Help At Home (Egerton Lodge) Limited

Help at Home (Leicester)

Inspection report

Ground Floor, Bramcote House, Ervington Court
Harcourt Way, Meridian
Leicester
Leicestershire
LE19 1WP

Tel: 01162897603
Website: www.helpathome.co.uk

Date of inspection visit:
21 December 2016
03 January 2017

Date of publication:
09 February 2017

Ratings

Overall rating for this service	Requires Improvement

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

Summary of findings

Overall summary

We carried out announced inspection visits to the service on 21 December 2016 and 3 January 2017. We gave 48 hours' notice of the first inspection visit because we needed to be sure somebody would be available at the provider's office. We also planned to visit people in the provider's Extra Care schemes and wanted to make sure this was acceptable.

Help at Home (Leicester) provides personal care and support to people living in their own homes. It also provides this support to people living in two Extra Care schemes. Extra Care schemes enable people to live in private flats or apartments within a shared building with support available on site should they require it. At the time of our inspection 56 people were using the Extra Care services and 531 people were receiving support in their own homes.

There was not a registered manager in place at the time of our inspection. The service had been without a registered manager for ten months. It is a requirement that the service has a registered manager. 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 2008 and associated Regulations about how the service is run. The provider told us they were trying to recruit a manager for the part of the service that supported people in their own homes. They also told us that the manager within the Extra Care schemes would be applying to register as the registered manager of those schemes in January 2017.

People were not always supported in line with the Mental Capacity Act 2005 (MCA). The provider had not assessed people's mental capacity to make specific decisions where this was necessary. Decisions had not taken place in line with the MCA. This meant that people may have received care that was not in their best interest. A senior manager told us that they would review people's care records and complete mental capacity assessments where these were required. An application to deprive a person of their liberty had not been made although the provider was seeking the support of the person's social worker to review their care needs.

Staff did not always understand their responsibilities under the MCA. The provider told us that staff would receive additional guidance.

People did not always receive their care and support at the times that were agreed with them and sometimes they experienced missed calls. The provider was taking action to make improvements including their plan to use their electronic systems more effectively to understand why calls to people were sometimes late or missed.

The provider's quality checks were not always suitable to ensure people received good care. We found concerns during our visit that had mostly been identified by the provider but action had not commenced when we visited in order to make improvements.

Risk to people's health and well-being were not always assessed. For example, there was no assessment where one person might have shown behaviour that challenged. Guidance was not in place for staff to follow should this have occurred. The provider told us they would review people's risk assessments.

The provider had a system to respond to accidents and incidents. However, the investigation and analysis of these by a manager did not always take place. This meant that there was a risk that measures to help people to remain safe were not always considered.

People told us that they received their medicines where staff provided this support. However, the recording of the administration of people's medicines was not always accurate. The provider told us they would offer additional guidance to staff.

There was not always enough staff recruited to provide safe care and support to all of the people receiving care. The provider was taking action and followed their contingency plan. This included recruiting more staff and the provider stopping any new referrals to the service people received in their own homes until their staffing numbers improved.

People's care plans did not always focus on them as individuals. There were some gaps in people's care records which meant staff might not have had all of the information they required to be responsive to people's specific requirements.

People had mixed views about how the service was run. Some people and staff felt that improvements could be made, particularly with communication within the provider's office. The provider had made available opportunities for people, their relatives and staff to give suggestions about how the service could improve.

Staff members understood their responsibilities to protect people from harm and to remain safe. This included reporting to staff at the provider's office where there were concerns about people's well-being. At the time of our inspection the local authority were investigating five allegations of abuse against the provider.

The provider had a safe recruitment process in place for prospective staff which included relevant checks. People felt safe with the care and support given by the staff members who were employed.

People received care and support from staff who received training and guidance on their work. Staff undertook training in topic areas such as assisting people to move and in food safety. New staff received an induction when they started working for the provider so that they were aware of their responsibilities. Staff members also met with a manager so that they could gain feedback on their work. Staff felt supported and were aware of their responsibilities.

People received support to maintain their health and were confident that staff would support them to contact a doctor should they need to.

People were satisfied with the food and drink available to them. Their likes and dislikes were known by staff. Where there were concerns about people's eating and drinking, staff took action to make sure they had enough.

People received support from staff who were kind and compassionate. Staff protected people's privacy by, for instance, carefully storing their private and sensitive records. Staff knew the people they supported

including things that were important to them.

People were involved in and contributed to decisions about their care and information on extra support to help them with this had been made available to them. People's care requirements were reviewed to make sure staff had the most up to date information on people's support requirements and preferences. People were supported to be as independent as they wanted to be in order to retain their skills and abilities.

People and their relatives knew how to make a complaint should they have need to. The provider took action when they received a complaint and this included apologising for a poor service where this was experienced by people.

We found three breaches of the Health and Social Care Act (Regulated Activities) Regulations 2014 and of the Care Quality Commission (Registration) Regulations 2009. You can see what action we told the provider to take at the back of the full version of the 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?

Requires Improvement

The service was not consistently safe.

Risks to people's health and well-being were not always assessed. The provider did not always have records available to show how they took action to prevent reoccurrences where accidents and incidents had occurred.

Staffing numbers were not always suitable to meet the needs of people. The provider had safe recruitment procedures in place and people felt safe with the staff members employed.

People received their prescribed medicines when they required them but their records were not always completed accurately.

Staff knew their responsibilities to support people to remain safe and to protect them from abuse.

Is the service effective?

Requires Improvement

The service was not consistently effective.

The provider had not always acted in accordance with the Mental Capacity Act 2005. Assessments to understand people's capacity to make specific decisions were not completed where required. Staff did not always understand their responsibilities under the Act.

People received support from staff who had received training and guidance on their work.

People were satisfied with the food and drink offered to them where this was part of their service.

People received support to maintain their health where this was required.

Is the service caring?

Good

The service was caring.

People were treated with kindness and compassion from staff.

People's dignity and privacy was respected.

Staff knew about the people they were supporting and their independence was encouraged where this was important to them.

People were involved in making decisions about their care and support. Information on how to access advocacy services was available to them.

Is the service responsive?

Requires Improvement

The service was not consistently responsive.

People did not always receive care when they required it and where they did, this was sometimes late.

People's care plans were not always focused on them as individuals.

People had opportunities to contribute to the planning and reviewing of their care needs.

People and their relatives knew how to make a complaint and the provider took action when one was received.

Is the service well-led?

Requires Improvement

The service was not consistently well led.

The provider did not always have effective checks in place to monitor the quality of the service to ensure it was of a good standard.

The provider was meeting some of their registration requirements with Care Quality Commission. A registered manager was not in place.

The provider had made available opportunities for people, their relatives and staff to give suggestions about how the service could improve. Some people and staff felt that improvements could be made.

Staff received support and were aware of their responsibilities.

Help at Home (Leicester)

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 visits took place on 21 December 2016 and 3 January 2017 and were announced. We gave 48 hours' notice of the first inspection visit to make sure a manager was available at the provider's office. On the second visit we planned to talk with people in the provider's Extra Care schemes and wanted to make sure this was acceptable. We therefore telephoned the Extra Care manager before the second visit. The inspection team included three inspectors and an expert by experience (ExE). An ExE is a person who has personal experience of using or caring for someone who uses this type of care service.

Before the inspection, we asked the provider to complete a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. They did not return a PIR and we took this into account when we made the judgements in this report.

Before our inspection visits we reviewed the information that we held about the service to plan and inform our inspection. This included information that we had received and statutory notifications. A statutory notification contains information relating to significant events that the provider must send to us. We also contacted Healthwatch (the consumer champion for health and social care) and the local authority who has funding responsibility for some people who were using the service to ask them for their feedback.

We spoke with 20 people who used the service and with the relatives of two other people. We spoke with three senior managers, the manager of the Extra Care schemes, the deputy manager, a care co-ordinator, the training officer, four senior carers and ten care staff We visited the two Extra Care schemes to ask people about their experiences of care.

We looked at the care records of 14 people who used the service. We also looked at records in relation to people's medicines, health and safety as well as documentation about the management of the service.

These included policies and procedures, training records and quality checks that the provider had undertaken. We looked at five staff files to look at how the provider supported their employees and how they had recruited them.

The month prior to our inspection Help at Home (Leicester) had secured a large contract to provide care packages to people who had previously received their care from other providers. This meant that they were providing over double the care calls in the second week of November than they had the previous week. As part of this process Help at Home (Leicester) had transferred a number of staff from other providers to be employed by them.

We asked a senior manager to submit documentation to us after our visit. This was in relation to accidents and incidents management as well as documentation about the quality checks the provider had undertaken. They submitted these to us in the timescale agreed.

Requires Improvement

Is the service safe?

Our findings

Risks to people's health and well-being were not always assessed. In one person's care records we read, 'I can be awkward and agitated because I can't do things I used to.' Their care plan did not contain specific instructions for staff to follow to support the person safely. The provider's staff handbook described that they would review behaviours that could challenge staff members but we did not find this to be routinely in place. We saw that one person had a risk assessment in place because they were at risk of falling. Their assessment contained conflicting information about the equipment they required to assist them to move position. We also saw other risk assessments that were not focused on people's individual requirements. This meant that there was a risk that staff did not have all of the necessary information to support people to remain safe. A senior manager told us that they would review people's risk assessments and where necessary, produce new ones containing the correct information.

Other risks to people's health and well-being were assessed and action was taken where required. For example, we saw that people's homes were assessed for risks and hazards. We also saw that the provider took action to prevent injury to people's skin where this was a risk to them. This included making sure people were assisted to change position where this was required. One person told us how a manager had reduced their risks of injury. They said, "The equipment is always there and in place. I wanted to move to a downstairs room and they helped me because I find it hard to walk and use the stairs." This meant that the provider had taken actions to reduce risks to people's health and well-being.

Staff told us they were skilled to complete risk assessments. One told us, "I've had training in risk assessment and just had an update to this a few weeks ago. We went through all the questions on the risk assessment and care plan to check we understood them." This meant that staff received guidance to help people to remain safe.

The provider did not always monitor accidents and incidents to look at ways of reducing these in the future. We saw that staff members completed accident and incident forms detailing what had occurred. For example, one staff member was concerned about the well-being of a person and they called for an ambulance. We also saw that staff members called the office when they witnessed or were told of an accident or incident. However, although we requested records showing how accidents and incidents were analysed to improve people's safety, we found that these were not always available. This meant there was a risk that the provider was not always looking at ways of reducing risks to people's health and well-being.

We found that the provider did not have enough staff to meet the amount of new people they had begun to support since being awarded a new contract with the local authority in November 2016. A senior manager told us that some of the staff that were due to transfer from other care agencies had not, which was unexpected. This had resulted in some people receiving care at a later time than was planned or in some cases, calls were missed. The provider told us they were currently recruiting more staff. They also told us that care co-ordinators and senior carers were currently assisting to make sure that people were receiving the support they required. We saw that improvements were made during December 2016 and the amount of missed calls had reduced.

The provider had plans in place to deal with emergencies that could impact on people's well-being. This included a plan for if there were not a sufficient number of staff available to support people. A senior manager told us that they had invoked their business continuity plan in December 2016. This was because some people were missing their calls and the provider did not have enough staff to meet everyone's support requirements. They told us that they needed to be sure they could deliver care safely to people. We saw that the provider had taken suitable action. This included arranging for another care agency to provide some people with their care and support as well as putting a stop to Help at Home (Leicester) from receiving any new referrals to the service.

People living in the Extra Care schemes were satisfied with the number of staff available to them to provide their care and support. One person told us, "There seems to be plenty of staff." We saw that where people requested support this was responded to quickly by staff without people having to unduly wait.

The provider had a recruitment process in place for prospective staff members. This included the provider obtaining two references for each prospective employee and a Disclosure and Barring Service (DBS) check. The DBS helps employers to make safer recruitment decisions and aims to stop those not suitable from working with people who receive care and support. We saw that staff files contained records of these checks. We saw that the provider took action where they had dismissed a staff member following significant concerns about their conduct. They had made a referral to the DBS to alert them about this to help prevent the person from working with people who require care and support. This meant that people were supported by staff who were appropriately verified and the provider understood their responsibilities to share information.

People felt safe with the care and support they received from staff members. One person told us, "Yes I do feel safe with the care staff. The way I'm treated makes me feel safe." Another person said, "They phone me every morning to see how I am. If I need anyone I press the button. I was ill over Christmas and they were wonderful. I felt safe with them." Relatives had no concerns about their family members' safety and one said, "I am sure that my mother is safe with all the staff. We have really got to know them well."

People told us that they received their prescribed medicines when they needed them where they were supported by staff with this task. One person said, "They give me the tablets four times a day. They never miss it. They get the tablets for me. I'm happy with it all." Another said, "They give me the pills and they keep an eye on all of that. It's never missed." We looked at eight people's medicine records and found that they were not always completed accurately. For one person there were 19 missing signatures during November 2016 where staff should have signed to show the administration of a person's medicines or where a person had declined. Two other people had missing signatures in their medicines records during December 2016. We also saw that where people required as and when required medicines, such as a prescribed cream, this was not always clearly recorded on their medicines records. The provider told us that they were confident this was a recording issue and told us that all staff would receive a medicines supervision with a manager to make sure they knew the importance of accurately completing people's medicines records.

The provider had made available to staff procedures for the safe administration of people's medicines. We saw that staff were trained when offering their support to people with their medicines and had their competency checked. We found that staff were not always following this training when completing their recording of the administration of people's medicines. Staff understood the expectations of them including what to do should they make a mistake. One staff member told us, "If there's a mistake I call the office and I make sure it's followed up. Medicines training is very thorough." We saw that where a mistake had occurred the provider met with the staff member to understand the reasons for it and staff were given further training. This meant that the provider had given staff guidance about how to safely handle people's medicines.

People were protected from avoidable harm and abuse by staff members that knew their responsibilities. The provider had procedures to support people to remain safe that staff knew about. Staff members said that they had received training in helping people to remain safe and knew to report any concerns to a manager. One told us, "If I had any concerns I would contact the office and report and record it. I would call an ambulance if necessary if someone had a fall or injury." Another said, "If no one answered [their door] I would call the office and they would attempt to make contact. We don't just leave people." Staff members could explain the different types of abuse and signs that someone could be at risk. We saw that the provider took action where there were concerns about a person's safety. This included suspending a member of staff where there were concerns about their practice whilst an investigation occurred. In these ways people were protected from abuse and avoidable harm by staff who knew what action to take should it be necessary.

The local authority's safeguarding team were currently investigating five allegations of abuse against the provider at the time of our visit. These were in relation to the mishandling of one person's monies, one person not receiving the medicines they required and the inappropriate support one person received with their moving and assistance. Two other allegations were being investigated in relation to the poor attitude of one staff member and a delay in seeking medical attention for one person.

Requires Improvement

Is the service effective?

Our findings

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. We checked whether the provider was working within the principles of the MCA and found that this did not always occur.

We saw in ten people's care records that their mental capacity was not recorded clearly. Some people had signed to show their agreement to their planned care but their records also documented that they had a legal representative appointed to make these decisions on their behalf. Two people's care records had conflicting information about their ability to make specific decisions. We were told by staff members that one person lacked the mental capacity to understand dangers in the community. There was no mental capacity assessment undertaken to establish this and a decision made in this person's best interest was not in place. A manager told us they would complete a mental capacity assessment and consider any further required action.

We saw that four people's care records detailed them having restrictions in place such as bed rails. There was not always documentation to show the need for this or that people had agreed to such restrictions or whether these decisions had been made in their best interest. This meant there were risks that people's human rights were not upheld. A senior manager told us that they would review people's care plans to make sure issues of capacity to consent were included where necessary and accurately recorded.

Staff did not always understand their responsibilities under the MCA. Four staff told us that they did not know what a mental capacity assessment was and they told us that they would allow a family member to make a decision on a person's behalf if the person themselves could not make it themselves. They did not know if these family members had the legal authority to do this. We saw that although some people's care records documented that people had legal representatives in place, the provider had not assured itself that these were valid. The provider told us that all staff would receive additional guidance on the MCA.

People can only be deprived of their liberty so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. Applications must be made to the Court of Protection if the provider was seeking to deprive people of their liberty. A senior manager told us that no one was currently deprived of their liberty and therefore no applications were necessary. However, staff members told us that one person was currently confused and was attempting to leave one of the Extra Care schemes. One staff member said, "One person keeps leaving the building. We are trying to monitor them and offering activities and distractions. There is a community psychiatric nurse involved." We saw that this person was under constant supervision and the provider had installed sensors on the fire doors to alert staff when they left the building. This meant that the provider had restrictions in place for this person. A manager told us that they had contacted the person's social worker about their care requirements and would discuss with them the need for an application to deprive them of their liberties.

These matters constituted a breach of Regulation 11: Need for consent of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We saw that the provider had considered how people could consent to their care and support. For example, in one person's care records we read, 'Support me by talking to me and listening to me, talk slowly.' We also saw that where people could, they had signed to show their agreement to the planned care. Where people could not do this due to a physical disability, staff had recorded that people had given their verbal consent.

Staff received training in the MCA and some knew their responsibilities. One staff member told us, "It's about their rights. One or two people have dementia but they don't argue with me. I ask them about what I am doing. If they seem confused I try to show them. People can then make decisions you just have to take the time." Another said, "Some people may not be able to make their own decisions. Others can make it on their behalf if they can't and would include their family, doctor, social workers to help them to make a decision." Staff knew when an application to deprive people of their liberty might be required. One staff member told us, "It's about when you deprive a person of what they might want. For example, if we shut and lock the door or have bed rails in place. They might be reasons for it."

People were supported by staff who had received training and had the necessary skills and knowledge. One person told us, "They all seem capable enough." Another said, "I think they are all very good with us." A further person commented, "They know what they are doing. They have the skills they need."
Staff felt that the training they received was suitable in order to offer people the care they required. One staff member told us, "I've done all sorts including moving and handling. It included practices in the office which is helpful to learn that way to do it and keep trying until you get it right!" Another said, "Training is very thorough. Dementia training was good in that it was good to learn how to speak with people and how to approach them when they are upset." We saw that staff received training in topic areas such as health and safety, moving and assistance and food safety. We also saw that the provider had plans to develop the knowledge of staff including updates to their learning so that staff had the required knowledge and skills. This meant that staff received training to understand their responsibilities.

Staff received an induction when they started to work for the provider and on-going guidance so that they understood their roles and responsibilities. One staff member told us, "My induction was mainly through booklets they asked me to complete. The training was very good when I started such as covering different conditions people have and how to speak with them." We saw, and staff confirmed, that they met routinely with a senior staff member to discuss and receive feedback on their work. One staff member told us, "I've had regular supervisions. It's for me to air any grievances, to learn about new paperwork and any issues with service users. It's useful." Another said, "We talk about my work and how I could improve."

We saw that staff had 'themed supervisions' that included topics such as people's medicines, health and safety and protecting people from abuse. A senior manager told us that the 'themed supervisions' covered the topic areas of the Care Certificate which we found to be the case. The Care Certificate is a national induction tool, the standards of which providers are expected to follow, to help ensure staff work to the expected requirements within the health and social care sector. This meant that staff received guidance on their work.

People received support to maintain their health where this was required. One person told us, "They know enough about me and whether I need the doctor. They have stayed with me when a doctor has come out to help." Other people told us that staff would help them to arrange to see a doctor if this was required. A manager told us that staff would call the office if they had concerns about a person's health. We saw in one person's care records that a staff member had called for an ambulance. They had later followed this up with

a request for support from a community nurse to help the person to recover from the incident. This meant that where required, staff took action to support people's health.

Where people received a service that offered food and drink, they were satisfied with what was available to them. One person told us, "Food on the whole is very good. I have preferences and there are usually alternatives." Another said, "There is a good choice. Fish and chips is my favourite and I get it." People who received support in their own homes received support to prepare a meal where this was part of their care plan. People told us that staff knew their preferences. Staff described how they offered people choices. One told us, "We ask people what they want. If they cannot talk we show them from the freezer. People make their own choices about what they want." People's care records contained some information about their likes and dislikes and the staff we spoke with about this, were able to describe these. This meant that people had food and drink available to them that they preferred.

Where there were concerns about people's eating and drinking staff took action. One staff member described how they encouraged a person to eat and drink and offered snacks and biscuits when there were concerns they were not eating enough. Another staff member told us how they made sure people had access to a drink before they left the person. We read in one person's care plan specific instructions for staff to follow. This read, 'Leave food by side of bed if [person's name] declines food'. Staff told us that any significant concerns about people's eating and drinking would be reported to the office. We saw that one person had received guidance from a dietician. Their records had conflicting advice recorded about their dietary requirements. A senior manager told us they would review their records.

Good

Is the service caring?

Our findings

People told us that staff members offered them care and support in kind and considerate ways. One person said, "They are really considerate. They are very good really." Another told us, "They are kind. There's no one that makes me feel like a nuisance." Another person commented, "Staff are all very good and very polite. If I want something done they will do it, even if it's just to open a jar." Staff members described how thy offered their support in kind ways. One said, "Communication is the main thing, talk to and listen to people. Always ask 'is there anything else you need before I go?'" When we visited the Extra Care schemes we heard staff members laughing and joking with the people they supported. People looked happy with this approach by staff and showed that positive relationships had been made.

People's dignity was protected and they were treated with respect when receiving care. One person told us, "They never just come in, they knock first." Another said, "They knock first. They never walk in. It's essential as you don't want people just walking in." A further person commented, "They have to take me to the toilet, they do what they can to leave me to it." People told us that all of the staff members were caring, considerate and treated them with respect. One staff member described how they protected people's dignity. They told us, "I make sure their dignity is protected. If they are in bed I start from the top and cover them with a towel so that they are not exposed."

Staff knew about the people they were supporting. One staff member told us, "There's a care book that contains information about what people like and I read it and what other carers have written so that I know what people need." Another said, "I can ask people or their families if I don't know someone. Care plans tell us about people as well." We saw that people's care plans detailed their likes and dislikes and where we asked staff about these, they were able to tell us about things that were important to people.

Staff members understood how to safely store people's sensitive and private information. This was because the provider had made available to them policies and procedures in relation to confidentiality and data protection. Staff understood these requirements and we saw that people's care records were stored securely in the provider's office. We also heard staff speak about people's care requirements discreetly and in ways that protected their confidentiality.

People were involved in decisions about their care. One person told us, "They ask if I want any help and I can say no. I still want to shower myself and they don't interfere." Another person said, "They are helping me to walk again. I have carers help me but as I get better there will be less and that's how it should be and how I want it. They know that. If I don't need or want them to help I won't have it. They are good at listening to what I want." Staff told us how they listened to people and respected their choices. One staff member told us how they repeated things several times for one person who was hard of hearing so that they could make decisions for themselves. This meant that people were involved and supported to make decisions about their care.

Where people may have required additional support to make decisions and be involved in the planning of their care, we saw that the provider had made arrangements to inform people about advocacy services. An

advocate is a trained professional who can support people to speak up for themselves. The arrangements were included in a 'service user's guide' which had been made available to people when they had started to receive the service. This meant that people had information on access to additional support, should they require it, to help them make decisions.

People were supported to be as independent as they wanted to be. One person told us, "I am encouraged to do what I can for myself by the girls [staff]. I am very lucky with my carers they are really lovely." Another said, "They let me do things for myself. I like keeping my independence." A further person commented, "The staff are very good. I had a hip operation a few years ago. They were wonderful. They helped me to walk again." Staff knew how to give people the option of doing tasks for themselves. One staff member told us, "I ask them, 'Would you like to wash your face yourself rather than me?'" Another staff member said, "I need to ensure that people do as much as they can for as long as they can as most people want this." We saw within people's care records that the provider had documented people's independence levels to guide staff when they were offering their support. For example, we read, 'Can chose own clothes, independent needs encouragement. Care assistant to encourage me at all calls to be as independent as possible.' In these ways people were supported to retain their skills and level of independence.

Requires Improvement

Is the service responsive?

Our findings

Nearly half of the people we spoke with were not satisfied with the punctuality of staff who provided their care and support and some had experienced missed calls. This was in relation to people receiving a service in their own homes. One person told us, "They don't always turn up. In fact I've cancelled it [the care]. They haven't long started in the area I think. It didn't work for me." Another said, "Recently I have had lots of problems and the staff have stopped coming regularly I keep ringing the office to tell them and they try to sort it." A further person commented, "I used to get my tablets from the carers but my wife does my tablets now as the carers never come on time [when they were required to be given]." One person's relative described how their family member was incontinent as the result of a missed call. We received feedback from the local authority that one person had missed their medicines as the result of a missed call, although no harm had come to the person.

People and their relatives gave us information on late and missed calls they had endured during November 2016. One person had two of their calls missed with another call being one and a half hours late. Four other people had missed calls. A further person received their care late on two occasions. One call was one and a half hours late and another two and a half hours late. Staff members confirmed there had been difficulties providing care and support to people within the agreed times. One staff member told us, "It depends on which area. There have been some issues in a few areas over the past six weeks or so. It's been very, very hard. The calls were late at times. It's just the new packages of care, everything was so busy."

These matters constituted a breach of Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, Person centred care.

People told us that in the last two weeks missed calls and the timings of calls were improving. They also told us that where there were some issues about the regularity of carers providing their care, this was also improving. The provider told us how they were planning to use their electronic systems more effectively to understand why calls to people were sometimes late or missed. This work had not started at the time of our visit. They showed us how they reported weekly to the local authority information about the calls that were missed. The provider also told us that they now checked daily that the calls that were planned were scheduled with a staff member allocated to make sure people received their calls. We found that there was a week-on–week improvement although missed calls still occurred.

Staff members told us that although there were some concerns about people getting their care and support in November 2016, when the provider took on more people to support, things were improving. One staff member told us, "They have taken on more work recently which meant it was so busy. It does seem better now though." Another said, "People are getting a good service. They [provider] have handed some packages of care to another agency which has really helped." A further staff member commented, "Things have improved since early November. People are settling in more to their times."

People and their relatives told us that staff members stayed for the amount of time that had been agreed and over half of the people we spoke with told us they received their care on time. They also told us that

they usually had regular staff members providing their care. One person said, "They are pretty much well on time and they don't miss calls. If they are running late they will let me know." Another person told us, "This new company is great. I have a regular carer and they are always on time and stays for the time they should." A further person commented, "I get regular carers come to see me. I know them well. There is never any rush."

We saw that people's care plans did not always focus on them as individuals and information for staff to follow was not always recorded about people's specific support requirements. We saw that some people's life histories were not completed. When completed, these help staff to develop relationships with people by knowing about their life experiences. Some people's care plans focused on tasks that were required to be undertaken. For example, one person's care records detailed them requiring support to move position. However, detailed guidance and instruction for staff was not in place about the person's specific support requirements and their preferences. We also saw some areas of people's care plans were incomplete. This meant that there was a risk that staff may not have had all of the information and guidance they required to meet people's specific support requirements and preferences.

We saw that the daily recording of the care and support offered to people matched what was planned to have occurred as detailed in people's care plans. For example, where a person was due to have a morning call to help them to wash and dress, this was provided by staff and the person's care records detailed the support offered. We read within people's care notes routines that were important to them such as how they liked to have their breakfast and at what time. Staff knew about these routines and preferences. One staff member told us, "Situations can change every day so I respond to people's changing needs and requests. We are not always introduced to new people using the service, so the first call you speak with them and get to know what's important to them and what they like."

Although some people's preferences for the timings of their calls had not been always been met, people felt that other preferences were. One person told us, "I have my own cat here [Extra Care scheme]. It was really important for me and there was no problem with it coming." Another person said, "I can have whatever I want when I need it. I use the pendant and their voice comes through the speaker. You tell them what you want and they come." The deputy manager told us that people could choose the gender of their worker and that some staff spoke three different languages to meet people's communication requirements.

People contributed to the planning of their care and support. One person told us, "I've got a care plan. It's about what I can and cannot do. The carers help me with meals and showering and we decided it together." Another said, "I do have a care plan. I don't know especially what is on it but I trust them and they do what I need and ask." A further person told us, "I was involved in writing the care plan and my family were. We sat down with them and did an assessment." This meant that the provider listened to people about things that mattered to them when planning their care.

People, their relatives and staff told us that care plans were always in place within people's homes and were reviewed. One person said, "They have and do go through the care plan with me." A relative told us, "He [person's name] was part of it when it was set up and with the reviews." A staff member said, "The care plans and risk assessments are reviewed once a year unless there are changes to a person. We do the reviews with people and their families sometimes." We saw within people's care records that reviews of their care and support requirements had taken place at least once in the last twelve months. This was important so that staff had the most up to date information when offering care and support to people in order to be responsive to their needs.

People and their relatives told us they knew how to make a complaint should they have needed to. One

person said, "I would complain if needed. I would go to the manager and talk with her or one of the seniors." Another person told us, "I've had no need to complain. I'd go through the ranks if I needed to." Two people told us that they had made a complaint but had not received a response. We found that where complaints were received the provider took action in line with their complaints procedure. Most of the complaints were in relation to missed calls. We saw that the provider had apologised and explained what action they had took. We also saw that some visits to people's homes occurred to discuss the complaint more fully. A relative described the provider's response to a complaint they had made. They told us, "When I've made a complaint they dealt with it."

Requires Improvement

Is the service well-led?

Our findings

The provider's checking of the quality of the service was not always effective. This was because we found concerns and areas for improvement that were not always being addressed by the provider. People had experienced missed and late calls. There was a system in place to monitor the timings of calls and to identify where missed calls had occurred that was not effectively used. A senior manager told us, "We need to make improvements as calls are not always being monitored as they should be. We need to use the data for quality checking." This meant that the provider was not doing all that they could have done to improve people's experiences of care.

We found that the provider's monthly checking process of people's care records was not always taking place. This meant that errors in the recording of the administration of people's medicines were not always identified. We also saw that people's care plans did not always have the full range of information staff would need to provide good quality care to people. For example, one person had conflicting information for staff about the type of equipment they required to move position. We saw for another person that they received the support from a dietician. The information for staff was not clear about how they should provide support to the person based on this guidance. We also found that people's care plans were not always focused on their specific preferences. The provider's quality checking had not always identified these areas that required improvement.

Where there were risks to people's health and well-being, assessments were not always in place or specific to people's care requirements. The provider had not always documented how they had analysed accidents and incidents to reduce the likelihood of future occurrences. Where people were thought to lack the capacity to consent to their care and support, the provider had not always taken action in line with the MCA. The recording of some people's capacity to make decisions contained conflicting information about who could make a decision on their behalf.

These matters constituted a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, Good governance.

The provider showed us an action plan completed in December 2016 detailing the majority of concerns we found during our visit. This showed that they had identified areas that required improvement. We saw that this had yet to be implemented. For example, the provider had made an action to check the recordings made by staff when they had provided care but this was not yet systematically taking place. The provider told us that the local authority's quality team had offered their support to improve the quality of the service and they were in consultation with them to discuss the support they could offer.

The provider was checking some areas of their service. Where they had sub-contracted some care calls to another agency we were told that they were meeting with the agency the day following our visit. This was to make sure that care plans and risk assessments were in place for everyone using their service. We saw that internal audits had occurred with action plans in place to make improvements in the areas of people's care records and the provider's audit processes. However, there were none completed in the last three months

and actions were not always marked as completed.

People and their relatives had mixed views about how the service was run. Two people and one relative told us they had lost confidence in the provider over the last two months but that things were improving. One person told us, "The carers are brilliant. The problem is with the management of the service about missed calls." Another person said, "When you ring the office, messages are not always passed on. It needs to improve." Other people told us that the provider communicated well with them about the service and any changes. One person said, "They are very, very good. I have no complaints at all. It's all good."

Staff members told us that they were confident the provider took action where required to make improvements or to make sure people were safe. However, they said that improvements could be made with communication when they passed information to the office. One staff member said, "Things are dealt with, I'm confident of that. However, it can take time for information to be passed on." Another told us, "Communication could be improved. I asked for a reassessment for a person and it took longer than it should because they are not good at passing messages on." A further staff member commented, "Communication could be improved."

Staff felt supported by the provider and there were opportunities to offer their feedback. One staff member told us, "They have been very helpful since I started. I have no concerns." Another staff member said, "Whenever I've rung up regarding an emergency they have given me help and advice. When I've had difficulties they have offered suggestions and support." A further staff member commented, "There are managers available. They are always at the end of the phone if needed."

The provider had arrangements in place so that staff were aware of their responsibilities. We saw that staff received supervision to receive feedback on their work. We also saw that staff meetings occurred and covered topic area such as the importance of completing records accurately and discussion of some of the provider's key policies and procedures. These included the reporting of poor practice of their colleagues should they witness it. Staff's practice was checked by a manager to make sure the care they provided was of a high quality. One staff member told us, "I've been observed today funnily enough. They make sure you are doing what you should be and we can discuss things if needed." A senior care worker said, "I do them every six months. I make sure staff are there at the person's home, wearing their uniform and logging in. If improvements are needed but not made they are pulled into the office and retrained if necessary." In these ways the provider had arrangements in place to routinely check the values and attitudes of staff members to make sure they provided good quality care to people.

The provider had aims and objectives for the service that staff could describe. One staff member told us, "To promote independence, ensure everyone is safe and happy and healthy. We want to help people not to need us anymore. We work with physios and occupational therapists. We do exercises with them if needed." Another staff member said, "It's about the promotion of people's independence." This meant that staff worked towards shared goals for the service.

There were opportunities for people and their relatives to give feedback to the provider about the quality of the service. We saw that the provider had sent questionnaires during 2016. We saw that following this, the provider had put an action plan in place detailing what they were going to do where improvements were required. We also saw that a senior staff member visited people in their own homes to seek feedback on their experiences of care. One person told us, "I get calls every so often from them and they visit to ask about the staff and if I'm happy." We saw examples of these visits. A relative told us, "They send us questionnaire about twice a year." Some people requested a telephone call when changes to their regular care was required. An action the provider was taking was to remind the office staff to do this. We also saw positive

feedback including where a person had raised a concern the provider had dealt effectively with it. This meant the provider had processes in place to routinely seek feedback about ways to improve the quality of the service.

The provider had not had a registered manager in place for the last ten months. It is a requirement of registration with Care Quality Commission (CQC) that the service has a registered manager A senior manager told us that the staff member who was going to apply to become the registered manager had recently decided not to pursue this. They told us they were actively seeking a replacement manager. In the absence of a registered manager, senior managers from the organisation were supporting the office. An implementation manager visited daily to support staff members with the increase in the number of people they supported since November 2016. They were helping with the daily running of the service. This had been in place for three weeks prior to our visit. The regional manager also told us they were visiting regularly to support the staff in the office. We found that the provider was meeting the other conditions of registration with CQC. Where significant incidents had occurred, they had sent notifications to CQC, as required by law, so that we could determine that appropriate action had been taken.

This section is primarily information for the provider

Action we have told the provider to take

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

Regulated activity	Regulation
Personal care	Regulation 9 HSCA RA Regulations 2014 Person-centred care People did not always receive care that reflected their preferences or that met their needs.

Regulated activity	Regulation
Personal care	Regulation 11 HSCA RA Regulations 2014 Need for consent Where there were concerns that people may have lacked the capacity to make an informed decision, the provider did not always follow the requirements of the Mental Capacity Act 2005. Staff were not always familiar with the principles of the Mental Capacity Act 2005.

Regulated activity	Regulation
Personal care	Regulation 17 HSCA RA Regulations 2014 Good governance The provider did not always have effective systems and processes in place to assess, monitor and improve the quality and safety of the services provided in the carrying on of the regulated activity.