Ideal Home Care Solutions Ltd

Ideal Home Care Solutions Limited – Head Office

Inspection report

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Date of inspection visit:
15 December 2016
21 December 2016

Date of publication:
28 March 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?	**Requires Improvement**
Is the service responsive?	**Requires Improvement**
Is the service well-led?	**Requires Improvement**

Summary of findings

Overall summary

We carried out an announced inspection of the office location on 15 and 16 December 2016 and we further followed up information by contacting people who used the service and staff.

Ideal Home Care Solutions provides a domiciliary care service to people in their own homes. The domiciliary care service provided care and support to 173 people and 101 staff supporting them at the time of our inspection.

A registered manager was in post and the service was well established. The registered manager was also the joint owner of the service. 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 were not being kept safe as calls were often late or missed resulting in people not having the care they required at the time they required it. There were insufficient staff deployed to meet the individual needs of people who used the service

Risk assessments, care plans and reviews were not sufficiently detailed to provide staff with an accurate description and understanding of people's care and support needs.

Systems were not in place to ensure that people received their medicines safely, in a timely way and the process was checked to ensure people were kept safe.

The service was not always caring as arrangements of the rotas meant that people would not get their assessed needs met as staff would not have sufficient time to listen to them and involve them in making decisions.

Quality assurance systems were in place but were not being used to monitor and evaluate the service effectively to provide a high quality service.

There was visible leadership in the service with a clear vision and values. The management arrangements had been improved with the implementation of a new staffing structure to manage staff arrangements. Staff told us that they were mostly supported in their role and received encouragement to do their job well.

People were cared for by staff that had been recruited and employed after appropriate checks were completed. Staff had most of the skills and knowledge to provide care and support to people.

Induction, training and support system was in place for staff including supervision, appraisal, and competency checks in carrying out their role.

Complaints and concerns were logged and the management acted on the information about the quality of care people had received.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement

The service was not always safe.

There were not enough staff to provide people with safe care and people were at risk of unsafe care as some care calls were late or missed.

Risk assessments did not always provide staff with sufficient information to care for people safely.

People were not supported to take their medicines safely.

Is the service effective?

Requires Improvement

The service was not always effective.

Staff did not always have the knowledge and skills to ensure they had taken into account people's capacity and ability to consent to their care.

People were supported to access healthcare professionals when needed but the records did not identify the guidance and information provided by them.

Staff received the support and training they needed to provide them with the information to carry out their responsibilities effectively.

Is the service caring?

Requires Improvement

The service was not always caring.

Arrangements of the rotas meant staff may not always have sufficient time to listen to people and involve them in making decisions.

Staff treated people with compassion and were kind and caring in the way they provided care and support.

Staff acted on people's views when providing care and were involved in making decisions about their care and the support they received.

Is the service responsive?

Requires Improvement

The service was not always responsive.

Care plans were not written in a person centred way and essential information about people's care need was not always recorded.

People and their families were involved in their care arrangements.

There were processes in place to deal with people's concerns or complaints.

Is the service well-led?

Requires Improvement

The service was not always well led.

Quality assurance systems were in place, but information and people's views were not always taken into account to make continuous improvements to the service.

There was a registered manager in post and staff demonstrated a commitment and enthusiasm to provide good care.

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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 was a comprehensive inspection planned in response to safeguarding concerns we had received. The provider was given 48 hours' notice of our visit because the location provided a domiciliary care service and we needed to be sure that someone would be in.

Our inspection included two inspectors and two experts by experience. An expert by experience is a person who has personal experience of using or caring for someone who has used a domiciliary care service. One inspector went back on the second day to follow up information with the provider.

Before the inspection we reviewed all the information that we held about the service. This included views from people who used the service, the public, and professionals. We also looked at safeguarding concerns and statutory notifications sent to us. Statutory notifications include information about important events which the provider is required to send us by law.

There had been concerns raised in August and September 2016 about late and missed calls especially in one particular area of Essex which had resulted in people being neglected and left unsafe by staff. Information was provided to us about a number of safeguarding concerns which were being dealt with by the service, and at the time of the inspection the registered manager was working with the local authority to ensure that people's arrangements were organised and they had care which kept them safe. This inspection was prompted in part by the notification of these concerns.

On the days of the inspection we spoke with the registered manager and finance director who were joint directors of the Company, the training coordinator and quality assurance coordinator, deputy manager and field care coordinators at their office location. We reviewed 15 people's care records, 10 staff recruitment and training files and looked at quality audit records. After the office inspection, we spoke with 20 people who used the service as well as 11 of their relatives over the telephone and one relative by email. We also

received information from 11 staff about the service either by phone or by email.

Requires Improvement

Is the service safe?

Our findings

Some people told us they felt the service was safe. One person said, "I always feel safe when the carers come." Another said, "I feel safe." Despite some people, telling us that they felt safe, other people did not. One person said, "The carers don't always turn up, it is only sometimes and I do manage when that happens. They are often late too, probably about half of the time." A relative told us, "They nearly always turn up but are very, very late. Today they were. I have to open the door at 06.45 and they sometimes don't turn up until after 10.00. There is no agreed time slot. I have to accept it as I need the help of the carers but it can cause problems, as I never know when they are coming and I don't like leaving the door unsecured for so long. It makes me feel vulnerable." We spoke with staff, checked records, and found that the service required improvement in this area.

Whilst the majority of people told us that they trusted the staff and felt safe with them, the lateness and non-arrival of care staff was a current and recurrent issue, which made them, feel unsafe. People and their relatives gave us some examples. One person told us, "They come to me three times a day, but they don't always turn up and it is very difficult for me when they don't come as I struggle to wash and dress or undress myself. It happens more than once a month but not as often as once a week. It happened a few nights ago. There is no set time for visits; they just come when they want to. It wasn't too bad when I had the one main carer but I have lots of different ones now. I don't feel at risk though as the care is very good and I can trust them but they do vary considerably." Another person said, "They don't always turn up and I have to ring the office. In the past, they have occasionally not arrived and there seems to be more lateness recently. But I have confidence and trust in the care they give."

People were not being provided with a service which made them feel safe and secure. We found that sometimes calls had been missed, or were too early or too late. This had resulted in people being placed at risk.There were a number of reasons recorded for these missed and late calls. These included sickness of staff, staff not turning up for work, and lack of communication and up to date information from the office staff to the care staff and lack of training. The registered manager told us that systems had been improved and they had recruited additional management staff to assess and monitor quality. However, there were incidents of neglect which could have been avoided if efficient communication and rota arrangements had been in place to ensure staff attended as and when arranged.

This is a breach of Regulation 13(4) (d) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, Safeguarding service users from abuse and improper treatment.

There was insufficient numbers of staff to provide the necessary care for people. The registered manager told us that recruiting staff and retaining them was an ongoing process. Whilst they had recently employed more staff who were at different stages of their induction, there was evidence to show that there were not enough staff available to meet people's needs in a timely and safe way. This was illustrated by the views of some people who used the service and their relatives. One person said, "Staff could use the time better by offering to do other things rather than leaving early." Another person said, "The staff seem to be in a hurry to get away. They don't stay for the whole call time but they are always pleasant." And another said, "They

don't make time for a chat due to their schedule." Relatives told us, "Staff mostly treat us with respect but they are always in a hurry. They don't have time to talk," and "I have no real concerns except that they are usually gone after 15 minutes. Our call time is 30 minutes."

Staff told us that their rotas did not give them enough time to deliver the care people required, and were not well organised. One staff member explained, "One day I had nine or 10 people I needed to see, and two of them were an hour long. I had to call the office and ask them to take some off of my rota. They text me back saying they couldn't because people were on holiday. This is common."

We checked a number of rotas and found that staff were routinely given rotas that did not provide them with enough time to deliver care safely. Travel time was not included which mean that staff could not provide care to people for the total amount of time without cutting the visit short. For example, staff were given six people to visit between 06.45 and 09.30 providing five hours of care, and eight people to visit between 19.00 and 20.00 providing four hours of care. This mean that sufficient numbers of staff were not deployed to meet the needs of people who used the service.

We discussed the rota arrangements with the registered manager who agreed that they were not satisfactory and they were actively recruiting more staff through advertisements and word of mouth, and were investing in a new electronic system that would allocate rotas, which would be implemented and active from February 2017.

This is a breach of Regulation 18(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014; Staffing.

People's risk assessments, and guidance for staff on how these risks could be minimised, were completed in most of the care files we looked at. However, some records lacked detailed guidance for staff about how to manage risks to people's health and wellbeing to ensure their safety. Risk assessments did not always identify people's specific needs and the risks around them and provide the necessary information about how best to support them and keep them safe.

We noted four examples of where risks were not managed well from the care plans we looked at. The local authority had commissioned care for one person to be provided at night as they had become confused and disorientated. Information was not provided in the care plan sufficiently to understand what care was to be provided. Risk assessments had not been completed to understand how both the person and the staff member were to be kept safe during the night.

For another three people, guidance was not available for staff explaining how to reduce risks to people with swallowing difficulties. Care plans did not always contain guidance from professionals about how to minimise the risk of choking and what to action to take if someone did. For example, in one care plan choking had been identified as a hazard in the care plan, however, the guidance given to staff in order to support them read, "Care worker should stay with them, and make sure they have drinks." This was insufficient information to support staff to keep someone safe.

Information about how to care for people was inconsistent. For example, a review of one person's care had identified that they had a pressure sore and it was noted for staff to, "Please monitor." However, this information had not been transferred to the care plan or a new risk assessment completed in order to assess and mitigate the risks associated with the safe care and prevention of skin ulcers. Staff told us that most people had risk assessments in place but some were not detailed. One staff member said, "It would be good to know what I should do in that situation as I don't." Another said, "Most care plans aren't even updated

properly." We could not be assured that care and treatment would be provided in a safe way as the assessment and mitigation of risk was not always in place.

This is a breach of Regulation 12(1)(2)(a)(b) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 safe care and treatment.

Information was contained in the records about how people should be helped to take their medicines. For example, the medicine, dosage amounts, and the frequency that the medicine should be given was recorded. These records also identified if someone self-administered their medicines, family members helped them, or staff assisted them to take it.

The information available did not provide staff with the guidance advising them how to manage people's medicines in a safe way. For example, people who were supported to take such medicines as Warfarin which needed monitoring. Information about monitoring this medicine was not available to staff which may mean that a person may be put at risk if the dose and level of this medicine was not monitored.

The provider used Medicines Administration Record (MAR) sheets to document medicine administration. MAR sheets were retained in the office and we were told that checks were carried out to make sure these were correct. We looked at MAR records for nine people. We found that on most of the MARs there had been gaps in dates and times of medicines being given. Some of the MAR sheets didn't have people's names on them or dates so if they became displaced from the file, it would be difficult to know who these records belonged to or when they had been completed.

Some of the recordings and signatures of the MAR sheets were messy, confusing and it was hard to work out what medicine had been administered, and why there were gaps in the sheets. We discussed this with the registered manager and three of the supervisors, and asked about one particular record in detail which was particularly hard to read and understand. They were unable to tell us why there were gaps in the medicines recording and whether in fact the person was receiving their medicines as prescribed. Where it was recorded on the back of the MAR as to other significant information, we noted that this was vague and did not always make sense of the actions taken by the staff member. We saw that where staff applied creams or ointments these were sometimes recorded on the MAR, but in other cases there were notes in the daily record such as 'applied cream' but no record of what the cream was or how it was used.

We saw that reviews of the MAR sheets was undertaken and the word "Checked" had been written in red pen at the top of each section reviewed. However, there was no explanation or recording of the action taken by the person who reviewed the MAR. For example how they had dealt with medicine errors on the sheets. We raised this with the registered manager but they could not offer any further information as to a record of the outcomes of the monitoring of the MAR sheets and the lessons learnt from medicine errors. We saw records to show that the provider discussed medicines with people before they started using the service, and assessed and recorded the level of support needed. Records showed that staff received regular training to administer medicines and their competence was checked before they worked alone.

People we spoke with were happy with the support they received with their medicines. One person said, "My carer helps me with my tablets in the morning and the evening. I always have them on time. My carer will get them out of the packet for me and will give me a drink of water and then once I've taken them she always writes down in the records to say that I have." However, people could be at risk of unsafe care and treatment if their medicines were not managed or prescribed safely.

This is a breach of Regulation 12(1)(2)(g) of the Health and Social Care Act 2008 (Regulated Activities)

Regulations 2014, Safe care and Treatment.

The service had a policy in place which described the procedure they would follow when recruiting staff. The relevant checks were carried out as to the suitability of applicants before they started work in line with legal requirements. Application forms for new staff had been completed with any gaps in employment accounted for; identification and a photograph confirmed the person's identity. Satisfactory references and Disclosure and Barring Service (DBS) checks to ensure that staff were not prohibited from working with people who required care and support were obtained.

However, the registered manager did not routinely check employees DBS to confirm that they were suitable to start employment. In one of these documents, the date of birth of an employee was incorrect, and the registered manager had not checked that this was the correct person and had proceeded to continue to recruit them. We spoke with the registered manager about this and they agreed that this system may not be the most robust and would make changes to their current system immediately.

With the exception of two, all staff had a DBS checks carried out by the registered manager. We spoke with the registered manager about the two who did not have satisfactory checks carried out and was assured that this would be rectified immediately.

When previous offences had been identified for individual staff during the recruitment process, the registered manager carried out a risk assessment and made sure that people with previous criminal convictions did not work unsupervised until people's practice had been observed. We found three people who had previous criminal convictions but had not disclosed them within their application form. When a these offences had been identified, risk assessments were carried out by the registered manager but it was not clear that a discussion had taken place exploring why the person had attempted to conceal and provide misleading information. The registered manager told us these conversations were carried out, but were not always recorded, and that following our inspection they would be more thorough in the future.

Staff were able to demonstrate a good knowledge and understanding of their role and responsibilities around safeguarding people and protecting them from harm. They were able to explain about the signs of abuse and what they would do if they suspected someone was being harmed in any way. They told us that they would call the relevant services should an emergency arise and make contact with their manager or the office to report any concerns should they suspect, see or hear anything that they were worried about. Staff we spoke to were aware of the providers safeguarding and whistleblowing policy and procedure.

Requires Improvement

Is the service effective?

Our findings

The majority of people and their relatives told us that the care and support they received was effective and were complimentary of the staff who provided that care. One person told us, "I've had my two regular carers for a long time now. I don't have any immediate family living anywhere near me and to be honest my two carers have now become my family. They are always so happy and cheery when they come through the door that they cheer me up no end. "Another person said, "The staff always do what they should when they are here. They give me enough time and we do have a few laughs." A third person explained, "I have the same girls come and they don't rush me. They have respect for me and for my home. They will do anything for me." A relative said, "They are very respectful and chat and joke with [relative] which is nice."

However, whilst people's views were positive, we found that some improvements were required in this area.

People told us that they had support from a range of professionals who provided equipment and advice to support them to remain at home. My [relative] is confined to downstairs now, so we have a hospital bed, a commode, an easy chair and a rotunda aid. He does use everything on a daily basis." And, "Without the hoist, I would be stuck in bed all day. I also have a commode which helps, as my carers can move me around on that and take me to the lounge so that I can then be hoisted into an easy chair for the day."

We saw that the weekly update sheet provided to staff from the supervisor included information about people's need for contact with professionals such as for one person it said, "District nurse visit requested," and for another person it was "Reported pressure sore to ACE Team," and another person was "Awaiting occupational therapy visit."

However, people's care records did not show the involvement of health and social care professionals. In the care records that we looked at, very little information had been recorded in the care plan, medicine records or daily notes when staff had worked with various agencies and professionals or that people had accessed services when their needs had changed. There was no evidence that staff had received guidance from professionals such as the Speech and Language Therapy Team (SALT) or District Nursing team or the GP in relation to people at risk of choking, those on a specialist diet , people requiring assistance with skin care and pressure ulcers or changes in a person medicines.

We spoke with the registered manager about this and they told us that they had put in place a system in 2015 for staff to use when making contact with a professional but that ensuring it was consistently used was difficult. They provided a copy of where this had been recorded showing input from a professional in 2015 but no other information was provided. Whilst both care staff and office staff were liaising with professionals on a daily basis on behalf of individuals, the recording of information was not coordinated and therefore people may be put at risk if information was misunderstood or not communicated appropriately.

This is a breach of Regulation 9(3(c) of the HSCA 2008 (Regulated Activities) Regulations 2014 Person Centred Care.

CQC is required by law to monitor the operation of the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty safeguards (DoLS).The 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. We checked whether the service was working within the principles of the MCA. We found that assessments had taken place to understand if people had capacity to make their own decisions. In most, but not all of the care plans we saw, people's ability to make their own decisions had been recorded. We also noted that when a staff member had assessed a person's capacity, they had used a blanket approach and combined all of the aspects of lacking capacity together instead of decisions about the person's capacity being individual. This did not have any impact on the person but showed that the staff member did not have had the knowledge to complete this process correctly.

Not all staff had received training in the MCA and this was reflected in the responses we received from staff as to how they would apply the principles of the Act in practice to support people to make decisions. Some staff were unaware of the Act and others unable to tell us how it protected people's rights. We were not assured that staff had the necessary knowledge and understanding of the MCA to understand and protect people's rights.

Some people had signed their consent to their care arrangements. People told us that their consent was sought before any care and support was provided. Most staff acted upon people's wishes and decisions about their day-to-day tasks and meeting their needs. It had also been recorded when they were unable to consent themselves. Information had been recorded when people had a Court of Protection in place and a Deputy had been appointed to manage their affairs and interests on their behalf. Also, it was recorded when a person had a Lasting Power of Attorney (LPA) in place, although not always what LPA they had, (either for care and welfare or finance). In some cases we saw that the LPA had been involved in giving their consent, however, copies of the LPA authorisation documents had not always been kept by the provider to demonstrate this.

We spoke with the registered manager about the importance of the MCA and people's rights and they told us that this had been identified as an area that required improvement. They had started to work towards making sure this information was included within people's records. They had also obtained a place on an MCA and DoLS training course for managers in January 2017 to ensure they were fully informed about the service's responsibility to people's human rights.

Staff assisted or prompted some people to eat and drink and to have a balanced diet. People told us that they had the necessary support around meals and drinks in order for them to maintain their health. People told us, "My carer will make me a sandwich and cut me a slice of cake so I've got it for later on in the day. She always asks me what I would like in my sandwich and will tell me what I've got in the fridge or cupboard to make it from. She also leaves me with a small jug of water as well for the afternoon."

A company induction process was provided for staff with an introduction to care covering mandatory training such as medicines management, safeguarding adults from abuse, first aid, nutrition, moving and positioning people, health and safety and infection control. They then went on to shadow more experienced staff and got to know people who used the service before they were checked as competent to go out to see people alone or with other staff. . Staff said, "The induction was very good, we did shadowing as well." And,

"The training covered everything. It covered all aspects of preparing you to work with a service user. We had to do that for that before we actually started working with people and training is offered regularly.

Staff had access to regular training opportunities, and when people used the service with particular care needs such as those associated with dementia, Parkinson's disease or catheterisation care, additional training was given. The service monitored when staff were due to have their training refreshed to ensure that they remained skilled to carry out their work.

Staff had received training in administering medicines, and had checks on their competence to do this for people. One person said, "They are very helpful with everything. I think they must have trained staff well. A relative said, "I feel that they respect my wishes and I think that on the whole they are trained well. My [relative] uses a rotunda aid to help them get in and out of bed. They have two carers who I have to say are very supportive. From what I see, they never rush and they always remind [relative] where to place their feet and how they should take their time to get themselves out before they turn to place them on the commode. I know I'm not a professional, but I think their training is excellent."

None of the staff had completed the care certificate. The care certificate was introduced by the Government to help ensure care staff have a wide theoretical knowledge of good working practices within the care sector. We spoke with the registered manager who told us they were looking at introducing this for new members of staff.

Staff told us they had regular supervision and appraisals, and felt supported by their immediate supervisor or the registered manager. We saw that these were recorded in their personnel file. Staff told us that regular teams meetings were held and people could express their views. These were recorded, and staff signed to say they had attended. One staff member said, "I have regular one to ones. My manager is on hand 24-7 and we have regular team meetings. You can have your say at team meetings." There was a system in place for investigations and disciplinary procedures, and these were followed where unsafe practice was found. We saw examples of where staff had been put forward for refresher training in medicines administration if they were found not competent in this task.

The service also issued hot topics information sheets for staff to inform them about current good practice. These included infection control, palliative care, MAR sheet guidance, and whistleblowing. One staff member said, "We get a memo every month, this is interesting and it gives you good feedback and updates." Spot checks were completed by managers during the year to ensure that staff were carrying out their duties effectively.

Training files and in discussions with staff about their skills and experience, demonstrated that there was a good mix of new and established staff providing a range of experience and qualities to care for people who used the service.

Staff assisted or prompted some people to eat and drink and to have a balanced diet. We saw records where fluid and food input and output had been monitored to ensure that someone was kept well. This was good practice for people who needed it.

We had mixed feedback from people about the way the service supported people to eat and drink. Some people who had complex needs were not supported safely, whilst other people told us that they had the necessary support around meals and drinks in order for them to maintain their health. People told us, "My carer will make me a sandwich and cut me a slice of cake so I've got it for later on in the day. She always asks me what I would like in my sandwich and will tell me what I've got in the fridge or cupboard to make it from.

She also leaves me with a small jug of water as well for the afternoon."

Requires Improvement

Is the service caring?

Our findings

People told us that they thought most staff were kind and caring. One person said, "I think my carers are very caring, they never mind doing extra jobs." Another person told us, "The care I have received is brilliant." Another person explained, "I reluctantly agreed to have carers coming in to help me. Now, a year later, I think it was the best decision I ever made."

Despite people telling us the staff that supported them were caring, the provider did not arrange staff rotas sufficiently well to enable staff to have enough time scheduled to effectively meet people's needs. We could not be sure that staff would always have the time to listen to people and involve them in making decisions about their every day needs.

People told us staff treated them with dignity, respect, and upheld their right to privacy. One person said, "The first thing my carer does every evening when she arrives is to draw all the curtains as it is really dark now that we are in the middle of winter. She wouldn't dream of doing anything until all the curtains are shut." Another person explained, "My husband's carer always knocks on his door and calls out her name and then she waits for him to answer before she goes in. I am always impressed with how polite everyone is and how respectful they are of his age."

Staff received guidance during their induction in relation to dignity and respect. Staff we spoke with understood the importance of promoting people's independence and how to encourage people to do as much for themselves as possible. One staff member described how they maintained people's privacy and dignity when providing personal care. They said, "The curtains are closed and wash them carefully. If you need to get something you don't need to leave them exposed you can cover them up."

Consideration was given to people choosing if they preferred a male or female worker. In response to concerns raised about a person who was not being given the appropriate care or their preferences being respected, the registered manager had dealt with this and the rota arrangements had been changed to accommodate their wishes. However, due to the difficulties in recruiting and retaining staff we could not be assured that everyone's wishes could always be facilitated.

Staff told us that they understood the importance of promoting people's independence and told us they encouraged people to be as independent as possible. Staff we spoke with could explain about the importance of encouraging people to do as much as they can for themselves. One staff member said, "In the mornings when you get people dressed you maintain dignity with towels and encourage people to wash themselves." Another explained, "I promote independence, some want to be assisted but they like to do the parts they can do themselves. One particular person likes to go on the toilet herself. I respect her for that but I am like outside. I listen to them. I look out for wires and anything they may trip over and move it. One person we had to work with the family to change the carpet because they kept falling over the mat. We got the falls prevention team and they go them shifted.

People told us that most of the staff knew what they liked and provided them with the correct care

according to their needs. One person said," When I came out of hospital, someone came round from the agency and talked with me and my daughter about what help I needed. We had probably two hours talking with him before the care started. He was very keen to hear from me how I liked things to be done and how they could support me to stay living here at home."

People we spoke with told us about regular care and support review meetings they had with the provider, and most people we spoke with told us that they had their care reviewed regularly. One person explained, "I have been very impressed, because not only did I see someone from the agency when I started having care from them, but that someone visits me every 2 to 3 months to look at the records and to ask me how things are going. I have to say I have felt and still feel completely involved in all decisions about my care." One staff member said, "I recognise that for each person if there is change in their behaviour we let the office know in order for a review to be carried out."

Advocates were not involved with anyone using the service at the time of our inspection but information about advocacy support was provided in the service's handbook if someone needed to access this kind of help. Advocacy services helps people to express their views and wishes.

Requires Improvement

Is the service responsive?

Our findings

People told us that the service responded to their needs. One person said, "Because I've had the same regular carers for a long time, not only have I got to know them, but importantly they have got to know me and understand my likes and dislikes. I think it makes all the difference and I am really pleased that with this agency you do seem to get and keep regular carers." Another person said, My carers definitely know how I like things to be done." Despite these comments, the service still requires improvement.

Care records we looked at were not sufficiently detailed, or written in a person centred way, meaning that they were not all about the person. They did not provide staff with the necessary information to meet people's needs. We saw examples of where information was not included in the care plan, people's needs had changed but a review had not taken place and guidance for staff in meeting those needs was not recorded. For example, the local authority had referred a person who had complex needs to the service. However, within the service's own assessment they did not extract the information from the local authorities assessment, and include it in to the person's care plan. Therefore, the staff would not know the extent of the person's care needs and how to respond appropriately. Another example we noted that the amount of care one person received had changed, but a review hadn't taken place to capture this change or look at ways in which the person's needs could be met in a better way. For another person, it was recorded that they were being referred to the service because they had become agitated and confused at night, yet no night time care plan was in place, or information available for staff to understand how best to support this person during the night.

People had varied views about the ways their reviews were carried out. Some said they were not aware of their care plan or that they had not had a review of their arrangements. One relative said, "We have had no visits or reviews in the last 18 months. I have complained about lateness and I do not think we are kept informed." A person told us, "I am not aware of any care plan. Two ladies did come to the house to discuss things before but my needs have changed now. They haven't reviewed my needs." Other people said, "Someone comes out every couple of months to look at the records." And "The manager has been to review my care plan. I have no complaints."

When we looked at the reviews in the care plans, we saw that quality of the recording of people's reviews was inconsistent and varied depending on the supervisor carrying out the review. Some were robust, and written in a respectful style containing accurate detail and the views of people who used the service, whilst other reviews had limited information and just referred back to the care plan saying, 'No change.' The service had not always used the review process to be responsive to people's changing needs and people's and relatives views of the care provided. The registered manager talked to us about the new style of care plan they were introducing. This was more person centred and contained relevant details about the person, their care, and some of their life history to understand who they were.

Daily notes were recorded, and signed by the staff member after each visit and kept at the person's home. We saw copies of these and noted that these contained basic information about the tasks undertaken for that person, and any information which needed to be shared with staff. These were task orientated rather

than person centred and did not say anything about how the person had felt physically or emotionally during the day. Some of the writing was illegible and would be difficult for other staff to decipher.

This is a breach of Regulation 17(1)(2)(c)(f) of the HSCA 2008 (Regulated Activities) Regulations 2014, Good governance.

People's care needs had been assessed before they received the service, which helped the registered manager to make sure they could meet the person's needs appropriately. People, their relatives or their representatives had been involved in the assessment of their needs and we saw that most of the care plans had been signed to show their agreement to the arrangements.

The care plans contained information about people's needs, tasks to be undertaken, risks assessments, details of their prescribed medicines and if assistance was required. The service offered a choice of gender of staff, and had introduced a pool of staff who would be working with that person on a regular basis.

People told us that staff helped them to be as independent as possible. One person said, "I think in the main, that all the carers are very good at the job they do. I know it can't be easy but they always have a smile on their face when they come to me and that makes a big difference as far as I'm concerned." One relative commented, "My [relative] has dementia and I have a carer come in to sit with them while I have a free morning. It took me some time to have the confidence to be able to go out and know that my [relative] is safe on her own. We have one regular carer who is an absolute godsend. My [relative] is really comfortable with her and I know I can go out and not worry about what is happening at home. I can't thank her enough."

People were very positive about the fact that they had a list of who would be visiting them. One person said, "I have a list which tells me who will be coming to me during the week and at what time. I have to say, that considering the traffic around here, my carers do a grand job in arriving on time or thereabouts." Another said, "Having a list for the week really helps, because I know that there is always somebody scheduled to come to me.

People told us that they had received information and had a number to contact if they had any concerns or complaints. One person said, ""I certainly remember being given a leaflet when I started with the agency and I presume it's now in my file." We saw that complaints, comments, and compliments were recorded, and dealt with quickly, appropriately, and in writing. A number of complaints were being dealt with at the time of our inspection and were being investigated. People's complaints about missed calls in relation to medicines were recorded and how the management had acted on this information. One person said, "I've only ever had to raise one issue and that was over the attitude of one particular carer who I didn't really get on with. I phoned the office and explained and they made no bother about it and just made sure that she didn't come back to me again. To be honest, I've never really had anything to complain about and any issues that I have had have been raised with [staff member] when he has been here to do a review and we're sorted then and there."

Requires Improvement

Is the service well-led?

Our findings

People who used the service and staff were mostly positive about the way the service was managed. They said, "I have used other services in the past, but I have to say this one has been the best and I would certainly recommend them." And, "That is one of the things I particularly like about this agency, the fact that I see someone on a regular basis who can make decisions. I always know that I can contact them in between their visits if I have any problems that need sorting out." Despite these comments, we found that the service still required improvement.

Some of the systems to monitor the quality of the service were not working effectively to ensure a safe and quality service was being provided. These included the recording of the risk assessments, audits of care plans and reviews and of the management and administration of records relating to medicines. Audits of the daily notes had started to pick up on the quality of the handwriting and addressing this in staff supervision. Spot checks were not addressing staff member's lack of knowledge and application of the MCA. We discussed with the registered manager at the inspection the gaps in some of the management systems which needed attention. They advised us that these would receive the necessary attention as part of their overall improvement plan.

This is a breach of Regulation 17(1)(2)(a)(b)(c)(f) of the HSCA 2008 (Regulated Activities) Regulations 2014

Ideal Home Care Solutions had a vision and purpose. The registered manager had reviewed the management structure in the last four months in response to lessons learnt from the previous way in which the care staff were managed. The new staffing structure was working effectively with clear lines of authority and responsibilities. Records of Board meetings and actions taken, regular management meetings, monthly reports from managers to the Board, the views of staff from staff forums and staff meetings, showed involvement in the development of the service.

The registered manager was visible in the service to the staff as were the deputy managers. Most people told us that they were able to make contact with them should they need to. One person said, "I don't think I've ever had such easy access to managers as I have here with Ideal Home Care." Another person said, "It's good to see the managers come to your home, it's easy for minor problems to be sorted out quickly before they escalated to bigger ones.

Staff had regular supervision and were motivated to provide good care and their positive attitude and commitment to their role was evident. Most staff told us that they were supported in their role and there was good communication and support with their current supervisor and other staff. They told us that things had improved in terms of better communication and support from their managers. One staff member said, "I am impressed with the structure where they are going and what they believe in. I have worked for a few companies and their mind set at the top are two different things. The registered manager is very passionate about care and we speak the same language. And, another said, "It's a wonderful company to work for and very helpful in all ways."

Administrative management systems were in place such as monitoring of staff, incidents and accidents and systems for communicating across the organisation which were continually being improved within the new structure. People's records were kept securely and confidential.

We were told by people who used the service that at the weekends, if they needed to make contact with the office if staff were running late, it was difficult. The office number diverted to a 24 hour call centre and the people taking the message didn't necessarily know them and did not hold the relevant information to be able to find out what had happened to the staff. People said, "The agency are very good and will ring me if a carer is running late. At the weekend, they are perhaps not quite so good, because the calls go through to a different agency and they don't always know what is happening." Another said, "It is frustrating, but at weekends if the carers are running late, no one calls you. I then end up having to call the out of hours number, which goes through to a different agency who don't know my name, or seem to know much about who should be coming. It is such a good system and works really well during the week, it is just a shame that the weekends let them down.

The last satisfaction survey was carried out in 2016. Over half of the respondents thought the service was satisfactory. The main area needing improvement for people who used the service was being kept informed of their care arrangements and if staff would be running late. The service provided people and staff with a half yearly newsletter which gave news and information of interest such as the winner of the staff excellence in care award where staff nominate their colleagues who go up and beyond their duties.

Information from staff meetings showed that staff had routinely raised concerns with the registered manager about them not having enough time to complete the care due to the rota arrangements but this had not been resolved. However, improvements were in progress. The Finance Director told us about the implementation of the automatic system for the organising of rotas and prevention of late and missed calls, which would be launched in February 2017. This system called Tagtronics – a homecare mobile App will record arrival and departure time of staff, post rotas through to handsets, provide staff with up to date changes to people's care needs and audits and spots checked information being fed back to the office in actual time . Staff will be able to view important notes and care plans prior to the visit. We will check with staff and people who use the service that improvements have been made when we do a return visit.

The registered manager provided statutory notifications to CQC about events which happened in the service was required under the law. These included informing us about safeguarding concerns including late and missed calls which had resulted in people being neglected and at risk of harm.

The registered manager was in the process of working with all interested parties to resolve the issues and concerns which had been identified before the inspection. We were assured that improvements were being made for people who used the service and the on-going monitoring by the management team showed a commitment to make the service safer.

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 Treatment of disease, disorder or injury	Regulation 9 HSCA RA Regulations 2014 Person-centred care People may be put at risk if information about their needs was misunderstood or not communicated appropriately.

Regulated activity	Regulation
Personal care Treatment of disease, disorder or injury	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment People could not be assured that care and treatment would be provided in a safe way as the assessment and mitigation of risk was not always in place. The management of people's medicines was not monitored to ensure their safety.

Regulated activity	Regulation
Personal care Treatment of disease, disorder or injury	Regulation 13 HSCA RA Regulations 2014 Safeguarding service users from abuse and improper treatment People were not being provided with a quality service as their safety and security was being disregarded.

Regulated activity	Regulation
Personal care Treatment of disease, disorder or injury	Regulation 17 HSCA RA Regulations 2014 Good governance Systems were not being managed properly to assess, monitor and improve the quality service and maintain and process accurate records and information to keep people safe.

Regulated activity	Regulation
Personal care Treatment of disease, disorder or injury	Regulation 18 HSCA RA Regulations 2014 Staffing People were not being kept safe as sufficient numbers of staff were not deployed appropriately.