Reline Care Ltd

Barking Enterprise Centre

Inspection report

Barking Enterprise Centre
50 Cambridge Road
Barking
Essex
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Ratings

Overall rating for this service	Requires Improvement

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

Summary of findings

Overall summary

This comprehensive inspection took place on 14 February 2018 and was announced.

Barking Enterprise Centre (Reline Care Ltd) is based in the London Borough of Barking and Dagenham. This service is a domiciliary care agency. It provides personal care to people living in their own houses and flats. It provides a service to older adults.

Not everyone using Reline Care receives regulated activity; the CQC only inspects the service being received by people provided with 'personal care'; help with tasks related to personal hygiene and eating. Where they do we also take into account any wider social care provided.

Our last inspection report for this service was published on 26 May 2017 and we rated the service as 'Inadequate.' This was because we found breaches to Health and Social Care Regulations in relation to safeguarding people from abuse, receiving consent to care from people, recruiting fit and proper persons, providing person centred care, providing safe care and treatment, supporting staff and the overall governance and management of the service. In addition, the provider had also breached conditions of their registration to notify the CQC of serious incidents.

We placed the service 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.

At the time of our latest inspection, 59 people were using the service, who received personal care. The provider employed 36 care staff, who supported people with personal care living in the local community.

The registered manager was committed to improving the service and had demonstrated the work they had carried out since the last inspection. We saw that improvements had been made in ensuring people were safeguarded and protected from abuse; staff, who were fit and proper persons, were recruited appropriately; staff were provided with training and were supported in their roles; people were provided with person centred care and their consent to care was sought, in accordance with the Mental Capacity Act 2005. The provider also notified us of serious incidents and safeguarding concerns.

However, despite the improvements, we found there were still some on-going issues because people were not always provided with safe care at the times that they had been assessed for as some people's visits by care staff were late or were missed. This placed people at risk of neglect because staff were not being deployed effectively to meet people's needs at the assessed times. Care staff did not always follow procedures to provide safe care when transferring and moving people. This meant people were at risk of harm or injury.

Complaints about the service were responded to appropriately and in a timely manner. However, some people we spoke with did not feel they had access to the necessary information to help them make a complaint. This meant that there was not an accessible system for identifying complaints to help further improve the service.

Staff had received an induction and training to ensure the service they provided to people was effective. They were able to shadow experienced staff in order for them to carry out their roles effectively. However, staff gave us mixed responses about the length of their induction and we recommend the provider looks into this.

Therefore, the provider's quality assurance systems and processes were not always effective in identifying all shortfalls in the service to assess, monitor and improve the quality and safety of the service. Therefore, we have now rated the service 'Requires Improvement'.

The service had a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered care homes, 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.

People had their individual risks assessed and staff were aware of how to manage these risks.

The provider was compliant with the Mental Capacity Act 2005 (MCA). Staff had received training and were knowledgeable of the principles of the Act. People's capacity to make decisions about their care and provided their consent was assessed.

Staff were supported with regular supervision by their managers. They told us that they received support and guidance from the registered manager and other senior staff. They could approach the management team with any concerns they had.

The provider had sufficient numbers of staff available to provide care and support to people. Staff had been recruited following pre-employment checks such as criminal background checks, to ensure staff were safe to work with people.

When required, staff prompted people to take their medicines and recorded this in daily logs. Staff had received training on how to manage medicines safely.

People's care and support needs were assessed and reviewed regularly to ensure people always received appropriate support based on their current needs. People were listened to by staff and were involved in their care and support planning.

The provider worked with health professionals if there were concerns about people's health. People were registered with health care professionals, such as GPs and staff contacted them in emergencies.

People were supported to have their nutritional and hydration requirements met by staff, who provided them with meals and drinks of their choice, when they requested.

People told us they were treated with dignity and respect when personal care was provided to them.

Care plans were person centred. They provided staff with sufficient information about each person's

individual preferences and how staff should meet these in order to obtain positive outcomes for each person.

The provider used technology to manage and monitor the service, such as an online call system to check staff attendance and timekeeping when supporting people.

The management team carried out regular monitoring checks on staff providing care in people's homes. This ensured they followed the correct procedures and people received safe care.

Feedback was received from people and relatives to check they were satisfied with the service. The management team ensured lessons were learned following serious incidents.

We found two breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. You can see what action we told the provider to take at the back of the full version of the report.

Full information about CQC's regulatory response to the more serious concerns found during inspections is added to reports after any presentations and appeals have been concluded.

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. People had experienced missed calls from care staff and staff did not always follow safe care procedures, which put people's health at risk.

Risks to people were identified and assessed to ensure staff were fully aware of them when providing care to people.

Staff understood how to safeguard people from abuse. They were aware of their responsibilities to report any concerns.

A recruitment procedure was in place to ensure staff were suitable to support people safely.

Staffing levels were sufficient to ensure people received support to meet their needs, although staff were not always deployed effectively.

People received their medicines safely when required and staff received training on how to do this.

Is the service effective?

Requires Improvement

The service was not always effective. Staff received up to date training and support through regular supervision meetings. However, we have recommended that the provider ensures induction programmes for new staff are more consistent.

The requirements of the Mental Capacity Act (MCA) 2005 were followed.

Assessments of people's needs were carried out to ensure effective outcomes for their care. Changes in people's care needs were updated in their care plans.

People were supported to visit could health professionals to ensure they were in the best of health. Staff supported people with their nutritional requirements.

Is the service caring?

Good

The service was caring.

People and their relatives had involvement in the decisions made about their care.

People were treated with respect and dignity by staff when they received personal care.

Staff were familiar with people's care and support needs.

Staff had developed caring relationships with the people they supported.

Is the service responsive?

Requires Improvement

The service was not always responsive.

There was a complaint procedure in place and complaints were investigated. However, some people were not aware of the complaints process because they did not have sufficient access to the information.

Care plans were person centred and reflected each person's needs and preferences.

People's care needs were reviewed and monitored by staff.

Is the service well-led?

Requires Improvement

The service was not always well led. There was a quality assurance system in place. However, this did not always identify shortfalls such as the issues we found during our inspection.

Staff received support and guidance from the management team.

People and their relatives were provided with opportunities to provide their feedback on the quality of the service.

Barking Enterprise 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 was planned to check whether the provider was 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.

The inspection took place on 14 February 2018. This was an announced inspection and we gave the registered provider two days' notice before we visited. This was because it was a domiciliary care agency and we wanted to make sure that the registered manager, or someone who could act on their behalf, would be available to support us with our inspection. The inspection team consisted of two inspectors and two experts by experience, who made telephone calls to people who used the service. 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, we reviewed the information we held about the service and provider. The provider had completed and sent us a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, such as what the service does well and improvements they plan to make. We looked at statutory notifications sent to us by the provider. A notification is information about important events which the provider is required to tell us about by law. We also contacted health and social care commissioners for their feedback on the service.

During the inspection, we spoke with the registered manager, the deputy manager, the registered provider, a care coordinator and four care staff. We spoke with 13 people who used the service and nine relatives. We also visited one person who received care in their home.

We looked at ten people's care records and other records relating to the management of the service. This included six staff recruitment records, training documents, rotas, accident and incident records, complaints, health and safety information, quality monitoring and medicine records.

Requires Improvement

Is the service safe?

Our findings

In our last inspection report, published in May 2017, we found that the provider did not ensure people were provided with the care that they had been assessed for at the correct times. Where two care staff were required to assist a person, also known as 'double handed calls,' only single care workers had covered the calls. In addition, we found that missed visits had taken place whereby care staff did not attend care appointments and people complained that care workers arrived very late to their visits. The service had responded to these issues after the last inspection, by increasing the monitoring of care packages and changing call times to ensure the risk of missed visits and lateness was minimised.

However, at this inspection we found that despite a number of significant improvements in the service, some issues still remained. Records showed that some people experienced missed calls in January and February 2018. On one occasion, a person's care worker did not arrive for their scheduled visit and was unable to be contacted. The relative notified the provider and cancelled the visit because it was too late for a new care worker to cover their family member's call. The registered manager contacted the person to apologise for the incident. On the day of our inspection, one person we spoke with told us care staff had not arrived to provide care for them the previous day. They said, "Yesterday, I should have had some visits. I only had one. I have phoned the agency this morning to see what the problem was and to make sure that hopefully this does not happen again." We addressed this with the management team and the deputy manager who was investigating told us they had contacted the care worker for an explanation and were due to meet with them on the day of our inspection. The deputy manager said, "There was a mix up of rotas and it seemed the carer did not read their rota correctly and was not aware that they had to visit [person] on that day."

Care staff were usually monitored by senior staff, based in the office, who checked that care staff had attended their calls by using an online call monitoring system. People were required to be kept informed by senior staff if their carer was running late or were delayed for their visit. Rotas showed the days and times care was to be provided to people. Staff received their rotas two weeks in advance. The deputy manager told us the rota was devised to ensure the care worker had enough time to travel in between visits. Staff we spoke with told us they had time to support people and travel between visits. They said the provider allocated staff to people living close to each other, to minimise travel time. A staff member told us, "Yes, there's enough time because we have our clients close together and this cuts down on the time on transport."

However, people and relatives had mixed responses about the safety and reliability of the service. One person said, "No, we don't really feel safe in their care. They never arrive at the same time, sometimes they turn up late. They are not good carers." Another person told us, "Some arrive on time, some are always late. If they are not here, what should I do? No I don't feel safe not with some of them." A comment from a third person was, "Some of the carers are rude and turn up late." More positive comments from other people included, "Yes, the carers arrive on time. Yes, I feel safe in their care, they are nice" and "Yes, I feel safe in their care. They more or less arrive on time. I usually have the same carer."

Daily records and call logs confirmed that most staff completed their tasks and calls for the scheduled times. Staff logged in and out of visits by using the person's telephone with their permission. An alert would be generated on the online system to notify the management team if the staff arrived more than 15 minutes late or had not attended the call. If the person did not have a telephone, staff would complete timesheets. Cover arrangements were made when staff were unavailable to provide care to people. For example, if there were staff absences, the management team, ensured they found cover staff, even at short notice. The provider had an out of hours on call system in place should people and relatives require assistance in the evenings or at weekends. Staff were able to contact the on call staff, who were on duty during out of office hours and weekends, in case of an emergency.

In the instances of the missed visits, the management teams did not identify them through the online call monitoring system. They were only able to identify them after people had notified the registered manager or during routine checks by staff when they phoned people to see if their care worker had arrived. This meant that systems within the service were not operating effectively to prevent the neglect of people through missed or late visits. The registered manager told us they were analysing the frequency of delays to people's care and missed visits and would take action to minimise these risks. Although the management team had acknowledged the errors and had taken any necessary action, there was a failure from the provider to ensure people had received or were receiving care at the agreed times. People's care needs were put at risk, as they were left without the required care that they had been assessed for.

At the time of our inspection, the senior staff visited people's homes to ensure staff were following safe and correct procedures when delivering care. We saw monitoring and spot check records, which are observations of staff to check that they were following safe and correct procedures when delivering care. Staff checked that care equipment they used was safe so that they could deliver effective care and support. They reported any faults with equipment to the office. Where a person required assistance getting out of bed or a chair, two staff were required to work together in order to move the person safely, using equipment such as hoists.

However, one person who required two people to assist them with moving and transferring using a hoist, did not receive this support on more than one occasion because care staff were not arriving together. The person commented, "Carers are not always together. One person comes along and then the other. One is either too early or the other is too late." This delayed the person's care and led to one staff supporting the person instead of waiting for their colleague. The provider's guidelines for carers to use a hoist safely stated, "Use a minimum of 2 carers for the task." It meant people were put at risk of unsafe care because equipment was not being used correctly and could cause injury to the person. The registered manager told us they would take action by reminding staff to communicate with each other when attending double handed calls together and provide additional training. Staff would also be advised to wait for the other care staff if they were running late, before attending to people. This meant that the rota system was not always effective. Staff were not always being deployed appropriately to ensure they were able to meet people's care needs on time.

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

At our last inspection, we found the provider to be in breach of the regulations to safeguard people from abuse and improper treatment. This was because the provider had inadequate systems to investigate allegations of abuse and they were not appropriately escalating concerns to the appropriate regulatory authorities. Staff and managers did not have a sufficient understanding of abuse. At this inspection, we saw that improvements had been made and the provider was taking the appropriate action to notify the relevant

authorities of any allegations of abuse. There was a safeguarding policy and procedure in place, as well as a procedure for whistleblowing. The safeguarding policy clearly stated how to raise a safeguarding alert and who to contact. In addition, the whistleblowing procedure was clear in explaining who to contact in the relevant circumstances, should staff have concerns about the provider that they wish to report in confidence.

We spoke with the registered manager and staff who were able to distinguish between the two procedures. One staff member said, "It's about protecting people from harm and abuse and making sure they are not at risk." Furthermore, staff told us that when they went into a person's home, they "Looked for signs and asked the person if there was anything bothering them or making them afraid."

We looked at records of two on-going safeguarding concerns. We found the provider had acted appropriately and effectively in both cases, working with the local authority, the person and their representatives to keep the person safe. We were able to confirm this by examining records held in the provider's safeguarding file and by speaking to a member of staff, who had initially reported an allegation of possible neglect. The staff member was able to explain the incident and talk us through theirs and their line manager's subsequent actions.

Other staff we spoke with told us that they had completed safeguarding training. They showed a clear awareness of the safeguarding process they would follow if they were concerned that someone was being neglected or abused. We looked at the provider's training records which confirmed all staff had undertaken safeguarding training. This meant that staff had the knowledge and awareness of how to protect people from abuse. We saw that this training was reviewed annually.

At our last inspection, we found risks to people who received care and support were not adequately identified during assessments of their needs. Risk assessments in place were unclear and inconsistent and did not contain suitable guidance for staff on how to reduce risks. At this inspection, we saw that improvements had been made to risk assessments. During assessments of people's needs, we saw that risks were identified and strategies were put in place, which identified any risks to the person using the service and to the staff supporting them. These included risks associated with the person's moving and handling, their home environment, nutritional requirements, skin integrity and if the person was at risk of falls. Risk assessments also included environmental risks and any risks due to the health and support needs of the person.

There were action plans in place and there was information for staff on how to manage and reduce risks to keep people safe. Risk assessments formed part of the person's care plan and there was a clear link between care plans and risk assessments, which meant that they contained consistent and up to date information. The risk assessments and care plans included clear instructions for staff to follow, to reduce the risk of harm occurring. For example, one person's risk assessment stated they had a 'medium' risk of dehydration and care staff were required to, "Encourage [person] to eat and drink as much as possible and observe fluid intake. Leave drinks within reach of [person] for them to take."

At our last inspection, we also found issues with the management of medicines because Medicine Administration Records (MAR) for each person did not detail which medicines were prescribed for them, when they were to be given, the dosage and any specific instructions, such as how they needed to be taken. The provider's medicine procedures required further work to ensure staff followed the correct and safe procedures when administering people's medicines.

At this inspection, we spoke with the registered manager about how they had improved this area. We saw

that they had updated the provider's policy and procedure on medicine administration. The procedure involved categorising medicine administration into three levels. Level one was described as administering from a blister pack or prompting the person to do it themselves and level two involved giving the person their individual medicines. Level three administration was for more complex tasks such as providing injections to people who were diabetic, which the provider referred to district nurses. The care support staff were trained to administer medicines to people from level one and two once they had completed their medicines training.

We saw that each person's care plan contained MAR charts. We looked at ten people's medicine records to check that they were up to date, had been completed appropriately and were signed by the staff administering the medicine. We found that all MAR charts were up-to-date and accurate. They now contained the names of the medicines prescribed for the person, when they were to be taken, the dosage required and any specific instructions. All people's medicines were checked by staff when they arrived in people's homes from the pharmacy. This ensured the correct supply of medicines was delivered according to their prescription. The medicines were stored safely in people's homes, according to the person's and their family member's wishes. We saw from records that staff also checked use by dates of medicines, to ensure they were safe for the person to still use. Staff collected any expired medicines with people's permission and delivered them to the pharmacy to be disposed of.

At our last inspection, the provider was in breach of regulations to safely recruit staff who were fit and proper persons to carry out the regulated activity of personal care. This was because the recruitment practices of the provider were not thorough. At this inspection, we found that improvements had been made and safe recruitment procedures were in place. For new staff that had been recruited since our last inspection in December 2016, the provider carried out the necessary pre-employment criminal checks to find out if the applicant had any convictions or were barred from working with people who use care services. We saw that new staff completed application forms and provided two professional references. Evidence that the applicant was legally entitled to work in the United Kingdom was also obtained. Applicants were required to list their previous experience where applicable and their employment history. We saw that the recruitment process for each new member of staff followed a consistent approach and applicants provided full details of their experience and work history. The provider was employing 36 staff at the time of our inspection.

At our last inspection, the provider did not have sufficient staff numbers to able to meet people's needs. We found that due to the reduced number of care packages the provider was taking on, there was now sufficient numbers of staff to support people. Staff we spoke with at this inspection told us they felt there were enough staff to meet people's needs.

Infection control procedures were in place to help protect staff and people who used the service. Staff told us they used hand sanitisers, gloves, shoe covers and aprons, to prevent the risk of infections spreading when they provided personal care. The management team and staff were aware of what actions to take in the event of accidents or incidents occurring. We saw records of serious incidents that had taken place. The provider was committed to learning from incidents to ensure that there was continuous improvement and people using the service remained safe. At our last inspection, the provider had not been submitting notifications of serious incidents, which providers registered with the CQC must do by law. At this inspection, we found that the provider ensured that the registered manager notified us of serious incidents and safeguarding concerns that took place in the service.

Requires Improvement

Is the service effective?

Our findings

In our last inspection report, published in May 2017, we found breaches of regulations around training. Staff were not supported with the training required to perform their roles for which they were employed. Staff were not confident in explaining the principles of important topics, such as safeguarding people from abuse and assessing people's capacity to make decisions. Staff were not assessed appropriately to determine whether they had the competency to perform their roles safely.

At this inspection, we saw that improvements had been made. People and relatives told us staff met their individual needs and that they were satisfied with the quality of care they received. One person said, "The carers are all well trained." Another person told us, "Yes, the carers are well trained and yes, they will help you do things that you need them to do." A relative said, "The carers are good, but I think that they need to be training up in more depth with shadowing and keeping more regular carers with the service user."

We saw records of training that had been completed by staff and competency assessments to enable them to provide safe and effective care. Topics included medicine awareness, infection control, safeguarding adults, food hygiene, Mental Capacity Act (2005), dementia awareness and moving and handling. Staff told us there was a programme of induction, which involved training in the office and shadowing experienced staff. We saw records of shadowing that had taken place for new staff to assess whether they were ready to start working on their own. Staff said they had found the induction useful.

However, there were inconsistencies with what staff told us about the induction process. One staff member told us they had received three days of training in the office and two days of shadowing. A second member of staff told us they had received one day induction training in the office and shadowed on two occasions, for one hour and one and a half hours respectively. Records showed that staff inductions varied in length for some staff. This meant not all staff received induction training that was consistent or completed their induction thoroughly. We spoke with the deputy manager about this, who told us that inductions usually lasted up to four days and a further two days of shadowing was provided. They said, "Staff will start work depending on their competency and the feedback we receive from the assessor and the service user."

We recommend the provider reviews the induction programme to ensure all staff receive the same level of mandatory training required to enable them to carry out their roles effectively.

Care Certificate standards were incorporated into the training. The Care Certificate is a set of 15 standards and assessments for health and social support workers who are required to complete the modules in their own time. Staff that completed the standards or a diploma, received a certificate to show they had a qualification in health and social care. A training schedule showed that staff had received recent training or were due to receive refresher training, which helped keep their knowledge and skills up to date and in line with current legislation.

Staff told us they felt supported in their role. One staff member said, "It's a good service, I like working with people. The agency is fine and they give me training." Another staff member told us, "I feel supported there's

no problems with the carers or staff." Staff told us they had supervision sessions with senior staff at the service. They told us supervision meetings took place monthly and were useful because they could "share any concerns." Supervision meetings, where staff have the opportunity to formally discuss any issues or concerns with their line manager, are a requirement for providers of health and social care. Records confirmed that supervision meetings took place regularly. Staff that had been working for the provider for more than a year, were due an annual appraisal to discuss their overall performance. We saw that these had been scheduled when they were due.

At our last inspection, the provider was in breach of the regulations around obtaining consent to care because they were not working within the principles of the MCA. 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. We checked that the provider was now working within the principles of the MCA. We saw the provider had taken steps to assess people's capacity to make decisions about their care. When people were assessed as having capacity, their consent to care was recorded. Where people were assessed as lacking capacity to consent to care, information on power of attorney and/or deputyship was requested from the local authority. In such cases, permission for care was agreed by family members, whilst the provider waited for the local authority to organise a best interests meeting. The registered manager was able to confirm this by showing us correspondence between the provider and the local authority.

The management team and staff we spoke with were all able to describe the principles of the MCA. Staff informed us they had recently attended training on the MCA and records confirmed this. We saw that training was reviewed annually. Staff were aware that the service must always act in the best interests of the person when they lacked capacity. One staff member said, "If the person lacks capacity about their ability to make decisions or their well-being, I will still give them the opportunity to consent or make choices. I talk to the family and other professionals and work within that."

The provider received referrals from the local authority who referred people that required assistance with personal care at home. We saw pre-assessments of people that required support, which set out the needs of the person. Discussions were held with other health or social care professionals for further information to determine if the service can support people with support and care. The provider then produced their own care plan based on the outcomes the person wished to achieve and ensured they were in line with recognised health and social care guidelines.

Since our last inspection, the provider had devised new assessment forms. We spoke with two staff members specifically with regard to the new assessment format. Both stated the assessments and subsequent care plans and risk assessments were easy to follow and gave them confidence to work with people who used the service and keep them safe. One staff member stated, "One leads to another, when a risk is identified, there is an action plan in the same document, in each person's file, to assist us to keep people safe."

People were supported to have their nutrition and hydration requirements met and staff told us they supported people with heating their meals and shopping. A staff member told us, "I have to support one person to eat and another person to go shopping." One relative said, "The carers do [family member's] lunch and I do their evening meal." A person told us, "If I want something to eat, then yes they will cook or prepare meals." People's care was planned and delivered to maintain their health. Records confirmed that people's relatives and their GP were informed of any concerns raised about people's wellbeing or health. Staff told us

if someone they were supporting became unwell they would "inform the family, office, call the ambulance." One staff member said, "I would find out what's wrong with them, look at their symptoms. I would call the ambulance if it is serious or I would call the office."

Good

Is the service caring?

Our findings

In our last inspection report, published in May 2017, we recommended the provider looked into incorporating people's culture, religious beliefs and sexuality into care plans. We saw that this was now in place in care plans and people were able to express any religious or cultural beliefs they had, as well as their sexuality, should they wish to. Staff had an understanding of how to treat people equally, irrespective of their race, sexuality, age or gender. Staff we spoke with told us they had received equality and diversity training and were respectful of people's personal preferences and their religious beliefs. A staff member said, "I work within what is expected to maintain people's human rights and their culture." Another staff member told us, "I respect their home and the culture of their home. Where they are of different religion to me, I respect that. I have one person who goes to church and I help them to get ready for church and have everything they need because this is what they want to do. I respect it."

People and relatives told us that care staff treated them with respect and kindness. One person said "Yes the carers are kind to me and respect my privacy and dignity. She is nice and I am happy. She is a good carer." Another person told us, "Yes the carers respect my privacy they treat me with dignity and yes the carers are kind to me."

Staff told us they had a good understanding of all people's care needs and personal preferences. People and their relatives confirmed they usually had the same staff providing care. This helped with consistency and enabled people to have a positive relationship with care staff. A relative told us, "Yes we have the same carer visiting each day." Another person said, "The carers are mostly on time. I have the same carers."

People and relatives told us they felt comfortable with staff who visited them regularly. A relative told us, "We had two carers who always came and they were very nice." Other comments from people and relatives included, "Yes they are friendly enough. Yes they are gentle when supporting me with my personal care"; "I think they do respect [family member's] privacy" and "Yes I think they do respect his dignity and are gentle with his personal care. [Family member] is very old fashioned and so the carers don't muck about."

People's health and care needs were assessed in consultation with either the person or relatives. Each person had a copy of their care plan in their home, which contained details of what support people wanted for each part of the day, such as in the morning and in the evening. It identified their specific needs and how they were to be met. People and their relatives were involved in making decisions about the person's care plan, such as any changes. They signed the plans to evidence that the contents of the care plan was discussed and agreed with them. One person said, "My [relative] is involved with my care plan and deals with the carers."

People required assistance from staff for most of their needs, although they were supported to remain as independent as possible. Staff told us they promoted people's independence and offered choices. One staff member said, "I ask them what they want me to do very patiently and wait for the answer. For example, I support someone who has dementia and ask them at least three times what they want to eat, to make sure they're happy with their choice." Another member of staff said, "You can't just choose for them. So you ask

them about clothes for example you show them the items and get their preference."

People's privacy and their homes were respected by staff. Staff told us they entered people's homes by ringing the doorbell or using a 'keysafe', before announcing themselves and greeting the person or their relatives. A 'keysafe' requires a passcode for entry into a person's home and care staff were given permission to access the code and enter at the required times. One person said, "Yes the carers respect my privacy. I wash myself." Staff told us they treated people with dignity and respect and that this was demonstrated in the way they spoke with them. One staff member said, "People have to be spoken with calmly, respectfully and nicely as I would want to be spoken to. I don't want them to be upset but happy." Another staff member said, "I always ask people before I do anything and always keep them covered up when doing their personal care. Treat people the way you would want to be treated." A comment from one person was, "Yes they are kind, treat me with dignity and are gentle."

Staff told us they respected people's confidentiality and their personal information by not sharing this with anyone else. They said, "You don't talk about people with anyone else." Another staff member said, "I keep things confidential. Even family members don't need to know things, if the client doesn't want them to and we respect that." People's personal information and care plans were filed securely in the provider's office, which showed that the provider recognised the importance of people's personal details being protected. Staff said they were aware of confidentiality and adhered to the provider's data protection policies.

Requires Improvement

Is the service responsive?

Our findings

In our last inspection report, published in May 2017, we found the provider to be in breach of regulations to ensure people were provided with person centred care. This was because we found that people's care plans were not personalised, were too task focused and contained insufficient information for care staff to be able to meet people's needs and preferences.

At this inspection, we found improvements had been made and that care plans reflected people's care needs in more detail. The registered manager told us they had worked with a consultant and re-written people's care plans and risk assessments. At our inspection, we looked at ten people's care plans and assessments. We found the revised format of the care plans easy to follow, they were written in a person centred manner and were appropriate to ensure people's needs were met.

People we spoke with confirmed that they had a care plan. They contained the person's likes, dislikes, a section on their 'life history' and some details about their preferred daily routines. For example, one person's care plan said, "I like to read books and watch TV. I love traditional British food. I used to have an active social life and went to pubs and parties." This information helped people receive a personalised service and enable staff to respond to people's requests and needs. Care plans were reviewed monthly and updated to reflect people's changing needs when they occurred.

The provider had a complaints procedure in place. Records showed that after a formal complaint was received, it was investigated by senior staff or the registered manager and a response was written, in a timely manner, informing the complainant of the outcome of an investigation.

Some people told us that when they were unhappy with the service, they would contact the office or make a complaint. One person said, "If ever a problem with the agency I call the agency and they deal with it." We spoke to the registered manager about how people could receive information in a way that they could understand. We saw a 'service user guide' that contained easy to read information on what the service could provide and how to contact the provider if they wanted to make a complaint. One person said, "Yes I get information that is easy to understand, like leaflets."

However, most people we spoke with told us they were not aware of the complaints process and were not sure they knew how to make a complaint. For example, some people said that they were not always contacted by the provider when their care workers changed. Comments from people included, "No the agency don't contact me if they are making changes or if the carers are sick or running late. I like it when I have the same person"; "No the agency do not let me know if they change carers" and "When they have a new carer they introduce them but sometimes it is just a surprise." We asked people if they knew how to complain to the provider about these issues. One person said, "No, I don't know how to complain and I haven't received any information." Another person told us, "No, I don't know how to complain." A third person said, "No we don't know how to complain. We didn't want the first carer as she used to come late. Now we have a new one and she didn't turn up on Tuesday. No we don't understand information. They don't always speak good English. The new carer does not talk at all." Staff we spoke with were also not

familiar with the complaints procedure and were not confident that they could assist people with complaints.

We recommend that the provider seeks best practice guidance on communicating changes to people's care and ensuring they are provided with the information they need to help them make complaints.

People and relatives told us the service was responsive to their needs and they were satisfied with the level of care they received. A relative said, "We have four carers who are good and consistent. We have just had a review of [family member's] care plan for carers to support her with feeding." Another person told us, "They come on time most of the time and I am very happy with them." Another relative commented, "Since [family member] had a fall they have been really good and we have tried to sort things out with the carers."

People's communication needs were identified and recorded in people's care plans with guidance on how to meet those needs. Staff we spoke with told us they were able to communicate well with people and their relatives. One member of staff said, "We need to speak to the client calmly, be patient, speak clearly, look at body language and listen to them carefully."

Daily logs written by staff contained details about the care that had been provided to each person and highlighted any issues. This helped staff communicate and work together to follow up on any concerns and report on the wellbeing of each person. The records were brought back to the office and checked by senior staff to ensure they were being completed appropriately.

The management team contacted people who used the service to check that they were happy with the level of care. This ensured that care was being delivered and people were satisfied with the service and their care worker. We saw records of assessments and observations of staff who provided personal care.

Requires Improvement

Is the service well-led?

Our findings

In our last inspection report, published in May 2017, the provider was found to be in breach of regulations to operate effective systems to assess, monitor and improve the service. This was because they had not identified the shortfalls in the service that we found during the inspection. The provider and the registered manager had since carried out a thorough audit and review of the service, following their overall rating of 'Inadequate'. We noted that following the last inspection, the provider had reduced the number of care packages that were for complex care or for people with high level needs. This ensured the provider had the capacity and skills to fully able to meet people's needs and keep them safe, whilst improving the service.

During this inspection, we found a number of improvements had been made. The registered manager was supported by a deputy manager, who was appointed after our last inspection, to assist with the changes that were made. They were also supported by the provider, who we met on the day of our inspection. There were quality assurance systems in place to monitor and improve the quality of the service. We saw that spot checks of care staff took place and regular telephone calls to people were made by office staff to ensure they were satisfied with their care worker. Internal audits were carried out by the registered manager, which looked at staff supervision, training and staff call logs. The provider was actively using technology to monitor the service at all times during each week, by using an online call logging system that generated live information of care workers attending their visits, according to their rotas.

However, we found that although the provider had made changes and improvements, there were still some issues with the quality assurances processes to ensure people received safe care at the times that they had been assessed for. For example, missed visits to people, late visits or failures by 'double up' staff to attend visits at the same time, were not picked up by the management team. This could have a negative impact on people's health and put them at risk of harm. The registered manager said, "We have spoken to [person] to let us know if there are any concerns and not to let only one carer support her. The care co-ordinator is now currently working on all of [person's] tea calls to facilitate both carers attending on time."

The provider had also failed to ensure that care provided to service users was monitored appropriately, given the frequency of staff being late in recent months. Staff had missed some of their visits for avoidable reasons such as not using the correct rota. Staff were also not contactable by the management team after they had missed a visit when an explanation from them was required. The registered manager explained to us why these incidents happened and said that a system was now in place to reduce incidents such as late and missed calls. They said, "We have looked at the duty rosters to find possible causes where the carer could be persistently attending late to ascertain if it is a travelling issue, distance, or other, so we can eliminate this problem. We will also monitor the timings of all the calls to see trends so we can eliminate any issues that could lead to late visits." This meant that staff were not being adequately deployed to ensure they were able to meet people's assessed needs effectively.

Most people we spoke with did not feel they had the necessary information to help them make a complaint and staff were not sure of the complaints procedure. This meant that there was not an accessible system for identifying complaints to help further improve the service. Although improvements had been made with

quality assurance processes and some issues were identified, we found this was not effective as staff continued to be late and missed visits. Staff also gave us mixed responses about the quality of their induction training. This meant the provider's systems were not always identifying all shortfalls in the service to assess, monitor and improve the quality and safety of the service.

Most people and relatives told us the service was well-led and said they and were happy with the way the service delivered care to them. People told us that they knew who the registered manager was. One person told us, "Yes, she came on Monday and checked how I was getting on. On the whole I am good. I am happy." However, some people did not have as much confidence in the ability of the service to meet their needs. Another relative told us, "They way they do the rota is incorrect. There's a of lack communication." Other comments from people included, "The agency is good but workers are a little bit out of the ordinary and have behavioural problems"; "Yes, things need to be improved. If they say they can send somebody at 7.30am but are unable to do so, they should not say that they will." A relative said, "Once a month the manager comes to check the care plan but does not seem to want to discuss matters."

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

Staff told us the management team and office staff were approachable and helpful. They were confident they could approach the management team with any concerns. One member of staff said, "The managers are all ok, I like them and have had no problem with them." We contacted local commissioners for their feedback on the quality of the service and they told us that the service had improved since our last inspection.

Staff attended team meetings, where the management team discussed any concerns and the particular needs of people who used the service. There were general discussions in meetings to share information. Staff told us they found staff meetings useful. One staff member said, "I've been to 2 meetings everyone talks about how work should be and we get information and there is an agenda. They phone us to give notice of the meeting and we know what's going to be discussed. Then when we get there we get the notes of what we're going to talk about." The provider also distributed a newsletter to staff which contained important information, reminders and guidance such as submitting timesheets, reporting incidents and ensuring they conducted themselves professionally in their work. Incentives and rewards such as Carer of the Month were in place to promote and encourage good quality care from staff.

People and relatives completed questionnaires and feedback forms, which helped to ensure people were satisfied with the care and support that was delivered. We noted that feedback from people was generally positive. Comments included, "[Carer] is very kind, caring and gets on well with [person]. [Carer] understands her needs" and [Carer] has been amazing. I don't know how I would have coped without [carer]." Feedback from people was collated and analysed by the management team to help drive further improvements in the service.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take.We will check that this action is taken by the provider.

Regulated activity	Regulation
Personal care	Regulation 17 HSCA RA Regulations 2014 Good governance The provider was failing to take proper steps to ensure an effective system was in place to assess, monitor and mitigate the risks to the health and safety of people to improve the quality and safety of the services provided. Regulation 17(1)(2)(a)(b)(c).

This section is primarily information for the provider

Enforcement actions

The table below shows where regulations were not being met and we have taken enforcement action.

Regulated activity	Regulation
Personal care	Regulation 18 HSCA RA Regulations 2014 Staffing The provider was failing to ensure staff were being sufficiently deployed to carry out their roles to provide safe and effective care to people. Regulation 18(1)

The enforcement action we took:

We issued a Warning Notice to the provider.