months.

During our last inspection on 18 February 2016 we found that staff had not been receiving regular supervisions and appraisal. At this inspection, we found improvements had been made.

Records showed that the service maintained a system of appraisals and supervision. Individual one-to-one supervisions were provided as per the provider's supervision policy and at these supervisions staff were able to receive feedback about their performance and also discuss any concerns and training needs. Appraisals were scheduled annually and we saw that staff had received their annual appraisal in 2016. One element of regular supervisions were carried out by care supervisors who spot checked staff whilst working at a person's home. Records showed that spot checks were being carried out regularly and the results were communicated to staff and also incorporated into supervisions. The spot checks covered areas such as punctuality, communication, conduct and approach.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack mental capacity to do so for themselves. The Act requires as far as possible people make their own decisions and are helped to do when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. People can only be deprived of their liberty to receive care and treatment when this is in the best interests and legally authorised under the MCA.

We checked whether the service was working within the principles of the MCA. Records confirmed that people had signed their care plan consenting to the care and support that they received. Where people were unable to sign, relatives had signed the care plan on the person's behalf. Risk assessments recorded people's capacity and where someone was assessed as lacking capacity this had been appropriately documented with guidelines on how the person was to be supported where necessary.

All staff demonstrated a basic understanding of the MCA and were able to describe how they always obtained consent when undertaking any care and support task as well as the actions they would take if they noticed any significant change in a person's behaviour or in the ability to make decisions. One staff member told us, "We still ask for consent. People have the right to decide what they want." Another staff member said, "You have to tell them what you are doing and you have to listen to what they want."

People and relatives also confirmed that staff always sought consent when supporting them and their relative and where changes were noted in a person's behaviour this was always reported to the relative and to the office in a timely manner. One relative when asked if the person receiving care was able to consent to their care and whether they were involved in making decisions told us, "For the most part she can. Every now and again she may not be feeling well enough to and the carers usually know what to do otherwise they will call me and ask me."

Care plans detailed people's likes and dislikes as well as any particular requirements in relation to their dietary needs. One section of the care plan assessed and recorded people's nutritional and hydration needs. This included information about any religious beliefs as well as specific information where someone had been assessed by the speech and language therapist to requiring a soft diet.

We spoke to people and relatives about the support people received with their nutrition and hydration. Feedback from relatives where this support was provided included, "For the most part they don't do any cooking. But sometimes when I am not available they will heat up a meal I have cooked. Never had any problems" and "They help with breakfast and lunch. They always ask her what she wants to eat."

People's medical and health conditions and needs were well documented within their care plan. Staff knew the people they supported and were able to tell us about their specific care needs and how they supported them with this. Where required, staff told us that they would call the GP or other healthcare professionals if they had any concerns. We saw evidence of communication between the office and healthcare professionals where concerns had been noted by staff and referrals had been made so that people were supported to receive the appropriate care.

Good

Is the service caring?

Our findings

People and relatives were complimentary of the care and support that they received and confirmed that they and their relative were always treated with kindness and compassion. People's comments included, "Yes, they are very caring. Just little things like the way they talk to me" and "Oh yes, of course, very nice and really care. Always asking if I'm okay and talking to me and I feel very happy with them." Relative's feedback when we asked them if they felt staff were caring included, "Yes I really do. They are all understanding and helpful. They respect [person] and really look after her", "Yes they are very kind and respectful, one carer is excellent, her communication is good she really likes her" and "Yes they are very caring, respectful and genuinely care."

People and relatives told us that they had built positive and caring relationships with the staff that supported them. One relative said, "I treat them like they are my family." Another relative stated, "Yes they are very caring. They talk to my [relative], cheer her up if she is sad, they will occupy her, watch television with her. Their company is important for her. She trusts her [staff]."

Hopscotch Asian Women's Centre provide support to any person referred to the service but predominantly specialises in supporting people from the Bengali community. People and relatives told us that where they received care and support from staff that could speak their own language, this was of extreme benefit as it meant that people received care and support from staff that could fully understand their needs and requirements especially as English was their second language. In addition, despite their specialism, one relative who was not from the Asian community commented, "We are [name of community] and there is no issue with culture at all. They have a huge respect for us as they are mostly Bengali and Asian. They care as individuals, it's one of the most difficult jobs in the world and they really care."

People and relatives told us and records confirmed that they had been involved in all aspects of the planning of their care and support package. One relative told us, "She [person] does have a care plan, they do accommodate us and our views are listened to." Another relative stated, "Yes there's a care plan, they always run it past me, it's agreed with me and it works."

Staff demonstrated a good level of understanding about equality and diversity and told us about how people with different needs due to disability, race, and sexual orientation or from different backgrounds should be supported with their care. One staff member told us, "It is not my business. Each person is human. This is what I believe. I just have to do my job." Another staff member explained that they knew that each person was different and would have different needs. They informed that us that they would treat everyone equally regardless of race, sexuality and religion.

We asked staff about their understanding of promoting people's independence. One staff member told us, "I try to ask them [people] to do small things by themselves such as if they want water, I will encourage them to do it themselves and explain the benefits of doing it themselves." Another staff member stated, "I ask the person 'Can you help me?' but only if it is safe to do so."

People and relatives told us that staff treated them with respect and always maintained their privacy and dignity. One person, when asked about privacy and dignity told us, "Yes, when I'm in the bath, they close the door and cover me so I'm not too naked." Another person said, "Yes I think so. They are really good." Relatives feedback included the following comments, "They walk her into the bath, shut the door for her privacy, dry her but parts she will do with their help and prompting, they're very good with her", "Yes I think they look after her really well. They always take her into the bedroom when she needs help getting changed" and "Yes he seems okay with the carer, they give him a bath and it's a confined space and they are always with him, they can't leave him as he can fall easily."

Staff also gave examples of how they supported people to maintain their privacy and dignity. Comments included, "I don't disclose any personal information unless the client is in danger", "When going to someone's room, I will knock on their door and wait for them to answer before going inside" and "I make sure that when I help someone with bath, then it is private and no one can see."

Good

Is the service responsive?

Our findings

Relatives that we spoke with were confident about raising a complaint or concern and knew who to speak with when and where required. Relatives were very complimentary with some telling us that they had not had the need to raise a complaint and where a complaint had been raised this had been dealt with appropriately and in a timely manner. Comments we received included the following, "Yes about three years ago, it was about a care worker and they changed the carer. They did listen and it was resolved easily", "No real complaints, I was anxious about the timekeeping once but it was dealt with quickly. I'm a satisfied customer" and "Yes, I would ring up the office and talk to someone there. They always answer the phone or call me back in a timely manner."

Records showed that appropriate actions had been taken when complaints were received. The records detailed the nature of the complaint and the action taken. There was a complaint policy in place, which detailed how people could complain and the action the provider would take to respond to the complaint. Staff told us they were aware on how to handle complaints. They told us they would record the complaint and then report to the manager. However, we noted that complaints were not being analysed for patterns and learning to identify the actions needed to minimise the risk of reoccurrence. The provider told us that they had started to record complaints electronically with the view that incoming complaints would be analysed for learning and making continuous improvements.

Pre-service assessments were completed for each new referral that the service received. As part of the assessment, the service collated information about the person, their health and medical needs and the care and support they required. The assessment also involved identifying any known risks associated with the person and their care and support so that the service would be able to provide information and guidance to staff to ensure all risks were reduced or mitigated. A copy of the care plan was then kept at the person's home for staff to refer to.

Care plans provided detailed information about the person, their medical conditions, likes and dislikes, choices and wishes and a background history. One section called 'Lifestyle of the service user' provided information about who the person was, had they been married, did they have any children, the job they used to do as well as information about what things they liked to do and what were there interest and hobbies. This gave staff information about the person which was personal so that the staff member could begin to understand the person and build a relationship with them rather than just focusing on the care tasks that needed to be completed. One relative told us, "[Staff member] knows how to engage her and chat to her and really understands her."

Care plans were reviewed on a regular basis depending on the needs of the person and when those needs were known to change. Care plans that we looked at confirmed this. The registered manager confirmed that at a minimum all care plans were reviewed on a six monthly basis with the person and their relatives. One relative told us, "I think it's reviewed six monthly or yearly, if we need anything we can always tell them."

We saw a number of examples of how the service had responded to people's care and support needs.

Examples seen included a staff member that had contacted a community group for a person at risk of social isolation to potentially involve the person in activities. Another staff member had contacted the local authority to find out if they offered a handy man service for a person in need of help with repairs. A third staff member had contacted the local authority to help connect a person with a podiatrist to help with nail care and a fourth staff had contacted the local authority to find out if they could assist with locating a hairdresser to cut a person's hair in their home as this was outside the service's remit. The person had not cut their hair for a long period of time and did not want to go to the hairdressers. As the local authority was unable to assist, the service located a barber and encouraged and escorted the person to the hairdressers and subsequently the person had their hair cut.

The provider told us that they always tried to allocate regular staff members to a package of care so that people received care and support from a consistent team of staff with whom they could establish a positive working relationship with. People, relatives and staff confirmed this. One person told us, "I have the same carer, she's good and nice." Comments from relatives included, "There are a pool of carers which are familiar. A small nucleus five to six of them. [Person] recognises them; she has a giggle with them" and "There's a rota system, two to three familiar ones, very good."

Staff members were required to complete daily notes after the completion of each call. This noted the time of arrival, the time the staff member left, the staff members name and tasks that had been completed during the call. Staff also noted any significant information that was linked to the person in terms of their health or any actions or instructions for the next care staff attending the next call. Recording was seen to be consistent.

Requires Improvement

Is the service well-led?

Our findings

People and relatives knew the registered manager and all senior staff within the office and felt able and confident to contact them whenever they had any issues or concerns to discuss. One person when asked if they knew the manager told us, "Yes, I have the phone numbers and my family can call them for me if I need to speak with them but I don't really need to." Relatives told us, "The manager has come out twice to see us. We speak Bengali and we can call the office and they have Bengali speakers in the office. [Person] can call the office too, it's important that we have this. There is always someone in the office" and "We get calls from the office to see if everything is okay, they do spot checks too. [Name of care co-ordinator] in the office is great. I couldn't ask for more. 100%. I would call the office, they are very responsive and listen." However, despite this positive feedback there were some aspects of the service that were not well-led.

At the last inspection on 16 February 2016, we found that the provider was in breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 as the provider did not adequately assess and monitor the quality of the services provided in order to learn and make improvements to the services people received. During this inspection we found that the provider had made significant improvements and had implemented a number of systems and processes to ensure that the quality of service was monitored regularly and where issues were noted these were addressed and appropriate improvements made.

The provider had introduced a number of quality assurance systems in place to ensure that people and relatives were continuously able to give feedback about the service that they received. Quarterly quality assurance reviews were held with people or their relatives about the service and about the staff that provided personal care to them. The reviews covered important areas such as care, attendance, punctuality, tasks, complaints and satisfaction. The registered manager told us the results of the reviews were followed up with staff and discussed at their next supervision. Immediate actions had been listed following the outcome of the telephone reviews. A comment from one relative included, "[Persons] carer is really good in handling her. Very pleased with carer."

Annual questionnaires were also sent to people and relatives who received personal care from the service. The surveys were carried out by an external company. We saw the results of the recent questionnaires, which included questions around safety, time-keeping, staff behaviour and relationships. The overall feedback was generally positive. Comments from the survey included, "Generally very happy with carer" and "Much happier with service than I was a year ago." Records showed that the results of the survey were analysed and sent to people. The provider told us that an action plan had not been created from the results of the survey to identify if improvements could be made and that the results of the survey was provided to local authority at their request. However, the provider also acknowledged that the results of the survey could be used by the service to support learning and the implementation of improvements to ensure high quality of care was being delivered.

We saw records confirming bi-monthly care plan audits, Medicine Administration Record (MAR) checks, daily recording sheet checks and spot checks of all staff as part of their supervision programme. All checks

completed by the care supervisors were then sent to the registered manager to review and confirm that all actions had been addressed.

The registered manager explained that at the beginning of every month each of the care supervisors were given a report that provided an overview of all supervisions, care plan, annual appraisals, risk assessments and six monthly reviews that were due for that month. Records showed that this was then overseen by the registered manager as part of care supervisor's supervision to ensure that these were being actioned.

The provider also showed us records of reports that were sent to the local authority on a quarterly basis. This included information and overview on how many safeguarding concerns the service had received, the number and detail of complaints and or compliments received and any recorded lateness and missed visits. This information was analysed with the local authority with a view to making improvements.

However, despite the positive work that the provider had undertaken in order to meet the requirements of the Health and Social Care Act 2008, issues that we had found around the provision of training at the last inspection had still not fully been met. The provider had failed to ensure that all staff had been provided with the appropriate training and skills to carry out their role effectively which has resulted in a continued breach of Regulation 18 of the Health and Social Care Act 2008. This breach has been clearly explained under the section 'Effective.'

In addition we also found some concerns around the assessments of people's individualised risks where the provider had not assessed specific risks and provided sufficient information or guidance on how to mitigate or reduce risks to ensure people's safety. These concerns have been further explained under the section 'Safe.'

Staff told us that they felt supported in their role and felt able to contact the registered manager or office staff at any time with any concerns or issues. They also confirmed that they received regular supervision and training which was relevant to their role. One staff member told us, "All of them are good. Any problems I can always go to them." Another staff member stated, "Very good, they [managers] are very supportive." A third staff member said, "My manager is very good, everyone is good."

Staff confirmed that they attended regular team meetings. Records seen confirmed that regular team meetings took place across all staffing levels. Weekly office staff meetings were held for staff that were responsible for administrative duties. At these meetings staff discussed topics such as client and carer updates, policies, training, finance and office issues. Care staff meetings were held quarterly. At these meetings, staff were provided with updates on service users, any concerns, attendance, punctuality and care planning. Senior management meetings were held on a bi-monthly basis. At these meetings members of the management team discussed the operational aspects of the homecare service such as staffing, recruitment and finance.

There were procedures in place to ensure any accidents or incidents involving people who received a service were recorded and action taken. The records detailed the nature of the incident, employee explanation, location and the outcome. Staff were aware of these procedures, and the need to record and report any such events without delay. However, the accident and incidents were not being analysed for patterns and learning to identify the actions needed to minimise the risk of re-occurrence. We highlighted this to the provider who confirmed that they would look into this with a view to making improvements.

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 18 HSCA RA Regulations 2014 Staffing The provider had not ensured that staff received such appropriate training and professional development as is necessary to enable them to carry out the duties they were employed to perform.