Chameleon Care Limited

Chameleon Care (Dartford)

Inspection report

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Date of inspection visit: 10th and 11th December 2014
Date of publication: 20/05/2015

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

Overall summary

We undertook an announced inspection of Chameleon Care (Dartford) on the 10 and 11 December 2014. The registered manager was given 48 hours' notice of the inspection. Chameleon Care (Dartford) provides care to people in their own homes. At the time of our inspection approximately 74 people were receiving care in their homes from the service.

The service provides personal care to people who are living with dementia, people who have a learning disability, people who were being supported to regain their independent living skills and people who require end of life care.

There is 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 providers, they are 'registered persons'. Registered persons have legal responsibility for meeting

Summary of findings

the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run. There is also a manager who was in day to day charge of the service.

At our last inspection on the 2 June 2014 we identified breaches of the legal requirements in relation to care and welfare, recruitment, monitoring the quality of the service and records. The provider wrote to us on the 30 July 2014 and told us they were compliant. At this inspection we found that changes had been made to meet most but not all of the relevant requirements identified at the last inspection. People received their medicines as they needed, safe recruitment practices were now in place and systems to monitor the quality of the service were in use.

However, we also identified ongoing concerns around maintaining accurate records that required further improvement. Daily notes did not always show whether people had received the care they needed or had declined the care being offered to them. Regular audits of records related to medicines had identified areas requiring improvement in relation to staff completing medicine charts.

The management of the service did not always take appropriate steps to manage staff failing to notify the relevant staff member of their absence through sickness. The action they told staff they would take was not in line with the provider's policy on staff sickness and absence.

Care planning was not always completed when supporting new people at short notice. This matter was addressed when it was brought to the manager's attention. Risk assessments were not always updated to show that any potential risks had been considered when people's needs had changed. Suitable arrangements were not always in place in relation to consent.

We saw examples where people had signed their care plans to confirm their consent to their care and support. No one was subject to an order of the Court of Protection and people had the capacity to make their own decisions although sometimes people chose to be supported by family members. Staff had received training on the Mental Capacity Act (MCA) 2005. The MCA provides the legal framework to assess people's capacity to make certain decisions, at a certain time. When people are assessed as not having the capacity to make a decision, a best interest decision is made involving people who know the person well and other professionals, where relevant.

People told us their consent was gained by staff at each visit. However, we found that on two recent occasions staff did not follow the MCA in relation to one person's request for them not to seek medical support in response to this person's urgent health concern. Under the MCA people are not to be treated as unable to make a decision merely because they make an unwise decision. This meant that suitable arrangements were not always in place to obtain people's consent for staff not to seek medical assistance if people did not wish staff to do so and follow this instruction in line with the MCA.

People felt safe whilst staff were in their homes and whilst using the service. Staff we spoke with knew what action to take in response to safeguarding concerns. Staff had received training in safeguarding adults. Staff demonstrated a good understanding of what constituted abuse and how to report any concerns.

People were protected by robust recruitment procedures. Staff files contained the required information to show they were suitable to provide care to people who used the service. Staff received training appropriate to their role and were supported in relation to their responsibilities to be able to deliver care and treatment to people safely and to an appropriate standard.

People had their needs met by sufficient numbers of staff. People received a service from staff skilled in meeting their specific needs and staffing numbers were kept under review.

People were happy with the service they received. They felt staff had the right skills and experience to meet their needs. Staff practice was monitored during unannounced checks to review their practice. Staff met with their managers to discuss their work and also attended group meetings with their managers and colleagues to share information. A record was kept documenting these meetings.

People were supported to maintain good health. The service made appropriate referrals, informed relatives

Summary of findings

and worked with health care professionals, such as community nurses. There were arrangements in place to ensure people received their medicines safely and when they needed them.

People felt staff treated them with "Dignity and are very caring". People were treated with dignity and respect and their privacy was respected. People told us that staff were caring in their approach. Staff completed the tasks people expected them to undertake during their visits.

People's independence was promoted because their care plans showed what tasks people could undertake for themselves. People were given written information about what they can expect from the service. Records were stored securely and therefore people's confidentiality was upheld.

People felt confident in complaining and some complaints had been made and addressed. People had opportunities to provide feedback about the service. A recent survey had been completed and the results were to be reviewed with a view to improving the service where needed.

The provider had a vision for the service that included promoting people's dignity, independence and happiness. Staff knew the vision of the service and felt supported overall.

The electronic system for monitoring staff visits to people was being piloted in one area and was under review with a view to it being used for all visits across all areas. There had been no late calls.

There were arrangements in place to monitor the quality of the service. These included monitoring staffing levels, accidents and incidents, complaints, staff visits to people and reviewing people's care.

Staff had access to policies and procedures via the office where this written guidance was accessible.

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

Summary of findings

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.

Risk assessments were not always completed to show that risks had been considered when people's needs had changed.

People felt safe using the service. There were enough staff to deliver a service to people and meet their needs. People received the medicines they needed, safely.

Recruitment policies were in place and followed by the registered manager to ensure that applicants were suitable for the role.

Is the service effective?

Requires Improvement

The service was not always effective.

Suitable arrangements were not always in place to obtain people's consent for staff not to seek medical assistance if people did not wish staff to do so and follow this instruction in line with the Mental Capacity Act 2005.

People received care and support from staff trained to meet their needs.

Staff knew people and their support needs.

People were supported to maintain good health and staff reported health and welfare concerns they had identified during their visits.

Is the service caring?

Good

The service was caring.

People were treated with dignity and respect and staff were kind in their approach.

People's independence was promoted.

Care was planned around people's individual needs.

Is the service responsive?

Requires Improvement

The service was not always responsive.

Staff did not always have the necessary written information available to them when providing support to people at short notice.

People's needs were reviewed and when appropriate their relatives were involved in the planning of their care. Their care plans showed their preferences, their routines and abilities.

People felt able to complain and where complaints had been made these had been acted upon and resolved.

Summary of findings

Is the service well-led?

The service was not always well-led.

Accurate records were not always maintained documenting the care people received.

The management of the service did not always act in line with the provider's policy on staff sickness and absence.

Staff were aware of the provider's vision for the service that included the principles of promoting people's independence, privacy and dignity.

The provider had processes in place to seek feedback from people about the care they received and monitor the quality of the service.

Requires Improvement

Chameleon Care (Dartford)

Detailed findings

Background to this inspection

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

This inspection took place on the 10 and 11 of December 2014 and was announced. The inspection took place in response to information of concern related to staffing levels and support to staff. The provider was given 48 hours' notice because the location provides a domiciliary care service. The inspection team consisted of two 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. The expert by experience had experience of domiciliary care services from supporting a family member who received this type of service.

Before we undertook the inspection we reviewed the previous inspection report and action plan sent to us by the provider. This set out the action they had taken to address the shortfalls identified at the last inspection. We looked at any notifications received from the service. A notification is information about important events which the provider is required to tell us about by law. We also looked at information received about the service from other parties since the last inspection.

We looked at four staff recruitment records, staff training records, nine policies in relation to the service including medicines and a business continuity management plan. A recent survey completed by people who use the service and 12 people's care records. We spoke with four care staff, the registered manager, the manager in day to day charge, the administrator, eight people and six relatives.

Requires Improvement

Is the service safe?

Our findings

People and their relatives felt safe with the carers in their own homes. Comments included "I feel very safe with them". A relative told us "I feel that my daughter is in safe hands", they added that they "Trusted the staff completely".

At our inspection on 2 June 2014 we identified concerns in relation to recruitment procedures not always being followed by the service to ensure people's safety. At this inspection we found that improvements had been made. The four staff files we reviewed showed that the necessary checks had been undertaken to ensure applicants were suitable to work with people supported by this service. These included checks to establish whether the applicant had any criminal convictions, written references were taken up and applicants were interviewed. The checks were undertaken before staff began working for the service. Therefore, people were protected from the risks associated with receiving care from staff who may be unsuitable to work with people who need safeguarding.

At our inspection on 2 June 2014 we identified concerns in relation to staffing levels and the impact this had on people receiving their medicines on time. At this inspection one person told us that the service was "Running on skeleton staffing levels, I worry if staff go sick, I worry for people who can't complain". However, we found that improvements had been made. Two staff members told us there were now enough staff to meet people's needs and the management tried to ensure there were enough staff but staff come and go. One staff member told us there were not always enough staff because staff were often off sick at short notice, adding "This puts pressure on everyone else". This meant staff rotas were changed in the morning due to staff sickness. The management of the service had identified that regular staff absence through sickness at the weekends was a problem and had made arrangements to cover this. Senior staff members were on standby at weekends to provide cover. Two staff told us that five minutes travel time between visits was usually enough.

Managers and senior staff did not have to cover gaps in care anymore because the service was fully staffed. One staff member had been taken through the provider's internal disciplinary procedures in relation to a missed call in July 2014. There had been no missed calls since. Staffing levels were based on the hours of care people needed to meet their needs. We saw one example where the service could not cover all of the day's one person needed because of the times they required staff to visit. The person was informed of this and made alternative arrangements to cover the remaining days through another provider.

There were arrangements in place to ensure that where people needed two staff to support them, a route was planned to cover these calls and two staff were scheduled to work together during their shift. Two staff told us there was always another staff member to undertake these calls with them. One person's records showed that two staff attended their visits, ensuring their safety and welfare while support was provided.

People told us they received their medicines when they needed them. People told us that staff made sure they took their medicines to promote their health and well-being. One person told us "They always give me my pills and watch me take them". A medicines management system was in place to ensure that staff administered medicines safely. A medicines policy provided staff with written information about how to administer medicines. One staff member was responsible for monitoring and auditing medicine records. Staff received training in administering medicines and had their competency to do so safely checked by the management of the service. Staff knew the process to follow to administer medicines safely. This included the action to take should the person refuse their medicine. One staff member told us they had recently identified that one person's medicine was out of date and reported this to the person's family who managed this aspect of their care. There was information on people's care records that showed what medicines they took, whether they needed prompting to take their own medicines or staff to administer their medicines and when they took it. Staff recorded when they had given people their medicines on a chart. One person did not receive their medicine as required on one occasion and action was taken by staff who reported this to the person's doctor. The person's relatives were informed and it was reported to the local authority and to the relevant adult protection team for consideration under safeguarding guidelines.

There were policies and procedures in place that guided staff about safety. These included a business continuity management plan that set out how people's care would continue in the event of an emergency, such as the computer systems breaking down. Alongside staff reading

Requires Improvement

Is the service safe?

people's care plans and risk assessments to check for any changes in people's needs, staff were kept informed of important and urgent changes to people's needs and risks through text message and talking with each other.

There was a policy for staff to follow when dealing with accidents and emergencies. Staff considered the risks that people may face when care and support was provided. One staff member told us how they checked to ensure any hoists they used to safely move people were in good working order. Accidents and incidents were recorded. Four minor accidents related to staff had taken place since the last inspection and one incident related to a person who used the service. These were documented and follow up action was recorded on the electronic monitoring system.

Staff knew how they would implement a do not attempt resuscitation form. One staff member was unsure whether this instruction applied to a person choking but told us they would intervene to help the person in this circumstance. One person had one of these written instructions in place.

Risk assessments were completed to show that the risks to people had been considered when providing care. These included people's risk of falls and what support they needed when walking. The risk of people developing pressure areas on their skin if they had limited mobility and the hazards involved when using equipment where there was a limited amount of space to do so safely. We saw examples where people had signed these records showing their agreement with the assessment. The manager told us that where they had not identified any risks they left the form blank. One person's ability to move around had changed, however, there was no written information to show that any potential risks in relation to this person remaining in bed every day had been considered in light of their needs changing. This made it difficult to establish whether a risk assessment had been completed or there were no risks identified.

The failure to take proper steps to ensure that each person is protected against the risks of receiving care or treatment that is inappropriate or unsafe by carrying out an assessment of their needs, the planning and delivery of care to meet people's individual needs and ensure their welfare and safety, is a breach of 9 (1) (a) (b) (i) (ii) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010. This corresponds to Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Protecting people from abuse was part of the training staff received. A training record showed that all staff had completed safeguarding training. Staff spoke confidently about the signs of potential abuse, which included a change in the person's behaviour. Staff were clear about what they would do if they suspected abuse was occurring and how they would report this. Staff were aware of the provider's policy about whistleblowing. This gave staff an option to speak to people outside of the agency such as care managers or the police if staff felt their concerns needed to be disclosed in this way. Having this option made people safer because abuse or suspected abuse could not be ignored. A safeguarding concern had been reported to the management of the service by a staff member that involved another staff member. The provider's internal disciplinary procedures were followed to address this matter and ensure people's safety.

Staff knew to report concerns about changes to people's needs to protect them from psychological harm and promote their dignity. One staff member had recently reported concerns to the manager of the service about a person's relative, who had dementia, showing distress over the absence of their relative since they had been admitted to hospital. The staff member was confident that the manager would respond appropriately to this concern. Staff received training in equality and diversity and there was a policy on human rights and diversity for staff to reference and follow.

Requires Improvement

Is the service effective?

Our findings

People were happy with the care and support they received. Their relatives were also happy with the care their relative's received. Comments included, "I have had good care from them for many years", "They are brilliant, I have nothing but praise for them". "I have no quibbles the carers are great".

People told us about the staff who provided support to them. They told us the staff stayed for the allocated time and left when they had completed what was needed and sometimes staying longer when necessary. Most people had experienced different staff providing care to them, people who had complained about this told us this had been addressed. One person, until recently, had the same staff member for six years. A relative told us "She has a regular core of carers come". Arrangements were in place to accommodate one person's preference for specific staff where possible. People with specific needs were matched with staff who had undertaken the relevant training to meet these needs effectively.

New staff received an induction when they started working for the service. This involved working through an induction pack that covered areas such as equality and diversity. Staff familiarised themselves with the policies and procedures used by the service and spent time shadowing more experienced staff providing care to people to learn how to meet people's needs. There was a process in place to monitor staff progress in completing their induction. Once staff had completed their induction they received on-going training relevant to their role. Training records showed that staff skills were kept up to date in areas related to their roles. Courses undertaken included the Mental Capacity Act 2005 (MCA), food hygiene, moving and handling to be able to support people with mobility difficulties, first aid and dementia. Some staff had undertaken training in using a specific device to support some people to eat their meals. This training was being refreshed to ensure staff maintained their skills in this area.

No one was subject to an order of the Court of Protection and each person had the capacity to make their own decisions although sometimes people chose to be supported by family members. The manager and staff had not been involved in any best interest meetings or decisions, but understood the process, which would be followed if one was required. Staff had received training on the Mental Capacity Act (MCA) 2005. The MCA provides the legal framework to assess people's capacity to make certain decisions, at a certain time. When people are assessed as not having the capacity to make a decision, a best interest decision is made involving people who know the person well and other professionals, where relevant.

Staff asked for consent before they started to undertake the agreed tasks. One person told us "They are very good. They offer to help with other things". Four people told us that the staff knew what they liked to eat and drink so they did not ask them about this and two people told us that the staff always asked them what they would like to eat or drink. Other people made meals and refreshments for themselves. A review of one person's care showed that the person confirmed that staff gained their consent before providing care. Staff knew to seek people's consent before providing care to them. A record of a check of a staff member's practice showed that 'consent was gained before care was given'. Staff knew what action to take should a person refuse care. They respected this decision, recorded it on the daily notes and informed the office. We saw examples where people had signed their care records to show their agreement with them and it had been recorded when people were unable to sign.

However, we found that on two recent occasions staff did not follow the MCA in relation to one person's request for them not to seek medical support in response to this person's urgent health concern. Under the MCA people are not to be treated as unable to make a decision merely because they make an unwise decision. Staff had followed the provider's policy in place when responding to accidents and emergencies which states they need to seek medical assistance. This meant that suitable arrangements were not always in place to obtain people's consent for staff not to seek medical assistance if people did not wish staff to do so and follow this instruction in line with the MCA. The manager told us that in light of this matter, they were going to look at developing the care planning process to formally agree such actions with people and /or their relatives to ensure staff followed an agreed course of action in the future.

The failure to have suitable arrangements in place for obtaining, and acting in accordance with, the consent of people in relation to the care and treatment provided to

Requires Improvement

Is the service effective?

them is a breach of 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010. This corresponds to Regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Managers checked how staff were working by observing them when they were in people's homes delivering care. People had consented to this happening. Managers observed how staff administered medicines safely and observed how staff communicated with people in a respectful way. Staff received regular progress reviews of their performance. Staff told us that the progress reviews had become more effective lately because they were detailed and they could raise issues, monitor their own progress and discuss training needs.

People's needs in relation to support with eating and drinking had been recorded. Where people needed support with this aspect of care this had been documented. One person had experienced dehydration in the past, therefore staff needed to monitor their fluid intake. Records showed staff recorded the fluids they had given the person. Another person had a poor appetite and staff encouraged them to eat well as they needed to take their medicines with their food. Staff stayed with them to support them while eating and if the person refused their meals staff recorded this, and reported it to the family and to a senior staff member. People made their own choices in relation to food. A spot check of a staff member's practice showed 'All nutritional needs were met; choice and options were given'.

People's health care appointments and health care needs were co-ordinated by themselves or their relatives. However, staff liaised with health and social care professionals involved in their care if their health or support needs changed. People were supported to maintain good health. A relative told us how pleased they were with the care the staff provided, adding that "My mother has never had bedsores".

Good

Is the service caring?

Our findings

People and their relatives told us that the staff were caring towards them. Comments included "We have a laugh and a joke, they are good company" and "They are very caring towards her", "They are kind and caring and show respect for her".

Written information was given to people so they knew what to expect from the service. This included information about what people could expect the staff to wear when they visited them, what records staff would maintain, how to make a complaint and their rights. One relative told us that they were given good information about their relative's care when they started receiving a service.

Care was planned around people's individual needs. People's care plans showed what support people required. This included a regular shave for one person, that it was important to another person to be clean and comfortable. One person's preferred sequence of events, such as when they preferred to use the bathroom. People's ability to communicate and give consent was also recorded. One person's record showed that they would tell the staff member what they wanted to eat and drink and they needed to be prompted to take their medicines. Other information about the person was also recorded such as one person's sporting hobby. A review of one person's care showed that the person confirmed that staff offered them choices about their care. We saw examples where people had signed their care plans showing their involvement with the process.

Staff spoke about the people they supported with compassion and affection. They referred to people they supported by name and used respectful language when talking about them. Staff knew people's preferences by reading the care plan and talking with people. One staff member told us that one person didn't like crusts. Another staff member told us how one person preferred their pillows in a certain way and how they liked to be supported to have their legs in a specific position. Another person needed staff to talk clearly and slowly to them. Staff knew when people's needs had changed. One person no longer needed two staff to support them. Staff responded quickly to concerns about people and shared these with the relevant parties. One relative told us "The care staff are very good at communicating with me if they have any concerns about my mum, they always talk to me and include me".

People told us that "They (Staff) treat me with dignity and are very caring" and one relative told us their relative had been "Very uneasy to start, he wasn't keen on female carers washing him but she said they had been wonderful winning him round showing him respect and dignity by placing towels in front of him".

People told us that staff held a towel up when providing personal care to ensure their dignity and knocked on their doors before entering to ensure their privacy. Staff told us they covered people with a towel and closed the door when providing personal care. They kept information about people private. The service user guide provided information about how people's confidentiality was maintained by the service.

People told us they were encouraged to be as independent as possible. One person told us they could not walk far but the staff encouraged them to do as much as they could for themselves. A relative told us that the staff prepared food for their relative and then they managed the rest themselves. People's care plans set out what tasks they could do for themselves including what areas of their body they could wash and details around the support they needed to do this. People who received a re-enablement package of support were supported to be independent. One staff member had recorded that one person was 'Doing very well. Very independent now and not needing support from staff. She makes her own breakfast and drinks'.

Requires Improvement

Is the service responsive?

Our findings

Most people told us they had looked through their care plan but mostly their relatives had been involved in sorting this out for them. People told us that they were given choices about their care. The manager undertook the initial assessments of people's needs. During the inspection we saw that an initial assessment was completed by the manager. This record showed what health needs the person had, what the person needed encouragement with, what tasks the person needed support with and who staff should report any concerns to.

One staff member told us that the service sometimes took referrals at short notice when there had been no assessment of risk completed, "We have to use our common sense when there is no risk assessment". The service recently took on the care of one person at short notice in an emergency. The manager told us that it was usual practice for the staff member taking the referral to record enough information about the person's needs and any risks over the telephone or wait to receive an outline of the care required in writing while waiting for a full assessment to be completed. This had not happened in this situation and staff had provided care to this person without any written information to follow based on their observations of the person's needs. One staff member had given this person a dietary supplement without knowing when they needed it and what amount they needed. The manager suspended the care being provided as soon as staff brought it to their attention that there was no written information to follow. Once an assessment of the person's needs and any risks had been completed, staff resumed delivering care to them. The manager also drew up a record for staff taking new referrals by telephone to complete; outlining the person's needs to ensure staff provided care safely.

The failure to take proper steps to ensure that each person is protected against the risks of receiving care or treatment that is inappropriate or unsafe by carrying out an assessment of their needs, the planning and delivery of care to meet people's individual needs and ensure their welfare and safety, is a breach of 9 (1) (a) (b) (i) (ii) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010.

Care plans were developed through discussion with people and/or their relatives, observations and reviews of people's needs. People told us they were able to discuss their care needs with the staff when they visited them. People added that the staff were flexible in the care they provided, the staff provided the care people wanted that day. One person told us what day of the week the staff provided specific care to them. One person told us that the staff were very accommodating.

People's care had been reviewed. A staff member told us that people's care was reviewed every three months. Records showed that telephone reviews had taken place asking for feedback from people about their care. People receiving re-enablement support to promote and regain their independence had their needs reviewed every six weeks with a view to extending their package of support if needed. Another person's needs had changed and they were cared for in bed. Their care plan was in the process of being updated to reflect this.

People and their relatives told us they knew how to make a complaint if they needed to. There was a complaints policy in place. Records showed there had been five complaints made to the service since the last inspection and six compliments. The complaints had been documented and resolved. People told us about the complaints they had made. Two people's relatives complained about staff not telephoning them to let them know they were going to be late. Both people's relatives told us staff now telephoned them if they were going to be late. Information about complaints was shared with staff as and when necessary.

Requires Improvement

Is the service well-led?

Our findings

People felt the service was well-led and were happy with the management of the service. People had made complaints and they had been responded to and resolved.

The provider had a vision for the service that included promoting people's dignity, independence and happiness. This was recorded in the service user guide. Staff knew the vision of the service. One staff member told us the vision of the service was to "Care for people to make sure they can stay in their own homes as long as possible". The manager told us they were supported in their role by the registered manager and another manager within the provider organisation.

At our inspection on 2 June 2014 we identified concerns in relation to the monitoring of service delivery and maintaining records. Records were not always being kept to document that people had been informed of the outcome of their complaints and concerns. Daily notes were not always returned to the office in a timely manner to be able to review the quality of the service received. Audits of records related to medicines had not been completed for a period of time. There was no effective system of monitoring whether staff had visited as planned because the electronic system had not been implemented. There was no written information to show that staff feedback in relation to staffing levels had been sought to monitor service delivery. Written instructions were not always in place for staff to follow about meeting people's needs and staff did not always record what care they had provided and what care people had completed for themselves. People's needs were not always regularly reviewed and an accurate record of supervision was not always kept.

At this inspection we found that records were still not always fully completed by staff. One person needed specific care in response to a health matter at each visit and two out of nine entries over two days did not show whether this had been provided or declined by the person. There was also a record covering one week that did not show whether this person had received another aspect of their personal care every other day as agreed or they had declined it. Staff reported a health concern to a health care professional and to their relative, but they did not record that they had also informed the person's relative.

Regular audits of records related to medicines were undertaken. These had identified areas requiring improvement in relation to staff completing medicine charts. The manager told us that issues related to completing records had been identified through their own monitoring. A record showed that staff were reminded of their duties around recording information on daily notes and medicines records in July 2014. More recent audits had identified improvements were needed in this area. The manager told us that training around record keeping and improving consistency included medicines records was to be arranged in the new year.

The failure to maintain accurate records is a breach of 20 (1) (a) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010. This corresponds to Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection we also identified breaches of regulations in relation to care and welfare and consent. One person's risk assessment had not been updated following a change in their needs. Records did not clearly show whether risk assessments had been completed and no risks had been identified or an assessment of risk had not been completed. Care planning was not always completed when supporting new people at short notice. Suitable arrangements were not always in place in relation to consent.

Two out of three sets of daily notes we looked at had been regularly returned to the office for review and auditing. One person's notes had not been returned since 31 July 2014. The notes available in respect of this person provided detailed information about the care provided. We were told that the notes should be returned after approximately one month. An audit of the daily notes had identified areas for improvement and these had been implemented by staff. Staff recorded information about what tasks people had completed for themselves.

Complaints were well documented and dealt with appropriately and records were maintained documenting staff supervision.

At our inspection on the 2 June 2014 the provider had identified that the system in place to monitor whether staff had visited people as planned was ineffective. There was a delay in implementing an electronic system to monitor this aspect of service delivery. At this inspection the electronic

Requires Improvement

Is the service well-led?

system for monitoring staff visits to people was being piloted in one area and was under review with a view to it being used for all visits across all areas. The monitoring of this system had shown that there were no late calls.

The manager told us that it was an open culture and the staff worked like a family. Most staff gave us positive feedback about the leadership of the service. One staff member told us there was effective leadership in place and they felt supported and part of a team. A staff meeting record showed that staff were praised for their "Hard work and dedication". They were invited to collect a gift from the office as thanks from the management of the service. Another staff member told us they could discuss any concerns they had and people's needs at staff meetings. One staff member told us that they had reported staff lateness and not staying the required amount of time with people to the management of the service and this had been addressed. Another staff member told us "It has got better" and staff told us they felt supported overall.

A recent staff meeting record showed that recruitment, training, staff sickness and the use of the out of hours telephone number were discussed. Two staff told us that the same things were discussed at staff meetings. These included being late for visits, staff sickness and telephoning the out of hour's number.

The management of the service were not always transparent with the staff about staff absence through sickness. The manager told us that staff absence through sickness had been a problem. However the way these instances had been managed by the provider was not in line with their own policy. The manager had not read this policy. The registered manager told us they were seeking legal advice in managing this issue to ensure they followed the correct procedure in future.

There were systems in place to monitor the quality of the service. These included reviewing complaints, accidents and incidents, reviews of people's care and audits of people's daily notes. There was a system in place to monitor whether staff were where they were meant to be, which was cross referenced with daily notes and the person's care package to ensure people received the agreed care. Staff completed records that logged the time they had spent with people providing care. These records were signed by the person who received the care to confirm the care had been provided. They were then returned to the office and checked to ensure delivery of care was in line with people's agreed package of support. This system was also being used to monitor care delivery in the areas where the electronic system was not yet being piloted.

People completed a quality assurance questionnaire to give feedback about the services provided. People told us they had received a questionnaire seeking their feedback. Approximately 100 questionnaires were sent out on the 11 September 2014 and the return date was the 1 November 2014. 20 had been completed and returned. The feedback showed that staff were on time about 60% of the time and stayed for the agreed amount of time 70% of the time. 90% of the staff completed the main tasks and 85% also completed other tasks. 80% of people had regular staff who supported them. 100% of people felt that the service met their needs and the staff treated them with dignity. The manager had not yet reviewed the results with a view to making any improvements. They told us that quality monitoring visits by the provider were to start in the new year to monitor and improve service delivery.

Staff had access to policies and procedures via the office where this written guidance was accessible. Records were stored securely ensuring the confidentiality of people and staff.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where legal requirements 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 did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 11 HSCA (RA) Regulations 2014 Need for consent Suitable arrangements were not always in place for obtaining, and acting in accordance with, the consent of people in relation to the care and treatment provided to them.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA (RA) Regulations 2014 Good governance Accurate records were not always kept in relation to each person's care.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 9 HSCA (RA) Regulations 2014 Person-centred care The registered person did not always take proper steps to ensure that each person is protected against the risks of receiving care or treatment that is inappropriate or unsafe by carrying out an assessment of their needs, the planning and delivery of care to meet people's individual needs and ensure their welfare and safety.