

PCT Diamond Care Services Limited

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Inspection report

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Ratings

Overall rating for this service

Inadequate



Is the service safe?

Inadequate



Is the service effective?

Inadequate



Is the service caring?

Requires improvement



Is the service responsive?

Requires improvement



Is the service well-led?

Inadequate



Overall summary

The inspection was carried out on 3 August and 4 August 2015. Our inspection was unannounced, which meant the provider did not know we were coming.

At our previous inspection on 14, 15 and 21 January 2015, we identified 16 breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and one breach of the Health and Social Care Act 2008 (Registration) Regulations 2009. The breaches were in

relation to care and welfare, consent and respect, meeting people's nutritional needs, safeguarding people from abuse, safe management of medicines, staff recruitment, training and supervision, staffing numbers and their deployment. There were also breaches in relation to quality assurance of the service, the safe

Summary of findings

keeping of records, dealing with complaints, managing risks and the non-reporting of incidents as required by law to CQC. We are taking action and have required the provider to make improvements.

PCT Diamond Care Services Limited is a domiciliary care service. The office is located in central Dartford. The service provides care and support for people who are living in the community.

At our previous inspection in January 2015 there were approximately 147 people using the service which included 26 people living in an older people's extra care housing scheme.

At this inspection there were only 32 people using the service. PCT Diamond Care Services Limited no longer provided care and support to people living at an older people's extra care housing scheme from June 2015 or people placed by Kent County Council. Kent County Council had stopped funding any placements with this service. Therefore, we were unable to fully follow up all areas in our last report that related to an older people's extra care housing scheme or people who had been placed by Kent County Council.

People receiving care and support were predominantly older people, some people were living with dementia, had limited mobility, sensory impairments or received care in bed. PCT Diamond Care Services Limited also provided live in care staff to three people. Live in care enables people to stay in their own home, but receive care from staff who live with them. Staff provided assistance to people such as washing and dressing, preparing food and drinks, administering medicines and helping people maintain their health and wellbeing.

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

At this inspection although we found that the registered manager had taken some action to address some of the breaches from the previous inspection, there were still seven breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010.

People told us that they were happy with the care they received and felt safe when staff were providing their care. However, we continued to be concerned about some significant areas of risk in the way the service is planned and delivered that need addressing. These areas included, following published guidance and best practice in the safe administration of medicines, assessing and managing risk to people's health, safety and welfare and providing appropriate training and support for staff.

The registered manager had not followed best practice guidance and followed the law when they had recruited new staff. New staff had not been fully vetted before they worked with people.

The registered manager had not fully addressed the issues we found at our last inspection with the management of risks and the planning of people's care. People's needs had not been fully assessed and recorded to keep them safe and staff had not been provided with all the information the needed to deliver care safely.

Risks to people's safety continued to be poorly managed. Assessments were not in place to manage the risks associated with catheter care, diabetes and other risks associated with the care and support of people. There was a continued failure to understand the need to respond to people's care needs on an individual basis. People identified by the registered manager as being at risk of malnutrition and dehydration had not had their food and drink monitored and recorded. Risk assessments remained partially completed and did not provide detailed information about reducing risks or what was in people's best interest. Therefore people continued to be at risk of becoming unwell and risked further health complications.

The registered manager had implemented a new medicines policy and medicines administration recording systems. However, the registered manager and staff were not following the new policy and people continued to be at risk of harm from unsafe medicine administration practices.

The registered manager had not been able to fully implement an effective training, support and supervision system for staff. The training staff had received did not fully reflect people's needs. For example, staff had not

Summary of findings

received any training or awareness of catheter care, challenging behaviour or diabetes. The registered manager had been made aware of this at our previous inspection.

New and existing staff did not have their competency checked after they had received training. There continued to be issues about not all staff providing personal care appearing on the training plan and there remained inconsistencies between the training staff had received and the quality of the service they had been providing.

The registered manager had not been able to respond fully to the inadequacies we raised with them at our last inspection. They had a lack of understanding about prioritising people's safety which was demonstrated by the continued lack of proper risks management, medicines management and safe staff recruitment practices. Audits were being carried out by the registered manager but they had failed to understand how they needed to follow relevant legislation and best practice.

The people currently receiving care and support from PCT Diamond Care Services Limited did not want to move from the service. But, the commissioners of the service continued to have concerns about the registered manager's ability to delegate tasks and to take effective control of the safe management of the service.

Mental capacity assessments had not been reviewed so that they were meeting the principles of the Mental Capacity Act 2005 and consent. Assessments had not assumed capacity for each person and the assessments were not decision specific. There were no records that decisions were taken in people's best interest or if people or their relatives had been involved in best interest decisions.

People told us staff and the registered manager were compassionate and caring. Care plans were now in place for all the people and they had been partly reviewed. However, they still did not contain enough personalised information for staff to refer to make sure people received the right care for them and in some instances remained partially completed.

We have made a recommendation about this.

The registered manager had made improvements to the systems they used so that they had accurate up to date records relating to the number of people that received care and support.

Policies and procedures were now in place to enable staff to keep people safe from abuse. Staff training had taken place which would enable them to recognise and respond to suspected abuse.

Accidents and incidents had been recorded. The registered manager had improved the way they recorded information and there was evidence to show that the registered manager had reviewed and monitored incidents that had occurred.

Records relating to people were now stored safely and securely in the PCT Diamond offices.

The registered manager now followed a new complaints policy and records of people's complaints, incidents and accidents and notifications to CQC and the safeguarding team were fully recorded. We noted that some historic complaints had not been resolved and people told us this was the case.

Weekly telephone surveys requesting feedback from people were taking place. People felt more involved and communication between them and the registered manager had improved.

Staff continued to have access to suitable personal protective equipment (PPE). This included gloves, aprons, shoe covers, sleeve covers and antibacterial hand gel.

Staff continued to understand their roles and responsibilities and they now have access to the organisations policies. The staffing and management structure ensured that staff knew who they were accountable to. Staff were aware of the whistleblowing policy and had started to attend team meetings organised by the registered manager. This gave the registered manager an opportunity to update staff about the issues the service faced and how they intended to make improvements.

We found a number of breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. You can see what action we have taken at the back of the full version of the report.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was not always safe.

The risk to people's wellbeing and safety continued to be inadequately assessed and the registered manager did not follow safe recruitment practices.

People remained at risk of receiving unsafe care and support. Medicines were not safely administered or recorded. The registered manager had not checked to see if staff administered medicines in line with best practice or the provider's policy.

The registered manager and staff understood how to protect people from abuse and reported any concerns to the local authority. Incidents had been recorded and investigated by the registered manager.

Inadequate



Is the service effective?

The service was not always effective.

Staff continued to put people at the risk of harm from dehydration or malnutrition. Staff did not fully understand how to protect people's health and wellbeing.

The registered manager had not acted to fully implement adequate staff training, appraisal and supervision to develop staff and meet people's needs. Training plans were incomplete and did not equip staff with all of the skills they required.

The principals of the Mental Capacity Act 2005 were not understood by the registered manager to ensure decisions were made in people's best interest.

Inadequate



Is the service caring?

The service was not always caring.

The changes required so that people were fully involved in planning their care had not been implemented. People continued to experience a service that was not person centred or fully individualised to their needs.

People had forged good relationships with staff so that they were comfortable and felt well treated.

People had been asked to provide feedback about the service they received. Records were stored securely.

Requires improvement



Is the service responsive?

The service was not always responsive.

Requires improvement



Summary of findings

People continued to be at risks of harm as they were not provided with care based on effective assessments of their needs and the development of a full care plan about them.

Care plans were not kept updated or fully reviewed by the registered manager so that staff understood people's most up to date needs.

People were encouraged to raise any issues they were unhappy about and the registered manager listened to people's concerns. Complaints were not always resolved to people's satisfaction.

Is the service well-led?

The service was not well led.

The registered manager had not prioritised people's safety and wellbeing since our last inspection and was not delivering the stated aims of the service.

The quality of records about the care and support people received had not been improved so that they adequately recorded the care and support people had received to protect people's safety.

Staff had not been supported by the registered manager to deliver a good quality service based on people's needs. Audits were completed to help ensure risks were identified, but these were not effective.

The registered manager could not demonstrate that they could address the significant concerns we found at our inspection in January 2015.

Inadequate



PCT Diamond Care Services Limited

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.

This inspection took place on 3 and 4 August 2015 and was unannounced. The inspection team consisted of three inspectors and an expert by experience. The expert-by-experience was a person who understood how this type of service worked.

This inspection was carried out to check if the provider had made improvements to the service since our inspection in January 2015. Prior to the inspection we looked at previous

inspection reports and notifications of important events that had taken place at the service that the provider had a legal duty to tell us about. We took account of information sent to us by the local authority.

We asked the registered manager to send us information about training and competency and employment checks that had been carried out. The registered manager sent some, but not all of the information we requested.

We talked with six people and eleven relatives. We also spoke with three care workers, the registered manager, who is also the provider and the service coordinator.

We spent time looking at records, policies and procedures, complaint, incident and accident monitoring systems and quality audit systems. We looked at six people's care files, nine staff record files, the staff training programme, the staff rota and medicine records.

Is the service safe?

Our findings

At our previous inspection in January 2015 we identified five breaches of regulations. The providers safeguarding policy and safeguarding training for staff did not ensure that people were protected from abuse by staff who understood their responsibility to prevent and report abuse. Incidents of potential abuse were not reported to the local safeguarding authority or CQC. The registered manager could not accurately identify how many people they were providing a service to. People's assessments and care plans did not accurately reflect the risk people faced when receiving medicines, or when they had additional care needs. Medicines administration had not been carried out in line with published best practice. People's care plans had not provided staff with the information they needed to deliver care safely. Incident and accidents had not been reviewed to reduce risks and staff had not always arrived to deliver people's care as identified in their care plans. The provider's policies did not adequately inform staff of what to do in emergency situations. Also, safe recruitment practices were not being followed.

At this inspection, we found the registered manager had made some improvements. However, people's safety was still compromised in some areas.

People told us they felt safe when staff were in their home and when they were receiving care. One person told us they were "Absolutely safe". Others said, "I feel very safe, there's no problem".

Relatives felt that their loved ones were safe with the staff. One said, "There have been no real major concerns about the carers at all". Others said, "She's very safe when she's with them," and "I am very confident he is safe with them".

At our last inspection in January 2015 we found that the risk to people's safety had not always been properly assessed. For example, where people needed additional support with catheter care staff could not identify the risks associated with this, or where people were cared for in bed and needed staff who had specific moving and handling training. However, at this inspection, whilst we saw an improvement in the detailed information given to staff about how to deliver care safely, the risks to people of staff doing this had still not been fully assessed. The registered manager had not carried out risk assessments and had not provided training for staff around catheter care. Therefore,

people were still receiving care from staff who may not recognise when catheters were not working correctly, and staff would not be aware of signs of infection or understand what actions to take to maintain people's health and wellbeing.

Other people who required moving and handling or who were at risk of falling had not been assessed by the registered manager to ensure staff knew how to provide safe care and support. For example, where people were cared for in bed, risk assessments did not fully identify the equipment staff should use or the numbers of staff required to carry out the task safely. This put people and staff at continued risk of injury or harm through poor risk management practice and procedures.

This was in breach of Regulation 12 (1) (2) (a) & (b) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The provider had a medicines policy which was dated 25 January 2015. This set out the procedure of how staff should administer medicines safely. This policy included a competency check for staff. The provider's medicines policy stated 'Staff should only administer medicines when they have been assessed as competent to carry out the task after appropriate training'. We could not find any competency checks for staff in the administration of medicines. We asked the registered manager about this. They told us that they had only undertaken competency checks for two staff. We asked the registered manager to send us copies of the medicine's competency checks they had made. They did not send us the information we requested. This meant that people remained at risk of receiving medicines from staff who had not been checked to ensure they understood or followed safe practices when they administered medicines.

The medicines policy, which reflected current best practice, set out in detail how staff should identify the appropriate medicines on the administration records against the person and the medicine labels before they administered the medicine. However, we found that staff had been signing medicine administration records that did not identify the medicines or the person they were administering this too. For example, of the eight medicine records we looked at, only three had a record of the name of the medicine recorded and two did not have the person's name written on them. This meant that staff were

Is the service safe?

not verifying if the medicine they had administered matched the medicines which had been prescribed by a GP or other health and social care professional. This had the potential to cause serious harm.

There were unexplained gaps in the medicine administration records, which meant that we could not verify if the medicines had been administered. For example, one person had been prescribed cream to reduce the risk of them developing a pressure ulcer. Over a 15 day period, there were eight days where nothing had been recorded on the medicine administration sheet. This increased the risk of the person developing a pressure ulcer which would directly affect their health and welfare.

At our previous inspection in January 2015 about 62% of staff had not been trained to manage medicines safely. At this inspection we found that the registered manager had ensured that 88% of staff had received medicines training. Not all staff who were providing care and support appeared on the training plan, which meant we could not acquire a totally accurate picture. Also, staff we spoke with provided answers that conflicted with the provider's medicine's policy. For example, the provider's medicines policy stated staff must record medicines administered on a medicine's administration record. However, some staff told us they did not record the administration of medicines and others told us that they recorded the administration of medicines in people's daily care notes. This meant that staff did not understand the provider's policy.

These were a breach of Regulation 12 (1) (2) (b) (c) & (g) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At our last inspection in January 2015 safe recruitment procedures were not being followed. At this inspection people continued to be at risk of receiving care from unsuitable staff. One person had been recruited since our last inspection. Their application form did not contain a full employment history and there were no records to evidence that the registered manager investigated the reasons why there were gaps in employment. In this case, there were four years of time since the person left education that was not accounted for. Eight other staff had not disclosed their full employment histories. Five staff files did not contain recent photographs. This demonstrated that the registered manager had a lack of understanding of how to follow their

recruitment policy or published guidance and regulations about safe recruitment practice. This placed people at risk of receiving care from staff who had not been fully vetted to work with people who may need safeguarding.

This was a breach of Regulation 19 (1) (a) (2) (a) (3) (a) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The provider had reviewed their safeguarding policies and procedures which now included detailed information about types of abuse and now made reference to the relevant Kent and Medway local authority safeguarding protocols. The registered manager also showed us a copy of the Bexley local authority safeguarding protocols. Staff told us they would follow the policy when reporting abuse. The manager showed us records of a safeguarding incident they had referred to Bexley Council which had also been reported to the Care Quality Commission since our last inspection.

At our last inspection in January 2015 a significant number of staff had not received safeguarding training and Kent County Council had told us that a number of safeguarding concerns had not been reported to them for people living at an older people's extra care housing scheme. At this inspection we found that staff had received training on recognising and reporting abuse, with 77% of staff attending the training. Staff told us what they would do if they saw abuse occurring and who they would report this to. The provider stopped providing care and support to people at an older people's extra care housing scheme in June 2015. Between our inspection in January 2015 and June 2015 we saw that the registered manager had reported all incidents to Kent County Council in relation to that service. This demonstrated that the registered manager now had a clearer understanding of their responsibilities to report abuse and prevent continuing harm.

At our last inspection the registered manager had not been able to provide us with accurate information about the numbers of people they provided care and support to. At this inspection we found that the registered manager had a system in place that enabled them to identify who they provided a service to and how staff had been allocated to provide the care and support based on the hours in people's care plans.

Is the service safe?

Individual incidents and accidents were fully recorded by staff. The registered manager had looked at the records and investigated each incident to see if they could be avoided in the future. For example, one person had fallen at home before staff arrived to deliver care and support. Staff had recorded that the person had a mark on their face and discussed the issues with a member of the person's family. The registered manager had made a safeguarding referral and had spoken to a relative twice to confirm the injury had been looked at by the GP. Reviewing and reporting incidents reduces risk and protected people from potential harm.

Staff continued to access and use personal protective equipment when delivering care, such as gloves, aprons and antibacterial hand gels. Staff told us this was supplied to them from the office.

Procedures were now in place that dealt with emergencies that could reasonably be expected to arise. These included guidance for staff so that the emergency services could respond to people's needs appropriately if required. The registered manager had a care planning system that was securely saved off site and this could be accessed away from the office so that people's care could continue if the office was not accessible.

Is the service effective?

Our findings

At our previous inspection in January 2015 we identified four breaches of regulations. Staff had not received effective training, support or supervision. It was not clear from care plans whether people had consented and agreed to their care or whether they had the capacity to do this under the principles of the Mental Capacity Act 2005 (MCA). Meal choices, healthy eating and nutritional assessments had not always been included for people living at an older people's extra care housing scheme. People had not always received medical attention when they needed it from their GP or the emergency services.

At this inspection we were unable to check information relating to people living at an older people's extra care housing scheme as PCT Diamond no longer provided a service there. We found the registered manager had made some improvements. However, the registered manager had not done enough to make the service effective.

At this inspection people were complimentary about the food they were offered in their own homes. People said, "I choose my breakfast and they do it, and they put my meal in the microwave at lunchtime". Another said, "They (Staff) cook fine, whatever is around, they do it for me. No problem". Relatives were happy with how staff worked with them to ensure people got enough to eat and drink. One example of this was the family get the food ready as Mum needed very soft food, soups and pureed fruit. The relative told us "The staff are very good with her, they help her eat and drink and they understand her well". All of the people and relatives we spoke felt that staff were trained to meet their needs.

The registered manager had reviewed people's nutritional and hydration needs since our last inspection and had assessed the risks to people who may need additional support to maintain their health and wellbeing through eating and drinking enough. Care plans instructed staff if people needed support to eat and drink, these also gave staff information about people's diets, allergies and food likes and dislikes. However, in one person's care plan it was clearly stated that one of the aims of the support provided was to assist the person with their eating and drinking as they were at risks of malnutrition and dehydration and for

this reason staff needed to monitor people's food and drink. There were no guidelines or records of how staff monitored this persons eating and drinking and what actions they should take if they had concerns.

We could not find any records of staff recording what people had eaten or drank when they were at risk of dehydration or malnutrition. We saw that staff had written in people's daily care notes if they had supported them to eat a meal or have a drink. But, they had not recorded the types and amounts of foods or drinks provided. We asked the registered manager about how they monitored people's food and fluid intake who had been identified at risks of dehydration or malnutrition. They told us that although the care plans referred to staff monitoring people's foods and drinks, it did not mean they needed to record this. This demonstrated that staff were unable to monitor people's food and drinks if they were not recording them. People were at risks of developing illness and infection through not eating and drinking enough and staff would not be able to identify this early so that medical help could be sought.

These were a breach of Regulation 14 (1) (2) (b) & (4) (a) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At our previous inspection in January 2015 we found that approximately half of the staff had not received training about the principles of the Mental Capacity Act (MCA) 2005. This meant that staff did not fully understand how they should assess and work within the principles of the MCA, especially in relation to assessing people capacity to make decisions about their care.

At this inspection we found that only ten of the 22 staff who delivered care had received MCA training. The lack of training about the MCA had continued to impact on the way people either consented to care or led to inconsistencies in their care plans and assessments. For example, people's relatives were signing peoples care plans when it had been stated that the person themselves had the capacity and understanding to sign their own care plans. It stated on one person's medicines risk assessment that they did not have capacity to understand their medicines and that a best interest meeting had taken place with the family. The registered manager could not produce

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any records of a best interest meeting happening. This demonstrated that there continued to be a lack of understanding about the principals of consent and how people's rights to make decisions should be protected.

This was in breach of Regulation 11 (1) (2) & (3) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At our last inspection in January 2015 we found that staff had not received effective training, support and supervision.

At this inspection training for staff was now planned in advance. The manager showed us their training plan for all the staff. It detailed when staff attended training events and when they were due to attend further training events. However, not all staff who provided care appeared on the training plan. For example, records showed a member of staff not on the training plan had delivered care to people on more than one occasion. We asked the registered manager to send us confirmation of the training this member of staff had undertaken. We were sent confirmation that the staff member had received some training, but this did not cover all of the provider's essential training. For example, infection control, dementia awareness, medicine's and the Mental Capacity Act. This meant that we could not check that all staff employed to deliver personal care had the training and skills to do this.

The training staff received had not fully equipped them to meet people's needs. For example, we saw from people's care plans that some people were diabetic, had mental health issues, could harm themselves or others or were supported by staff to manage a catheter. However, staff had not been provided with any training in these areas. The registered manager told us that some of these areas were covered in the health and safety training staff received. We asked the registered manager to send us confirmation of the health and safety course content. They did not send us the information we requested. This meant that people's health and well-being continued to be at risk as they were receiving care from staff who had not been trained to meet their individual needs.

Staff told us they had acquired practical skills in moving and handling people. We asked the registered manager to send us information about the content of the moving and handling training courses provided to staff, so that we could check the course content. They did not send us the

information we requested. This meant we were unable to check whether the training staff had received met published guidance in relation to safely moving and handling people.

There were no records that new staff received an induction when they started at the service. The registered manager told us that all new staff received an induction and that this followed best practice in health and social care. However, they were unable to evidence this. The registered manager told us that staff kept their induction work books at home. Staff told us that their work books were kept at the office. The registered manager could not tell us if new staff had reached the required level of competence at the end of their induction to ensure they had reached an appropriate standard.

We received mixed feedback from staff about supervisions and annual appraisals. Supervision and appraisal are processes which offer support, assurances and learning to help staff development. Staff told us they had not received annual appraisals and the registered manager confirmed this. Some staff had received supervisions and they had been checked by the registered manager when doing their work or 'spot checked'. Spot checking staff enables the registered manager to monitor staff performance and offer guidance. However, only three out of the nine staff we checked had a recorded supervision and spot check. We asked the registered manager to send us more information about the checks they had carried out. They did not send us the information we requested. This meant that staff were not given the opportunity to talk about their work practices or development and training needs with the registered manager. Enabling staff to do this helps them improve their skills and their understanding of their role.

These examples were a breach of Regulation 18 (1) & (2) (a) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At our last inspection staff told us they understood how to respond if people needed emergency medical help, but we found they had not put this into practice.

At this inspection we found that staff had responded well to incidents and sought appropriate help from health and social care professionals if needed. For example, people told us that if they felt unwell the staff would call their GP for them and make sure that their relatives were aware. Staff had also called an ambulance when they arrived to

Is the service effective?

provide care for people and they found the person unwell. People's immediate health was protected by staff who sought medical attention for them after accidents or if people were unwell.

Is the service caring?

Our findings

At our previous inspection in January 2015 we identified two breaches of regulations. There had been a failure to respect and involve people, people's records had become mixed up with each other and records were not stored securely.

At this inspection we were unable to check information relating to people who lived at an older people's extra care housing scheme. We found the registered manager had made improvements. However, the registered manager still had some improvements to make.

People told us that staff were caring and compassionate. One person said, "She (staff) is amazing, she makes my life bearable, she is fantastic". Another said, "She (staff) cheers me up, she is always happy and just brightens my day". Other comments included, "They (Staff) go above and beyond" and "They (staff) do extra things for me which they don't need to do". People felt staff respected their privacy and dignity.

At our previous inspection in January 2015 people's preferences about their care were not always recorded and care records lacked the details staff would need to know about people to provide personalised care.

At this inspection the care plans were respectfully written and provided a lot of information about people and how their care needed to be delivered. For example, each person had the key aims and objectives of their care recorded and this was followed up with a detailed description of how staff should provide support. When staff recorded the care they had provided they had written things like, 'Left person comfortable', 'Made sure they had extra drinks when I left them'. However, we found that the care plans did not always take account of people's life histories, preferences or best interests. For example, whether people would prefer male or female staff or if the care they received had been assessed as being in their best interest.

We have recommended that the registered manager research published guidance about person centred care planning.

Staff described to us how they protected people's privacy and dignity, for example when supporting people to wash and dress they ensured that doors and curtains were closed and they covered people to protect their dignity. Also, staff gave us examples of how they enabled people to remain independent. For example, people were prompted to carry out tasks they were able to do. One member of staff said, "One of my clients can't do much just a little bit, so I give them the flannel to do some of it herself and then I give her the towel to dry herself".

At our previous inspection in January 2015 people's records were not stored securely or kept in such a way as to protect people's confidentiality.

At this inspection we found the registered manager had taken steps to maintain people's records confidentially. People's records were stored in the offices of PCT Diamond Care Services Limited within a locked filing cabinet. The offices could only be accessed via a key coded entry system. People's care files were stored individually and only contained information relating to the people the care file related to.

At our previous inspection in January 2015 people were not always involved in the planning of their care.

At this inspection people were being given time to express their opinions about their care. People told us they were being contacted by the service co-ordinator weekly to see if there were any problems and that things were improving. Two people said, "I have a regular call every Monday to see how it is going," and "I get weekly calls each week to see if it is going okay". One relative said, "They call us every week to see if she is happy and if we are happy with the care, It is working better now." Other told us that they worked well with the care staff, leaving messages for them about things they needed them to do.

Information was provided to people about the service. This included the objectives of the service, how to make complaints and what the service provided. People could refer to this information at any time if they wanted to.

Is the service responsive?

Our findings

At our previous inspection in January 2015 we identified three breaches of regulations. There had been a failure to maintain care plans with people's most up to date care needs. People's views were not formally sought about the quality of the service provided and complaints were not responded to.

At this inspection we were unable to check information relating to people who lived at an older people's extra care housing scheme. We found the registered manager had made some improvements. However, the registered manager still had some improvements to make.

Relatives spoken with did feel they had been involved with their loved ones' care. One said, "They get in touch with us quite regularly". Another said, "I always ask the staff to contact me directly and they usually do".

At our previous inspection in January 2015 we found that people's care plans did not adequately describe their needs.

At this inspection we found that the registered manager had reviewed 26 care plans and introduced more detailed information about people's care needs. However, there were still areas of people's care plans that did not fully describe their needs or provide staff with instructions about how to deliver care. For example, the registered manager was aware that people's moving and handling risks assessments were not always fully completed. This was still the case at this inspection. This meant that the registered manager had not fully reviewed people's care.

Medicines were not listed in people's care plan files or on their medicines risks assessment. We found one care plan where the medicines were listed, but this was dated 25 June 2012. There was no recent information about the person's most up to date needs. Other care plans had been updated to include the need for people to have risk assessments for falls and for their skin integrity. These assessments had not been completed to ensure staff understood people's needs.

After our last inspection we informed the registered manager that one person's care plan file did not contain an

assessment of their needs and was incomplete. At this inspection the same person's care plan still did not contain an up to date assessment of their needs and there were still incomplete risks assessments.

We saw that several people were at risk of falls and that others required staff to help them move in bed. However, people's care plans and risks assessments did not reflect this and there were no instruction for staff to follow about using equipment or how to assist people if they fell. This meant that people continued to be at risk of receiving inappropriate and unsafe care from staff who were not aware of the risk they faced or their most up to date needs.

This was in breach of Regulation 9 (1) (a) (b) & (c). (3) (b) (e) & (i) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At our previous inspection in January 2015 people had made complaints about the service but the registered manager had not responded to these to try and resolve them.

At this inspection we found that complaints were now logged on the new computerised care planning system and that the registered manager had tried to resolve complaints. The complaints policy had been updated in March 2015 and this was being followed by staff. There had been nine complaints logged on the system since our last inspection, all of which had been resolved. For example, there had been a complaint about staff arriving late for a lunch time call. The registered manager had resolved this by re-assessing the person's needs and proposing a solution which people accepted.

However, we noted that the registered manager had not resolved some of the issues about complaints from our previous inspection which were still causing people to feel dissatisfied with the service. For example, people said they had repeatedly asked for the information in the care plans to be updated because some people's names were incorrect and others had told us that staff still made their floors dirty even though they provided shoe covers and they had complained about this repeatedly. This meant that the registered manager was not always listening and resolving concerns people had about their experience of the service.

The registered manager had sent people questionnaires about their experiences of the service. People told us that changes had been made as a result of their feedback and

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people were more involved in how their care was planned. In response to people's suggestions the registered manager had changed the rostering system so that it was clear to people what times their calls would happen and which staff would arrive. People told us that staff punctuality and consistency had improved since the new system had

started. The registered manager had also sent a useful contacts sheet and an updated document called 'Service user hand book'. This demonstrated that the registered manager now had a system in place to monitor the quality of the service people experienced.

Is the service well-led?

Our findings

At our previous inspection in January 2015 we identified three breaches of regulations. There had been a failure to monitor the quality of the service and provide information to the commission. Records relating to people's care had not been maintained accurately and policies and procedures did not reflect current best practice guidance. Policies and procedures had not been made accessible to staff.

At this inspection we were unable to check information relating to people living at an older people's extra care housing scheme. We found the registered manager had made improvements. However, there were still concerns about the ability of the registered manager to provide adequate leadership and make the changes necessary to improve the service.

People told us that staff at PCT Diamond Care Services Limited had been providing a valuable service to them. One said, "My carer is so good, you'd better not take her away from me". Others said, "The care package has been good for us. I was so relieved when they were coming in. It was a weight off my mind". They went on to say, "PCT Diamond has been very supportive to us. We had more problems with the others".

At our previous inspection in January 2015 the registered manager was not carrying out any formal audits.

At this inspection we found that the registered manager had carried out a number of audits on a regular basis. There had been a series of team meetings since our last inspection with up to 12 staff attending. The minutes of the meetings showed that the registered manager had discussed the importance of completing people's daily care logs in March 2015, but we still found gaps in people's records at this inspection. Records showed that the registered manager had been auditing care plans to bring them up to date. They told us they had audited 26 care plans. However, we found care plans that had been audited and updated which were not fully completed. This meant that the registered manager had not carried out audits effectively and the audits were not fit for purpose.

Other audits were taking place, for example the registered manager had completed medicines records audits. The service coordinator who worked in the office had contacted people weekly to find out their experiences of using the

service. However, the quality of the audits was poor. We found records that had not been completed and it was unclear whether the registered manager had understood the importance of ensuring they followed published guidance and practice in relation to medicines.

At our previous inspection in January 2015 records were not completed adequately so that the care and treatment people had received was recorded to protect their health and welfare. There were gaps in medicine administration records, staff training records, recruitment, care planning and assessment records and risk assessments.

At this inspection we found that the registered manager had partially reviewed the records that were kept and had started to audit daily care logs and medicine records to check if they had been completed. However, we found that the registered manager had not taken robust action to ensure records were kept to protect people's health and wellbeing. For example, staff were unsure if they should record some PRN 'As and when' medicines on the medicines records or in people's daily logs. At this inspection we found a consistent failure to record people's care and treatment properly. For example, there were gaps and uncompleted information in medicine administration records, uncompleted risks assessments and a failure to keep accurate records of the support people had received. This put people at risks of harm as staff were not fully aware of people's current needs, medicine's or the risks they faced.

These examples were a breach of Regulation 17 (1) (2) (a) (b) (c) (f) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At our previous inspection in January 2015 we found that the registered manager was not following or delivering the stated aims of the service. 'Our aim is to provide care and support services to our clients that are second to none.' At this inspection this was still the case. The registered manager and the staff were not delivering care in a safe, effective, caring, responsive or well led way. The aims of the provider were not communicated to the staff through annual appraisals and supervision and had not been consistently used in practice or monitored for their effectiveness.

After our inspection in January 2015 we sent our inspection report to the registered manager. However, at this inspection we found that the registered manager had not

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understood their responsibility to rectify all of the breaches of regulation we found at our last inspection. For example, we asked the registered manager to improve the quality of manual handling and medicines risks assessments to ensure they were fully completed and implemented. We found that our requirement for these improvements had not been fully implemented by the registered manager. This meant that people continued to be at risk though poor management and leadership in the service.

At our previous inspection in January 2015 people were telling us that if they called the office or wanted to speak to the registered manager they did not always get a response.

At this inspection, people were still raising concerns about this, but we got mixed feedback. People said, “The office (Staff) are completely helpful and I’m happy, I’ve got to know them all. I’ve found them available and they’ve been flexible”. Others said, “I don’t tend to phone the office very often, but when I do, it is sorted. I email them and they reply, but this can be a bit slow”. Another said, “The staff in the office are now quick off the mark to sort things and respond. Much better”. However, other people had repeatedly told staff about things that were not correct like care plans. People still experienced a poor service if they tried to contact the office or speak to the registered manager. Comments included, ‘I phone the office, sometimes they phone back, sometimes not. You never can tell’. Similarly, a relative explained, “We call them (staff in the office) but they don’t call us back”. This demonstrated that there were still some issues with how accessible the service was to people.

The commissioners of the service had been unable to carry out their last unannounced visits to the service on 27 June 2015 because the office was not open. Telephones in the office had been diverted to the registered manager’s mobile telephone. However, it took more than two hours for the commissioning team from Bexley local authority to get a response from the registered manager. This was concerning as it meant that people and staff who may have needed to contact the office or the registered manager in an emergency would not have got any support.

The provider and registered manager had been meeting with the commissioning team from Bexley local authority to work on a service improvement action plan. The quality

issues identified in this action plan had included improvement to staff training, supervisions and spot checks. At the time of this inspection the local authority still had concerns about the leadership of the service and had not been able to sign off all of the action points. The registered manager had not been able to concentrate on the required service improvements; they were often out delivering care and support and had not taken an overview of the service. This meant that there were still significant concerns about the management of risk and the registered manager’s ability to take the steps required to keep people safe.

There were a range of policies and procedures governing how the service needed to be run. The registered manager had reviewed the policies and procedures since our last inspection. These were now available in hard copies for staff to access in the office. Staff told us that they had seen the policies, but they were not clear if they had seen the reviewed versions. However, throughout our inspection we found examples of the registered manager not following the policies. This meant that the registered manager had a lack of understanding of how to manage the service using guidance that was based on best practice.

The provider and manager used a number of systems to monitor the quality of the service people received. However, these were not always effective because the provider and manager had not ensured that issues identified on the audits were actioned and audits were not always completed effectively. For example, they did not identify the issues and breaches we found during our inspection.

These examples were a breach of Regulation 17 (1) (2) (a) (b) (c) (e) (f) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014

At our last inspection in January 2015 there had been a failure by the registered manager to notify the Care Quality Commission about reportable events as required by law, such as significant incidents and safeguarding alerts. At this inspection we found that the registered manager understood their responsibility to send CQC notifications. We looked at a recent notifiable incident and saw that this had been reported to CQC and the local authority.