Home Care For You Limited

Home Care For You Limited Blackburn

Inspection report

Suite 127 Building A
Philips Road
Blackburn
Lancashire
BB1 5PF

Tel: 01254663414
Website: www.homecare-foryou.com

Date of inspection visit:
23 October 2018
24 October 2018

Date of publication:
13 December 2018

Ratings

Overall rating for this service	Requires Improvement

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

Summary of findings

Overall summary

This inspection took place on 23 and 24 October 2018 and was announced.

This service is a domiciliary care agency. It provides personal care to people living in their own houses and flats in the community. It provides a service to older adults, younger disabled adults and children. People's care and housing were provided under separate contractual agreements. CQC does not regulate premises used for people supported in their own homes; this inspection looked at people's personal care and support. At the time of the visit there were 140 people who used the service.

The service had a registered manager in place. A registered manager is a person who has registered with the CQC to manage the service. Like registered providers, they are 'registered persons.' Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

The service was last inspected on the 10 and 11 October 2017 and 04 December 2017. At that inspection we made a recommendation that the service developed practice in relation to the application of the principles of the Mental Capacity Act. We checked on this during this inspection and found no action had been taken and no improvements had been made and this is therefore a breach of the regulations. We have also made recommendations in relation to training and action to be taken by the registered manager and provider. As a result, the overall rating for the service has deteriorated to requires improvement.

You can see what action we have told the provider to take at the back of the full version of the report.

Prior to our inspection, we received information of concern in relation to a lack of training for staff. We looked at this during this inspection and have made a recommendation regarding staff training.

Quality and safety audits were not always effective in identifying issues of concern and driving improvements in practice. We made a recommendation regarding this.

All the people we spoke with who used the service told us they felt safe. Staff told us and records we looked at confirmed, staff had received training in safeguarding. Staff knew their responsibilities to report any concerns.

Prior to our inspection, we received information of concern in relation to new staff members commencing employment without the necessary checks being carried out. During this inspection we checked if people were protected by the staff recruitment procedures. We found staff had been adequately checked to ensure they were suitable to work with vulnerable adults.

Risk assessments had been completed to ensure people were safe. Risks were reviewed on a regular basis or when these changed.

Also prior to our inspection, we received information of concern in relation to a shortage of staff and missed visits. None of the staff we spoke with had concerns about staffing levels. Feedback we received from people who used the service showed there was no concerns about missed visits. We had no concerns about staffing levels or missed visits during our inspection.

Staff we spoke with told us they received regular supervisions and appraisals and felt supported in their roles. Records we looked at confirmed that staff had regular supervisions.

Care records we looked at showed people's needs and choices were assessed prior to commencing a package of care with the service. We noted they did not ask a person's sexual orientation. We discussed this with the registered manager who told us this could be added in going forward.

We received many positive comments about the care and compassion staff members showed to people. During the inspection we did not have the opportunity to observe interactions whilst staff were supporting people who used the service. However, those staff we spoke with discussed people they supported in a kind and caring manner.

Staff told us how they ensured people's privacy and dignity was respected when they were providing support with personal care. The service also had privacy and dignity policies and procedures in place to guide staff in their roles.

We looked at audits in place within the service. We saw the registered manager had a different auditing system since our previous inspection, which was not robust. The lack of robust audits in place demonstrated why we found a number of concerning issues during our inspection.

Staff told us, and records we looked at confirmed, regular staff meetings were held. Staff told us they were able to have discussions about anything they wanted to in these meetings.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good

The service was safe.

All the people we spoke with who used the service told us they felt safe using the service. Staff confirmed they had received safeguarding training and knew their responsibilities in relation to this.

The service had robust recruitment systems and processes in place to ensure people were suitable to work with vulnerable adults.

We noted there was an accident and incident policy in place, which detailed how accidents and incidents should be managed. Records we looked at showed all accidents and incidents had been managed in line with policies and procedures.

Is the service effective?

Requires Improvement

At our previous inspection, we made a recommendation that the service developed practice in relation to the principles of the Mental Capacity Act. We checked on this during this inspection and found no action had been taken and no improvements had been made.

Staff were not always sufficiently trained in specialist subjects to provide safe, effective care.

Records we looked at confirmed staff had received an appropriate amount of supervisions and had also had direct observations undertaken with them in their roles.

We considered how the service used technology to enhance people's care and support. We saw a new monitoring system [which was being used in conjunction with their existing system] was being trialled to see if this improved service delivery.

Is the service caring?

Good

The service was caring.

We received many positive comments from people and their

relatives about the care and compassion staff members showed to them. Whilst we did not have the opportunity to observe staff, those staff we spoke with talked about people in a kind and caring manner.

One relative we spoke with, told us how pleased they were that the staff supporting their family member could speak their language. This promoted effective communication.

Personal records, other than those available in people's homes, were stored securely in the registered office.

Is the service responsive?

Good

The service was responsive.

People received personalised care that was responsive to their needs. Care plans in place were current and detailed and provided clear directions for staff on the level of support required.

Staff we spoke with were aware of the complaints policy and procedure in place. All the staff we spoke with knew how to respond if someone wanted to make a complaint. Complaints that had been received had been dealt with in line with policies and procedures.

Records we looked at showed that the service had considered if people who used the service needed information in another format, such as larger print, or in another language.

Is the service well-led?

Requires Improvement

The service was not always well led.

As noted in the 'effective' section of this report, the registered manager failed to act on a recommendation we made at our last inspection.

We found the service worked in partnership with other agencies to enhance the services they delivered.

Auditing systems in place were not sufficiently robust to identify the issues we found on inspection.

Staff we spoke with told us they had staff meetings and were able to have discussions within these. Records confirmed these meetings were held on a regular basis.

Home Care For You Limited Blackburn

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 took place on 23 and 24 October 2018 and was announced. We gave the service 24 hours' notice of the inspection because it is a domiciliary care agency and the registered manager is often out of the office. We needed to be sure that they would be in.

The inspection team consisted of two adult social care inspectors and an expert by experience. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service, in particular older people.

In preparation for the inspection, we reviewed the information we held about the service such as notifications, complaints and safeguarding information. We obtained the views of the local authority safeguarding and contract monitoring team and local commissioning teams. We also contacted Healthwatch to see if they had any feedback. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England.

The provider was not asked to submit a Provider Information Return for this inspection. This is information we ask providers to send us to give some key information about the service, what the service does well and improvements they plan to make.

We reviewed a range of records about people's care and the way the service was managed. These included the care records for five people, medicine administration records, staff training records, five staff recruitment files, staff supervision and appraisal records, minutes from meetings and records relating to the

management of the service.

We spoke with five people who used the service and eight relatives to gain their feedback on the service. We also spoke with the registered manager, managing director, training manager, reviewing officer, two co-ordinators and two staff members. With the consent of the person, we also visited one person in their home to look at their medicines records.

Good

Is the service safe?

Our findings

People who used the service told us they felt safe. Comments we received included, "I am certainly safe and comfortable at all times with the care workers", "All the care workers make me feel welcome. They do make me feel comfortable and safe", "I have no issues with safety. They always make me feel welcome, that is the regular and cover staff", "Oh yes, I definitely feel safe. They are brilliant" and "Very good indeed. Always safe and comfortable."

Relatives we spoke with told us, "All our care workers are wonderful with my family member. My family member always feels safe and very comfortable in their presence", "My relative always feels safe and comfortable with all the care workers that come to see him", "The care workers are good. They have a good relationship with my family member. She always feels safe and comfortable. [Family member] has a disability and the care workers make that effort to have a good relationship with her" and "The regular care workers are brilliant. My family member always feels safe and comfortable."

We reviewed how people were protected from abuse, neglect and discrimination. Staff we spoke with told us they had received training in safeguarding. They commented, "Yes, we have had safeguarding training, I have done it recently. It has to be done every 12 months as there is always new stuff coming in" and "For safeguarding we have had lots of recaps in training, it is really important." All the staff we spoke with knew their responsibilities to report any concerns and were able to tell us who they would report to.

Records we looked at confirmed safeguarding training was undertaken every 12 months. This was done in a classroom, on a face to face basis. Staff also had access to safeguarding and whistleblowing policies and procedures to guide them in their roles.

We looked at how risks to people's individual safety and well-being were assessed and managed. We found risk assessments were in place in relation to areas such as, moving and handling, pressure ulcers, personal care and medicines. We also found risks within the environment had been assessed, such as, fire hazards within people's own homes. Risk assessments in place were designed to keep people safe and direct staff.

Prior to our inspection, we received information of concern in relation to new staff members commencing employment without the necessary checks being carried out. During this inspection we checked if people were protected by the staff recruitment procedures. We looked at five staff personnel files. We saw that all of the files contained an application form and at least two references. Any gaps in employment had been checked by the registered manager. Checks had been carried out with the Disclosure and Barring Service (DBS). The DBS identifies people who are barred from working with children and vulnerable adults and informs the service provider of any criminal convictions noted against the applicant. This meant staff had been adequately checked and were deemed suitable to work with vulnerable adults. The service also had a recruitment policy to guide the registered manager when recruiting staff.

Prior to our inspection, we also received information of concern in relation to a shortage of staff and missed visits. During our inspection, we asked people who used the service if staff were on time, if they remained for

the whole visit and if they completed all the tasks they should. People told us, "The majority of the time they are on time. If there is an emergency then my care worker could be late but she always rings me to let me know. She [staff member] never rushes and completes all the tasks I need. She is absolutely wonderful", "No issues with timings. They are on time where they can, only if there is an emergency they will be late. They do not rush off, in fact they always ask me if there is anything else to do", "Sometimes they are late, about 20 minutes. No, they don't call me as they arrive in the 20 minute window. When they are here they do not rush. They complete all the tasks that need completing. They have ever missed a call for me", "They come and go on time. There are no issues about timing at all. They complete all the tasks, never rush and they always leave asking if I need anything else doing. They have never missed a call" and "No timing issues at all. They have never missed a call. They complete all the jobs I need. No complaints at all."

We also asked relatives the same question. One person told us, "The regular care workers are good, they are always on time. The one's that come to cover the regular care workers, they are never on time, maybe 30 minutes late. Once I had to tell them not to bother coming because we had already got my relative ready." We did not have the opportunity to address this with the registered manager. Other people we spoke with told us, "They are 90% on time. The other 10% is usually due to an emergency. They will ring us if they are late. They have never missed a call", "They are good with timings. We know when they are coming. Only on odd occasions are they late", "They are very good with timings. It is only when the weather is extremely bad, then maybe late. They have never missed a call" and "The care workers do come the majority of the time, on time. They are only late if there is an emergency and they usually call us. They have never missed a call.

Staff we spoke with confirmed there was enough staff employed at the service to meet the needs of people they supported. They also confirmed that if a staff felt they did not have enough time to spend with someone on a visit, they would mention it to one of the co-ordinators and they would ensure that action was taken to address this. We had no concerns about staffing levels or missed visits during our inspection.

We looked at the way people were supported with the proper and safe use of medicines. People who used the service told us, "Care workers give me the medicines on time. They also let the chemist know if I run out", The care workers give me my medicine. This is done on time" and "This is given by the care workers, no issues at all." Relatives we spoke with also told us, "They always check my family member has taken their tablets" and "They give medicines to my relative. This is done on time."

Not everyone using the service was supported by staff with their medicines; some people were independent and some people were supported by their relatives. For those that did require support from staff, the level of assistance each person needed was recorded in their care plan along with guidance on the management of any risks. All staff had completed appropriate medicines training; this was completed in a classroom, on a face to face basis. We found the medicines training was very comprehensive, with tests and role play to pass before they were signed as being competent. There were policies and procedures in place in relation to medicines to guide staff. We also saw medication monitoring audits were completed to identify any concerns or errors.

With consent, we visited one person in their own home to look at their medicines and how this was being managed. We saw staff were only responsible for administering medicines that were prescribed [as the person was deemed unable to manage their own due to memory problems] and this was managed safely. However, we noted other homely remedies within their home, such as Paracetamol and asked who was monitoring the use of these. The co-ordinator we spoke with assured us they would address this to ensure the person had safe access to them.

Staff we spoke with told us they had received training in moving and handling. Records we looked at

showed staff had to complete moving and handling training on an annual basis. This was done in a classroom where staff had to use equipment to ensure their competency. Staff told us, "I would check the equipment is safe and working correctly before using it" and "I would ensure it is in good working order and that the batteries are charged." Safe handling care plans were in place which directed staff on the task, the equipment to use, number of staff required and directed staff to also read other care plans.

We noted there was an accident and incident policy in place, which detailed how accidents and incidents should be managed. Records we looked at showed all accidents and incidents had been managed in line with policies and procedures, including action taken to mitigate the risks of further accidents or incidents.

People were protected by the prevention and control of infection. All the people we spoke with who used the service told us staff wore appropriate gloves and aprons when they supported them. Staff we spoke with confirmed they had received infection control training.

Requires Improvement

Is the service effective?

Our findings

At our last inspection we made a recommendation that the service developed practice in relation to the application of the principles of the Mental Capacity Act. We checked on this during this inspection and found no action had been taken and no improvements had been made.

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

People can only be deprived of their liberty so that they can 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 if any applications had been made to the court of protection.

Staff we spoke with were unsure if they had received training on MCA and Deprivation of Liberty Safeguards (DoLS). One staff told us, "I don't know if I have had training or not" and another staff told us, "I am not sure if I have had it [meaning the training]." They did know that they had to ask people for consent.

Records we looked at showed some people lacked capacity to make their own decisions. However, the registered manager had not undertaken mental capacity assessments when people were believed to lack capacity. The registered manager told us they were informed by the referring authority if a person lacked capacity and they accepted this. As informed at the previous inspection, the provider is required by law to complete mental capacity assessments and best interests' processes for people who have an impairment of the mind before providing care and support. The registered manager continued to lack knowledge around this subject and that of lasting power of attorney, as records showed family members were giving consent without the appropriate, legal authority. The registered manager and provider had not acted upon our recommendation from the previous inspection.

The provider failed to act in accordance with the Mental Capacity Act 2005 when a person lacked capacity and is a breach of Regulation 11 of the Health and Social Care Act (Regulated Activities) Regulations 2014.

Prior to this inspection, we received concerns that staff were not appropriately skilled and trained to meet the needs of people using the service. We looked into this during this inspection. We asked people who used the service if they felt staff members who supported them had the relevant knowledge and skills to meet their needs. They told us, "No complaints whatsoever. The new ones shadow the experienced care workers", "Brilliant. They really know my needs. They are very skilled in how they look after me", "The care worker is highly trained and skilled" and "My regular care workers are good, very skilled and trained. Sometimes the cover workers I need to tell them what to do. Once I tell them they get on with it." However, surveys we looked at during inspection showed one person was 'very dissatisfied' in response to the statement 'I feel that staff who care for me are well trained.' The registered manager told us that any concerns like this would

be discussed in the reviews held with people about their care and support. The records we looked at showed this had not been explored during the review.

Relatives we spoke with told us, "They are good. My family member cannot talk and they are really skilled and trained to deal with them such as their care", "The care workers are trained. They look after my family member very well. He is extremely happy", "The care workers are definitely trained, they speak the same language as my family member and they have a really good relationship", "Wonderful. No issues at all about training, their skills are brilliant" and "They are extremely good. My family member can be difficult to care for, but the staff are trained and skilled to support them." One person had experienced difficulties and told us, "The regular care workers are very good. The ones that cover cause a lot of issues for us", they went on to describe problems they had and that they had reported it to the office.

We looked at how the service made sure that staff had the skills, knowledge and experience to deliver effective care and support. Records we looked at showed that when commencing employment at the service, staff were to complete an induction. For those staff new to care, they had completed the Care Certificate. The Care Certificate is an identified set of best practice standards that health and social care workers adhere to in their daily working life. New staff also shadowed more experienced staff when commencing employment to enable them to become familiar with people's needs before becoming responsible for providing their care.

All the staff we spoke with told us they had received training in safeguarding, moving and handling and medicines in the past 12 months. We spoke with the training manager who confirmed that every 12 months staff had to complete refresher training in safeguarding, moving and handling and medicines. All other training was completed every three years. Whilst the regulations do not stipulate how often providers should offer training to staff, we questioned if the registered manager deemed the was frequent enough to ensure their workforce were skilled. The training manager and one of the directors confirmed they would look into introducing more frequent refresher training.

We found that staff did not always have sufficient specific knowledge to provide effective care. For example, some staff we spoke with told us they were aware of the need to consider equality and diversity issues, although they were not very clear what it meant to them in practice. One staff asked, "Is it about treating people right?" and the same person told us, "Don't discriminate, treat everyone the same." In another example, the service had an end of life policy which stated managers were to ensure care staff received appropriate training and support in order to deliver effective end of life care. However, records we looked at showed basic end of life training was one slide in the induction training given to staff. The training manager told us they had looked into end of life training but had not been able to find a training package suitable for domiciliary services. However, they told us they would develop their own training. This would develop staff knowledge and skills in this area and is of particular importance when they are expected to support people at the end of their life.

Other records we looked at showed staff had completed training in basic first aid, fire safety and effective communication. Some staff were completing diplomas in Health and Social Care at levels two and three.

We recommend the provider reviews the provision of training to ensure that staff have the necessary skills and knowledge to deliver safe, effective care.

The service had a supervisions policy and procedure in place. This showed staff were to have a minimum of four supervisions per year. Staff we spoke with confirmed they had regular supervisions and could bring up topics for discussion, including training. Records we looked at confirmed staff had received an appropriate

amount of supervisions and had also had direct observations undertaken with them in their roles.

We considered how the service used technology to enhance peoples care and support. The registered manager told us they were trialling a new monitoring system [which was being used in conjunction with their existing system] to see if this improved service delivery. The new system had the ability to quickly identify if a staff had missed a visit, if a staff was late, provide staff with their rota and had the ability to contain care plans and risk assessments which staff could access when on duty.

Care records we looked at showed people's needs and choices were assessed prior to commencing a package of care with the service. Whilst these were detailed and contained information about the persons needs and the support they required including religious and cultural needs, they did not ask a person's sexual orientation. We discussed this with the registered manager who told us this could be added in going forward.

Good

Is the service caring?

Our findings

People who used the service told us staff members were caring. We received many positive comments about the care and compassion staff members showed to people. Comments we received included, "Staff are caring. They are very compassionate towards me and always give me respect and dignity", "They are very kind and pleasant. They are respectful and always respect what I would like", "Kind and caring. They are always respectful and always look after me. They are happy and caring towards me", "My care worker is absolutely wonderful. Always caring, kind and so respectful to me. I do not have any other care worker coming in her place when she is off [this was the persons choice]" and "They are very good indeed. We have a wonderful relationship. We can have a laugh. They are always polite, caring and respectful to me."

Relatives we spoke with about care staff told us, "The care workers are very caring and compassionate with my family member. They always give her dignity and respect", "Wonderful care workers, always caring and always laughing with my family member. They have built a wonderful relationship with my family member", "They are always respectful towards my family member. They give him the utmost dignity. They truly are caring and kind towards him at all times", "The care workers are very caring. They always give her dignity and respect and they always try to make her be independent where she can" and "They make my relative happy. They have a good relationship, always happy and jolly. They are so kind and caring."

During the inspection we did not have the opportunity to observe interactions whilst staff were supporting people who used the service. However, those staff we spoke with discussed people they supported in a kind and caring manner. The service ensured that people were treated with kindness, respect and compassion and that they were given emotional support when needed.

We looked at how the service promoted equality and diversity. Equality is about championing the human rights of individuals or groups of individuals, by embracing their specific protected characteristics under the Equality Act 2010 and diversity relates to accepting, respecting and valuing people's individual differences. The service had a policy on equality and diversity, however, as discussed in another domain, care records did not allow for the service to explore people's sexual orientation.

Care records we looked at during our inspection, showed that people had been involved in the development and review of their support plans. Although people had not always signed to confirm they had been involved, the level of personal information such as, their backgrounds and history, likes and dislikes showed that staff had involved the person. This is important and ensured people views and preferences were taken into account in the delivery of their care.

One relative we spoke with told us how pleased they were with the communication from staff members. They commented, "Wonderful care workers. They can communicate with my family member in the same language. My family member really looks forward to seeing them." It is important that staff use effective communication skills when interacting with people who use the service.

We looked at how people's privacy and dignity was respected and promoted. We asked staff how they

ensured people who used the service had their privacy respected. They told us, "I close the curtains and if there are two of us, I will say when I think I can manage something alone so they don't have two staff watching them in a state of undress" and "Make sure we keep things private and confidential. I would always put a towel there [relating to undertaking personal care] and give them time." The service also had a privacy and dignity policy in place to guide staff in their roles.

Personal records, other than those available in people's homes, were stored securely in the registered office. Staff files and other records were securely locked in cabinets within the offices to ensure that they were only accessible to those authorised to view them.

Good

Is the service responsive?

Our findings

We asked people who used the service if they were involved in the development of their care plans and any reviews. Comments we received included, "I have discussed my care plan which is done yearly", "I have been through the care plan", "I see the office once in a year for the care plan review" and "They do come and discuss the care plan."

Relatives we spoke with told us, "They have been through the care plan with us", "They have reviewed the care plan recently due to changes in my family member's health and package requirements", "The office have been to see us for the care plan" and "The office came to review the care plan."

People received personalised care that was responsive to their needs. Care plans we looked at covered many aspects of the person's life, such as, mobility, personal care needs, days and times of visits from staff, any medical conditions including allergies and the level of support required in relation to medicines. Care plans in place provided clear directions for staff on the support required.

We looked at what technology was used to support people who used the service. We saw that some people the service was supporting had a 'key safe' system in place. This was a system by which a key to the main entrance was placed in a box protected by a passcode. This enabled the staff at the service to access a person's home at agreed times. As discussed in a previous domain, the service were trialling a new call monitoring service. Handsets were also issued to staff to log in and out of clients' homes, this form of monitoring was still being used alongside the trial.

We evaluated how people were supported at the end of their life to have a comfortable, dignified and pain-free death. Staff members we spoke with told us they had cared for people at the end of their life. They commented, "I can never get used to it. Sometimes it is like losing family and the family need you there. I don't know about training, it just comes to you naturally" and "It is hard. We do what we can to make them comfortable." As discussed in a previous domain, induction records showed basic palliative care training was provided to staff during induction. However, discussions with the training manager highlighted they had been unable to find appropriate, more in-depth training on end of life care. On the second day of our inspection the training manager showed us they had commenced developing their own end of life training package.

We reviewed how people's concerns and complaints were listened and responded to and used to improve the quality of care. We asked people who used the service and their relatives if they had ever needed to make a complaint about the service. One person did not feel they were listened to, they told us, "I do not find the office polite. They are always defensive and we end up arguing. They do not call if care workers are late. When I ring up to speak to them, they become defensive and we end up falling out. I am disappointed with the office." We did not get the opportunity to discuss this with the registered manager during the inspection. However, other comments we received included, "We have no complaints at all. The service is good" and "No complaints at all. They are really nice."

Staff we spoke with were aware of the complaints policy and procedure in place. All the staff we spoke with knew how to respond if someone wanted to make a complaint. Records we looked at showed the service had received six complaints since our last inspection. We saw the registered manager had responded and resolved the complaints in line with policies and procedures.

We checked if the provider was following the Accessible Information Standard. The Standard was introduced on 31 July 2016 and states that all organisations that provide NHS or adult social care must make sure that people who have a disability, impairment or sensory loss get information that they can access and understand, and any communication support that they need.

Records we looked at showed that the service had considered if people who used the service needed information in another format, such as larger print, or in another language. Whilst none of the care records we looked at contained information in other formats [as this was not required], we saw staff communicated well with people whose first language was not English.

Requires Improvement

Is the service well-led?

Our findings

The service was not always well led. We found the registered manager had not acted on our recommendation from the previous inspection, around the Mental Capacity Act and best interests processes [as discussed in the 'effective' section of this report]. The recommendation was made to encourage the provider and registered manager to take action to ensure they were meeting the requirements of the regulations. However, the lack of action by the registered manager meant there had been no improvement, which resulted in a breach of the regulations during this inspection. We have also made a further recommendation within this report relating to training.

We checked if the monitoring systems ensured that responsibilities were clear and that quality performance, risks and regulatory requirements were understood and managed. Records we looked at showed the registered manager had changed their auditing system since our last inspection. The new monthly managers audit in place looked at areas such as the total number of people using the service, total number of staff, how many new staff had commenced employment and how many staff had left. It also looked at whether monthly reviews were being carried out, relative's surveys and professional surveys. It was not possible to see what the registered manager was actually auditing in these areas, if any areas highlighted concerns or what action was being taken.

We also saw a medicines audit was undertaken. Again, this was basic and we noted when an error or concern was identified the section for action taken was not completed. Therefore, we could not see if the concern had been addressed.

Quality audits should be an integral part of managing the service to be able to form a view about the quality and safety of the service being provided. They also ensure identification of issues and consider the improvements that need to be made. The lack of robust audits in place demonstrated why we found a number of concerning issues during our inspection.

We discussed this with the registered manager who told us they would address our concerns and ensure a more robust audit was undertaken going forward with the possibility of using the previous audit they had in place.

We recommend the provider reviews audit processes to ensure that they are sufficiently robust to identify issues of concern and drive improvement.

During our inspection our checks confirmed that the provider was meeting the requirement to display their most recent CQC rating. This was to inform people of the outcome of our last inspection. In preparation for the inspection, we checked the records we held about the service. We found that the registered manager had notified CQC of any accidents, serious incidents and safeguarding allegations as they are required to do. This meant we were able to see if appropriate action had been taken to ensure people were kept safe.

We asked people who used the service and their relatives, if they knew who the registered manager was and

if they felt they were approachable. In the main, the comments we received related to staff working in the office and not about the registered manager. Comments we received included, "I do not have a lot to do with management. If I have any issues I will speak to my care workers", "Don't have a lot to do with the office", "The office are really good, they listen to me when I ring up", "I don't have a lot to do with the office but the service is fine" and "Do not really have much to do with them, so cannot comment really."

One relative we spoke with told us, "I cannot recommend the company. The service is not run efficiently." However, other relatives told us, "The management are very good", "The office are nice. They have people who can communicate in the same language. We are happy with the office staff", "The company have provided wonderful care workers. The office always pick up the telephone. The service is well run. I can definitely recommend the service", "If I need them I feel I can ring them anytime", "We do not have a lot to do with them" and "We have a good relationship with the office. We are able to speak to them anytime about my family member's care." Apart from one relative, all the others told us they were happy with the service and they received good care.

We saw the registered manager was supported in their role by the managing director, training managers, reviewing officers and care coordinators.

We looked at how people who used the service, relatives, staff and others were consulted on their experiences and shaping future developments. Staff we spoke with told us they had staff meetings. One staff member told us, "Some people are not keen on attending staff meetings." Staff we spoke with told us they could speak openly and honestly in staff meetings. We saw staff meetings had been held in January 2018 and in July 2018. We saw topics for discussion included employee of the month, spot checks, uniforms, workload, call monitoring and priorities, one of which being to inform office staff if they are running late for their call.

We also saw surveys were sent out to people who used the service, relatives and external professionals. Surveys for people who used the service were not anonymous; these were given to people/relatives during a review of their care and support, so that the 'reviewing officer' could address any issues raised in the survey instantly. However, we saw some concerns had been highlighted on surveys which had not been discussed with the person/relative. Surveys should allow people to give their feedback anonymously, therefore promoting an open and honest culture. We discussed this with the registered manager who told us when they had sent them out anonymously in the past, they had not received any back. They were therefore giving surveys like this so they got a response and so they could deal with concerns quickly.

We found the service worked in partnership with other agencies to enhance the services they delivered, this included affiliations with organisations such as local health care agencies and the local commissioning group, district nurses, pharmacies and local GPs.

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 11 HSCA RA Regulations 2014 Need for consent The provider failed to act in accordance with the Mental Capacity Act 2005 when a person lacked capacity.