

Dovetail Care Limited

# Dovetail Care Limited

## Inspection report

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## Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Inadequate 

Is the service effective?

Requires Improvement 

Is the service caring?

Good 

Is the service responsive?

Requires Improvement 

Is the service well-led?

Requires Improvement 

# Summary of findings

## Overall summary

The inspection took place on 22 and 24 March 2016 and was announced. We carried out an inspection in January 2014, where we found the provider was meeting all the regulations we inspected.

Dovetail Care is situated in the Horsforth area of Leeds and provides home care to clients of all age ranges with varying needs, including those with disabilities, visual or hearing impairments, mobility restrictions and Alzheimer's disease.

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

People were not protected against the risks of unsafe management of medicines. Risk assessments were not always completed for people who used the service. Staff training records showed staff had completed a range of training sessions, however, some specific medical condition training had not been completed, for example, Parkinson's awareness and some existing staff training was not monitored by the management team. Staff supervision and competency checks were not completed.

The registered manager told us people did not have decision specific mental capacity assessments or best interest documentation in their care and support plans if they lacked capacity to make decisions for themselves. People's care and support plans were not comprehensive and did not fully describe how staff should provide their care and support. We found there were no effective systems to monitor and improve the quality of the service provided. Complaints were investigated in a timely way, however, on occasion the complainant had not received a response following the investigation and it was not clear what action the service had taken to resolve the complaint.

People who used the service told us they felt safe with the staff and the care they were provided with. People and relatives we spoke with gave mixed views about the service but said staff were kind and caring, treated them with dignity and respected their choices. People received assistance with meals and healthcare when required.

There were enough staff to meet people's needs. Robust recruitment procedures were in place and staff received an induction.

People who used the service, relatives and staff all told us the management of the service was generally good.

We found breaches in regulations of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. You can see the action we have told the provider to take at the end of this report.

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

We always ask the following five questions of services.

### Is the service safe?

**Inadequate** ●

The service was not always safe.

People were not protected against the risks associated with the unsafe management of medicines. Individual risks had not been assessed.

People were protected from harm as staff were trained in recognising and responding to abuse.

Staffing arrangements were flexible and sufficient to meet people's needs. We saw the recruitment process for staff was robust.

### Is the service effective?

**Requires Improvement** ●

The service was not always effective in meeting people's needs.

Staff training records showed staff had completed a range of training sessions, however, some specific medical condition training had not been completed and some staff training was not monitored by the management team. Staff supervision and competencies were not completed.

Decision specific mental capacity assessments or best interest documentation were not in place for people who used the service, when they lacked capacity to make their own decisions.

The service provided support with people's meals and healthcare when required.

### Is the service caring?

**Good** ●

The service was caring.

People and relatives we spoke with gave mixed views about the service but said staff were kind and caring, treated them with dignity and respected their choices.

Staff knew the people they were supporting and were confident people received good care.

Staff were able to demonstrate the different ways in which they helped to protect people's privacy and dignity.

### Is the service responsive?

The service was not always responsive to people's needs.

People's care and support plans were not comprehensive and did not fully described how staff should provide their care and support.

People and/or relatives were comfortable contacting the office if they needed to discuss any concerns. However, detailed final outcomes of complaints had not always been sent to the complainant and it was not clear what action the service had taken to resolve the complaint.

**Requires Improvement** ●

### Is the service well-led?

The service was not always well-led.

The staff we spoke with said they felt listened to and supported by the registered manager.

People were not protected from unsafe care. There were no effective systems in place to monitor the quality of service delivery and there was no effective accident and incident analysis carried out.

People who used the service, relatives and staff members were not consistently asked to comment on the quality of care and support through surveys or day to day contact.

**Requires Improvement** ●

# Dovetail Care 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 22 and 24 March 2016 and was announced. The provider was given notice because the location provides a domiciliary care service; we needed to be sure that someone would be in. The inspection team consisted of two adult social care inspectors and a specialist advisor in governance.

At the time of this inspection there were 33 people receiving personal care from Dovetail Care Limited. We spoke with seven people who used the service or had used the service, three relatives, seven staff, the registered manager and the managing director. We visited the office of the service and spent some time looking at documents and records that related to people's care and support and the management of the service. We looked at four people's care and support plans.

Before the inspection, the provider had completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We sent out surveys to 25 people who used the service and 25 relatives and friends; eight from people who used the service and three from relatives and friends were returned. We have included their responses in the inspection report. We also reviewed all the information we held about the service. We contacted the local authority and Healthwatch. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England.

# Is the service safe?

## Our findings

We asked people who used the service about how they were supported with their medicines. One person told us, "The staff help me with my medication. I take a lot and I have no worries about the help and support I get with this." One relative told us, "[Name of person] deals with all his own medication."

We looked at the systems in place for managing medicines and found appropriate, consistent arrangements were not always in place to assist or support people to take their medicines safely. The registered manager told us people's medication was dispensed from the pharmacist in blister packs in the majority of cases. They said staff completed medication administration records (MAR) supplied by the pharmacy. One staff member told us, "I give medication from dossetts and record in the daily notes when we have given the medication. I don't complete a MAR's, only for one person. We don't not have MAR's for creams." Another staff member told us, "People's medication is in dossett boxes and we record on a MAR and I think the MAR's go into the office." A third staff member said, "Some people don't have MAR's." A fourth staff member said, "Not everyone has a MAR."

There was a comprehensive medicines handling and administration policy. The policy stated 'when administering medication staff to keep clear and accurate signed records of all medication administered'. The registered manager confirmed MARs did not come back to the office to be checked each month. There was no formal audit system in place to show MAR's had been checked to see medication had been administered as prescribed

We looked at four people's care and support plans and were not able to see the arrangements in place for the management of people's medicines. For example, one person's care and support plan daily routine stated 'administer medication'. The registered manager told us this person self-administered their medication.

Two other people's care and support plans stated prescribed medication was not known, however, we saw from the daily notes that cream was applied by the staff member. For example, one person's daily notes dated 04 November 2015 stated 'bottom creamed with E45'. Another person's daily notes dated 24 January 2016 stated 'cream applied to [name of person's] feet'. We noted the person's care and support plan did not state anything about applying cream or administering medicines. The registered manager told us a family member managed the person's medicines and agreed there was no information relating to the application of creams in people care and support plans.

The training records we looked at showed new staff members had received formal training in medication management, although the registered manager told us all staff had received training this was not recorded on the training records. We asked the registered manager whether they carried out staff competency checks to ensure medicines were managed safely, they told us staff competency checks were not completed.

We concluded that appropriate arrangements were not in place to ensure people were given their medicines safely. This was a breach of Regulation 12 (safe care and treatment) of The Health and Social Care Act 2008

(Regulated Activities) Regulations 2014.

We saw risk assessments had not been completed in people's care and support plans. One person's care plan stated they were at risk of aspiration (getting food or fluid into the lungs). We found there was no risk assessment for this in their care and support plan to give guidance to staff and help protect the person. The registered manager told us two copies of the risk assessment were with the family for them to read and sign. The care and support plan was dated 23 November 2015. We were not able to see any other risk assessment in the care and support plans we looked at. Some staff we spoke with could explain the risks to people who used the service. One staff member said, "They will have risk assessments, they will be in care plans, I am sure people will have them." Another staff member said, "Yes, for falling." A third staff member said, "I think they are at the back of the planner, which is where the information is." A fourth staff member said, "Yes, they are in care plans, it is a check box."

We saw the provider had completed a lone working risk assessment, however, there were no active steps taken to ensure staff welfare and safety. There was no 'buddy' system for checking all late calls were completed and the staff member had left the premises. There was no environmental risk assessments which showed the provider had considered the safety of the internal and external environment of people's homes where staff were working.

Staff said they felt confident and trained to deal with emergencies. They said they would have no hesitation in calling a GP or an ambulance if they thought this was needed.

The registered manager told us they operated an on call system. They said there was always an experienced member of staff available at all times, who was aware of each person's care and support needs. One person told us, "The carers were all pleasant but they themselves were let down by the running of the service for example, the on call system." One relative told us, "I have the number for the office and also out of hours contact details, which I have used and someone responded to straight away."

The registered person did not assess the risks to people receiving care and mitigate any such risks. This is a breach of Regulation 12 (safe care and treatment); of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Before our inspection we asked people and their relatives to complete a survey. Everyone told us they felt 'safe from abuse and/or harm from their care workers'. Only 33% of relatives who completed a survey told us their relative was safe from abuse and or harm from the staff of Dovetail Care Limited. In our survey we asked people if their care and support workers did all they could to prevent and control infection (for example, by using hand gels, gloves and aprons): 89% agreed; 12% didn't know and 33% of relatives agreed.

All of the people and relatives we spoke with told us the care staff were good and they felt safe. One person said, "The staff are trustworthy." Another person said, "I feel safe and trust them all."

Staff we spoke with had an understanding of safeguarding people from abuse. They said they would report any concerns to the registered manager and knew which external organisations to contact if they needed to. Staff said they were confident the registered manager would respond appropriately. The training records we looked at showed most staff had received training in safeguarding. The service had policies and procedures for safeguarding vulnerable adults and these were available to members of staff. Staff told us they were aware of the services whistle blowing policy and would not hesitate to use it.

The PIR stated the service was 'to provide all clients/families with an easy read guide to safeguarding, which

would include how to recognise abuse and how to report it and keep people safe. We currently use a training company/local college for our safeguarding training however; we are looking to link in with the local authority training as well'.

In our survey, 75% of people who used the service felt they received care and support from familiar, consistent care workers. They said 62% of care workers arrived on time and 75% agreed their care workers stayed for the agreed length of time.

Staffing levels were determined by the number of people who used the service and their needs. The registered manager said they were always trying to recruit staff to ensure they had enough staff to meet the needs of the people who used the service and provide consistent staff support for people. They said over the past year they had recruited a lot of new staff. One staff member told us, "We seem to have a lot of new staff." Another staff member told us, "Staffing is ok; they are hiring staff at the moment." A third staff member said, "Sometimes yes and sometimes no, mainly hard on a weekend." A fourth staff member said, "Enough staff as far as I am aware."

When we asked people and/or their family member if they received care services from familiar or regular care workers, we received mixed views. Comments included, "When I first started with the service they kept sending different carers so I spoke with [name of registered manager] and now most of the time I have a regular carer. She is always so prompt, dead on time and I feel so safe with her" and "I'm not happy when other carers visit as they don't always come on time and you can tell some of them only do it for the money. When they arrive late they don't stay their allocated time as they have to get to next person", "I don't have a regular carer but I know all of them that come and I don't have a problem with this. All the carers are female which suits me", "One of the carers coming at the weekend hasn't been before and I don't think it's right that strangers should be coming." "[Name of person] usually has regular carers but there has been some mix up's where the office has sent different staff even when her regular carer was available. They always turn up, they have never not come. Staff are on time with only minimal delays due to traffic. Staff always stay their allocated time and can often stay over their time", "[Name of person] does not have regular carers but has asked that male carers shower him. There are two male carers that usually come when its showering day which works very well" and "[Name of person] requires two carers and there are times when only one carer turns up."

In our survey, when we asked people if they were introduced to their care workers before they provided care or support, only 38% agreed and 62% disagreed. The registered manager told us they tried to introduce new staff to people but this did not always happen.

Staff were generally matched to the person based on mutual agreement and feedback rather than on geography. People were only provided with a rota on request. One person told us, "I am provided with a rota each week showing who is coming to each visit but finds this is sometimes not right and other carers turn up."

When staff were running late the office staff were made aware and the care coordinators contacted the people to advise of lateness.

There were effective recruitment and selection processes in place. The service had recruited a recruitment coordinator which had been established six months ago. Recruitment was ongoing. Appropriate checks were undertaken before staff began work, this included records of Disclosure and Barring Service (DBS) checks. The DBS checks assist employers in making safer recruitment decisions by checking prospective staff members are not barred from working with vulnerable people. Written references had been obtained



prior to staff commencing work. We saw candidates completed an application form, attended an interview and comprehensive job descriptions were in place.

There was a clear comprehensive disciplinary policy and robust procedures which were used in connection with staff performance management issues.

## Is the service effective?

### Our findings

We received surveys from people who used the service; 75% agreed the care workers had the skills and knowledge to provide the care they needed; only 33% of relatives agreed.

During our inspection we spoke with members of staff and looked at staff files to assess how staff were supported to fulfil their roles and responsibilities. Staff confirmed they had not received supervision where they could discuss any issues on a one to one basis. When we looked in staff files we were not able to see evidence each member of staff had received supervision. The registered manager told us supervisions had not taken place. The provider's supervision policy stated 'supervision should be held once every three months and should last for approximately 50 minutes'. We saw one staff member had received an appraisal in 2014 and five staff had received an annual appraisal in 2015. The registered manager said most of the staff were new and were not due an appraisal as yet. The registered manager told us 'spot checks' were carried out and the records we looked at confirmed this. However, the registered manager said they did not carry out any analysis of the 'spot check's' to identify any patterns, training requirements or which staff had received a 'spot check'. The staff we spoke with told us they had not received a 'spot check'.

We looked at staff training records which showed staff had completed a range of training sessions. These included safeguarding, infection control, health and safety, food hygiene and first aid awareness. We saw some staff had completed specific training which helped support people; however, this was not always the case. For example, we noted from one person's care and support plan they suffered from Parkinson's disease, however, staff who supported this person had not received training in this area. The registered manager had a mechanism for monitoring training and what training had been completed and what still needed to be completed by members of new staff but existing staff still needed to be incorporated into the training records.

One person we spoke with told us, "I have no problem with any individuals but the service is not able to recruit, train and then maintain staff that are able to meet my complex package of care." Another person told us, "I often get a call to say staff couldn't be provided which was unacceptable. In order to meet my needs I need at least five staff trained in my personal needs and as quickly as staff are trained they moved on to other services and the whole process has to start again."

A family member told us, "There are some staff that are very well trained and skilful but some staff are not trained in some areas. Catheter care and Parkinson's disease are areas where staff should receive more training." Staff we spoke with told us they had completed several training course during 2015/2016, which included moving and handling. One staff member said, "I get the training I need."

We were told by the registered manager staff completed an induction programme which included policies and procedure and training. We saw new staff members undertook one day's training which mainly focussed on manual handling, but included dignity, safeguarding and infection control. The induction process was completed within two to three weeks. New staff members also undertook seven shifts with an experienced staff member on 'double-up' calls; after which they were reviewed on a one to one basis with

the care coordinators and if both parties agreed they started working alone.

The PIR stated 'The service is currently recruiting senior carers who will complete spot checks and provide an on-site training/mentoring role to help develop staff. We are currently reviewing our staff development procedures and monitoring and are working in conjunction with Leeds city college and the development team at Leeds adult social care. We are working towards 100% of new starters with no prior care experience undertaking the care certificate with a view to going onto the level 3 diploma'.

We concluded that staff did not receive appropriate support or training to enable them to carry out their role. This is a breach of Regulation 18 (staffing); of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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

We saw recorded in the referral the service received from the local authority information relating to people's mental health and capacity. However, this information was not reflected in the individual person's care and support plan. The registered manager told us mental capacity assessments had not been completed where needed and the care and support plans did not contain information about specific decisions people were able to make and any best interest documentation that may be required. We saw one person's 'client service agreement and terms and conditions' had been signed by a family member, however, there was no information of why the person had not signed this themselves.

The staff in the office all felt there were a number of people that may lack capacity. However, they said they had no record of who this maybe nor was there any evidence of mental capacity assessments being undertaken. Other staff members told us, "Some people can make decisions", "I am not aware of anyone with an assessment", "Not everyone has capacity, I have not seen capacity assessments" and "Sometimes they can't make decisions, I think the assessment are in the files but I have not seen one."

People who used the service had not received an appropriate and decision specific mental capacity assessment when needed. These assessments are used to ensure the rights of people who lack the mental capacity to make decisions are respected.

People who were unable to make some decisions relating to their care and support had not received an appropriate and decision specific mental capacity assessment which would ensure the rights of people who lacked the mental capacity to make decisions were respected. This is a breach of Regulation 11 (need to consent); of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Care and support plans reflected where people required assistance with meals. Staff told us they always made sure people who used the service had access to food and drink before they left the call. One staff member said, "I help people with their meals and ask what they would like to eat." Another staff member said, "People usually choose what they would like." A third staff member said, "People sometimes have snacks."

One person told us, "At lunchtime they make me whatever I asks for, it is usually either a sandwich or warm a meal." Another person told us, "They give me the help I need and make sure I eat properly, they even fetch

me fish and chips when I fancy them."

We found people who used the service or their relatives dealt with people's healthcare appointments. Staff told us, "If someone was unwell I would contact the family as first port of call, but I happy to also ask for a home visit from the GP." The registered manager told us the district nursing teams were involved with some people's care and this included some people who required care with their catheter.

The PIR stated, 'we work very closely with all mandatory services, joint care managers, social workers, district nurses, GP's, OTs and physio'.

# Is the service caring?

## Our findings

In our survey 75% of people told us they were happy with the care and support they received, and 100% felt care workers always treated them with respect and dignity. Everyone told us care workers were caring and kind. Relatives and friends surveys told us 33% were happy with the care and support provided to their relative or friend, 33% disagreed and 33% didn't know.

We received positive feedback about the service from some people and family members. One person said, "My carer is like a family member and a very good person. During their visits they do whatever I ask them. They help me get up and washed and into bed at night. I am happy with the care provided." Another person told us, "Carers visit every morning for half hour and wash, bath and dress me. The most important thing they do is put on my elastic stockings as I can't do this. I am very happy with the carers and they are all very helpful, polite, considerate and cheerful." One relative told us, "They do two half hour calls and they usually wash [name of person] and spend time chatting, she likes their company. They always do any extras like putting out the rubbish and tidying round. All the staff are very amenable and supportive."

Some people's comments were not as positive. One person told us, "The carers are bad and indifferent; they have not got their act together." They did not provide any further explanation of this. Another person told us, "Some of the carers are lovely but when others come they're hopeless and don't know anything."

Staff showed a good knowledge and understanding of people's care, support needs and routines and could describe care needs provided for people as individuals. Staff we spoke with were confident people received good care. The staff we spoke with told us, "I am impressed with the care, the girls are very caring", "Care is really good and people are well looked after" and "Very good in general, majority of staff are good and people are well looked after."

Staff said they provided good care and gave examples of how they ensured people's privacy and dignity were respected. One staff member told us, "If I am helping someone with a shower I cover them up as much as possible and make sure the family are out of the room. I close the door and curtains." Another staff member said, "I close the curtains when necessary."

One family member told us, "[Name of person] is happy with the way staff treat her and says they respect her privacy and dignity at all times." Another relative told us, "[Name of person] privacy and dignity varies depending on the experience of the carer, some are exceptional others are mediocre."

In our survey 100% of people told us they were involved in decision making about their care and support needs. 67% of relatives and friends disagreed that they were consulted as part of the decision making process: 33% didn't know.

## Is the service responsive?

### Our findings

People and their relatives we spoke with confirmed staff knew them and understood their care and support needs. We asked people about their care and support plans. One person said, "I have a care plan in my home which my regular carer always writes in to say what they have done and how I am but some of the other carers don't bother to write anything." One relative told us, "Staff always complete her care plan before they leave."

Staff told us care and support plans contained all the information they needed to provide the right care and support for people. One staff member said, "These are quite detailed and I presume the office review them." Another staff member said, "They are really helpful, I look through to see what needs doing." A third staff member said, "Some need updating, I think it is our responsibility to contact the office to say people's needs have changed." A fourth staff member said, "They are there when you need them, they have enough information."

Records showed people had their needs assessed before they began to use the service. This ensured the service was able to meet the needs of people they were planning to support. The assessment came as a referral from the local authority and the registered manager said this was reviewed prior to completing their own care and support plan. They said a copy of the person's care and support plan was kept in the person's own home and a paper copy was available in the office. This was so all the staff had access to information about the care and support provided for people who used the service.

During our inspection we looked at four people's care and support plan. We wanted to see if the care and support plans gave clear instructions for staff to follow to make sure people had their needs met. The care and support plans were not detailed and did not give good, person centred guidance on how care and support needs were to be met. We saw care and support plans contained information on accessing properties and a list of duties staff were expected to carry out at each visit, although the recording of how people wanted their care to be given was not specific. For example, one person's routine stated, 'check [name of person] is safe and well upon arrival', 'support [name of person] with personal care and toileting needs', '[name of person] has a catheter fitted and uses pads, may struggle to use commode' and '[name of person] will have a strip wash in bed'. Another person's daily routine stated, 'ensure skin cream is applied to relevant areas', check catheter (changing on Wednesday only)' and 'administer medication'.

We noted the personal care section of one person's care and support plan stated '[name of person] will need support around all areas of personal care'. We saw the eating and drinking section of another person's care and support plan stated '[name of person] is currently on a Marsh textured diet'. The registered manager stated this was a soft diet. The registered manager agreed this did not provide sufficient and detailed information for staff to be able to provide safe care and support.

We saw the daily notes made at the point of care delivery, and they showed care was given, however, the registered manager told us when the daily notes came into the office they were filed away and were not checked for their accuracy of care delivery and content.

We were not able to see if people had received a regular review of their care and support plan. The registered manager told us the care and support plans were reviewed but this was not always documented. One relative told us, "[Name of person] have a care plan at home but this has not been updated or reviewed since he returned from hospital about 12 months ago, although his care needs have changed in that time."

In response to the question 'what do you do to ensure the service you provide is responsive? The PIR stated, 'The initial information with regard to our clients' needs comes from social workers/joint care managers, however, we discuss this information with the client and then personalise this by meeting with the client to go through our care planning process which takes into account their likes and dislikes and cultural/religious needs.

The PIR stated 'we are completing a full audit of our care planning process and review system' in the next 12 months. The PIR also stated, 'our support planning is person centred and service delivery is centred on the needs of the individual. Clients have regular staffing who work closely with them and recognise subtle changes in behaviour'.

We found care and support planning and delivery was not always person centred and did not fully reflect people's care and support needs. We concluded overall, the provider was not designing care and treatment to ensure people's needs were met. This was in breach of Regulation 9 (person centred care); of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Our survey responses from people who used the service told us 88% knew how to make a complaint about the care agency: 88% felt care workers responded well to any complaints or concerns they raised, 12% didn't know and 88% felt office staff responded well to any complaints or concerns they raised; 12% disagreed. Our survey responses from relatives told us only 33% felt the agency and their staff responded well to any complaints or concerns they raised; 67% didn't know.

People who used the service said they knew what to do if they were dissatisfied about anything and knew who to raise any concerns with. One person told us, "If I am concerned about anything I ring the office and I have spoken with [name of registered manager] who was very nice and sorted out my issues. I feel able to do this again if I have any worries." Another person told us, "I have no complaints about the service what so ever but if I did iwould ring the person in the office as they are very nice and friendly." One relative told us, "If I ring the office they are helpful and deal with any concerns I have." Another relative told us, "I have no fear about reporting any worries or concerns to the office and this is the best way of addressing any issues."

The process of handling complaints was robust and timely with evidence of comprehensive investigations. However, two complaints we reviewed showed the complainant had not received a response following the investigation. It was not clear what action they had taken to resolve the complaint, if disciplinary action had been taken and whether learning outcomes had been identified.

Staff we spoke with told us people's complaints were taken seriously and they would report any complaints to the registered manager. One staff member said, "I would report any complaint to the office and they would deal with it." Another staff member said, "I wold report it to the office and write the information in the care plan." A third staff member said, "I would ask it there was anything I could do to help and I would contact the office." A fourth staff member said, "I would ring the manager."

In response to the question 'please outline any themes you have seen in the complaints you received in the last 12 months and what you have changed to improve your service as a result of this feedback', the PIR stated 'consistency of carers, lateness, missed calls, client does not like member of staff and staff can't cook.

We are currently engaged in a recruitment drive with the aim of not only increasing the work force by size but also diversity. This will have a positive impact on our ability to provide consistency and a broader choice of carers. We now ask candidates if they can cook at interview stage and if they can't we ensure they do not provide support where a client requires a cooked meal. We are currently reviewing our rotas and areas so staff do not have to travel great distances across the city at peak times. When a client does not like a carer we discuss with them and where practicable we withdraw that carer from their support'.



## Is the service well-led?

### Our findings

The service had a registered manager at the time of the inspection. The registered manager was supported by a team of care coordinators and care staff. They were also supported by the managing director who worked from the office location.

We received mixed views from people about the service. Comments included, "I think the standard of the service has recently dropped but I am not sure why", "I have decided to move to another service as I have lost confidence in this service" and "I have now left the service but when I used them I found them very good and had no complaints."

Relatives told us, "We have never been visited at home by anyone from the service and have only met with the care workers and no one has ever visited our home to carry out a spot check on the carers. There are lots of new carers at the moment and I have confidence in about two thirds of the staff. Some staff are excellent but we have had some bad experiences with staff but when these were reported to the office action was taken to prevent a reoccurrence. I think the service has recently improved and is getting even better" and "My family have moved to another service as they said this service went downhill rapidly over 12 months." They said the care they were receiving deteriorated as all the good staff moved and the new staff weren't as good. They said the office staff did not respond to their concerns when they tried to speak to them.

Our survey responses from people who used the service told us 75% would recommend the service to others and the response from relatives told us only 33% would recommend the service to others. 100% told us they knew who to contact at the service; 67% of relatives agreed. Everyone said the information they received from the service was clear and easy to understand.

Staff spoke positively about the registered manager and the service. Comments included, "I can talk to [name of registered manager] and he listens to me. I am happy enough but not sure why people are leaving this would concern me if I was the manager", "The manager is really good and he looks after his staff, I am very happy, I love the job", "I do not have much to do with the manager but they listen to me when I do", "I don't have a great deal of contact I just crack on with my job" and "I am happy with them. It is alright, it is run really well and the manager is very helpful."

On the day of our inspection we asked the registered manager about the quality monitoring systems they had in place to measure the performance of the service. There were no audits undertaken that could be evidenced. In particular, there were no routine regular care and support plan audits undertaken. Therefore, changing dependencies or needs could not be reassessed regularly nor care hours renegotiated. The registered manager told us people's daily notes were not reviewed and MAR's were not checked. The managing director told us they carried out monthly checks; we saw these were mainly based on financial returns.

We saw the staff rotas showed the planned schedule not the actual number and time and duration of visits which meant staff were unable to reconcile the planned visits with the actual visits. We saw time sheets were

completed manually by staff and were only authorised by people who used the service who were able to sign, therefore, there was no method of proving the time claimed was actually worked for people that were unable to sign.

There was a whistle-blowing policy in place which showed contact details for The Commission for Social Care Inspection (CQC's previous name); however, the CQC had not been known as this for several years. We saw in the 'service user guide' contact details again for The Commission for Social Care Inspection, however, this was a different address and telephone number to the whistle-blowing policy which made it ineffective.

We saw evidence of staff meetings which took place three or four times per year. These meetings were used to raise any service delivery issues. Some staff we spoke with confirmed they had attended a meeting in January 2016. We saw the registered manager had recently introduced a staff newsletter which was to be sent to staff every month. This included information regarding team meetings, company performance, employee of the month and new employees.

The service conducted a satisfaction survey in 2015 with people who used the service. However, of the 63 people only 25 survey forms had been received. The registered manager told us those people who may lack capacity or have memory loss were not included in the survey. We saw no relatives, health professionals or staff had received a survey to be able to comment on the quality of the service. The PIR stated, 'staff questionnaire to be rolled out 2016'. We saw the survey's showed a high level of good to excellent scores, there were a significant number of 'not very good' scores in relation to time keeping and late calls, continuity of staff and last minute changes whereby the expected staff member did not arrive. The registered manager told us the 2015 survey results that had been received by the service had not been analysed.

We saw there were no routine regular telephone conversations undertaken by the care coordinators to ensure people remained happy with their care. The care coordinators felt this was unnecessary as they felt the person would soon complain. One relative told us, "We have never been asked for our opinions of the service although I have telephoned them and passed on positive comments about staff as well as raising issues."

The PIR stated, 'we are aiming to introduce a comments card which clients can complete at any time and which can be forwarded to the office'.

There were no systems in place to record information on incidents but we did see an accident book was in use. The registered manager was aware of the need to have systems in place to identify if any patterns or trends emerged and to act upon them, however, this was not currently being carried out.

The 'service user guide' stated, there would be 'an annual survey of service users, and where appropriate their relatives or representatives, to obtain views and opinions', 'regular supervision meetings between each care worker and their line manager', 'we try to help service users to participate in a broad range of social and cultural activities as possible', 'careful checks on all service user files, timesheets and other records', 'visiting clients homes when necessary to review care plans or risk assessment' and 'we carry out a risk assessment weighing up the risk to be taken and if it seems appropriate we might make suggestions as to how unnecessary risk can be minimised'. However, these were not fully carried out by the registered manager or the service.

The quality assurance system did not audit all areas of risk or practice to ensure the service was delivering a good standard of care to meet appropriate quality standards and legal obligations. This is a breach of Regulation 17 (good governance); of the Health and Social Care Act 2008 (Regulated Activities) Regulations

2014.

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 did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

Regulated activity	Regulation
Personal care	<p>Regulation 9 HSCA RA Regulations 2014 Person-centred care</p> <p>Care and support planning and delivery was not always person centred and did not fully reflect people's care and support needs. The provider was not designing care and treatment to ensure people's needs were met.</p>
Regulated activity	Regulation
Personal care	<p>Regulation 11 HSCA RA Regulations 2014 Need for consent</p> <p>People who were unable to make some decisions relating to their care and support had not received an appropriate and decision specific mental capacity assessment which would ensure the rights of people who lacked the mental capacity to make decisions were respected.</p>
Regulated activity	Regulation
Personal care	<p>Regulation 12 HSCA RA Regulations 2014 Safe care and treatment</p> <p>Appropriate arrangements were not in place to ensure people were given their medicines safely.</p> <p>The registered person did not assess the risks to people receiving care and mitigate any such risks.</p>
Regulated activity	Regulation

Personal care

Regulation 17 HSCA RA Regulations 2014 Good governance

The quality assurance system did not audit all areas of risk or practice to ensure the service was delivering a good standard of care. People who used the service, relatives and staff were not always given the opportunity to comment on the service that was delivered

## Regulated activity

## Regulation

Personal care

Regulation 18 HSCA RA Regulations 2014 Staffing

Staff did not receive appropriate support or training to enable them to carry out their role.