Nestor Primecare Services Limited

# Allied Healthcare Keighley

## Inspection report

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## Ratings

| Overall rating for this service | Requires Improvement |
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|---|---|
| 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

The inspection visit was carried out on 7 February 2017 and was unannounced.

Allied Health Care Keighley is registered as a domiciliary care service to provide nursing and personal care to people in their own homes.

The last inspection was carried out in December 2015. At that time we found the provider was in breach of three regulations, Regulation 9 (person centred care), Regulation 18 (staff deployment) and Regulation 17 (good governance).

Since the last inspection two managers have left the service. The new manager who took up their post in January 2017 was not registered at the time of our inspection visit but has since completed the registration process. 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 who used the service told us they felt safe. Care workers knew how to recognise and report abuse. We found some of the office staff were not aware of the correct safeguarding reporting procedures although they had taken action to address the concerns raised. The service had co-operated fully with the local safeguarding and commissioning teams to make sure concerns were investigated and it was noted that the quality and depth of these investigations had improved since the appointment of the new manager.

We were assured the staffing situation had improved since the last inspection. People told us there had been improvements over the past three to four months. They said there was more consistency and they were now being informed when staff were running late. However, we found there was still room for improvement with some people reporting staff still seemed under pressure to rush to the next call. The registered manager told us they had recruited more staff and were making changes to the way rota's were organised to further improve the service.

A record was kept of missed calls and they were investigated. However, without an electronic monitoring system we could not be assured that all missed and late calls were identified.

All the required checks were carried out before new staff started work. This helped to protect people from the risk of receiving care and treatment from staff unsuitable to work in a care setting. We found new staff received comprehensive induction training and had a period of shadowing more experienced staff before working on their own. However, we found the staff training records were not up to date and the provider could not demonstrate that staff had completed all the required training. The new manager had already identified this and was working to address at the time of our visit. There were systems in place to make sure staff received regular supervision however some of the staff we spoke with told us this had not been

happening in recent months.

Risks to people's safety and well-being were assessed. However, we found the records were not always detailed enough to ensure staff had the information they needed to manage risks. When people were supported with medicines this was recorded in their care plans but the medication administration charts were not always up to date and accurate.

There was out of hours telephone support for people who used the service and staff. .

Consent to care and treatment was recorded. We saw the relatives of people who lacked capacity were consulted about decisions but the records did not always show what legal authority they had to represent people's views.

People who were supported to eat and drink by the service told us they were happy with the support they received. We found the records did not always have detailed information about people's likes and dislikes.

The service worked with other professionals in health and social care to support people to maintain their health and well-being.

Most people were complimentary about the care staff and said their privacy and dignity was respected. We found the service was inconsistent in taking account of people's individual and diverse needs. For example, some people's preferences with regard to the gender of staff providing care were respected but others were not. We also found an inconsistent approach to the annual care reviews which meant some people were missing out on the opportunity to be involved in planning their care.

We found people's assessed needs were not always fully or clearly recorded. In addition, we found there were still inconsistences in call times and calls were not always well spaced out. This created a risk people would not receive the right care to meet their needs.

Feedback from people about the effectiveness of the complaints procedures was mixed. For some people it had resulted in an improved service but for others it had not. The new manager had identified shortcoming in the way complaints were dealt with and was addressing this.

We found that although there were systems and processes in place to monitor the quality and safety of the service they had not been working effectively. The new manager was open and honest about the challenges which the service was facing. They showed us that although they had only been in post a few weeks they had started to identify and deal with the majority of the issues we found during the inspection. These included concerns around care documentation, staff training and the management and deployment of staff.

We found the provider in breach of three regulations of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Regulation 18(2) in relation to staff training and support, regulation 9 in relation to person centred care and regulation 17 in relation to good governance. These are repeated breaches also found at the last inspection in December 2015. The Commission is considering the appropriate regulatory response to these continued breaches of regulation and will publish our actions when any appeals processes have been completed.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

**Requires Improvement**

The service was not consistently safe.

People who used the service told us they felt safe with staff. Care workers knew how to recognise and report abuse. When people raised concerns about safeguarding they were dealt with but some of the office staff did not fully understand the reporting procedures.

The staffing situation had improved since the last inspection which meant people were receiving a more reliable service. However, further improvements were needed to ensure people did not feel their calls were rushed. The provider had safe recruitment procedures which helped to protect people from the risk of abuse by staff unsuitable to work with vulnerable people.

Risks to people's safety and well-being were identified and assessed although some of the records lacked detail.

People received the support they needed with their medicines however this was not always reflected accurately in the records.

### Is the service effective?

**Requires Improvement**

The service was not consistently effective.

People were not always supported by staff that were properly trained and supported to meet their needs.

People's consent to their care and treatment was recorded. When people lacked capacity it was not always clear from the records who had the legal authority to represent them.

People were happy with the support they received with eating and drinking. However, the records did not always have detailed information about people's preferences.

The service worked with other health and social care professionals to help make sure people received the support they needed to maintain their health and well-being.

### Is the service caring?

**Requires Improvement**

The service was not consistently caring.

People's privacy and dignity was respected.

Some people had positive care experiences which enhanced their feelings of well-being but others did not. There were inconsistencies in the way the service took account of people's individual and diverse needs.

Annual reviews were completely inconsistently which meant some people were missing opportunities to be involved in planning and reviewing their care needs.

## Is the service responsive?

**Requires Improvement**

The service was not consistently responsive.

Information about people's assessed needs was not always clearly documented and for some people this meant they were not always receiving the right support.

Although the records showed staff mainly stayed for the correct amount of time call times were not always consistent from day to day. In addition, we found calls were not always well spaced out to meet people's needs.

There was a complaints procedure in place but feedback from people was mixed. Some people had experienced positive changes following complaints but others felt nothing had changed. The new manager was addressing this.

## Is the service well-led?

**Requires Improvement**

The service was not consistently well led.

The provider had processes in place for audits and checks but we found they had not been working effectively.

There have been a number of management changes since the last inspection. The new manager was open and transparent about the shortfalls in the service. When we carried out our inspection they had already started to identify and address the concerns we identified. However, it was too soon for us to assess the effectiveness of the measures they were putting in place to improve the service.

# Allied Healthcare Keighley

**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.

On 7 February 2017 we carried out an unannounced inspection at the agency's offices.

The inspection team consisted of three inspectors. Two inspectors visited the provider's office. A third inspector carried out telephone interviews with ten people who used the service and six relatives. During the visit to the office we spoke with the registered manager, two care co-ordinators and the field care supervisor. We looked at a variety of records which included the care records of eight people who used the service, staff recruitment and training files, meeting notes, surveys, complaints and quality assurance records. Following the visit to the office we carried out telephone interviews with five care workers.

Before the inspection visit we reviewed the information we hold about the service and contacted the local authority commissioning and safeguarding teams. On this occasion we did not ask the provider to complete a Provider Information Return, (PIR). This is a form that asks the provider to give us some key information about the service, what the service does well and improvements they plan to make. Following the site visit the provider sent us a copy of their improvement action plan.

Requires Improvement

# Is the service safe?

## Our findings

People who used the service told us they felt safe with staff. One person said, "I feel safe with them, they are respectful and listen to what I want and will do what I ask of them. I would recommend the service to other people." Another person said, "I feel so much safer when they are here with me. I would be too scared to have a bath on my own but with staff I am not at all scared of falling."

Before our inspection we were aware of a number of safeguarding concerns about the service. The provider had raised a safeguarding alert in response to information received by their internal whistle blowing team and the remaining concerns had been raised by people who used the service or those acting on their behalf. The provider had cooperated fully with the local safeguarding team and investigated the concerns. Prior to the appointment of the present manager there had been some concerns about the quality and depth of these investigations. However, the present manager has demonstrated their ability and willingness to carry out robust investigations and where necessary take action to reduce the risk of similar incidents happening again. This included re-opening investigations which they had judged were not robustly investigated in the past. This gave us assurance that improvements were being made in this area.

In one person's care records we saw they had contacted the office in July last year and raised concerns about money and other items going missing from their home. The person had reported their concerns to the police and the office staff had informed the person's social worker. However, although action had been taken in response to the person's concerns this had not been identified and reported as a safeguarding concern. This was discussed with the registered manager who assured us they would ensure staff working in the office were familiar with the correct safeguarding procedures.

Care workers spoken with confirmed they had received training on safeguarding and were aware of how to recognise and report concerns about people's safety and welfare. Staff confirmed they were aware of the providers whistle blowing procedures.

At the last inspection we found the provider did not have enough staff deployed to meet people's needs. During this inspection people who used the service told us there had been issues with call times and missed calls in the past but said this had improved over recent months. For example, one person said, "They have been much more consistent over the past three or four months. Prior to that the visit times varied a lot and staff seemed to be really rushed, but staff are now taking their time more which is better for everyone." Another person told us, "There have been two occasions where no staff have turned up, there was a mix up with the rotas – that was over three months ago now. I called the office about it and they apologised and it's not happened since. They have also now started ringing up to let us know if they are going to be late, in the past you had to chase them, but now they call you which is much better." Another person told us they were happy with the care they received, they said the staff arrived on time and they usually had the same carers.

Feedback from other people indicated there was still room for improvement. For example, one person said, "Staff can sometimes be a bit rushed, but they do try to give me the time I need, although I can tell they are under pressure to get to the next call."

The new manager told us they had recruited additional staff for the service. In addition they were working to improve consistency of calls times and continuity of staff. They had reviewed the 'runs' for the different areas they covered and made changes to accommodate people's preferred times. At the time of our inspection they were in the process of creating templates for each 'run' which included allocated travel time. Once the templates were in place the staff rotas would follow the templates. This showed improvements were being made but at the time of the inspection had yet to be fully implemented

A missed and/or late call log was maintained, and we saw missed calls were investigated and where appropriate actions put in place to prevent a re-occurrence. However, in the absence of electronic recording or prompt audits of daily records, we could not be assured that all missed and late calls were captured by the providers systems. We were concerned about this because the service was used by a large number of people.

Robust recruitment procedures were in place to help ensure staff were safe to work with vulnerable people. New staff were required to complete an application form detailing their work history and attend an interview. Checks on staff identity and their right to work in the UK were undertaken. Checks on staff character were undertaken including obtaining references and ensuring a Disclosure and Baring Service (DBS) check was completed. Where negative references were received, we saw this was suitably explored by the service.

Risk assessment documentation was in place which showed risks to people's health and safety such as nutrition, skin, mobility and people's living environment had been assessed. Risk assessment documentation was bulky making it difficult to locate key information. Some risk assessments lacked detail and required more person-centred information about the individual. This created a risk staff would not have access to all the information they needed to manage risks to people's safety and welfare. The new manager told us they were in the process of introducing a new and more concise risk assessment document.

The provider operated an on call system to cover the out of hour's period when the office was closed. People who used the service and staff told us they had contact details for the out of hour's team and shared examples of when they had used the service.

When the service was supporting people with the medication this was recorded in their care records. One person who used the service told us they were "Quite satisfied with everything, carers visit at similar times each day, give or take 20 minutes, so I get my medicines on time." However, in two people's records we saw they were prescribed topical creams which staff were to apply daily. Whilst daily records of care showed creams were applied, this information along with full details of the prescribed cream was not recorded on a Medication Administration Record (MAR). This created a risk people would not always receive their medicines as prescribed. This was discussed with the new manager who had already identified improvements were needed in this area.

Requires Improvement

# Is the service effective?

## Our findings

We asked people if they felt staff had the skills and knowledge they needed to support them. The majority of people were satisfied that staff had been adequately trained to meet their needs. For example, one person told us, "They know how to deal with the catheter and keep it clean." However, some people said staff lacked the specific skills needed to meet their individual needs, for example when supporting people with colostomy care.

The new manager showed us the training system. They told us that if operated correctly it would prevent staff from undertaking shifts unless their mandatory training was up-to-date. However this feature had been disabled due to unreliable and incomplete training information being available. Due to training records, not being up-to-date it was difficult to establish whether staff were up-to-date with mandatory training and we found examples where they were not. For example, in one staff file, we found no mandatory training had been completed since May 2015. The service cared for children. Staff supporting children required specific training which included safeguarding children. However, we found staff caring for children with no evidence they had received any of this training. We spoke with one of the staff who confirmed they had not received any children's training. Following our visit the registered manager confirmed all the staff providing care and support to children had completed the required training.

The manager had identified these issues with training management and was undertaking a data cleanse which they told us would be completed within the next few weeks. They said this would allow them to confirm where staff were up-to-date with training and allow them to book training updates as appropriate.

There were systems in place to ensure staff received regular supervision and appraisal. This checked their skills whilst delivering care and support as well as providing a support mechanism to raise any concerns. However, some of the staff we spoke with told us they were not receiving regular supervision.

This was a breach of Regulation 18(2) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We had no concerns over the induction training provided to staff. New staff received a comprehensive induction to the service delivered through a combination of face to face and e-learning. Topics included including catheter and stoma care, equality and diversity, moving and handling, medication and infection control. New staff without previous experience also completed the Care Certificate, which ensures new staff receive an induction to national standards. New staff undertook a period of shadowing and had an induction to the local ways of working. This was confirmed by staff we spoke with.

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

People can only be deprived of their liberty so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. In domiciliary care services applications must be made to the Court of Protection. The manager told us no applications had been made to the Court of Protection and no one using the service had a court order in place.

The majority of the care records reviewed showed people had signed consent to their care and support plans. In one person's records we saw an assessment which showed they had some degree of cognitive impairment which was likely to have an impact on their ability to give informed consent. While it was evident their relatives had been consulted about their care and treatment there was no evidence to show the service had confirmed the relative had the legal authority to act on the person's behalf. This was discussed with the manager who provided an assurance this would be addressed by staff training.

The majority of people who used the service were supported with their meals by relatives. When people required support with this aspect of their care from the service there was information in the care records. We found the records did not always provide detailed information for staff about people's likes and dislikes. For example, one person's records stated staff should leave them 'fluids' to drink throughout the day but did not say what the person liked to drink. This created a risk people's preferences would not be catered for.

People we spoke with were happy with the support they received to meet their dietary needs. One person said, "I am happy with the support they provide with meals and the quality of food staff prepare for me. Although it's mostly ready meals so they just have to reheat them."
Another person said "They [staff] only help with a light tea as that's all I need, they always ask me what I want."

We found people were supported to meet their health care needs. A relative told us that during a recent call staff had suspected their relative had a urinary tract infection because of the smell of their urine and because the person was unsteady on their feet. This prompted them to make an appointment with the person's GP who confirmed they did have an infection. The relative said, "They seem to be really on the ball with people's health and wellbeing, I wouldn't have known about it if staff hadn't mentioned it."

Care records showed people's healthcare needs were assessed and people's medical conditions were considered in care planning. Contact with health professionals such as district nurses and doctors was logged on the electronic communication system.

An external healthcare organisation who worked with the service told us they had no concerns about people's safety. They said the service worked well with other health care professionals to make sure people with complex care needs received the right support. They said the service always consulted people who used the service and/or their representatives when making decisions about their care and treatment.

Requires Improvement

# Is the service caring?

## Our findings

Most of the people we spoke with were complimentary about the way staff delivered their care and treatment. One person said, "They [staff] are respectful of my home, they knock before they come in and take their shoes off. They also respect my privacy when I am having a bath." Another person said, "Staff are polite and respectful towards me and my home, for example they preserve my dignity when getting me dressed and ask me before using my toilet."

However, one person told us the way in which their care was delivered did not enhance their feelings of wellbeing. They said, "Staff are nice, I feel safe but they don't really chat to me, just do their tasks. I feel a bit of a nuisance."

We found inconsistencies in how the service took account of people's diversity, values and human rights. For example, the care records showed efforts were made to respect people's preferences in relation to the gender of staff providing care and support. However, feedback from people who used the service showed this was not consistent. One person's experience was positive and they told us, "They [staff] fit in with my routine and can meet my needs. They are respectful of my specific needs and preferences, for example, I have one male carer who I am very happy with as I know him well, he puts me to bed, I have asked for no other males to come and they have respected this wish." However, the relative of another person who used the service told us, "[Person's name] would prefer a male carer but females often turn up, they don't seem to think about that."

In two people's care records we saw consistency in the staff attending to people's care needs. This helped staff to develop good caring relationships with people. However, some people told us that while they were very happy with their regular care workers the arrangements for covering holidays and absence did not always work well for them. One relative told us the inconsistency made their relative "anxious and frustrated." Another relative said, "I get very stressed as I don't know who is coming or if they are going to turn up on time."

One person who used the service told us they had received rotas in the past and they liked this because they knew which staff would be supporting them. The manager told us at present people did not get advanced notification of rota's and who was to attend calls but this was to be introduced shortly once the rota's had been re-organised.

Some information was present within care and support plans on people's life histories to help staff better understand the person. However this information could have been expanded on along with other information about people's likes, dislikes and personal preferences.

The field care supervisor told us people's care packages should be reviewed at least once a year and in response to any changes in their care needs. However, people who used the service told us this was not happening consistently. One person told us their care package had not been reviewed for two years and another person said they had never seen anyone from 'management'.

The new manager had identified this as an area which needed attention and it was being addressed in the provider's improvement action plan.

Requires Improvement

# Is the service responsive?

## Our findings

The majority of people we spoke with were satisfied with the service they were receiving. One person said, "The care is brilliant. I can't say anything at all bad about them, they are just smashing. I have a regular carer who comes every day so I know them really well and they know me and my routine." Another person said, "Their support is vital to us. They come at regular times each day and have never missed a call. Sometimes they don't turn up on time but they always call to let us know they will be late and it's usually due to something out of their control like an accident on the roads or having to stay with someone who is unwell." Another person told us they were generally happy with the care and support they received. However, they added, "One thing I would change about the service is that the office doesn't seem to be very flexible." They went on to explain it had taken "weeks and weeks" to change their visits when their needs had changed.

Care records did not always demonstrate a full assessment of people's needs. For example, one person's records showed they required assistance with stoma and catheter care at each visit. The person's toileting and continence assessment was blank and the person's summary of care did not provide sufficient information on how to carry out the care tasks effectively and safely. The person's relative told us the person did not receive consistently good care and support with this aspect of their care.

One person's summary of care needs dated 12 February 2016 showed they required five visits a week at 9am. However, on speaking to office staff this had changed to include evening visits in 2016, and then more recently the number of visits had been cut down. These changes were not reflected in the person's care and support plan.

In another person's records there was no information about their preference as to the gender of the staff delivering care and support. Their relative told us the person preferred male care workers but was often allocated female care workers. In the same person's records the washing and dressing assessment was blank although the person required support with showering. Their relative told us some of the staff did not understand the person's complex needs and tried to rush them.

Daily records of care were completed which showed in most cases care needs were met. However these lacked information about the person and were very task based. Daily records of care showed staff stayed for close to the required amount of time. Although we saw most of the time call times were consistent from day to day, this was not always the case. For example, one person's evening call varied between 6.50pm and 9pm over two consecutive days and their morning call varied between 8.30am and 10.45am during a period in November 2016.

In another person's records there were notes of a meeting held in June 2016 which stated the person was a diabetic and needed regular call times. The notes also stated the calls should be spaced out evenly. We looked at a selection of daily notes for dates in November and December 2016 and January 2017 and found this was not happening. For example the start time of the morning calls varied from 8.25am to 10am. In addition, the records showed the calls were not evenly spaced out, for example on 27 November 2016 the morning call finished at 9.45am and the lunch time call started at 11.15am. Similarly on 30 November 2016

the morning call ended at 10am and the lunch time call started at 11.15am and on 18 January 2017 the morning call finished at 10.30am and the lunch time call started at 11.30am. In the records for 29 and 30 December 2016 there was no lunch time call recorded.

We also found from looking at daily records and speaking to staff, that one person who required two staff for moving and handling only had one staff member present on two occasions in December 2016. This meant the person's relative had to help out.

This demonstrated people were not consistently receiving care which was appropriate, met their needs and reflected their preferences. This was a breach of Regulation 9(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This was a continued breach as we found the provider was in breach of this regulation at the last inspection.

Feedback from people about how the service responded to complaints was mixed. Two people told us they had made complaints in the past and this had led to positive changes. One person said, "When I raised a complaint I felt the office staff listened and put things right for me."

However, other people told us their complaints had not led to any sustained improvements in the service. Two people we spoke with told us they had made formal complaints but there were no records of these complaints at the office at the time of our visit.

There was a system was in place to log and respond to complaints. We looked at complaint records which were well organised and showed 50 concerns or complaints had been received since August 2016. Details of any root cause analysis and the preventative action taken was recorded. We saw evidence concerns such as late or missed calls were followed up for example through staff meetings or disciplinary proceedings. The new manager was in the process of improving the service's response to complaints. They had identified that whilst complaints had been responded to in a timely manner, they had not always been investigated in a thorough way. This was work in process and two previous concerns/complaints had been re-opened by the manager to ensure a more thorough investigation. This gave us assurance that improvements were being made in this area.

Requires Improvement

# Is the service well-led?

## Our findings

The service has undergone a number of changes since the last inspection. This was reflected in some of the feedback we received from people. One person said, "There is a constant change of management so there is no continuity to address issues." Another person said, "Another problem is the high turnover of management. When you call the office you never know who you are going to get to speak with and you have to go over the same issues again as they don't know us."

The previous registered manager left during summer 2016 and another manager was appointed. They left after a short time and the manager who was in post at the time of our inspection had taken up their post in January 2017. At the time of our visit they were not registered with the Commission but have since completed the registration process. They are now the registered manager for this branch as well as another location operated by the provider. The manager told us that when they were not on site another member of the management team would be on site to provide management support to the two care co-ordinators and the field care supervisor.

The new manager was open and honest with us about the current problems which faced the service and demonstrated they were in the process of improving the service. Many of the issues we identified during the inspection were known to them and they were taking action to address them. For example around care documentation, staff training and rota management.

The present manager told us that the previous manager had left systems and documentation in a chaotic state and as a result documentation was not properly organised and systems not utilised to their full potential. We saw action was being undertaken to improve this aspect of the service.

Audit and checks were in place but they were not always effective. For example, we looked at one person's daily care records between January 2016 and April 2016. The person required two staff at each call for safe handing during that time. However, the daily records showed occasions when only one staff member signed the record meaning there was no evidence that a second staff member was present. Although these records had been audited, these issues had not been identified. We looked at more recent daily records for November and December 2016 for the same person and saw 13 instances where only one carer had signed the log. This meant that these long-standing issues had not been identified and resolved through appropriate quality assurance processes. We also found other people's daily records of care and medicine charts had not been subject to regular review or audit. In addition, we found instances where care and support visits were not recorded in daily records making it impossible to confirm whether care and support visits had taken place.

Staff received periodic 'Field supervision" which consisted of a spot check of their practice. These looked at whether staff arrived on time, wore the correct uniform, treated people well and undertook all required care tasks. However, we found very few actions were picked up from these visits and the system to log and monitor when staff had received these required updating.

Annual quality reviews were undertaken which audited care records and gained feedback from the person who used the service. Whilst some of these had been completed, the records showed they were not fully up-to-date. This was confirmed by people who used the service. The computerised system used to monitor when these were completed had not been updated making it difficult to track when they were overdue.

Quarterly staff meetings were held. We saw areas for improvement were discussed with staff such as documentation and changes required to rota's based on a more logical geographic planning of routes.

Incidents and accidents were logged, investigated and analysed by senior management. Root cause analysis was undertaken. We found the outcome of incident investigations was not always clear from incident records. The new manager showed us how they were improving the incident management process ensuring investigations were done more thoroughly and more extensive outcomes recorded.

Systems were in place to seek feedback from people who used the service. A quality survey had been carried out at the end of 2016 by the provider. It had identified a number of areas for improvement, including poor customer feedback around communication from office staff, lack of regular carers, timekeeping and inappropriate gaps between calls. An action plan had been generated in January 2017 to ensure improvement in these areas. Although the manager had begun addressing these issues, as this process had only just commenced, the service had not yet managed to fully act on people's feedback to improve the service.

This was a breach of Regulation 17(1) of the Health and Social Care Act 2008 (Regulated Activities) 2014. This was a continued breach from the last inspection which was carried out in December 2015.

In determining the rating for this domain we have taken into consideration the fact that the provider has put new management in place. During the inspection we were assured the new manager was taking action to improve the quality and safety of the service. However, it was too soon for us to judge if these actions had been effective in bringing about sustained improvements to the service.

This section is primarily information for the provider

# Action we have told the provider to take

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

| Regulated activity | Regulation |
|---|---|
| Personal care<br><br>Treatment of disease, disorder or injury | Regulation 18 HSCA RA Regulations 2014 Staffing<br><br>Persons employed to deliver the regulated activities did not always receive appropriate support and training to carry out their duties. Regulation 18(2) |

This section is primarily information for the provider

# Enforcement actions

The table below shows where regulations were not being met and we have taken enforcement action.

| Regulated activity | Regulation |
|---|---|
| Personal care<br><br>Treatment of disease, disorder or injury | Regulation 9 HSCA RA Regulations 2014 Person-centred care<br><br>People did not consistently receive care and treatment which was appropriate, met their needs and reflected their preferences. Regulation 9(1) |

**The enforcement action we took:**

Warning notice.

| Regulated activity | Regulation |
|---|---|
| Personal care<br><br>Treatment of disease, disorder or injury | Regulation 17 HSCA RA Regulations 2014 Good governance<br><br>The registered persons had not established and operated effective systems to assess, monitor and improve the quality of the services provided and ensure compliance with legislation. Regulation 17(1) |

**The enforcement action we took:**

Warning notice