Caring Moments Limited

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Inspection report

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Date of inspection visit:
05 July 2017
11 July 2017

Date of publication:
05 September 2017

Ratings

Overall rating for this service	Requires Improvement

Is the service safe?	**Requires Improvement**
Is the service effective?	**Good**
Is the service caring?	**Good**
Is the service responsive?	**Requires Improvement**
Is the service well-led?	**Requires Improvement**

Summary of findings

Overall summary

Caring Moments provides personal care and support to people living in their own homes. When we inspected on 5 and 11July 2017 there were 23 people using the service. This was an announced inspection. The provider was given up to 48 hours' notice because the location provides a domiciliary care service and we needed to know that someone would be available.

A registered manager was not in post. 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. A general manager had recently been appointed at the service and their application to register with CQC had been submitted.

At our comprehensive inspection of 20 October 2016, we rated this service as inadequate and placed it in 'Special Measures'. We found there were breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Improvements were needed regarding safe management of medicines, safe care and treatment, person centred care and good governance. A warning notice was served to the provider for failing to provide people with safe care and treatment. In addition a positive condition was placed on the provider's registration to submit to CQC a monthly report of the actions taken to improve the quality of the service.

The provider submitted an action plan to us about the measures they were taking to address the concerns found at the last inspection. This included medicines errors, continuity of care, recording shortfalls, ineffective oversight and governance arrangements, not responding appropriately to people's concerns and poor quality of care provided. We received monthly progress reports which showed the provider was making the improvements needed.

During this inspection we found a breach of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, in relation to fit and proper persons employed. Robust recruitment procedures were not in place. You can see what action we told the provider to take at the back of the full version of this report.

Since our last inspection there had been several managerial changes. This had impacted on the quality of service provision and progress on implementing the provider's action plan. During this inspection we found a new manager had been appointed and worked closely with the provider and this had led to the overall quality of the service improving. The provider's action plan for the service was being further developed to ensure that progress was continued, sustained and drove improvement. This included a number of measures to improve the overall quality and stability of the service. For example the recording and auditing within safe management of medicines and people's care records and the coordination of people's visits. However at the time of our inspection not all of these measures were in place for us to assess their impact. These measures need to be fully embedded and sustained within the service to drive continued improvement.

Progress had been made regarding the safe management of medicines with new documentation in place and further training provided for staff. Records seen showed no unexplained gaps but it was too early to assess the impact and effectiveness of the medicine audits as these were being implemented.

People and their relatives were complimentary about the care provided; stating communication in the office had improved. They praised the current manager for addressing the previous concerns around continuity of care and were confident in their ability to address any issues.

There was a more positive culture in the service which meant that care workers were aware of the values of the service and understood their roles and responsibilities.

Improvements were ongoing to ensure people's care records reflected personalised care which was regularly reviewed and amended to meet changing needs. People and/or their representatives, where appropriate, were involved in making decisions about their care and support arrangements.

A complaints procedure was in place and the majority of people knew how to raise their concerns if they were unhappy with the care they received. There was mixed feedback from people about their experience of the complaints process; not everyone felt their concerns had been properly addressed by the previous managers, but were positive about the impact of the new manager and their ability to deal with any issues. Improvements were needed to ensure people could report their concerns, with their feedback valued and used to improve the service.

Systems were in place which provided guidance for care workers on how to safeguard the people who used the service from the potential risk of abuse. Care workers understood their roles and responsibilities in keeping people safe and actions were taken when they were concerned about people's safety. They were confident in how to report concerns internally but not all care workers could describe how to escalate issues externally. Improvements were needed to ensure all employees understood the whistle blowing process and how to report concerns to external agencies.

Procedures and processes provided guidance to care workers on how to ensure the safety of the people who used the service. Risks to people were assessed and managed appropriately to ensure that people's health and well-being were promoted.

There were sufficient numbers of care workers to meet people's needs. They had received supervision and training to support them to perform their role.

Care workers understood the need to obtain consent when providing care. They had completed training in relation to the Mental Capacity Act 2005 (MCA). Procedures and guidance in relation to the Mental Capacity Act 2005 (MCA) were followed which included steps that the provider should take to comply with legal requirements.

Where care workers had identified concerns in people's wellbeing there were systems in place to contact health and social care professionals to make sure they received appropriate care and treatment. Where required people were safely supported with their dietary needs

This service had been in Special Measures. Services that are in Special Measures are kept under review and inspected again within six months. We expect services to make significant improvements within this timeframe. During this inspection the service demonstrated to us that improvements have been made and is no longer rated as inadequate overall or in any of the key questions. Therefore, this service is now out of

Special Measures.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement

The service was not consistently safe.

Robust recruitment procedures were not in place.

The service acted appropriately to ensure people were protected.
Care workers received training and understood their roles in recognising and reporting any signs of abuse. However improvements were needed to ensure all care workers knew how to report concerns to external agencies

Improvements had been made to the recording and auditing systems for the safe management of people's medicines but these were not fully embedded to assess their overall quality.

People received continuity of care from care workers that were known to them. Improvements had been made and were ongoing to ensure there were enough care workers to meet people's needs.

Is the service effective?

Good

The service was effective.

Care workers received supervision and training to support them to perform their role.

People told us they were asked for their consent before any care, treatment and/or support was provided.

People were supported to maintain good health and had access to appropriate services which ensured they received ongoing healthcare support.

Is the service caring?

Good

The service was caring.

People and their relatives, where appropriate, were involved in making decisions about their care and these decisions were respected.

People were supported by care workers that were kind and compassionate.

People's independence was promoted and respected.

Is the service responsive?

Requires Improvement

The service was not consistently responsive.

Improvements were needed to ensure people's feedback was acted on, valued and used to improve the service.

Improvements were ongoing to ensure people's care records reflected personalised care which was regularly reviewed and amended to meet changing needs.

Is the service well-led?

Requires Improvement

The service was not consistently well led.

Processes were in place to monitor quality and to drive improvements within the service. However, further improvements were needed to some of these processes to ensure they were effective in identifying and responding efficiently to address any shortfalls.

The leadership team were approachable and had a visible presence in the service.

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Detailed findings

Background to this inspection

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

This inspection was carried out on 5 and 11 July 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 a senior member of staff would be available on our arrival. The inspection was carried out by one inspector and an expert by experience. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Before the inspection, the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make.

We reviewed information we had received about the service such as notifications. This is information about important events which the provider is required to send us by law. We also reviewed all other information sent to us from other stakeholders for example the local authority and members of the public.

We spoke with the provider's nominated individual and finance director, the general manager and five care workers. With their permission we met with three people and one person's relative in their own homes on 11 July 2017.

The telephone interviews with people who used the service and their relatives were carried out by the inspector and an expert by experience. We spoke with 13 people who used the service, and three people's relatives. In addition we received comments about the service provided from four community professionals.

To help us assess how people's care needs were being met, we reviewed six people's care records. We also looked at records relating to the management of the service, recruitment, training, and systems for monitoring the quality of the service.

Requires Improvement

Is the service safe?

Our findings

At the last inspection of 20 October 2016, we rated this key question inadequate. Risk assessments were not accurate or regularly reviewed to provide care workers with guidance on how risks to people were minimised. Robust systems were not in place to ensure safe and effective management of medicines. The provider submitted an action plan and monthly updates to CQC on how they would address these shortfalls. We found that progress had been made and was ongoing to address the shortfalls found at the last inspection. However these improvements need to be sustained and fully embedded within the service. During this inspection we found recruitment processes were not robust and needed improving. We have rated this key question requires improvement at this inspection.

Recruitment processes were not robust and did not follow best practice. This put people at risk of receiving unsafe care. Although Disclosure and Barring Service (DBS) checks had been carried out on all staff to help the provider make safer recruitment decisions and prevent unsuitable people from working with vulnerable groups, there were inconsistencies with the staff personnel records. None of the four staff personnel files we reviewed were complete. All had missing information, for example no personal or professional references to demonstrate they were of good character. There were no completed application forms or information about the education and employment history for two members of staff. There were unexplained gaps in the employment history for two other members of staff. None of the four files contained interview notes or documentation to reflect their suitability for employment.

Improvements were needed to establish safe and robust recruitment systems, including the provision of accurate information and guidelines on the safe employment of fit and proper persons.

This is a breach of Regulation 19 Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

People's care and support was planned and delivered in a way that was intended to ensure their safety and welfare. Improvements had been made to people's care records. This included individual risk assessments which identified how the risks in their care and support were minimised and covered areas such as nutrition, medicines, and pressure ulcers. The format of these records had been developed with the local authority's provider support team. Where people who were vulnerable as a result of specific medical conditions, such as diabetes and Parkinson's, there were clear plans in place guiding care workers as to the appropriate actions to take to safeguard the person concerned. Healthcare professionals had been involved in the development and review of risk assessments and the content reflected people's needs. Care workers had clear information about how to manage risks and confirmed they were accurate and regularly updated. These measures helped to ensure that people were enabled to live their lives whilst being supported safely and consistently.

Improvements had been made and were ongoing for the safe management of medicines. This included implementing new medication administration records (MAR). This documentation provided clear instructions to care workers about people's medicines such as the dosage and how and when to administer. Information about the possible side effects of people's medicines was also included in their care records.

Additional training on how to correctly complete the new MAR charts had been given to care workers as well as refresher training to ensure best practice when providing people with their medicines. One care worker said, "The paperwork is much better; less complicated, easier to fill in and you can see straight away if something has been missed and can let the office know." Records seen showed no unexplained gaps in people's documentation.

As part of ongoing improvements' a medicines audit tool had recently been developed to check that care workers were correctly completing the MAR's in line with best practice. However we were unable to assess the impact and effectiveness of this at the time of the inspection as it had not been implemented into practice. The management team shared with us the template and we saw that the audit included checking for gaps in records and where medicine errors had occurred space to document the actions taken to address any concerns.

The majority of people self-administered their own medicines. Where people managed their own medicines there were systems in place to check that this was done safely and to monitor if their needs had changed or if they needed further support.

Those people who required support told us they were satisfied with the way that their medicines were provided. One person said, "My tablets are given to me by [care worker] together with a glass of water. They wait with me then write to say I've taken them in the records." Another person said, "The carers record everything, I see them sit down and do their records." When asked if they felt safe with the carers supporting them with their medication they said, "Yes, excellent." A relative shared with us the effective arrangements in place for managing their relative's medicines. This involved the service and local pharmacy working together which they described as, "Well controlled." They confirmed the care workers gave the medication to their relative and this was, "Recorded in the red folder [person's care plan]."

Competency spot checks to check care workers medicines practice had been carried out by the management team and were ongoing. Where issues had been identified additional training and support for care workers where required was provided.

We were encouraged by the measures that the provider had taken to address the concerns previously found with the safe management of medicines. However these measures will need to be fully embedded into the culture of the service to ensure people consistently receive safe quality care.

In response to the previous issues around punctuality and continuity of care from the last inspection, people told us they had seen significant improvements since the introduction of the new manager. One person said, "I usually have the same carers come to me. When there is a change, [manager] will let me know." Another person said, "Things have settled down; got much better, [manager] is very organised and got things in order. I get a weekly [rota] so I know who is coming and when. I have my usual carers so am much happier now." A third person said, "My carers are usually on time. Much better now. If there is a problem the office will let you know. Communication is much improved; the manager is on the ball and lets you know what is going on." A fourth person shared their positive experience about having regular care workers stating, "It's all absolutely fine, yes mostly they arrive on time, they come when their round permits."

Records showed that since our last inspection the number of missed and late calls had significantly reduced. These were now monitored by the management team with actions taken when issues occurred. This included further support for care workers or making changes to rotas and visit times in consultation with people who used the service. This gave the management team effective oversight of the service and helped them to address issues in a timely manner. At the time of the inspection there were no double assist

[support from two care workers] visits to people which helped the service to manage the number of visits with the number of carers employed.

People told us their care workers stayed the allocated time and they felt safe in their company. One person said, "I always feel safe; they [care workers] are good to me very decent and trustworthy. I know everyone that comes; never been a stranger at my door." People told us that the care workers wore their uniforms and identification badges so they were assured that the people arriving to their home were representatives of the service. People also said that the care workers made sure that they secured their homes when they left, which made them feel safe and secure. A relative said, "All the carers turn up here smart and well equipped to do their job. We feel totally comfortable and secure leaving them [staff] in the house with [person who used the service]."

Systems were in place to reduce the risk of harm and potential abuse. Records showed that concerns were reported appropriately and steps taken to prevent similar issues happening. This included providing extra support such as additional training to care workers when learning needs had been identified or following the provider's disciplinary procedures. Care workers had received up to date safeguarding training. They were aware of the provider's safeguarding adults and whistleblowing procedures [the reporting of poor practice] and their responsibilities to ensure that people were protected from the risk of abuse. However whilst care workers knew how to recognise and report any suspicions of abuse internally, not everyone was able to describe how they would externally report their concerns to the appropriate professionals who were responsible for investigating concerns of abuse. Further improvements were needed to embed safeguarding best practice and understanding amongst all staff.

Good

Is the service effective?

Our findings

At the last inspection of 20 October 2016, we rated this key question requires improvement. Shortfalls included no policy or procedure relating to The Mental Capacity Act 2001 (MCA). People's care records did not make reference to their ability to make decisions and there were no mental capacity assessments or best interests decisions in place where people's capacity to consent to care was in question. The provider submitted an action plan and monthly updates to CQC on how they would address these discrepancies. During this inspection we found that a MCA policy and procedure was in place and people's care records contained information about their ability to make decisions with mental capacity assessments undertaken where required. Where people had refused care or support, this was recorded in their daily care records, including information about what action was taken as a result. Improvements to address the previous shortfalls had been made and sustained and we have changed the rating to good.

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

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty were being met.

People told us they were asked for their consent before care workers supported them with their care needs for example to mobilise, with personal care or assisting them with their medicines. One person said, "They [care workers] always ask me if there's anything I want doing." Another person told us the care workers, "Always check and ask me what I need first and only do what I ask them to do." We observed this practice during the home visits, for example, when assisting people to mobilise, or when a choice had to be made care workers listened and acted on people's decisions. Care workers and the management team demonstrated a good understanding of the MCA and what this meant in the ways they cared for people. Records confirmed that care workers had received this training. Guidance on best interest decisions in line with the MCA was available to staff in the office.

People fed back to us that they felt that their care workers had the skills and knowledge that they needed to meet their needs. One person commented, "My carers know what they are doing." A relative told us they had seen an improvement since our last inspection in the competency of the care workers and they were appropriately trained to meet their relative's needs. They commented, "Yes they are now and the ones who weren't…. are gone now." Another relative told us, "All the carers are kind in nature; good at what they do including any domestic jobs you need doing. Not a problem to ask if you need something doing."

Care workers were provided with the training that they needed to meet people's needs. This included an induction before they started working in the service which consisted of the provider's mandatory training such as moving and handling, medicines and safeguarding. This was updated where required. Training

workshops for tissue viability and continence management had also been provided by health care professionals and they fed back they had been well attended. These measures meant that care workers were provided with current training on how to meet people's needs in a safe and effective manner.

People's care records had been improved and contained information sheets to guide care workers about their diverse needs and how to effectively support them. This included best practice fact sheets for example about diabetes, stroke and Parkinson's. The provider's nominated individual was also the training manager and they explained how care workers were encouraged to professionally develop and were supported with their career progression. This included being put forward to obtain their care certificate if they were new to the health and social care industry or completing nationally recognised accreditation courses and or qualifications. These measures showed that training systems reflected best practice and supported staff with their continued learning and development.

Care workers told us that the training they were provided with gave them the skills they needed to meet people's needs effectively. They said that they felt supported in their role and had seen improvements made by the manager that included regular one to one supervisions. One care worker said, "Supervisions were a bit hit and miss before, but now [manager] is here there is more structure and things are more organised. If I have a question or need support [manager] is always at the end of the phone or in the office if you need a quick word. Yes, I feel better supported now." The management team were establishing systems to provide care workers and office staff with regular supervisions and an annual appraisal of their work performance. Care workers we spoke with and records we viewed showed that improvements to address the inconsistencies around the frequency of supervisions had been made and were ongoing to ensure consistency.

Where people required assistance, they were supported to eat and drink enough and maintain a balanced diet. One person commented, "My carer [care worker] will usually make me one of those ready meals at lunch time or a sandwich. It depends what I have in the freezer or what I fancy. Today I wanted ham, egg and chips so that's what I had." Another person said, "I struggle now to make anything half decent. I much prefer it when they [care workers] rustle something up. Tastes better than I when I make it." A third person commented, "They [care workers] are very good at encouraging me to drink lots. They offer to make me a hot drink at every visit and will leave me with a glass of water or juice as well. With them around I don't go thirsty." People's records showed where concerns were identified action had been taken, for example informing relatives or referrals being made to health professionals.

People had access to health care services and received ongoing health care support when required. One person told us, "[Name of care worker] was brilliant. [They] took me to the dentist for an emergency appointment as I had a painful tooth ache. They made all the arrangements on my behalf. You can't ask for more." Care records reflected where care workers had noted concerns about people's health, such as weight loss, or general deterioration in their health, actions were taken in accordance with people's consent. This included prompt referrals and requests for advice and guidance, sought and acted on to maintain people's health and wellbeing.

Good

Is the service caring?

Our findings

At the last inspection of 20 October 2016, we rated this key question requires improvement. We were not assured that people were fully involved in the planning of their care and their views taken into consideration. The provider submitted an action plan and monthly updates to CQC on how they would address these inconsistencies. During this inspection we found that people and their relatives, where appropriate, were involved in making decisions about their care and these decisions were respected. Improvements to address the previous shortfalls had been made and sustained and we have changed the rating to good.

People told us that they were involved in decisions made about their care needs and that if they wanted, care workers would also involve their relatives in important decisions. One person told us that their care workers "Talk to me how I want to be talked to and listen to what I have to say." They went on to describe how their care workers always talked to them first before any changes were made and that they were fully involved in making decision about their care arrangements. Another person said, "[Manager] was round the other day to talk to me about my care [arrangements] and checked if I was happy with everything. No problems, I like my carers they are all so nice. We spoke about my [upcoming health appointment] I am a bit worried how I will cope. [Manager] was lovely said if I need more help [they] would sort it out. Not a problem. I was happy with that." A relative shared with us how the care workers provided people with choice about their personal care and respected their decision, "[They] are offered a shower every morning, but usually [person] prefers one a week, but they [care workers] give [person] that choice."

People and their relatives told us that their care workers were kind and caring. One person describing their care worker said they were, "Good at [their] job, gives me a lovely shower and washes my hair." Another person said about their care workers they were, "All right, lovely. Do what I want them to do. Listen to me, keep me going. We get on all right; have a laugh and a lovely chat." A third person said their care worker "Is absolutely brilliant." A fourth person shared their positive experience with us stating, "I am quite satisfied with the care, [name of care worker] is a great fellow; have a good laugh." A relative commented, "The carers [care workers] are very sweet and kind in what they do. Without the network in place including the carers to support [person]. [Person] wouldn't be able to live [in own home]. The carers enable [person] to stay here and be happy and for that I am very grateful."

We spoke with care workers about people using the service. They were knowledgeable about people's care needs and spoke about them with affection and understanding. All of the staff, including the manager and staff based in the office, spoke about people with consideration. We heard this when office staff spoke with people by telephone on the days of our visit.

People told us that the support provided by their care workers helped them to be as independent as possible. One person told us they needed help with washing and dressing, they said, "I am quite satisfied with them [Caring Moments] if it wasn't for them I would be in a muddle. I've got to know them [care workers] well now and [name of care worker] knows that I am very independent, [they] would tell you that!" We saw that people's records provided guidance to care workers on the areas of care that they could attend

to independently and how this should be promoted and respected.

The majority of feedback was positive and described how the care workers treated people with dignity and respect. One person said, "I decide if I want to have a shower or not and yes they respect that." Another person told us, "I look forward to seeing my carers [care workers] they are a nice bunch. They are polite, kind and very respectful." Where feedback was less complimentary this related to historical issues which people told us had since been addressed.

People shared examples with us about how they felt that their privacy was respected. This included closing curtains and doors and using towels to cover them when supporting people with personal care to maintain their dignity. One person talking about their experience of receiving personal care said their care workers, "Were sensitive to my discomfort and embarrassment and good at putting me at ease." Another person said, "I am treated properly. My dignity is always intact. Carers [care workers] are respectful." A relative commented, "The carers [care workers] are always polite to my [relative]. Never raise their voices or use bad language. They always maintain [person's] privacy when they [provide personal care]."

Requires Improvement

Is the service responsive?

Our findings

At the last inspection of 20 October 2016, we rated this key question requires improvement. People's care records did not provide the information care workers needed to provide personalised care. Their care plans did not reflect their current needs as they had not been reviewed in a timely manner. A robust complaints system was not in place and people did not always know who was coming to provide their care. The provider submitted an action plan and monthly updates to CQC on how they would address these shortfalls. During this inspection we found that some progress had been made, people had continuity of care through regular care workers and weekly rotas were in place to inform people in advance which care workers were coming. The provider had worked closely with the local authority to address the shortfalls with people's records. This included regular reviews of care records and implementing new documentation to provide care workers with information to support them to provide individualised care. Despite the implementation of a complaints system inconsistencies still remained with how people's feedback was acted on. The improvements made were not fully embedded therefore the rating remains requires improvement.

People told us that improvements had been made to ensure continuity of care. This included having regular care worker/s. They said they were satisfied with the care provided which was responsive to their needs. One person said, "I see my regular carers [care workers] and they know how I like things done." Another person commented, "Now I have my regular carers [care workers] I don't have any problems. They all know me and I am used to them. I don't have to repeat myself they [care workers] know what I like and don't like. The problems occur when I have a carer [care worker] who I don't know and they don't know me. It gets really tiring having to go over everything. This used to happen all the time but in recent months things have settled down."

Improvements had been made and were ongoing to people's care records. The service was working closely with the local authority to establish personalised, outcome based care and support plans for people. At present people's records identified their specific needs and how they were met. The records provided guidance to care workers on people's preferences regarding how their care was delivered. This included information about their preferred form of address and the people that were important to them. A care worker said, "The care plans have had a big overhaul; much more detailed and person centred. There is more information now about people's needs and what we [care workers] need to do to support them." Conversations with people, relatives, care workers and records seen reflected that people's records were regularly updated.

The management team explained how they were developing the care records further. This included details on people's life history, experiences, hobbies and interests, to provide care workers with information about the individual and subjects they could talk about when providing care. A relative shared with us the positive impact this had to the well-being of their relative, describing how one care worker who knew that their relative had in an interest in air guns would often look through associated magazines and talk to the person about their hobby. This had developed their relationship and understanding.

Despite some inconsistencies in people's care records not being signed by the person or their representative

to document their agreement to the care arrangements. People's records reflected how they were involved in decisions made about their care needs and that if they wanted, care workers would also involve their relatives in important decisions. One person said, "Yes I had a long chat with the manager and I said I would prefer earlier calls in the morning and that's what I have." Another person told us, "The manager popped by the other week to check how I was getting on. We agreed to a longer call in the morning as I wasn't able to do as much as I used to since a fall the other week. The changes are working well; I don't feel rushed." A relative shared with us how they had been included in discussions about increasing the number of daily visits following a recent fall for their relative. They said they had felt reassured by the process and that their relative was making good progress since the additional visit was added. They said, "Things are much better. So much so I feel able to leave [relative] in their [care workers] capable and safe hands and pop out sometimes. I was really worried [person] would need to go into a home as they were really low; confidence had been badly affected from the fall. When [manager] suggested we try adding an extra visit I wasn't sure it would work but it has and I am so relieved."

A satisfaction survey enabling people to comment on their care and the service they received had not been carried out. This was a missed opportunity to gather people's feedback and use their comments to improve the service.

We found inconsistences in people's experiences of voicing their concerns. There was mixed feedback about the complaints procedure. Not everyone was aware of how to raise their concerns if they were unhappy with the service. One person said, "I don't know what I would do." Some people told us of occasions within the last six months when they had tried to do this and it had not been a positive experience. One person said, "I am not sure what I would do. Been so many different managers. The current one seems to be really good and has time for you. [Manager] came round and checked on things, made sure I am happy. [Previous managers] were not so good. Very rude, didn't care. Had no time for you." Another person said, "In the past I have not had much joy when I have rung the office, communication is a big problem. Not sure if my messages got passed on or if they [office staff/management] just didn't care. Maybe that's why they didn't return my calls. I felt like I was a nuisance." A third person said, "The new manager is good and turning things around. I ask to speak to [them] if there is anything wrong. I know they will sort it all out." Another person said, "I asked for a change in a carer [care worker] we didn't get on. I wasn't really happy with the care I got from them. I was worried it would be a problem but [manager] said they would take them off my rota and they did. [Care worker] doesn't come here anymore."

The management team provided assurances that the inconsistencies we had found with people voicing their concerns and providing feedback would be addressed. They acknowledged that the staffing changes, including at management level, had impacted on aspects of the service and they were committed to making improvements within the agency. They had identified that historically complaints had not always been dealt with appropriately and they had made changes to the complaints process which included them being made aware when concerns were escalated. In addition they were reviewing their feedback processes to capture informal comments and suggestions. These would then be used to monitored and used improve the service and avoid further reoccurrence. However they acknowledged that these improvements had not been effectively communicated to people and would take immediate action.

Records showed that recent complaints received about the service had been dealt with in line with the provider's complaints processes, with actions taken to avoid further reoccurrence and to develop the service. This included additional internal communications, providing care workers with additional training or taking disciplinary action where required. The ongoing improvements need to be fully embedded within the service to ensure people's feedback is valued and acted on.

Requires Improvement

Is the service well-led?

Our findings

At the last inspection of 20 October 2016, we rated this key question inadequate. Roles and responsibilities in leadership and management of the service were not clearly defined. Robust systems were not in place to effectively monitor and evaluate the safety and quality of the service to drive continual improvements. The provider had not ensured that the service was operating effectively to ensure that people were receiving safe and effective care at all times. The provider submitted an action plan and monthly updates to CQC on how they would address these shortfalls.

During this inspection we found that improvements had been made and were ongoing. Job descriptions for the management team were in place and a nominated individual for the provider had been identified. A new manager had been appointed and their application to register with CQC had been submitted. They worked closely with the provider and this had led to the overall quality of the service improving. The provider's action plan for the service was being further developed to ensure that progress was continued, was sustained and drove improvement. This included a number of measures to improve the overall quality and stability of the service. For example the coordination of people's visits, recording and auditing within safe management of medicines, and people's care records and the coordination of people's visits. However at the time of our inspection not all of these measures were in place for us to assess their impact. These measures need to be fully embedded and sustained within the service to drive continued improvement. We were encouraged by the progress made and have changed the rating to requires improvement.

There had been several managerial changes since our last inspection. A registered manager had not been in post since 21 April 2016. Historically this had impacted on the quality of service provision, an increase in reported safeguarding concerns and contributed towards ineffective governance and oversight arrangements. The current leadership team comprising of the manager, provider's nominated individual and finance director were a visible presence within the service and were proactive and positive when errors or improvements were identified. They were able to demonstrate how lessons were learned and how they helped to ensure that the service continually improved. Although they acknowledged further improvements were still needed, to ensure that new systems, processes and expectations of responsibilities were embedded, we found that this to be a positive change within the culture of the service.

People told us about the ongoing improvements the leadership team were making and were positive about the changes that were being made. They were particularly complimentary about the current manager and their approach. One person said, "[Manager] is fantastic, works really hard to get things right. Good communication will ring you back when they say they will and listens. They have tackled things head on and not shied away. Previous managers were no good and nothing ever got resolved. Was going to leave but [manager] convinced me to stay and I am glad I did." Another person said, "Never knew who was in charge, managers came and went. Some looked very unprofessional and tardy. Not a good image for a company to have; implies you don't care. It was very chaotic and badly run but so much better now. I have regular carers and when I ring the office they are polite and pleasant. Communication is much better. The new manager is lovely." A third person said, "The current manager is very good. Very approachable and understanding. They listened to my issues and sorted it all out. Very happy now." A fourth person commented, "[Manager] is

brilliant, [they have] turned the place around, it got so bad I thought it might close down." A relative shared with us their experience of the improvements stating, "In the last six months they've [Caring Moments] been more reliable, they [office] call me if a carer [care worker] is going to be late. [Manager] will give me a ring about meetings, we've had a couple of meetings about the care plan but [relative] leaves most of it to me. I've never felt the need to move to another agency."

The management team explained the improvement actions that had been made and were ongoing to address the issues concerning continuity of care. This included active recruitment to increase the number of care workers, investment in a Freephone telephone number so staff and people using the service could contact the service, not taking on visits that required double assists which added pressure on existing resources, implementing a system to monitor visits and escalate to the office/ on call staff when there was a late or missed visit so swift action could be taken. These measures had led to a reduction in the number of missed and late visits. These improvement measures need to be fully embedded to ensure people receive a quality service that is responsive to their needs.

Feedback from a social care professional commented positively on the ongoing improvements stating, "The management team have demonstrated a commitment to making the necessary improvements particularly with developing people's records and ensuring people have continuity of care through regular carers who understand their needs. It is very much a work in progress but moving in the right direction.

The service was working towards embedding an open and supportive culture. The leadership team, office staff and care workers were clear on their roles and responsibilities and how they contributed towards the provider's vision and values. Care workers said they felt that people were involved in the service and that their opinion counted. They said the service was well-led and that the manager was approachable and listened to them. However formal satisfaction surveys for gathering views of the service from staff, relatives and people who used the service had not been carried out. This was a missed opportunity to assess the quality of the service, independently identify areas for improvement and act on people's feedback. The management team advised us they were planning to work with the local authority to develop their quality assurance systems including satisfaction surveys and internal audits.

Staff meeting minutes were carried out but improvements were needed to show that employee feedback was encouraged, acted on and used to improve the service. Minutes reflected a one way conversation with little input from care workers. Despite this care workers told us they felt comfortable voicing their opinions with one another to ensure best practice was followed.

The service worked in partnership with various organisations, including the local authority, community nurses and, GP surgeries to ensure they were following correct practice and providing a high quality service. One social care professional commented, "I do believe Caring Moments are moving forward and [the management team] are taking on board the advice given."

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 19 HSCA RA Regulations 2014 Fit and proper persons employed Improvements were needed to establish safe and robust recruitment systems, including the provision of accurate information and guidelines on the safe employment of fit and proper persons.