

Sonia Heway Care Agency Ltd

# Sonia Heway Care Agency

## Inspection report

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## Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

**Requires Improvement** 

Is the service effective?

**Good** 

Is the service caring?

**Good** 

Is the service responsive?

**Good** 

Is the service well-led?

**Requires Improvement** 

# Summary of findings

## Overall summary

This announced inspection took place on 12 and 13 April 2017. Sonia Heway Care Agency is a domiciliary care service providing personal care to people living in their own homes. At the time of the inspection 19 people were using the service.

At our previous comprehensive inspection on 24 and 26 August 2016 we found a number of breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. We found the provider had not taken action to make sure medicines were managed safely and had not put in place risk management plans to mitigate the risk for people. People and their relatives where appropriate were not involved in the assessment and development of their care plan and the care plans were not person centred. Effective systems were not in place to monitor and improve the quality and safety of the service provided to people.

Following that inspection we imposed conditions on the provider's registration at the location. We told the provider to carry out monthly audits of all care plans, risk assessments and management of medicine and send CQC a report of actions taken as a result of these audits. We also placed the service in special measures. For adult social care services, the maximum time for being in special measures will usually be no more than 12 months.

In line with the conditions we imposed, the provider had sent us reports from the results of the audits they carried out and the improvements they had made. As the provider had demonstrated improvements and the service is no longer rated as inadequate for any of the five key questions, it is no longer in special measures.

At this inspection we found people's medicines were managed appropriately and they were receiving their medicines as prescribed by healthcare professionals. Senior staff completed risk assessments for people who used the service which provided sufficient guidance for staff to minimise identified risks. The provider involved people and their relatives, where appropriate, in the assessment, planning and review of their care. Staff supported people in a way that was caring, respectful and protected their privacy and dignity. Staff developed people's care plans that were tailored to meet their individual needs. Care plans were reviewed regularly and were up to date. The service sought the views of people who used the services. Staff felt supported by the provider.

The service worked effectively with health and social care professionals and commissioners. Feedback from social care professionals also stated that the standards and quality of care delivered by the service to people was good and that they were happy with the management and staff at the service.

Since our inspection in August 2016, the provider had made improvements in the systems used to assess and monitor the quality of the care people received. The provider had taken action to make sure that most of the systems for monitoring and improving the quality and safety of the services provided to people were operating effectively.

However, at this inspection we identified some further improvements were required in specific areas. We found gaps in the recording of the medicines administered to people although people were receiving their medicines as prescribed. The provider had not maintained a manual or electronic call monitoring (ECM) system record to show that they had monitored visits to people homes to ensure they received visits at the correct times, including when they were running late had been followed up effectively and identify any patterns to address.

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

The service had a system to manage accidents and incidents to reduce reoccurrence.

The service provided an induction and training and supported staff through regular supervision and annual appraisal to help them undertake their role. The service had enough staff to support people and carried out satisfactory background checks of staff before they started working. The service had an on call system to make sure staff had support outside the office working hours.

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

People's consent was sought before care was provided. The registered manager and staff understood the Mental Capacity Act 2005 (MCA) and the Deprivation of Liberty Safeguards (DoLS) and acted according to this legislation.

Staff supported people with food preparation. People's relatives coordinated health care appointments to meet people's needs, and staff were available to support people to access health care appointments if needed.

The service had a clear policy and procedure for managing complaints. People knew how to complain and would do so if necessary. The service had maintained a complaints log, which showed when concerns had been raised senior staff investigated and responded in a timely manner to the complainant.

## 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 safe. However, we have revised and improved our rating for this key question to 'Requires Improvement' at this time as systems and processes that have been implemented have not been operational for a sufficient amount of time for us to be sure of consistent and sustained good practice.

Staff supported people so they took their medicine safely. Senior staff completed risk assessments and risk management plans to reduce identified risks to people.

The service had a policy and procedure for safeguarding adults from abuse. Staff understood the action to take if they suspected abuse had occurred. People and their relatives told us they felt safe and that staff treated them well.

The service had a system to manage accidents and incidents to reduce reoccurrence.

The service had enough staff to support people and carried out satisfactory background checks of staff before they started working.

### Is the service effective?

**Good** 

The service was effective.

People and their relatives commented positively about staff and told us they supported them appropriately.

The service provided an induction and training for staff. Staff were supported through regular supervision and yearly appraisal to help them undertake their role.

The provider and staff knew the requirements of the Mental Capacity Act 2005 and acted according to this legislation.

Staff supported people with food preparation. People's relatives coordinated health care appointments and staff were available to support people to access health care appointments if needed.

### Is the service caring?

Good ●

The service was caring.

People and their relatives told us they were consulted about their care and support needs.

Staff treated people with respect and kindness, and encouraged them to maintain their independence.

Staff respected people's privacy and treated them with dignity.

We have revised and improved the rating for this key question to 'Good' this is because the provider had involved people and their relatives where appropriate in the assessments and development of their care plan.

### Is the service responsive?

Good ●

The service was responsive.

Staff developed care plans with people to meet their needs. Care plans included the level of support people required and what they could manage to do by themselves.

People knew how to complain and would do so if necessary. The service had a clear policy and procedure for managing complaints.

We have revised and improved the rating for this key question to 'Good' this is because the care plans were person centred to each person's individual needs and there was guidance for staff on how to deliver specific aspects of care and meet the identified needs of people.

### Is the service well-led?

Requires Improvement ●

Some aspects of the service were not well-led.

The provider had made improvements in the systems used by the provider to assess and monitor the quality of the care people received.

However, at this inspection we identified some further improvement was required in specific areas. We found gaps in the recording of the medicines administered to people. They had not maintained a manual or electronic call monitoring (ECM) system record to show that they had monitored visits to people

homes to ensure they received visits at the correct times, including when they were running late had been followed up effectively.

The service had a registered manager in post. The registered manager and the care manager held regular staff meetings, where staff shared learning and good practice so they understood what was expected of them at all levels. Staff said they enjoyed working for the service and they received good support from the care manager.

The service worked effectively with health and social care professionals and commissioners.

We have revised and improved our rating for this key question to 'Requires Improvement' at this time as systems and processes that have been implemented have not been operational for a sufficient amount of time for us to be sure of consistent and sustained good practice and the provider remains in breach of a legal requirement.

# Sonia Heway Care Agency

## **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.

Before the inspection we looked at all the information we held about the service. This information included the statutory notifications that the service had sent to Care Quality Commission. A notification is information about important events which the service is required to send us by law. We also contacted health and social care professionals and the local authority safeguarding team for feedback about the service. We used this information to help inform our inspection planning.

This inspection took place on 12 and 13 April 2017 and was announced. The provider was given 48 hours' notice because the service is a domiciliary care service and we needed to be sure that the provider would be in. The inspection was carried out by one inspector on 12 April 2017 and one inspector and one pharmacy advisor returned to the service on the 13 April 2017 to complete the inspection. Two experts by experience carried out phone calls to people and their relatives. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service.

During the inspection we looked at seven people's care records, seven staff records, and six records related to the management of medicines. We also looked at records related to the management of the service such as details about the complaints, accidents and incidents, safeguarding, and quality assurance and monitoring. We spoke with six people who used the service and eight relatives about their experience of using the service. We also spoke with the registered manager, the care manager and five members of staff.

# Is the service safe?

## Our findings

At our last comprehensive inspection on 24 and 26 August 2016, we found the provider had not taken action to make sure medicines were managed safely. There was not always up to date and accurate records of the medicines people were prescribed. People were at risk of not receiving their medicines as prescribed. The provider had not conducted regular audits of people's medicines records. This was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection we found that the provider made suitable arrangements to ensure people were protected against the risks associated with the inappropriate treatment of medicines. People and their relatives told us they received support with administration of medicines. They felt they could rely on staff to ensure their medicines were administered safely. One person told us, "I take my own tablets but they [staff] make sure I have taken them." Another person commented, "I'm not sure if they [staff] write everything on medication administration records (MAR) chart, but they [staff] do write things down so I think they must do." One relative told us, "I'm not there all the time but as far as I can see my loved one gets their tablets at the right time. Put it this way, she is keeping reasonably well so I don't think there are any problems." Another relative said, "My loved one is very safe with them [staff]. The care is second to none. She has to have oxygen but they [staff] all know what they are doing and how to use the equipment." At the time of this inspection there were six people receiving medicines support. People received their medicines as prescribed, including controlled drugs. We looked at six medication administration records (MAR), people received their medicines safely, consistently and as prescribed. We found that people were able to obtain their 'when required' (PRN) medicines at a time that was suitable for them, even though there was minimal prescribing of these types of medicines. People's behaviour was not controlled by excessive or inappropriate use of medicines.

Medicines were administered by staff that had been trained in medicines administration. We saw that the provider had recently updated their training package to take into account medicines issues they identified, including more emphasis on the need to sign the MAR after every administration. This had culminated in a monthly audit undertaken by the registered manager to ensure staff signed the MAR after each administration.

The provider followed the current and relevant professional guidance about the management and review of medicines. For example, we saw evidence of several recent audits carried out by the provider, including safe storage of medicines, risk assessments on the medicine needs of people and omitted or delayed doses on a monthly basis. When asked, a member of staff told us how they had learned from a recent medicines incident involving non recording of a particular medicine to one person. Staff attended a 'themed supervision' which involved re-training staff to remind them of the consequences of getting medicines administration wrong.

However, we found some gaps in the recording of the medicines administered to people. We reported the details under Well-led section of this report, and this required improvement.



At our last comprehensive inspection on 24 and 26 August 2016, we found the provider had not taken action to make sure risk assessments were always reflective of people's needs, and appropriate steps were in place to mitigate future risks. This was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection we found that the provider had taken action to make sure risks assessments were always reflective of people's needs, and included appropriate guidance for staff on how these risks should be managed. Staff completed a risk assessment for every person when they started using the service. Risk assessments covered areas including falls, moving and handling, self-neglect and risk of infection. Assessments included appropriate guidance for staff on how to reduce identified risks. For example, where someone had been identified as being at risk of falls when mobilising, a risk management plan had been put in place which identified the use of equipment and the level of support the person needed to reduce the risk. A senior member of staff told us that risk assessments were reviewed as and when people's needs changed. We reviewed seven people's records and found all were up to date with detailed guidance for staff to reduce risks.

People and their relatives told us they felt their loved ones were safe and that staff treated them well. One person told us, "Yes, I feel very safe with them [staff]." One relative said, "My loved one is very safe with the carers. It means that I can go out and get things done knowing that she is in safe hands." Another relative said, "My loved one uses a bath lift and walking frame. Yes, I would say my loved one is safe with them [staff]."

The service had a policy and procedure for safeguarding adults from abuse. The service manager and all staff understood what abuse was, the types of abuse that could occur, and the signs to look for. Staff knew what to do if they suspected abuse. This included reporting their concerns to the manager, the local authority safeguarding team, and the Care Quality Commission (CQC) where necessary. All staff told us they completed safeguarding training and the training records we looked at confirmed this. Staff told us that they would report any concerns to the care manager and they would respond straight away. Staff told us there was a whistle-blowing procedure available and they said they would use it if they needed to.

The provider had taken action to support people where allegations of abuse had been raised and the appropriate bodies had been notified of the incident. The service maintained records of safeguarding alerts and monitored their progress to enable learning from the outcomes of investigations when known. The provider implemented performance improvement plans for staff to make sure they used any incidents as an opportunity for learning. The service worked in cooperation with the local authority in relation to safeguarding investigations and they notified the CQC of these.

The service had a system to manage accidents and incidents to reduce them happening again. Staff completed accidents and incidents records. These included action staff took to respond and minimise future risks, and who they notified, such as the care manager or a social and healthcare professional. The senior member of staff reviewed each incident and monitored them. The provider showed us examples of changes they made after incidents. For example, when incidents involving managing behaviour that others may find challenging were found, additional training was given to staff. It was also noted that actions to reduce future risks was discussed with the staff.

The service had enough staff to support people safely. The provider told us they organized staffing levels according to the needs of the people who used the service and in consultation with the commissioners. One person told us, "Yes, there seems to be enough staff." Another person said, "Yes, they [staff] arrive on time and will ring if held up." A relative told us, "They [provider] seemed to have a problem a few weeks ago. I

think they do have enough staff now." Another, relative said, "They [staff] are generally on time, and will ring to say if they are going to be late." Staff we spoke with told us they had enough time to meet people's needs. The service had an on call system to make sure staff had support outside the office working hours and staff confirmed this was available to them at all times. The care manager told us they monitored people's calls manually to check they were attended on time. However, there were no records maintained to show they regularly contacted people to check on this. We reported the details under Well-led section of this report, and this required improvement.

People who required support from two carers at one time and their relatives told us that the care staff arrived together as required so care could be provided as planned. One relative told us, "Yes, they [staff] are usually the same ones and they double up and they arrive together, not a problem."

Staff rostering records showed that the provider had not always allowed enough time for staff to travel between calls when taking into consideration the distance between two home visits, the mode of transport, and any potential traffic delays, although people's feedback was positive regarding time keeping. Following the inspection feedback, the care manager confirmed they had undertaken a comprehensive review of the rostering of people's home visits and addressed the issues. Records we saw confirmed this.

The provider carried out checks to ensure only suitable staff were employed at the service. On one occasion the checks on identification had not been robust to identify a potential issue. For example, one of the seven staff member's evidence of identification was unsatisfactory, and this required improvement. The provider told us that they would verify the identity again and notify us. We will continue to monitor this. However, all other staff files we reviewed found that the provider carried out satisfactory background checks of all staff before they started working. These included checks on staff member's qualifications and relevant experience, their employment history and consideration of any gaps in employment, references, and criminal records checks, a health declaration and proof of identification. This reduced the risk of unsuitable staff working with people who used the service.

We found that the provider had addressed the breaches of regulation and were compliant with Regulations 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. We have revised and improved the rating for this key question to 'Requires Improvement' at this time as system and processes that have been implemented have not been operational for a sufficient amount of time for us to be sure of consistent and sustained good practice.

# Is the service effective?

## Our findings

The provider trained staff to support people appropriately. People and their relatives told us they were satisfied with the way staff looked after their loved one and staff were knowledgeable about their roles. One person told us, "I have no problems at all with them [staff], they are all very good." One relative told us, "I think they [staff] are really well trained and know what they are doing." Another relative said, "They [staff] are just brilliant."

The care manager told us staff completed a comprehensive induction training when they started work, and a period of shadowing an experienced member of staff. Staff completed mandatory training specific to their roles and responsibilities. The training covered areas from basic food hygiene, and health and safety in people's homes to moving and handling, administration of medicine, challenging behaviour, and the Mental Capacity Act 2005 which included training on the Deprivation of Liberty Safeguards. Records we looked at confirmed this. Staff told us the training programmes enabled them to deliver the care and support people needed.

Records showed the provider supported staff through regular supervision, monthly spot checks and annual appraisal. One relative told us, "I think the [registered] manager has been for spot checks." Areas discussed during supervision included staff wellbeing and sickness absence, their roles and responsibilities and their training and development plans. Staff told us, the supervision meetings were useful to improve upon their day to day work. They said they worked as a team and were able to approach the care manager at any time for support.

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

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. If the service wished to restrict the liberty of any person an application would have to be made to the Court of Protection. We checked whether the service was working within the principles of the MCA and established that the service was meeting the requirements of the legislation.

The service had systems to assess and record whether people had the capacity to consent to care. Staff understood the importance of asking for consent before they supported people. One person told us, "I think the carers are marvellous. They never do anything without asking me if it's alright even though they do the same things most days." Another person said, "Yes, they [staff] do ask and tell me what they are going to do." A member of staff confirmed they sought verbal consent from people whenever they offered them support. Staff also recorded people's choices and preferences about their care and support needs and that people were not deprived of their liberty.

Staff supported people to eat and drink enough to meet their needs. One person told us, "They [staff] do my lunch for me; I have no problems at all." One relative said, "My loved one chooses all his meals for himself. The carers always ask what my loved one would like and he selects things from the fridge or freezer. They are very respectful of his decisions." People's care plans included a section on their diet and nutritional needs.

People's relatives coordinated health care appointments and health care needs, and staff were available to support people to access healthcare appointments if needed. One relative told us, "They [staff] always let us know if there is anything to worry about. For instance, my loved one is in hospital now and that is because her carer realised she wasn't well and got the paramedics out to her then phoned me." People's personal information about their healthcare needs was recorded in their care records. We saw contact details of external healthcare professionals and their GP in every person's care record. Staff told us they would notify the office if people's needs changed and they required the input of a health professional such as a GP or a hospital appointment.

## Is the service caring?

### Our findings

At our last comprehensive inspection on 24 and 26 August 2016, we found the provider had not involved people and their relatives where appropriate in the assessments and development of their care plan. This was a breach of Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection we found the provider had taken action to make sure people and their relatives, where appropriate, were involved in the assessment, planning and review of their care. One person told us, "I was fully involved in my care plan and they call from time to time to see if anything has changed or if I need anything extra. I can always contact them as well if I need a bit more support." One relative said, "Yes, my loved one has a care plan and I was involved in it initially." Another relative commented, "Yes, they [staff] are very good at keeping me informed. We leave notes for each other about what is happening and what is needed." The care manager told us if a change of need arose, these were discussed with people and their relatives as appropriate and that the service met their needs. For example, we saw when someone's needs had changed the care manager involved the person and their relatives in the review of their care plan. People's care records showed that they were involved in planning and subsequent reviews of their care.

People and their relatives told us they were happy with the service and staff were caring. One person told us, "The carers are smashing, they are very kind." Another person said, "They [staff] are really nice people. It's not an easy job and they are busy but they always come with a smile on their faces." One relative said, "They [staff] are very good and very gentle with my loved one."

Staff understood how to meet people's needs in a caring manner. Staff we spoke with were aware of people's needs and their preferences in how they liked to be supported. For example, one staff member told us, "I always give people options, they make a choice of certain foods and I ask them before giving any personal care, how they liked to be supported." Another member of staff said, "I always talk to them and laugh with them."

People were supported to be as independent in their care as possible. One relative said, "One relative told us, "Yes, definitely, they [staff] know him very well and are very patient with him. He can be reluctant to have a bath and they encourage him and help with his independence." Staff told us that they would encourage people to complete tasks for themselves as much as they were able to. One staff member told us, "I always encourage people to do things for themselves, like washing their own face, and the places they could manage to reach on their own, and to put on their clothes."

Staff described how they respected people's dignity and privacy and acted in accordance with people's wishes. Staff told us they did this by ensuring people were properly covered, and curtains and doors were closed when they provided care. One person told us, "Yes, they [staff] are very respectful to me." One relative said, "Yes, they [staff] treat my loved one with dignity and encourage him in a very respectful manner." Staff spoke positively about the support they provided and felt they had developed good working relationships with people they cared for. Staff kept people's information confidential. One staff member explained to us how they kept all the information they knew about people confidential, to respect their privacy. They said

they would share people's information with the care manager or the relevant health and social care professionals. The service had policies, procedures and staff received training which promoted the protection of people's privacy and dignity.

Staff showed an understanding of equality and diversity. Staff completed care records for every person who used the service, which included details about their ethnicity, preferred faith, culture and spiritual needs. Staff we spoke with told us that the service was non-discriminatory and that they would always seek to support people with any needs they had with regards to their disability, race, religion, sexual orientation or gender.

We found that the provider had addressed the breaches of regulation and were compliant with Regulations 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. We have revised and improved the rating for this key question to 'Good' this is because the provider had involved people and their relatives where appropriate in the assessments and development of their care plan.

## Is the service responsive?

### Our findings

At our last comprehensive inspection on 24 and 26 August 2016, we found that the care plans were not person centred to each person's individual needs and there was no guidance for staff on how to deliver specific aspects of care and meet the identified needs of people. This was a breach of Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection we found that staff carried out a pre-admission assessment for people to see if the service was suitable to meet their needs. This assessment was used as the basis for developing a tailored care plan to guide staff on how to meet people's individual needs. Care plans contained information about people's personal life and social history, their health and social care needs, allergies, family and friends, and contact details of health and social care professionals. They also included the level of support people needed and what they could manage to do by themselves.

People and their relatives told us they had a care plan. One person told us, "Yes, I have a care plan." One relative said, "My loved one has a care plan, and her needs haven't changed but she is doing really well with her care." Another relative commented, "My loved one has a care plan and needs more care now, they [staff] are helping us to look at our options."

Staff discussed any changes to people's conditions with the care manager to ensure any changing needs were identified and met. The senior staff updated care plans when people's needs changed and included clear guidance for staff. For example, when one person's needs changed, extra hours of care were provided and the care plan was updated to reflect the change. Staff completed daily care records to show what support and care they provided to people. Care records showed staff provided support to people in line with their care plan. All care plans we reviewed were up to date.

People and their relatives told us they knew how to complain and would do so if necessary. One person told us, "I have never had a problem with them [staff]." One relative said, "We never needed to complain about anything." Another relative commented, "We don't have any concerns at all." The service had a complaints procedure which clearly outlined the process and timescales for dealing with complaints. Information was available for people and their relatives about how they could complain if they were unhappy or had any concerns. The service had maintained a complaints log, which showed when concerns had been raised senior staff had investigated and responded in a timely manner to the complainant and where necessary staff held meetings with the complainant to resolve the concerns. These were about general care issues. For example, one member of staff's work was not satisfactory, and on some occasions another member of staff was late for a call. The care manager told us they had not received any complaints after these concerns had been raised and the records we saw confirmed this.

We found that the provider had addressed the breaches of regulation and were compliant with Regulations 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. We have revised and improved the rating for this key question to 'Good' this is because the care plans were person centred to each person's individual needs and there was guidance for staff on how to deliver specific aspects of care

and meet the identified needs of people.



## Is the service well-led?

### Our findings

At our last comprehensive inspection on 24 and 26 August 2016, we found the provider did not have an effective system and process to assess and monitor the quality of the care people received and the issues identified from the audits were not actioned. This was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Since our August 2016, inspection the service had made improvements in the systems used by the provider to assess and monitor the quality of the care people received. One person told us, "They [staff] do what it says on the tin and I'm happy with my care." Another person said, "I am completely content with the service. I think it is generally very good." A third person commented, "I can't think of any improvements they could make." One relative said, "I would recommend this service to anybody. It is a real help knowing that they [staff] are looking after my loved one." One member of staff told us, "When I am running late for more than 10 or 15 minutes, I call the office to inform the client. This happens when I get delayed with the previous client due to some unexpected care requirements." Another member of staff said, "Sometimes, I get delayed because of the traffic and I then inform the office that I am running late."

The service appointed a temporary consultant for quality assurance, one fulltime care manager and one part time care coordinator. They carried out unannounced spot checks at people's homes, fortnightly telephone monitoring to get the feedback on quality of care, and audits covering areas such as care plans, risk assessments, management of medicines, complaints and staff training. As a result of these interventions the service had made improvements, which included updating care plans to reflect peoples change of needs, staff meetings were held to share learning and additional training was provided to staff.

The registered manager held regular staff meetings, where staff shared learning and good practice so they understood what was expected of them at all levels. Records of the meetings we saw included discussions of any changes in people's needs and guidance to staff about the day to day management of the service, coordination with health care professionals, and any changes or developments within the service.

The service worked effectively with health and social care professionals and commissioners. We saw the service had made improvements following recommendations from these professionals and had received positive feedback from them. Feedback from social care professionals also stated that the standards and quality of care delivered by the service to people had improved and that they were happy with the management and staff at the service.

People who used the service completed satisfaction surveys in February 2017. The feedback covered aspects of quality of care, timely response to complaints, and staff manners. All the responses were good. For example, their comments were "Very happy with Sonia Heway, they listen to any concerns." Another comment was, "Staff are very good, friendly and consistent, great work."

However, at this inspection we identified some further improvement was required in specific areas. We saw there were no initials of staff to show who had assisted in the administration of medicines for three of the six

people on some days in March 2017, although staff confirmed that these people had received their medicines in a timely and correct manner. We also found MAR entries which did not specify the dose to be taken, or the strength of medicine to be given. For entries that were handwritten on the Medicine Administration Record (MAR) chart, two members of staff had not signed to authorise and administer medicine in line with the recommended national guidance. The provider told us that these MAR charts were scheduled for auditing by the end of April 2017, however after our feedback about these discrepancies the provider had rectified them. Even though there was minimal prescribing of PRN medicines, there was no up to date PRN protocols in place which covered the reasons for giving the medicine, what to expect and what to do in the event the medicine does not have its intended benefit. The provider told us that they would develop a robust PRN protocols in consultation with the GP straight away. We will continue to monitor the provider's compliance with this.

The care manager explained that when staff were running late for more than 15 minutes they would inform the office and the office staff followed up by calling people using the service to ensure the visits had been made. However, because no information regarding these calls had been recorded, there was a risk the provider would not identify patterns in late calls in order to address the issues. There was also no record that each call where staff were running late had been followed up effectively. This meant that there was a risk staff may not have visited people's home as per their scheduled time of visits to provide care although we confirmed through our discussions with staff and people using the service there had been no missed calls to people.

The above issues were a breach of Regulation 17 of the Health and Social care Act 2008 (Regulated Activities) Regulations 2014.

The provider had launched a pilot scheme in consultation with people, a bespoke electronic 'in real – time' monitoring tool which enabled senior staff to monitor if staff had delivered care in line with the care plan, including the administration of medicines and when they arrived and left people's homes. However we found this pilot scheme was not fully operational at the time of the inspection.

The provider told us, that they had experienced some delays with the functionality and rolling out of the bespoke electronic 'in real – time' monitoring tool. The care manager said, in the interim, they decided in a staff meeting to introduce from 17 April 2017 another electronic call monitoring system to record log in and log out of staff visits to people's home. Staff meeting records we saw confirmed this. We will review the improvements carried out by the provider at our next inspection

During the inspection we saw the care manager interacted with staff in a positive and supportive manner. Staff described the leadership at the service positively. One member of staff told us, "The care manager is very good." The care manager told us the service used staff induction and training to explain their values to staff. For example, the service had a positive culture, where people and staff felt the service cared about their opinions and included them in decisions. We observed staff were comfortable approaching the registered manager and their conversations were friendly and open.

We found that since our August 2016 inspection, the service had made improvements in the systems used by the provider to assess and monitor the quality of the care people received. However, we identified some further improvement was required in specific areas with Regulations 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. We have revised and improved the rating for this key question to 'Requires Improvement' at this time as system and processes that have been implemented have not been operational for a sufficient amount of time for us to be sure of consistent and sustained good practice and that the breach of legal requirement is addressed.

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 17 HSCA RA Regulations 2014 Good governance</p> <p>The provider did not make suitable arrangements to ensure people were protected against the risks associated with the inappropriate recording of medicines administration. The provider had not maintained a record to show that they have monitored visits to people homes to ensure they received visits at the correct times, and each call where staff were running late had been followed up effectively.</p>