

Miss Claire Louise Webber

Tendring Care

Inspection report

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Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?

Requires Improvement ●

Is the service effective?

Requires Improvement ●

Is the service caring?

Requires Improvement ●

Is the service responsive?

Requires Improvement ●

Is the service well-led?

Requires Improvement ●

Summary of findings

Overall summary

Tendring Care 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 predominantly to older people. People using the service lived in 23 residential houses and ordinary flats across Clacton on Sea, Frinton on Sea, Tendring and the surrounding areas.

Not everyone using Tendring Care receives personal care; CQC only inspects the service being received by people provided with 'personal care'; help with tasks related to personal hygiene and eating. Where they do, we also take into account any wider social care provided. At the time of the inspection the registered provider was providing support to 23 people.

A registered manager was in post. The registered provider was also the provider of this service. A registered manager is a person who has registered with the Care Quality Commission (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 and associated Regulations about how the service is run.

At the last inspection in January 2016, the service was rated 'Good'. At this inspection we found the service had achieved a rating of 'Requires Improvement'. We wrote to the provider following this inspection and met with them to further discuss our concerns and the way forward to ensure the service achieved rating of at least 'Good'

During this inspection we found multiple breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulation 2014.

The care files we reviewed contained very basic information and did not contain any person centred information. Care plans were being reviewed but they did not highlight the areas of concern we identified during our inspection.

Risk assessments were implemented but did not contain clear guidelines for staff on how to support people and minimise risk levels. People were protected from the risk of abuse. Staff had received training around this. There were recruitment systems in place however; procedures for these were not followed consistently.

The service provided to people was not fully effective in meeting their needs. Staff had the relevant skills; however had not all received appropriate training to enable them to support people. Staff received good support from management through regular supervisions and appraisals however these needed to be more detailed in their approach.

People were encouraged to make day to day decisions about their life. For decisions that were more complex and where people did not have the capacity to consent, the staff had acted in accordance with legal requirements.

Where required, people and relevant professionals were involved in planning their nutritional support. Where required, people were supported to access a variety of healthcare professionals and appointments were arranged, however we saw little information in the care plans to support this..

People and their relatives spoke positively about the staff. Staff did not always demonstrate good understanding of respect and dignity. People's preferences in relation to their cultural or religious backgrounds were only briefly recorded. Equal opportunities and diversity were not fully promoted throughout the service.

People and their families were provided with opportunities to express their needs, wishes and preferences regarding how they lived their daily lives. People's needs were assessed, however care plans did not provide clear guidance to staff on how people were to be supported. The registered provider did not fully evidence or promote person centred care and support for people.

Where complaints had been made, there was evidence these had been managed appropriately.

The service was not always well-led. Quality assurance checks and audits were occurring regularly but did not always identify shortfalls within the service. During this inspection, we found that the systems and processes in place to maintain the quality and the standard of care being provided had not been effectively implemented. Records were very basic and did not evidence the most relevant information in relation to the support needs of the person.

Audits systems and checks were not being used effectively, there were not any measures in place to monitor, assess or improve the delivery of care being provided. Audits/checks, which were in place, did not effectively measure the quality or standard of support being provided. Feedback from the people who were being supported or their relatives had not been formally gathered. This meant that there were not any systems in place to gather feedback about what the registered provider does well or what areas need to be improved on.

Staff, people and their relatives spoke positively about the manager. There was a positive culture within the service and staff demonstrated a good understanding of the vision and values of the service.

We found five breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 and have made two recommendations with regard to Recruitment procedures and Communication.

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

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.

Risk assessments did not sufficiently record the measures in place to control potential risks to ensure people were kept safe

Whilst staff had received training relating to the safe administration/prompting of medication. Risks relating to the same had not been recorded.

Staff were not always recruited fully in line with the service policy and records highlighted gaps in the process. We have made a recommendation with regard to the provider seeking additional support and guidance with recruitment procedures.

Staff were deployed in sufficient numbers to meet people's needs and keep them safe. We have made a recommendation with regard to effective communication of rota changes within the service.

Staff demonstrated an understanding of protecting adults from abuse, and were clear on their responsibilities to raise concerns about potential abuse.

Requires Improvement ●

Is the service effective?

The service was not always effective.

Staff had completed training but this did not always provide them with all the skills and detailed knowledge they needed to provide effective care.

Staff did not always receive the training support and supervision they needed to develop in their roles.

People were supported to make decisions and choices about their care.

People were supported to eat and drink appropriately.

Care records did not include guidance for staff to follow to support people to manage specific health conditions

Requires Improvement ●

Is the service caring?

The service was not always caring.

People were not always treated with dignity and respect. Confidential and sensitive information was not being handled safely or securely.

Staff were familiar with the support needs of the people they cared for.

Positive relationships had been established between staff and the people supported.

People and their relatives were satisfied with the care being provided.

Requires Improvement ●

Is the service responsive?

The service was not always responsive.

People were not always provided with personalised care from staff who knew their needs well. Care records did not include all the information staff needed to provide consistent care and support.

People were provided with information on how to make a complaint and had opportunities to raise any concerns.

Requires Improvement ●

Is the service well-led?

The service was not always well-led.

There were multiple breaches of regulation identified.

Audits were not effective and had not identified areas which needed to be improved upon.

There were no formal quality assurance systems in place to monitor, assess and improve the provision of care being provided.

A registered manager who was also the service provider was in post for the day to day management of the service; however, there were no contingency plans in place for the effective running of the service in their absence.

Staff, people and relatives told us the management team were very supportive.

Requires Improvement ●

People told us the care they received was good.

Tending Care

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.

The inspection was prompted in part by concerns raised with us by the local authority following a quality monitoring visit and concerns raised with us directly regarding the lack of information in people's care documentation, staff training in moving and handling, inappropriate use of social media and the overall management of the service.

This was an announced inspection, which we bought forward due to the receipt of concerns. The provider was given 48 hours' notice of the inspection visit because the service provided was domiciliary care in people's own homes and we wanted to make arrangements to contact people. Also because it is small service and the manager is often out of the office supporting staff or providing care. We needed to be sure that they would be in.

The Inspection site visit activity started on 12th December 2017 and ended on 18th December 2017. It included visiting people in their own homes and telephone calls to people, staff and relatives. We visited the office location on 12th December 2017 to see the manager and office staff; and to review care records, policies and procedures.

The inspection was undertaken by two inspectors.

Prior to our inspection we reviewed the information we held about the service, including previous inspection reports. We contacted the local authority to obtain their views about the care provided. We considered the information which had been shared with us by the local authority and other people, looked at safeguarding notifications which had been submitted. A notification is information about important events which the provider is required to tell us about by law.

A Provider Information Return (PIR) was requested prior to the inspection. This is a form that asks the

provider to give some key information in relation to the service, what the service does well and what improvements need to be made. We used all of this information to plan how the inspection should be conducted.

We met with four people in their own homes to gain their views about the service. We also met with and spoke to eight care staff, the office administrator and the registered manager. Additional phone calls via telephone and visits were made to three people and four relatives.

During the inspection we looked at a variety of records. These included care records relating to six people, four staff recruitment and training records. We also viewed other documentation which was relevant to the management of the service.

Is the service safe?

Our findings

Although care plans contained some assessments of risk associated with people's care and support, these were not always sufficiently detailed to show how staff could minimise the risk and care for people safely. There was a lack of detailed risk assessments where staff would require guidance to support people's healthcare needs, such as falls, diabetes, epilepsy and catheterisation. For example, in one person's care plan we saw a risk was identified in relation to swallowing; the care plan did not contain any information on how this might affect the person when eating and drinking or if the person required a particular diet. Another person's care plan identified that a person was at risk of having a seizure at night. The care plan did not contain any information for staff to follow if the person were to have a seizure during one of their visits.

Another care plan reviewed was noted to have very limited information overall and there was no information in relation to risks therefore, it was difficult to find information about what support was required. For example, a 'yes' was recorded about risk of slips, trips and falls in connection with rugs, but no other information was found to support staff to mitigate this identified risk. Risk assessments reviewed in all of the six care records only contained yes or no answers and had broad statements such as 'To continue with care plan.' Or 'Keep an eye on them.'

We did not see clear evidence of individual 'Home Risk assessments' for each person being supported. These should contain information in relation to different risk factors, which could pose as hazards within the home, or corresponding control measures put in place. Individual 'fire evacuation' plans were not clear and did not identify exits within the home and different measures, which were in place to keep people safe. This meant staff did not have the information they needed to safely support people in the event of an emergency situation.

Additionally the local authority had identified risks at a recent quality monitoring visit associated with a person's challenging behaviour without any management guidelines for staff to follow. At this inspection, we found the registered manager had introduced a risk assessment, which related to staff managing this behaviour, however, this risk assessment just recorded that the behaviour had stopped and there were no guidelines for staff to follow if these behaviours continued or steps to take to mitigate any risk.

People were encouraged to manage their own medicines, but support was provided where they needed assistance. Where people managed their own medicines, this had not been effectively risk assessed and guidance was not always in place for staff to monitor to ensure the person took their medicines safely. One person we spoke with required staff support to prompt them to take their medicines. They told us, "Staff tell me to take my medicines but sometimes if they don't tell me I can forget." A member of staff told us they always checked medicines when they arrived on shift and another member of staff told us, "If I am honest I have not always checked. I think the manager does that."

Staff told us they had completed training in the administration of medicines and this was confirmed in training records we looked at. However, when we asked the staff member to explain what the person's medicines were prescribed for and when they needed to be taken, they were unclear. This demonstrated

that staff did not have the knowledge they needed to support people to take their medicines safely. We reviewed the person's medicine and medicine records. We found most medicines were blister packed and on a re-ordering system was in place. Medicine administration records that we looked at had been completed correctly and accurately.

We raised the monitoring of medicines with the registered manager. They told us they were not informed of missed medicines and although they reviewed medicine records periodically, they did not undertake formal audits of records or observations of staff to ensure people received their medicines safely. The registered manager confirmed that medicine competencies for staff were not in place, but these had started recently.

We saw no evidence of any regular or recent medicine audits, however the registered manager stated they did a six monthly audit which we saw was a brief reference to medication storage and the medication administration chart (MAR). This was just a tick box chart and did not evidence anything identified or actioned. The registered manager further told us that usually if anything was found they would just correct it after talking to staff and the audit would be completed afterwards, so any shortfalls were not recorded. They told us they were currently addressing this however, it had not started yet and that they would also review procedures and staff training. This would help to ensure people received their medicines safely and as prescribed.

We identified the above evidence to demonstrate a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 – Safe care and treatment.

The registered manager told us they understood their responsibility to ensure suitable staff were employed. We looked at the recruitment records of a sample of four staff employed by the service. Recruitment records contained relevant checks such as a Disclosure and Barring Service (DBS) check. A DBS check allows employers to check whether the applicant has any past convictions that may prevent them from working with vulnerable people. We found a few anomalies with the files we reviewed three files either had one of two references missing or it was unclear who the reference was from. Additionally one file had gaps in employment, which had not been addressed, and there were no interview discussion notes around the same. We were advised by the registered manager that this would be addressed. References are important and should be obtained from previous employers as part of the process to ensure staff were suitable and of good character.

The service had a staff disciplinary procedure in place to help manage any issues whereby staff may have put people at risk from harm. From looking at staff records, it was evident that where staff disciplinary issues had been identified, these had, in the main, been dealt with appropriately and where required, staff had been supported to identify developmental needs to minimise any future incidents. It was however noted in the case of one staff member who had recently left the service the manager had not dealt with the situation appropriately and showed a lack of knowledge around the same and should have sought some advice.

We therefore recommend the provider seek some advice and guidance from a reputable source with regard to recruitment procedures and take action to update their practice accordingly.

Staff told us they had access to the equipment they needed to prevent and control infection. They said this included a uniform, protective gloves and aprons. This equipment was stored in the agency office and in people's homes. We observed staff using protective clothing such as aprons and gloves on the visits we made to people's homes and staff were able to display a working knowledge of infection control. We did note however that not all staff had been trained yet in the prevention and control of infection. The registered manager advised that they were addressing this and training was planned.

Staff told us they felt there were enough staff rostered on shift to keep people safe. Staff comments included, "I am quite new and there seems to be enough." They explained that they received the rota and sheet with a second carer allocated when a person needed two staff. One member of staff stated that they felt communication could be improved as when they had rung the second carer, they found out they had changed but no one had let them know. They also said that that they had on one occasion gone to a property and then been told that they should have picked up a non-driver and had to go back.

The registered manager told us that up until the recent bad weather there had been no missed calls. The registered manager explained that in the recent snow one person had missed a call, the registered manager had investigated and found a carer had missed the person on their round, fortunately there was minimal impact as the person had a relative in the property. The registered manager told us she had spoken to the carer who had apologised and intended to send the person that missed the call a letter of apology. This had happened very recently and the registered manager told us she had not had time to record the investigation and outcome.

There was an 'out of hours' (on call) arrangements in place to ensure sufficient support was available to people and staff in the event of an emergency. This meant that regardless of the time people were being supported, staff could contact 'out of hours' if they needed to for support and advice.

We therefore recommend the registered manager ensures communication is improved in the service in response to staff availability and changes, so the risk of people not receiving their planned visit or a carer being delayed is mitigated. They should also ensure all incidents of missed visits and actions taken in response are recorded.

We saw that staff had received training in safeguarding and were knowledgeable about the types of abuse people might be exposed to and how to report any concerns that they might have. Staff told us that they were aware of the 'whistleblowing' policy as well as their duty to report anything untoward to senior staff. Staff comments included, "I would report to the office straight away, we can whistle blow or I would go to social services." And, "I would put it in writing and report it, if I was not happy I would go to the council or CQC." One person told us, "I feel very safe when they are here, and they are respectful to me. I have no doubts about the staff and do feel safe"

All of the people we spoke with told us they felt safe with the staff who supported them. People commented about how they felt the staff provided good support and ensured people were safe. One person we spoke with told us, "I am pleased with this service, they always turn up and phone me if they are going to be late" and relatives expressed, "They are very good and never miss a call." And, "If they are a little delayed they always call. I have no concerns." Another person told us, "They [the carers] let themselves in and out, I have a key safe, they are always respectful and I feel very safe with them."

Is the service effective?

Our findings

We reviewed the staff training records, which the registered provider had told us had been provided for all staff. However, the information we were provided with was not sufficient or suitable. A training matrix was provided, however we saw that there were gaps and staff had not always received specific training in topics required to understand the needs of people using the service. For example, in one care plan it was identified that the person had epilepsy but staff had not received any training in this subject. Another person had Parkinson's disease but training had not been provided to support staff to understand that person's associated needs.

Training records showed that staff had completed mandatory training courses such as moving and handling, health and safety and food hygiene. New staff received an induction, which covered the expectations of them in their role as well as training in topics including safeguarding, medicines and health and safety. The provider used an external provider to train staff in topics including moving and handling and first aid. The registered manager ensured new staff shadowed more senior staff until they felt confident to provide care to people alone. One person told us, "The regular staff seem well trained but there does seem a high turnover of staff." Staff comments included, "I have done quite a few training courses on the computer and manual handling face to face. I had previous experience and an NVQ in care." They added, "When I shadowed other staff we shared how people liked their care delivered." Another staff member said, "I have done most of the training; the registered manager is also guiding me in my new role and often comes out with us."

We also received concerns directly prior to this inspection that staff knowledge and training around moving and handling was not sufficient to enable them to do this safely and competently. Whilst we acknowledge that staff training was up to date and that observations of staff using hoists in people's own homes did not highlight any concerns we also received feedback from one person who stated, "I will not let the carers hoist me. This is purely because a majority of the present staff who have hoisted me have not positioned the sling correctly and have caused excessive pain." One staff member told us, "[Named RM] came out with me to use the hoist and worked alongside me and the training included training with hoists.", Another staff member told us "If new equipment I would call the manager to show me, then I would show other staff.", Additionally a third staff member told us, "We support each other when using new equipment, I have never gone in and not been shown either by the manager or another staff member how to use equipment."

Staff personnel files did not all evidence full details of the qualifications staff held in order to provide effective care and support to vulnerable people. For example, we found that in one staff file there was no current evidence to show what qualifications they had at all. This meant that the staff member may have been potentially unqualified or unsuitable to work in an environment supporting people with specific needs. The registered provider told us that the file was still being compiled for this member of staff and that they had completed the mandatory training courses. We were also advised that the training for all staff was being addressed and that courses for staff in subjects such as Epilepsy and Diabetes were currently being sourced and the gaps in training addressed following the concerns raised by the Local Authority at their visit.

We were informed during the inspection that staff had not been enrolled on to the 'Care Certificate'. The Care Certificate, which was introduced by the Government in 2015, is a set of minimum standards that social care and health workers are required to meet in their daily working life. This is designed to be completed within 12 weeks of staff starting work and signed off by a competent staff member (such as a senior or manager) once completed. Whilst we saw evidence that staff received regular supervisions, observations and an annual appraisal, records of these lacked meaningful detail. This meant that staff were not provided with the adequate skills and training opportunities to provide an effective level of care.

We identified this as a breach of regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 - Staffing.

We received positive comments from people supported and their relatives. We were informed that staff were familiar with the care needs of the people they cared for, there were regular and consistent staff who provided the support, and the communication was effective. Some of the comments we received from relatives included, "The carers are all very very helpful and understand [relative]." And "Can't fault them, they are brilliant, [relative] is really happy."

Supervisions were regularly conducted. Supervisions are regular meetings between the staff member and their manager to discuss any issues, which need to be addressed in a one to one setting. Discussions may include on-going training needs, professional development, concerns with other staff or people who are being supported, annual leave, sickness as well as other areas of discussion. Staff expressed that they felt supported and valued in their roles.

The registered provider assessed staffing levels to ensure sufficient numbers of staff were available to provide the care, which needed to be provided. Relatives we spoke with expressed that they were happy with the care and there were no formal concerns with the levels of staff.

People who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the Mental Capacity Act (MCA) 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.

The registered manager told us that everybody they supported had capacity to consent to their care and treatment. When we discussed mental capacity assessments with the senior team, they told us that they always referred to the relevant professionals to complete these, they understood the principles of the mental capacity act and always sought advice if there was any issues related to decision-making they would contact the relevant professional. This demonstrated that the provider was aware of their roles in relation to the MCA and the legislation underpinning the act. Staff told us, "I offer options to people if required and always ask what they would like." And added, "A person with dementia can still have capacity."

People were supported by the registered provider and team with regard to support from other external healthcare professionals. There was however minimal evidence within care records of the support received from GPs, social workers and community psychiatrists. This meant that people were being supported with other aspects of their health and well-being in a holistic way however, this was not always being recorded. We did not see any information in care plans, which related to other health needs. Staff told us that most people had family to organise appointments but staff would be happy to assist if required. One person told

us, "I am just waiting for the carer to take me to the dentist." This was a planned arrangement with the service.

We saw some evidence in the care records we reviewed of the different levels of support people were receiving throughout the course of our inspection and home visits. People's packages of care varied from person to person. We were able to identify people who needed to be prompted with a large variety of daily tasks such as cooking, cleaning, washing and shopping to people who needed a limited amount of support over a shorter period of time. It was evident during the inspection that staff were familiar with the different range of support needs and when this was provided throughout the week.

We saw evidence of staff supporting people with specialist diets. Staff were encouraged to 'prompt' people to maintain a healthy, well-balanced and nutritious lifestyle. People who were being supported by the registered provider had different levels of support needs. Staff would 'prompt' people to complete different tasks such as the preparation of meals. People's care plans did not always indicate the food they liked or guide staff when a risk was identified. The lack of detail in people's care plans meant new staff would not provide food according to people's needs or preferences. We received positive feedback from people. One person told us, "They do exactly what I want, they help with food and they do what I like. I try to join in with things to help; I warm the milk for my cornflakes. They try to do things how I like them and give me the right knife and fork; they know what I like now."

We reviewed how staff were able to support people who had behaviour that challenged as well as communication difficulties. It was clear staff were familiar with people however, it was not clearly evident in all care records the strategies to be used to support people, as documentation was not in place to support this. This meant that if new staff were to attend that person they may not have the necessary information to enable them to provide the necessary safe care and support in the event of difficult situations. Whilst we acknowledge that all care plans were under review at the time of our inspection the registered manager was advised clear concise information was necessary in all care plans to ensure people's current needs were met and so staff would be confident in diffusing challenging situations.

Is the service caring?

Our findings

We received concerns prior to this inspection about staff not always treating people with dignity and respect and using social media apps to communicate inappropriately between themselves regarding people's care. We discussed this with the registered manager who advised us that they had written to all staff in May 2017 advising them of the expectation that social media is not to be used to communicate or share photos of people receiving a service. We also saw that the provider had a policy in place to support this and had asked all staff to read this.

A recent incident brought to CQC evidenced that photos had again been shared between staff when querying the correct moving and handling procedure for one person therefore not ensuring their privacy. This did not evidence that all staff promoted the ethos of dignity and respect for people at all times. We additionally found that staff had not signed any confidentiality agreements or received training in the same.

We identified the above evidence to demonstrate a breach of Regulation 10 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 – Dignity and Respect

From our observations at the visits, we made and feedback from people, it was clear that people were cared for with compassion and kindness. Staff wanted people to be happy and live a life that was meaningful and fulfilling. All of the people we spoke with provided positive feedback about the caring nature of the staff. One person said, "The carers have a good attitude and are very respectful in my home." and, "I am very happy and jobs are carried out well and shopping is done." Another person told us, "They are very respectful of my privacy and dignity, and all the staff are pleasant. Some are slower than others at picking up my ways." Relatives we spoke with also provided positive feedback about the staff. One relative said, "I'm very satisfied with [relative's] care."

The caring nature of staff was evident during the conversations we had with members of staff. Staff spoke passionately about their role and the people they support. One member of staff said, "We do have time with people; I always find time for a chat." Another staff member said, "I would be happy if either of my parents needed to use this service." and, "We have a really good rapport with people that use our service." A third staff member said, "The people I go to get good care, in my opinion we provide a good service."

The service promoted people's independence. Staff we spoke to described the importance of encouraging people to do as much for themselves as possible. Staff said they felt this was important. Care files identified areas of independence and encouraged staff to promote this. One staff member told us, "One person once we have washed them, likes [description of care task undertaken], it is important to them and all staff know to do this."

Relatives confirmed their loved ones were given choices by staff. The registered manager told us people and their representatives were provided with opportunities to discuss their care needs when they were planning their care. This was done during the initial assessment prior to a person receiving any care calls and then through regular contact with the person and their families once their service had commenced. People told

us they were involved in planning their care and support. Relatives we spoke with told us they were consulted in relation to the care planning of people using the service.

Care records contained the information staff needed about people's significant relationships including maintaining contact with family. Relatives told us there was good communication from care staff and management who would provide regular updates regarding their loved ones care. One staff member told us, "If people are palliative and not able to speak, we refer to the care plan to ensure we provide their choice, their last moments should be happy."

Staff knew, understood and responded to each person's cultural, gender and spiritual needs in a caring and compassionate way. We saw several examples where people's individual needs and requirements had been identified and addressed. There was an equality and diversity policy in place, which detailed how the service would treat people and staff equally regardless of personal beliefs or backgrounds.

Is the service responsive?

Our findings

The care records and risk assessments we reviewed were basic and contained minimal information in relation to the care and support being provided. There was limited information documented about the level of care, which was needed, risks, which needed to be monitored and records contained minimal person centred information.

It was evident from the care records we reviewed that information about the person being supported was not captured before they began receiving the support from the provider. Pre-support assessments were not consistent throughout the records reviewed. The amount of detail recorded, did not provide staff with sufficient information about the level of person centred care a person needed. Care plans did not describe how care and support was to be delivered.

Care records didn't contain any detailed information in relation to personal history, social activities, medication and individual support needs and risks. However, where appropriate relatives had been involved in the assessment process and we saw evidence to suggest that relatives had continued to be involved in the care being provided. One relative explained, "We are very involved in [relative's] care so there is regular family input." and "They call up regularly to check how we are and if we are happy with the care."

People's care plans contained only basic information relating to their practical care needs rather than personal preferences. Staff we spoke with knew about the care preferences and social backgrounds of the people they supported regularly, but this was not always captured in people's care plans. Additionally the people we spoke with did not raise any concerns regarding a lack of person centred care, which meant this issue was more to do with the content of care plans rather than the delivery of care. Records showed care plans were reviewed regularly but mainly repeated that the care plan remained the same and care plans still lacked person centred detail. The registered manager advised us that all the care plans were currently being reviewed and updated in line with actions highlighted at the recent visit by the local authority.

We identified this as a breach of Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 – Person Centred Care

The registered provider had a complaints policy in place. There was a process for people and relatives to make a complaint however; we were told the service had not received any formal complaints. The registered manager did have a list of minor concerns recorded and these did contain the action the manager had taken. For example, one person had contacted the manager to say that staff were going upstairs to get something the person needed without waiting for the person to give permission. The registered manager had recorded in communication to all staff to only go and get the persons item when requested to by the person. The manager told us, "I make a note of complaints but we have not had any." Therefore, we were unable to evidence of how any formal written complaints were managed and responded to as most of this was done informally and not fully recorded. This meant that there were minimal records of how complaints were being responded to or how and if lessons were being learnt. People told us, "I had a grumble once, someone rang me up and it was sorted. I know who to call as it is in the contract." And, "I have no

complaints and I am happy with them. I am quite happy."

Guidance was available for reference to ensure unforeseen incidents affecting people would be well responded to. For example, if a person required an emergency admission to hospital, people's care files contained a list of emergency contacts for staff to notify. Care staff also told us they would be supported by office staff to remain longer with people to ensure they were not left alone in the case of an emergency. The people we spoke with indicated that they were happy with the staff that supported them and felt they could raise any concerns they had. At the time of our inspection no one was receiving end of life care. Discussions with staff and the manager highlighted that they felt assured they would be able to meet a person's needs should the need arise.

Staff supported people with a different range of daily activities which they enjoyed taking part in. We saw evidence of staff providing support to people who enjoyed a variety of different social interests. For example, we found that some people enjoyed going into the local community, going for local walks and it was evident from our visits to people's homes staff provided support to people who were very familiar with people's different support needs and knew what needed to be 'prompted' and 'supported' during each care visit.

Is the service well-led?

Our findings

We looked at the quality assurance systems being used to identify quality concerns and risks across the service. These consisted of a schedule of monthly audits. The audits looked at health and safety, infection control, care plans, medicines and other aspects relating to the running of the service. We found that although these audits had been completed as scheduled, they did not always identify shortfalls and areas for improvement in the service and were not always comprehensive. For example, the provider carried out spot checks of staff performance every month to check they were providing care to people in the best ways. The provider also gathered feedback from people via questionnaires or courtesy calls but information gathered lacked detail. The provider did not have suitable processes to review risk assessments to check these were appropriate as part of keeping people safe. In addition, the provider did not have processes in place to audit medicines management or check staff competency in this area. The provider had not checked staff recruitment procedures were robust and had not audited staff files to ensure they contained all the required information.

Additionally the audits that were in place did not all identify some of the shortfalls we found during this inspection. Completed documentation was just a tick box system and therefore no actions were recorded in response and this meant no corrective action could be taken to address any issues including staff learning needs. We found the audits being used in the service generally lacked specific detail. For example, where care plans were audited, there was no detail around what aspect of the care plan had been audited. We also found that although audits had been designed to identify shortfalls within the service, there was no area within the audits to track improvements to ensure identified actions had been completed.

The registered manager told us they did not have a call monitoring system to determine what time and for how long people received their support. The registered manager was unable to run reports that gave them information about missed visits, and late visits. This meant this information was not readily available to the staff or registered manager to carry out risk assessments and quality checks. An effective system was not in place for the provider to determine whether people were receiving care calls at the times and for the durations that were agreed.

We discussed with the registered manager whether they had contingency plans in place in the event of their absence. There were no clear contingency plans in place to manage the service in the absence of the manager. This meant that there was the possibility that the current plans in place would not ensure a continuation of the service with minimal disruption to the care of people. In addition to planned absences, the manager was unable to outline plans for short and long term unexpected absences. The manager told us there was an administrator but she did not have deputy manager in place. Since the last inspection the service had grown in size and it was clear from our discussions that the manager had been struggling and not delegating tasks but rather trying to do it all herself as well as completing calls herself when staff were not available.

We identified this to be a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. - Good Governance.

A registered manager was in post. A registered manager is a person who has registered with the Care Quality Commission (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 and associated Regulations about how the service is run.

Staff spoke positively about the registered manager. The staff told us the registered manager was hands on and was available to support staff with all aspects of their role. We were given examples of when they would go out on care calls in emergencies to support staff. Staff told us, "[Registered Manager and Husband] very helpful in the snow recently, took over my round so I did not have to do my tea calls." And, "Team work is really good, [Registered [Manager] is always contactable, and I love it here." Another staff member told us, "It's ok I always have the registered managers number." The registered manager was also the provider of the service.

In order to ensure the staff were providing the expected level of care, the manager told us they would carry out random spot checks on carers whilst they were delivering care. The manager would also take some time during these visits to talk to people receiving care to obtain their views about the carer. People we spoke with informed us this also gave them an opportunity to get to know the staff team.

Staff told us they felt they could discuss any concerns they had with the manager. Staff used words such as "Approachable" and "Easy to work with" to describe the manager. Staff told us there was an open culture within the service and the management team listened to them. However, the staff we spoke with told us they did not have regular staff meetings with management and felt this would be beneficial to meet with the management as a staffing group and be able to discuss common issues experienced by all of the staff. The staff acknowledged that they received one to one support but felt they would still benefit from regular staff meetings. We discussed the value base of the service with the manager and staff. It was clear there was a strong value base around providing good care to people and to maximise people's opportunity to remain living in their own home.

From looking at the accident and incident reports, we found the service was reporting to us appropriately. The provider has a legal duty to report certain events that affect the well-being of the person or affects the whole service.

This section is primarily information for the provider

Action we have told the provider to take

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

Regulated activity	Regulation
Personal care	<p>Regulation 9 HSCA RA Regulations 2014 Person-centred care</p> <p>Care records we reviewed were not person centred and did not provide staff with adequate information about the person who was being supported.</p>
Personal care	<p>Regulation 10 HSCA RA Regulations 2014 Dignity and respect</p> <p>People were not always treated with dignity and respect and had not always had their privacy maintained at all times.</p>
Personal care	<p>Regulation 12 HSCA RA Regulations 2014 Safe care and treatment</p> <p>Care plans did not always contain sufficiently detailed or robust information to enable staff to minimise any risks associated with people's care and support needs and to ensure they received medication safely.</p>
Personal care	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>The registered provider was failing to ensure that there were systems and processes in place to provide a safe, effective and well-led service.</p>
Regulated activity	Regulation

Personal care

Regulation 18 HSCA RA Regulations 2014 Staffing

Staff did not receive appropriate training and professional development, supervision and appraisal as is necessary to enable them to carry out the duties they are employed to perform.