

# Community Careline Services Medway Limited

## Community Careline

### Inspection report

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### Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?	<b>Requires Improvement</b> 
Is the service effective?	<b>Requires Improvement</b> 
Is the service caring?	<b>Good</b> 
Is the service responsive?	<b>Good</b> 
Is the service well-led?	<b>Requires Improvement</b> 

# Summary of findings

## Overall summary

### About the service

Community Careline is a domiciliary care agency providing personal care to people living in their own homes. Not everyone who used the service received personal care. CQC only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they do we also consider any wider social care provided. The service was providing personal care to approximately 26 people at the time of the inspection.

### People's experience of using this service and what we found

The service people received was not always safe. The recording and administration of people's medicines were still not carried out in a safe way for those who needed the assistance of staff to help them to take their medicines. Some improvements had been made to the identification and assessment of individual risks, to prevent harm, however, further improvement was needed in this area. The recruitment of new staff was not managed in a safe way to make sure only suitable staff were employed to provide care and support to people. Accidents and incidents were not monitored to learn lessons and make improvements.

People told us they felt safe with staff and were confident in their care. People said they felt there were enough staff as their care was rarely cancelled, staff were usually not late, and stayed the full length of time when visiting.

The service was not always effective. People now had a thorough assessment of their needs, with information gathered to provide a more person centred service. However, information about people's health or diagnosed medical conditions gained in the assessment had not informed the care plan to make sure staff had the guidance they needed to recognise signs or symptoms or concerns.

Improvements had been made to the training and supervision of staff since the last inspection. However, further work needed to be made to the training provided to meet people's specific and specialist needs. People were supported to access healthcare advice and given assistance with their nutrition and hydration when this was needed. People and their relatives told us they were involved in and directed their care, making their own choices and decisions.

The service was not always well led as systems to monitor the quality and safety of the service had failed to pick up the areas of concern we found around, people's medicines and how these were managed and recorded; the measures in place to keep people safe from risk; guidance within care plans to support their medical and health conditions and safe recruitment.

People were very positive about the service they received and how it was managed. Staff felt listened to and supported and were very complimentary about the manager and the management team.

People and their relatives were very happy with the staff supporting them, saying staff respected them and

described them as caring and kind.

Care plans had improved and provided individual information that helped to provide a more person centred service. People said they knew how to complain if they needed to and complaints that had been raised had been dealt with appropriately.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

#### Rating at last inspection and update

The last rating for this service was requires improvement (published 8 August 2018) and there were four breaches of regulation. The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection, enough improvement had not been made and the provider was still in breach of three regulations.

The service remains rated requires improvement. This service has been rated requires improvement for the last two consecutive inspections.

#### Why we inspected

This was a planned inspection based on the previous rating.

#### Enforcement

We have identified breaches at this inspection in relation to, the assessment of individual risk, the recording and management of medicines, safe recruitment, accurate record keeping and the monitoring of quality and safety.

Please see the action we have told the provider to take at the end of this report.

#### Follow up

We will request an action plan from the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and local authority to monitor progress. We will return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

The service was not always safe.

Details are in our safe findings below.

**Requires Improvement** ●

### Is the service effective?

The service was not always effective.

Details are in our effective findings below.

**Requires Improvement** ●

### Is the service caring?

The service was caring.

Details are in our caring findings below.

**Good** ●

### Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

**Good** ●

### Is the service well-led?

The service was not always well-led.

Details are in our well-Led findings below.

**Requires Improvement** ●

# Community Careline

## Detailed findings

### Background to this inspection

#### The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

#### Inspection team

The inspection was carried out by one inspector and an expert by experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

#### Service and service type

This service is a domiciliary care agency. It provides personal care to people living in their own houses and flats or specialist housing.

The service had an acting manager as the previous registered manager had recently left. The acting manager was not yet registered with the Care Quality Commission. This means that the provider is legally responsible for how the service is run and for the quality and safety of the care provided.

#### Notice of inspection

We gave the service 48 hours' notice of the inspection. This was because it is an agency and we needed to be sure that the provider or manager would be in the office to support the inspection.

Inspection activity started on 1 August 2019 and ended on 12 August 2019. The Expert by Experience made telephone calls to people in their homes to gain their feedback on 1 August 2019. We visited the office location on 2 and 5 August 2019 and spoke with staff after these dates.

#### What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to

send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report. We used all of this information to plan our inspection.

#### During the inspection

We spoke with three people who used the service and six relatives about their experience of the care provided. We spoke with six members of staff including the nominated individual, the manager, senior care workers and care workers. The nominated individual is responsible for supervising the management of the service on behalf of the provider.

We reviewed a range of records. This included five people's care records and medicines records. We looked at five staff files, which included staff training and supervision files. A variety of records relating to the management of the service, including policies and procedures were reviewed.

# Is the service safe?

## Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At the last inspection this key question was rated as requires improvement. At this inspection this key question has remained the same, requires improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

### Assessing risk, safety monitoring and management

At our last inspection the provider had failed to robustly assess the risks relating to the health, safety and welfare of people. This was a breach of Regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection, we found the provider had made some improvements in this area, however, further improvement was needed so they were still in breach of regulation 12.

- Individual risk assessments had improved since the last inspection, so more guidance was included for staff to follow where risks had been identified. However, some areas of risk had not been considered, which meant that measures were not always in place for staff to keep people safe when delivering care.
- Risk assessments were not in place where people had health conditions, which carried potentially serious or fatal risks. For example, when people were diagnosed with asthma or epilepsy.
- One person was diagnosed with epilepsy and took prescribed medicines to control epileptic seizures. Although they had not been known to have a seizure for many years, they had had three seizures since June 2019.
- A 'Procedure in the event of seizure' was in place which gave limited and general information, such as 'do not move' and 'call 999 immediately'. The procedure did not include what circumstances staff may need to move the person during a seizure. For example, if they were in danger or at risk of suffocating. Information was not documented to describe what the person's seizures looked like or if there were any known triggers or warning signs. Specific and individual guidance was not recorded to reduce risks associated with having a seizure. For example, when having a shower, or when sleeping.
- Moving and handling risk assessments were not fully completed. A scoring table to assess the level of risk was included in the assessment, however, these had not been completed. This meant the level of risk had not been identified to determine if a fuller risk assessment was needed.
- Therefore, some people, who would be considered high or medium risk due to their disabilities or health care needs, did not have appropriate measures in place to keep them safe when staff were providing their care. For example, the safety measures in place stated only that staff had up to date training but did not include staff checking the hoist was in a good condition before use, or that the hoist sling was not frayed or worn.

Individual risks relating to the health, safety and welfare of people had not been robustly assessed. This was

a continued breach of Regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- All the people and relatives we spoke with told us they always felt safe with the staff supporting them. One relative said, "Yes she trusts them a hell of a lot. They use a hoist, she always has a two-handed call."
- Environmental risks had been looked at before support commenced to make sure people and staff were safe during visits. These included for example, the outside of the person's home, lighting and stairs; and inside the property, where the essential utilities were sited or if the person had a pet.

### Using medicines safely

At our last inspection the provider had failed to manage people's medicines in a safe way. This was a breach of Regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection, we found the provider had not made improvements in this area and were still in breach of regulation 12.

- Some people did not need support from staff to take their medicines and other people needed prompting only, to make sure they did not forget. Some people needed assistance, for example, for staff to get their medicines ready for them to take themselves. Others needed full support from staff to take their medicines.
- Medication administration records (MAR) were not completed in a safe way to make sure people received their medicines as prescribed as they were missing essential information. Only the name of the medicine was recorded, and not the crucial instructions as prescribed by a healthcare professional. For example, to take once a day or four times a day, or 'as and when required' (PRN). This meant people were at risk of not receiving their medicines as prescribed.
- One person was prescribed a painkiller and the record stated they must not take the tablets less than six hours apart and not take more than eight tablets in 24 hours. The MAR had four boxes for staff to record in, titled 'dose one', 'dose two', up to dose four. The person had four visits a day from staff. However, staff did not record the times they had administered the tablets which meant the person may be given the tablets in less than six hourly intervals which could be harmful.
- A patch to be applied to the skin, to administer pain relief, was prescribed for one person. The MAR stated the patch should remain in situ for 12 hours only. Staff applied the patch during the morning visit and removed it during the night time visit. Staff did not record the time the patch was applied which meant they could not be sure how long the patch had remained on the skin for.
- The manager was unsure how the patches should be disposed of to maintain staff safety and the safety of others. The manager confirmed they would seek advice about this as soon as possible.
- Staff were not routinely observed administering people's medicines so the provider could be assured of their continued competence. Medicines were included in six monthly observations carried out by the training manager with staff. However, if the staff member being observed was supporting a person who did not have help with their medicines at the time of the observation, a verbal discussion only was held.
- Arrangements were not made to plan a separate medicines competency check. This meant staff may not be observed giving people their medicines over a number of observations. One staff member started employment in September 2018 and had not had their competence checked when administering medicines since then. Although they had a general observation of their work in January 2019, and again in May 2019, medicines were not included. We did note a verbal discussion of the medicines procedure had taken place.

Systems were not robust enough to demonstrate people's medicines were managed effectively and safely.



This was a continued breach of Regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

#### Staffing and recruitment

- Staff were not always recruited in a safe way. New staff application forms did not always provide a complete employment record. Many gaps were not accounted for by the applicant and had not been chased up with the applicant by the provider.
- References had not been checked to make sure they were suitable. The referee given by one applicant had the same surname as a second person on a utility bill provided by the applicant as proof of address. This meant the referee may have been related to a person living with the applicant.
- The dates of employment given by a previous employer referee of another applicant were different to the dates given by the applicant on their application form. Neither of these areas of potential concern had been checked with each applicant by the provider.
- The questions asked and recorded at interview did not check the applicant's suitability for the role, concentrating more on administration regarding the uniform, training and shifts the applicant was available for. One question that was asked to find out their suitability, 'Ask them about their previous employment' was left blank on one staff member's interview record.

A robust approach was not taken to recruitment to make sure only suitable staff were employed to provide care. This was a breach of Regulation 19 (Fit and proper persons employed) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- The provider told us they were continuously advertising for new staff to make sure they kept their staffing numbers up. There were enough staff to provide the care and support people needed.
- People and their relatives told us staff did not miss their visits and were rarely late. When staff were going to be late, people said they were informed. One person said, "Yes, they are absolutely fantastic." People also told us their staff always stayed for the full amount of time they were meant to. One person commented, "Yes, in fact they sometimes stay longer."
- We heard office staff ringing one person to let them know a staff member was going to be five minutes late as they were stuck in traffic.
- An electronic system was used to plan the staff rotas so people received their personal care support at the time they expected. Staff received their rota each week electronically onto their phone, so they could refer to it at any time. Any updates or changes to the rota were also sent electronically, as an alert.

#### Learning lessons when things go wrong

- Accidents and incidents were recorded, including the action taken following the incident. The manager checked incidents had been dealt with appropriately and measures were put in place to prevent a further occurrence.
- The provider did not have a process in place to monitor all incidents to check for themes such as the time of incidents or if the same staff were present, and to learn lessons. This is an area for improvement.

#### Systems and processes to safeguard people from the risk of abuse

- People were protected from the risk of abuse. Staff had completed safeguarding adults training and kept this updated to stay up to date with changes in legislation. The staff we spoke with were knowledgeable and confident.
- Staff told us the manager and all office staff were very approachable and always listened and took action where necessary, so they would have no hesitation in raising any concerns they had. Staff felt sure action would be taken straight away, however, they knew where they could go outside of the organisation to raise

concerns if necessary.

- When concerns had been raised these had been dealt with appropriately and reported by the provider to the local safeguarding team and the Care Quality Commission (CQC).

#### Preventing and controlling infection

- Staff had training to make sure they understood the precautions they should take to prevent the spread of infection.
- The provider made sure enough personal protective equipment was available for staff to use, such as disposable gloves and aprons.

# Is the service effective?

## Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At the last inspection this key question was rated as requires improvement. At this inspection this key question has remained the same, requires improvement. This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

At our last inspection we recommended the provider looked at guidance to improve the assessment of people's care needs. The provider had made some improvements, assessments and the resulting care plans provided more information. However, some crucial information was still missing.

- Although initial assessments were undertaken with people before they received a service, the information gathered was not always used to develop a care plan where needed.
- The assessment listed people's health and medical conditions. However, a thorough assessment of their needs was not completed. Health conditions did not feature in the care plan format at all. This meant guidance was not in place to make sure staff knew what to do in certain circumstances where concerns may arise and people may be at risk of harm.
- One person was prescribed inhalers, used when a diagnosis of asthma had been given. No record was made in their care plan they had asthma. As a care plan was not in place, this meant staff did not have the guidance about when to recognise the person may be in difficulty and what staff should do.
- Staff knew people well, many had worked at the service for a number of years, and people had regular staff providing their care. Staff were able to describe the support they provided to people. This mitigated the risk of people's health and medical issues not being accurately described in their care records.

Care records were not always accurately kept to make sure people's needs were met. This was a breach of Regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Staff support: induction, training, skills and experience

At our last inspection the provider had failed to make sure staff's competency to carry out their role had been checked regularly by a competent staff member. Staff training was not kept up to date to make sure staff had the skills needed to carry out their role. This was a breach of Regulation 18 (Staffing) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection we found improvements had been made and staff were now up to date with the mandatory training and were regularly observed delivering care in people's homes. The provider was no longer in breach of regulation 18. However, staff had not received additional training regarding people's

specific care needs.

- Staff had not received training to make sure they had the skills to meet people's specific care needs.
- Staff had not completed epilepsy awareness training, diabetes awareness, or catheter care training. Support was provided by staff to people who had these health care needs. The provider told us they would arrange the additional training as soon as possible. This is an area that needs further improvement.
- All the staff mandatory training was now up to date. The provider had a training matrix that was kept up to date and reviewed by the training manager and the manager.
- New staff received an induction which included shadowing more experienced staff for a period of time until they were confident. Initial training was completed to make sure they had the necessary skills to support people in a safe way.
- People told us they felt safe with staff. All the people we spoke with and their relatives told us they thought staff were well trained and they did not have any concerns. One person said, "Yes, they use a hoist for me, they know what they are doing. They are properly trained."
- Staff were happy with the training they received and told us they felt well supported by the manager and the management team. One member of staff said, "The training is very good. We can always go to (The training manager) who will always help out if we are not sure."
- Staff were now observed by the management team while carrying out care in people's homes. Regular spot checks and planned observations were undertaken by the training manager and senior staff. Staff had the opportunity to meet face to face with a senior staff member on a regular basis to discuss their personal development and highlight any areas of concern or good practice.

Supporting people to eat and drink enough to maintain a balanced diet

- Many people did not need support with their meals or planning a nutritious diet as family members made their meals, or sometimes other agencies delivered meals to their home.
- Those people who did need staff assistance chose what food they wanted from their own store of food. Some people had convenience foods that were quick to make in the microwave and others preferred to have fresh food prepared and cooked.
- One person's relative told us, "Yes, they actually cook for her, the last agency would not. Everything is set up for her on the table before they go. So it is all to hand for her."
- One member of staff said, "People always have the option of having a meal cooked from scratch or a ready meal."

Supporting people to live healthier lives, access healthcare services and support; Staff working with other agencies to provide consistent, effective, timely care

- Many people either arranged their own healthcare or their family members did this.
- Although people's health and medical conditions were not included in a care plan, staff knew people well. Where people did need assistance, staff contacted the office staff to alert a health care professional or family member if they had concerns.
- People told us staff understood their health needs and helped them when needed. One person commented when we asked them about this, "Oh yes I would say so." A relative said, "Yes they do. They have called the doctor for her. A number of times they have had to call an ambulance. Straight afterwards they phoned me and waited for the ambulance to come."
- Staff told us office staff were responsive if they raised a concern about people's health, making sure they got the help and advice they needed. A member of staff told us, "We are listened to. For example, there was a problem with one person's medicines. It was dealt with straight away and I was told what was happening too."
- We heard office staff on the telephone to GP surgeries to make appointments for people. A staff member

rang the office to report their concerns about a person's health. One office staff member rang the GP surgery and was insistent that the GP needed to go out to do a home visit as the person could not attend the surgery. The GP agreed to attend and the office staff gave advice about access. The office staff then contacted the person's relative to let them know the arrangements.

#### Ensuring consent to care and treatment in line with law and guidance

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 to receive care and treatment when this is in their best interests and legally authorised under the MCA. Where people may need to be deprived of their liberty in order to receive care and treatment in their own homes, the Deprivation of Liberty Safeguards (DoLS) cannot be used. Instead, an application can be made to the Court of Protection who can authorise deprivations of liberty.

- No applications had been made to the Court of Protection to deprive people using Community Careline of their liberty.
- People consented to their care where needed, such as staff assisting with personal care or administering their medicines. People and their relatives told us their choices and decisions were listened to and they were in control of their support.
- Where people lacked capacity to consent to particular decisions, assessments had been undertaken and decisions had been made in people's best interests. Others, such as relatives or healthcare professionals had been involved in best interest's decision making when necessary, such as healthcare decisions.

# Is the service caring?

## Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same, good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- People and their relatives told us they always had the same staff supporting them. This meant that staff got to know people well. One person's relative said, "That is the strength of the agency."
- People and their relatives had only good things to say about the staff. They told us they found staff to be kind and caring, one person said, "Extremely." One relative commented, "They make him happy" and another told us, "The agency looked after my aunt before. I know they are a good agency."
- Staff were very happy in their work and told us they felt valued and listened to by the new manager which meant good communication and team work, enhancing the care provided. The comments we received included, "It's very rewarding"; "I love what I do" and "We are there to make things good for the people we support."

Supporting people to express their views and be involved in making decisions about their care

- People were involved in developing their care plans and signed to say they had been. Some people had difficulty expressing how they liked things done. When this was the case, people's loved ones were involved in speaking up for them.
- On a day to day basis people directed their care. People and their relatives told us they were asked how they liked things to be done. One person commented, "It is all written down in the file and on the app they use." One relative said, "They asked what he did when he was younger, for work. He is happy with the carers. You can't fault them."
- Staff worked closely with people's relatives and friends, as appropriate, to make sure people got the support they needed as people's relatives were often providing their loved one's care most of the day.

Respecting and promoting people's privacy, dignity and independence

- People and their relatives told us staff always treated their home with respect. One person's loved one said, "They let my husband do what he can do for himself which is good."
- Care plans directed staff to respect people's privacy within their home, by closing doors and curtains while assisting with their personal care.
- Care plans described what people were able to do for themselves and the areas they may need time and encouragement. Where people needed full support with their personal care, how they preferred this to be carried out was clearly set out.
- Information was locked away as necessary in a secure cupboard or filing cabinets in the office. Computers and electronic devices used by the provider and staff were password protected to keep people's confidential information secure.

# Is the service responsive?

## Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At the last inspection this key question was rated as requires improvement. At this inspection this key question has now improved to good. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

At our last inspection the provider had failed to make sure people's care documents were kept up to date and accurately reflected their needs and wishes. This was a breach of Regulation 9 (Person Centred Care) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection we found improvements had been made and the provider was no longer in breach of regulation 9.

- People's care plans were more person centred, clearly recording the care people needed as well as their individual preferences and wishes. People's routines and what they liked staff to do from the moment they walked into the person's home was described in detail.
- Care plans were in place for people who needed staff to use a hoist to help them to move from their bed to a wheelchair or chair provided step by step individual guidance for staff to follow. For instance, one person who used a hoist became quite anxious at times, so needed to take a few moments to rest during hoisting before carrying on with the movement. This was clearly described in their care plan.
- Care plans included what people wanted to achieve and how staff could help. One person's communication care plan described how they were bubbly and liked to speak up for themselves but occasionally lacked confidence. Their care plan guided staff to be supportive at these times but not to pass on their own opinions, to enable the person to continue to make their own decisions.
- Important detail about people's life history and the important people in their life was recorded in the care plan. For instance, what employment they had been in, if they were single, had a partner or were married and who made up their family. This gave staff the opportunity to start conversations and find out what people liked to chat about.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- People were happy with how the information they needed was presented. They said staff always took the time to help them to understand if they needed it. All the people we spoke with knew about their care plan.
- Most people were supported by family members or friends who helped them to understand information

on a day to day basis if they needed it. Care plans were presented in a way that was appropriate for the needs of individual people using the service.

#### Improving care quality in response to complaints or concerns

- People and their relatives told us they knew how to get the information to make a complaint, even though they had not needed to do this.
- The provider had a complaints procedure detailing the process people could take to make a complaint. This included contact details of the Local Government Ombudsman if people or their relatives were not happy with how their complaint had been dealt with.
- Complaints had been received by the provider since the last inspection. All complaints had been investigated and the outcome reported to the complainant, following the provider's complaints procedure.
- The manager shared the learning from complaints with staff at staff meetings and through supervision meetings.

#### End of life care and support

- The service was not supporting anyone who was needing end of life care at the time of inspection.
- However, people were asked if they wanted to share their wishes in advance. Where people had agreed, a care plan documenting their wishes and the specific care they needed from Community Careline Medway was in place.
- End of life care in people's homes when needed was arranged in conjunction with healthcare professionals such as hospice teams, GP's and district nurses.



# Is the service well-led?

## Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At the last inspection this key question was rated as requires improvement. At this inspection this key question has remained the same, requires improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

At our last inspection the provider failed to have effective systems in place to check the quality and safety of the service. This was a breach of Regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection, we found the provider had not made enough improvement in this area and they continued to be in breach of regulation 17.

- Quality monitoring processes were haphazard and did not provide the information the provider would need to be assured of the quality and safety of the service provided.
- People's daily records were checked each month. It was unclear what was being checked as this was not recorded. The records for many weeks were left blank, and some weeks stated the daily records were missing. The audit record for one week in June 2019 stated, 'Fridays missing' and 'From 27th missing'. No further explanation was given and no action was recorded as having been taken. The new manager agreed the record was incomplete and was unsure why.
- The provider did not have a system in place to check the quality of the care plans in place, to make sure they were up to date, complete with the correct information, and ensured the safety of people using the service.
- Medicines Administration Records (MAR's) were checked each month. Many records were missing and not recorded. Where an audit had been carried out, an 'A' was entered where no issues were found, and a 'B' if issues were found. Only A was recorded for every audit documented. However, the auditor had stated some months that staff had been told to enter correct codes when people had not had their medicines. This suggested this concern had been found in the auditing process. No detail was given or what further action had been taken when staff continued to make mistakes.
- The medicines audit was not adequate to pick up areas of practice that were not safe and take action to address the issues quickly. No checks had been made by the previous registered manager or the provider of the audits carried out by staff. This meant the less than adequate auditing had gone unnoticed.
- The provider met with the previous registered manager and now the new manager and members of the management team regularly, at least once a month. This was an improvement since the last inspection.

- However, areas of quality and safety were not discussed, to ensure the oversight of the service by the provider.

Systems to monitor the quality and safety of the service were not robust enough to identify areas that were in need of improvement. This was a continued breach of Regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- A registered manager was not in post. However, the new manager had made an application to register with the Care Quality Commission and this was being processed.
- The provider had informed CQC of significant events that happened within the service, as required by law.
- It is a legal requirement that a provider's latest CQC inspection report rating is displayed at the service where a rating has been given. This is so that people, visitors and those seeking information about the service can be informed of our judgments. We found the provider had displayed a copy of their ratings in the office base and on their website.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- All the people and relatives we spoke with told us they thought the service was well managed. They only had positive comments to make. They said the phone in the office was always answered promptly when they rang and if the staff available couldn't help, they would always ring back once they found the answer to their query.
- The comments we received from relatives about the management team included, "Yes, extremely good, and including weekends. They are very helpful"; "They are very professional" and "The agency has never let me down. The two girls (staff) we have got are good."
- People and their relatives told us staff were always helpful and knew them well, creating a relationship based on trust. This meant they were confident in raising concerns if they had them and were sure they would be listened to.
- Staff were overwhelmingly confident about the new manager and the management team. They told us they could go to the manager or any member of the team with any concerns and knew they would be listened to. Concerns were acted upon straight away and staff said they always received feedback so they were kept in touch and knew what was happening.
- One staff member said, "The new manager is like a breath of fresh air really" and another said, "The manager is very fair and understanding. They talk to people and staff really well."

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- The provider had carried out two satisfaction surveys with people who used the service since the last inspection, in September 2018 and April 2019.
- An analysis of the results had not been undertaken following either survey, to check for themes, positive or negative, in order to listen and make improvements.
- The provider held staff meetings every six months. The new manager told us they planned to hold staff meetings more often. They had been in post for a short time and had already held one meeting with staff.
- Staff told us they had the opportunity to raise concerns or ideas for improvement and felt they were listened to and their ideas acted on when they could be.
- The manager had undertaken a staff survey since coming into post. This was to check staff views at that time. They intended to carry out another survey once they had been in post six months to check if there were improvements in staff morale.

Working in partnership with others; Continuous learning and improving care

- The manager was new in post so had not had the opportunity to engage with other providers or local forums at the time of the inspection.
- The previous registered manager had attended local provider networks to increase their local knowledge, keep in contact with other services and managers in the local area and share good practice. The new manager intended to take their place, ensuring they kept up to date in the local area.
- The manager worked closely with health and social care professionals such as GP's, specialist nurses and district nursing teams.

This section is primarily information for the provider

## Action we have told the provider to take

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

Regulated activity	Regulation
Personal care	<p>Regulation 12 HSCA RA Regulations 2014 Safe care and treatment</p> <p>The provider failed to ensure medicines were managed safely and to prevent harm by robustly assessing risks to manage individual safety.</p> <p>12(1)(2)</p>
Regulated activity	Regulation
Personal care	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>The provider failed to ensure accurate records were kept and to have a robust system in place to monitor the quality and safety of the service provided.</p> <p>17(1)(2)</p>
Regulated activity	Regulation
Personal care	<p>Regulation 19 HSCA RA Regulations 2014 Fit and proper persons employed</p> <p>The provider failed to ensure a robust recruitment system was in place.</p> <p>19(1)</p>