

Mrs Carol Jackson

Bronte Care Services

Inspection report

1 St Johns House
Clyde Street
Bingley
West Yorkshire
BD16 4LD

Tel: 01274550966

Date of inspection visit:
12 March 2018
29 March 2018
09 April 2018

Date of publication:
09 May 2018

Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Requires Improvement 

Is the service caring?

Requires Improvement 

Is the service responsive?

Requires Improvement 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

We carried out this announced inspection between the 12 March 2018 and the 9 April 2018. The provider was given short notice of our intention to inspect the service. This is in accordance with the Care Quality Commission's [CQC] current procedures for inspecting domiciliary care services.

Bronte Care Services is a community based domiciliary care service which provides personal care and support to adults and children living in their own homes. The service is operated from offices in Bingley, West Yorkshire and supports people in Bingley, Keighley and surrounding areas. At the time of the inspection 85 people were using the service.

Our last inspection took place on 11 and 12 July 2017 and at that time we found the service was not meeting three of the regulations we looked at. These related to person centred care, safe care and treatment and good governance.

On this inspection we found the registered provider had carried out a full audit of the policies, procedures and systems and improvements had been made in some areas of service delivery. However, we found improvements were required to ensure people who used the service received safe, effective and responsive care and support.

For example, we found the audit system had not identified that at times staff were not always arriving on time or staying the correct length when visiting people or that travelling time was not routinely being taken in to account when completing staff rotas.

In addition, whilst most people who used the service were complementary about the care staff providing their care and support, some were critical of the management of the service and thought there was a lack of communication and accountability.

There were sufficient number of staff employed for operational purposes although people had mixed views about the way they were deployed. There was a staff recruitment process in place to ensure only people suitable to work in the caring profession were employed. However, the registered provider did not always ensure references were taken from the applicant's last employer.

Training records showed staff received training in a range of topics relevant to their roles. However, they did not distinguish between whether staff had attended practical and theoretical moving and handling training. This meant we could not be sure all staff had been trained to use equipment such as hoists and slide sheets correctly.

Staff were able to describe how individual people preferred their care and support delivered and the importance of treating people and their property with respect.

Records showed, if required, people were assisted to access other healthcare professionals and their medicines were administered as prescribed.

Where risks to people's health, safety and welfare had been identified appropriate risk assessments were in place which showed what action had been taken to mitigate the risk. If people required staff to assist or support them to prepare food and drink information was present within their support plan and staff told us they encouraged people to eat a healthy diet.

The support plans we looked at provided sufficient information to enable staff to provide the care and support people required and were reviewed on a regular basis to make sure they provided accurate and up to date information. The staff we spoke with told us they used the support plans as working documents and they provided sufficient information to enable them to carry out their role effectively and in people's best interest. However, some people who used the service told us they had not been involved in reviewing their support plan.

The registered provider demonstrated a good understanding of their responsibilities under the Mental Capacity Act 2005 (MCA) and staff demonstrated good knowledge of the people they supported and their capacity to make decisions.

There was a complaints procedure available which enabled people to raise any concerns or complaints about the care or support they received. However, we were concerned that that minor concerns and verbal complaints were not consistently being logged.

We found three breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. You can see what action we told the provider to take at the back of the full version of this report.

Full information about CQC's regulatory response to the more serious concerns found during inspections is added to reports after any representations and appeals have been concluded."

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 consistently safe.

There were sufficient numbers of care workers employed to ensure people received their agreed care package, however, staff were not always effectively deployed.

Staff received training on safeguarding adults from abuse and understood their responsibility to report any incidents of abuse to the relevant people.

Any identified risks were recorded and managed with the aim of minimising or eliminating the risk. However, people who used the service told us staff did not always follow correct infection control procedures.

Requires Improvement ●

Is the service effective?

The service was not consistently effective.

Staff received training and support to enable them to meet people's needs. However, records showed some staff had not received practical manual handling training.

People were supported to have their nutritional needs met.

Staff had a general understanding of the Mental Capacity Act 2005 and applied its principles in their day to day work.

People were supported to access healthcare support when needed.

Requires Improvement ●

Is the service caring?

The service was not consistently caring.

People told us staff were kind and caring, however, they did not always receive continuity of care.

Staff demonstrated a good knowledge and understanding of the people they cared for and supported.

Requires Improvement ●

People's rights to privacy, dignity and independence were valued.

Is the service responsive?

The service was not consistently responsive.

People told us the service was responsive to their changing needs.

Support plans were in place to ensure staff provided care and support in line with people's preferences. However, not everyone had been involved in reviewing their support plan.

Although there was a clear complaints procedure we were concerned some minor concerns and some verbal complaints were not consistently being logged.

Requires Improvement ●

Is the service well-led?

The service was not consistently well led.

Not everyone felt the service was well managed and the provider had not implemented an effective system to monitor if staff had arrived within the agreed time band or had stayed the correct length of time.

When concerns were raised, action was not always taken to address the issues highlighted and improve the service people received.

The providers systems for checking the quality and safety of the services people experienced were not always working as well as they should. We were assured the provider is committed to putting this right.

Requires Improvement ●

Bronte Care Services

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.

We visited the provider's offices 12 March 2018 and the 9 April 2018. Both visits were announced. The provider was given 48 hours' notice because the location provides a domiciliary care service and we needed to be sure the registered provider was available. The inspection was carried out by two adult social care inspectors and an expert by experience. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service.

We used information the provider sent us in the Provider Information Return [PIR] submission. This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make. We also looked at notifications sent to us by the provider. A notification is information about important events which the provider is required to tell us about by law.

During the visit to the provider's office we looked at the care records for people who used the service, staff recruitment files, training records and other records relating to the day to day running of the service. We also spoke with both the registered provider, a care co-ordinator and one staff member.

In addition, as part of the inspection process we carried out telephone interviews with fourteen people who used the service or their relatives. We also spoke with an additional nine staff members by telephone between the 12 and 29 March 2018.

Is the service safe?

Our findings

Most of people we spoke with told us they felt safe having their care and support provided by Bronte Care Services staff. One person said, "I feel perfectly safe with them, for example, at the moment I need to be hoisted and that is done properly and safely. They roll me in the bed to wash me and they do it carefully with no dragging, it's all done in a safe way and they keep talking to me telling me what they are doing" Another person said, "I feel safe, they wouldn't let anything happen to me I don't think."

However, one person told us while they felt safe and secure with some staff they did not with others as they did not appear confident or competent when providing their care and support. They told us they had raised their concerns with the registered provider but nothing had changed.

We found the service had safeguarding policies and procedures in place to inform staff of what constituted abuse and when and how to report any incidents. There was also a whistle blowing policy in place. We saw safeguarding incidents were appropriately recognised by the registered provider and reported to the Local Authority and Care Quality Commission [CQC]. We saw these were appropriately investigated to help improve the safety of the service.

We saw there was a recruitment and selection policy in place. We looked at five staff employment files and saw they contained an application form including a full employment history, health declaration, at least two references and proof of identity which included a photograph of the person. However, we noted the registered provider had not always requested references from the applicant's most recent employer. This was discussed with the registered provider who confirmed they would address this matter. We saw that checks had been carried out with the Disclosure and Barring Service (DBS). The DBS identifies people who are barred from working with children and vulnerable adults and informs the service provider of any criminal convictions noted against the applicant. These checks help to ensure people are protected from the risk of being cared for by unsuitable staff.

The staff we spoke with told us the recruitment process was thorough and done fairly. They said they were not allowed to work until all relevant checks on their suitability to work with vulnerable people had been made.

We saw policies and procedures were in place to guide staff on the company's expectations about recruitment, code of conduct, sickness and disciplinary procedures. This information helped staff understand what was expected of them on employment. We saw disciplinary action was taken to keep people safe. For example, in one instance calls had been missed due to a staff member not arriving for work, as a result they had been disciplined and subsequently dismissed. This showed the provider took these concerns seriously and acted in line with the policies and procedures in place.

When we inspected the service in July 2017 we found the service was in breach of regulation 12 (Safe care and treatment).of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 Regulations. This was because we were concerned about the high number of missed calls which the provider had failed

to fully investigate.

On this inspection we found improvements had been made although we still had concerns that travel time between calls was not always shown on the rota which resulted in some calls overlapping. This reduced the likelihood of staff staying with people the amount of time agreed in their care packages. This was confirmed by some staff we spoke with who told us travel time was not always shown on their rota and sometimes they were expected to do additional calls at the last minute which caused problems. This had also been the case when we last inspected the service. One staff member said, "I am supposed to leave one person's home at 07:30 and be with the next person by 07:30, there is no travel time built into the rota which means I am always rushed." Another staff member said, "On a number of occasions extra calls have been added to my rota without anyone from the office contacting me. I have to check my rota on a daily basis just to make sure I don't miss anyone."

However, other staff members told us the agency always contacted them by text and phone if they had made alterations to their rota and whilst it was at times difficult to arrange additional visits they were at least able to plan their day in advanced. We therefore concluded that senior management did not have a consistent approach to planning rotas which might impact on service delivery. This was discussed with the registered provider who confirmed they would address this matter.

The people we spoke with had mixed feeling about the reliability of the service although most people told us staff generally arrived at the time expected. One person said, "They don't give us a time; they just turn up so we are not sure when to expect them but it's not too much of a problem for us we are here all the time." Another person said, "I have quite a lot of different carers, they come for one or two days then they swan off and go to someone else. I don't think they always stay for the full half hour. At the beginning there was one time where nobody turned up at all. I was able to get myself a snack but they just didn't let me know." A third person said, "They are usually on time and if late they phone me"

This was discussed with the registered provider who confirmed that at the current time people did not receive a weekly rota informing them which staff would be providing their care and support. In addition, they told us the service user guide which everyone who used the service received did make it clear they did not give specific times of arrival as there were too many factors to be taken in to account. The guide showed the staff aimed to arrive at people's home with thirty minutes of the arranged visit time but if there were difficulties priority was given based on people's needs, especially those living alone.

When we inspected the service in July 2017 we found the service was in breach of regulation 12 (Safe care and treatment).of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 Regulations. This was because medicines were not being managed safely. On this inspection we found improvements had been made.

Policies and procedures were in place in relation to the safe administration of medication in people's own homes and the registered manager told us staff had to complete medication training before being allowed to administer medicines. Each person's support plan showed the medicines staff supported them with and the level of support provided. This included who was responsible for re-ordering medicines and where they were located. We looked at a sample of Medicine Administration Records [MAR]. They were well completed indicating people had received their medicines as prescribed.

People who used the service and their relatives told us they generally received their medicines on time and raised no concerns about the competency of staff. One relative said, "We have a dossett box and they put [Name of person] medication morning and evening into a cup and make sure they take it and then sign a

sheet." Another person said, "The staff give me all my tablets it's much better and safer than me trying to sort them out as I take so many different ones at different times of the day." We concluded improvements had been made to way medicines were managed and people received their medicines as prescribed.

When we inspected the service in July 2017 we found the service was in breach of regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 Regulations. This was because although risk assessments were in place which identified possible areas of risk to people's health and safety they did not always provide accurate and up to date information.

On this inspection we found improvements had been made and we saw risk assessments were in place that guided staff on what action they might need to take to identify, manage and minimise risks in order to promote people's safety and independence. The risk assessments we looked at included the risk of falling, pressure sores, moving and handling, mobility and medication. We saw that risk assessments had been regularly reviewed and updated when people's needs changed.

We saw incidents and accidents were appropriately logged and investigated and there was evidence the provider learnt from adverse events. For example, the registered provider had created a concerns log which recorded risks the service had identified and which provided clear information on the action taken to address risks associated with people's care.

The service had an infection control policy; this gave staff guidance on preventing, detecting and controlling the spread of infection. This included the use of personal protective equipment (PPE) including disposable gloves and aprons. Training records showed that staff received training in infection prevention and control. However, people who used the service had mixed feelings about staff following infection control guidelines. For example, while everyone we spoke with told us staff always wore gloves when assisting them with personal care no one could recall staff wearing protective aprons.

In addition, while some people could recall staff washing their hands others could not. One person who staff assisted with personal care said, "They leave a box with me with all their gloves in. They don't wear aprons and I have never seen them washing their hands. Another person said, "There is a box of gloves here and as one gets emptied they bring another." A third person said, "They wear a uniform. There are no aprons, they have gloves but it's not unusual for there to be no boxes here and the carers gather them up themselves. I think they keep a spare box in their cars as they don't know when they are going to be without gloves." This was discussed with the registered provider who confirmed the agency provided both protective gloves and aprons but would address the matter through staff training and one to one supervision meetings.

Is the service effective?

Our findings

The registered provider told us they were committed to providing staff with the training they required to carry out their roles effectively. They said that all new employees completed induction training and did not work alone until they felt confident and competent to do so. The registered provider also told us new staff completed the Care Certificate. The Care Certificate is an identified set of standards that health and social care workers adhere to in their daily working life. We saw new employees were also given handbooks to aid learning on important policies such as safeguarding and were supported to achieve further qualifications in health and social care.

The training records we looked at were up to date and showed staff received a range of training relevant to their role. The registered manager told us the majority of staff training was done through e-learning with a small amount of face to face training. This included training in safeguarding, health and safety, dementia and the Mental Capacity Act. We saw staff had also received additional training in topics such as palliative care, autism and behaviours that challenge to ensure they adhered to best practice guidance. This was dependant on the needs of the people they supported to help ensure they could meet their needs.

However, training records did not distinguish between whether staff had attended practical and theoretical moving and handling training and when we looked into this, we saw some staff had not received practical manual handling training. This meant these staff had not been showed how to use equipment such as hoists, and slide sheets in person increasing the risk they would not be used correctly. For example, four out of six staff training records we looked at showed staff had only received e-learning training. This was discussed with the registered provider who told this should have been identified through the internal audit systems and assured us this matter would be addressed.

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

The staff we spoke with confirmed they had received an induction and said it had been helpful for them in understanding their roles. One staff member said of the induction, "I found the induction useful but much of the training was done on the computer." Another staff member said, "All training is useful and (Name of registered provider) does try to finding training courses appropriate to the needs of the people we support and encourages you to gain a recognised professional qualification."

When we inspected the service in July 2017 we found staff did not always have the opportunity to have regular one to one supervision meetings with the registered provider or an annual appraisal. On this inspection we found the registered provider and acted on our concerns and records showed most staff had regular supervision meetings. Formal supervision provided each employee with the opportunity to meet, on a one to one basis, with their line manager to discuss any work related issues, monitor their progress and identify any additional support or training needs.

We found that an assessment of people's nutritional needs and food preferences had been completed as

part of an assessment of their care needs. We saw if people who used the service required staff to assist or support them to prepare food and drink information was present within their support plan.

The people we spoke with told us they were generally happy with the support they received at mealtimes. One person said, "They do get my food ready. They tell me what I have in the fridge and I choose what I want. They cook me a meal at lunchtime and clear up afterwards and then leave me a sandwich." Another person said, "They prepare a ready meal for me, they don't do any extra vegetables but most of the meals have vegetables in them and they always make me a cup of tea and leave a drink." A third person said, "They come to do my lunch. I have a half hour visit each day and it's usually a good time between 12 -12.30pm. I'm not confident to lift heavy things and so they heat a ready meal for me. Its quick and they also do me a drink and a sandwich for later. They don't usually wait until I've finished as they don't have time so they usually wash up the day after. They always ask me which meal I want and what kind of sandwich I would like for later."

We saw evidence people were supported to maintain good health. Information on people's medical history and existing medical conditions was present within their support plans to help staff be aware of people's healthcare needs. The registered provider confirmed if staff noted a change in people's needs or were concerned about someone's health they would refer them to other healthcare professionals if appropriate. They told us they had built up good working relationships with other health care professionals and staff always followed their advice and guidance.

The relative of one person who used the service told us during one visit staff had recognised their relative was unwell and had stayed with them until the paramedics had arrived. They said, "The carers were so supportive and stayed with us through the whole thing until [Name of Client] was comfortable in bed." This showed us staff were trained and able to deal with unforeseen situations.

We checked whether the service was working within the principles of the MCA. 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 to receive care and treatment when this is in their best interests and legally authorised under the MCA. In the case of Domiciliary Care applications must be made to the Court of Protection. We found no applications had needed to be made.

The registered provider confirmed that if people were unable to consent to care and support their preferences were discussed with everyone involved in their care and a best interest decision made. This demonstrated to us that before people received any care or treatment they were asked for their consent and the provider acted in line with people's best interest.

Is the service caring?

Our findings

People who used the service told us that the staff were caring. For example, one person said, "I don't like having to accept help but the girls that come to me are lovely and so kind." Another person said, "They are very kind and do show interest in me and ask what I need." A third person said, "They always ask if there is anything else I need before they go. Some of them chat and some of them not so much, maybe they have had a bad morning but nobody is ever unkind. They smile and I do feel better for seeing most of them."

However, while some people we spoke with told us they usually had the same carer or team of carers providing their care and support other people were concerned they did not receive continuity of care. One person said, "They come to put me to bed and it's usually between 7pm and 8.30pm but they have been as late as 10pm, which is a long tiring time for me to wait. The mornings are generally better than later in the day but even that's not been so good recently. I never know who is coming for the afternoon and evening visits. Sometimes the morning carer will say 'I will see you later' and they come back but otherwise I don't know." Another person said, "If my carer goes off sick or is not available for any reason they are meant to ring and tell me. It says so in the file but they never do."

This was discussed with the registered provider who confirmed wherever possible they did try to provide continuity of care. However, we saw the service user guide provided by the agency did state 'If we are unable to provide you with your usual carer we will know in advance and ensure you know the name of the replacement worker.' Following our discussions with people who used the service we concluded this did not always happen and people did not always receive continuity of care.

This was a breach of the Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The staff we spoke with told us they were not usually introduced to people prior to a service starting which they felt would be useful and enable them to build up a trusting relationship with people. One staff member said, "The first contact we usually have with new clients is when we visit them for the first time. We have to rely on the care plans being up to date to allow us to provide the care and support people require. If they are not up to date we have to ask people what they would like us to do. It's not an ideal situation."

The staff we spoke with were able to describe how individual people preferred their care and support to be delivered and the importance of treating people with respect in their own homes. They told us they encouraged people to remain as independent as possible and always provided care and support in line with the agreed support plan. In addition, the support plans we looked at highlighted the things people could do things for themselves and the need to promote their independence.

Staff also gave us examples of promoting people's privacy such as leaving people when they were using the bathroom, shutting doors when visitors were present and covering people when helping them to wash and dress. They said they were mindful of protecting people's privacy and dignity. This was confirmed by the people and relatives we spoke with. One person said, "My carer helps me wash, she does my back and feet

and we don't open any curtains until I am ready. The regular girls are so friendly and we ask each other questions and know about each other's families."

We looked at how the service worked within the principles of the Equality Act 2010 and in particular how the service ensured people were not treated unfairly because of any characteristics that are protected under the legislation. We spoke with the registered provider about the protected characteristics of disability, race, religion and sexual orientation and they showed a good understanding of how they needed to act to ensure discrimination was not a feature of the service.

The service had a policy on maintaining confidentiality which confirmed that the sharing of information was restricted and only made available on a 'Need to know' basis. Staff told us they understood and respected people's right to confidentiality and confirmed they maintained confidentiality at all times.

People told us that staff never discussed confidential information about other people who used the service with them. One person said, "They don't talk about anybody else- they don't pull anyone to pieces." Another person said, "They are not allowed to talk about anybody. They might say 'I'm going to so and so' I know a couple who they visit and live near me so I might ask 'How is [Name of Client]?' and they answer, 'They are ok today' but they don't go into details." A third person said, "They are very good. They always ask us both how we are before they start helping us and will have a nice chat with us and I have never heard them talk about anybody else when with us."

Is the service responsive?

Our findings

The people we spoke with and their relatives told us in their experience the agency generally had a flexible approach to providing care and support and they were able with reasonable notice to change the time or duration of their visit to fit in with prior engagements or appointments. One person said, "If we need to cancel or change an appointment and we ring the office and the message usually gets through. It's usually fairly easy to get hold of somebody on the office phone." Another person said, "They are quite flexible, for example, on Christmas day I went to my daughters' and I phoned to say I will be back later and that I would phone them when I got back and I did and they got a carer round to help me."

The registered provider told us when a person was initially referred to the agency they were always visited by a senior member of the management team before a service started. During this visit a full assessment of their needs was carried out. We were told the process took into account any cultural, religious, physical or complex needs the person had. We were also told people were given a service user guide which provided information about Bronte Care Services and people's rights as a service user.

The support plans we looked at provided staff with the information they required to make sure people received appropriate care and support. We saw support plans were reviewed at least annually or sooner if there was a significant change in the care and support they required. This helped to ensure people received care that was responsive to their needs and personalised to their wishes and preferences.

However, the people we spoke with had mixed views on their involvement in planning and reviewing their care and support. One person who had received care from the agency for about two years said, "I have never had anybody from the office call to see how I am or a check on the plan in my book." Another person said, "[Name of provider] came out to do the initial assessment and has been on a couple of occasions to do the care. They also redid the care plan when my relative's health deteriorated and they were being cared for in bed. Our experience of Bronte Care has been good. There is no pretence they are straight up ordinary and we feel that we can leave them to it as they seem confident and competent." A third person said, "[Name of person] has not had a care plan review and I can't recall being asked for any feedback."

We were told a copy of the support plan was kept both in the home of the person who used the service and agency's main office. This was confirmed by the relatives and staff we spoke with. In addition, the registered provider told us staff had access to some aspects of people's care and support on their mobile devices and the staff we spoke with confirmed this.

The staff we spoke with told us the support plans provided accurate and up to date information and if they noticed any changes in people's needs they passed this information on to the registered provider or a care co-ordinator so that their needs could be reassessed and the support plan updated. However, we had concerns that due to call times not always being appropriate people did not always receive appropriate care and support. Whilst some staff stayed with people for the correct amount of time, we found some call times were not appropriate.

For example, one person required a 15 minute lunchtime call for continence and personal care. We saw instances where the call had only been 3-6 minutes long. Another person required 30 minute calls but we saw they had been regularly less than 15 minutes. Staff rotas' also showed that some call times were overlapping, for example, on 9 March 2018 one staff member had a call scheduled 17.30 to 17.45 and another 17.30 to 18.00. When we looked at the electronic call monitoring log on this date we found the staff member had regularly not stayed for the full allocated time. However, this had not been identified through the quality assurance monitoring systems in place.

This was a breach of Regulation 17 (Good governance) of the Health and Social Care Act Regulations 2014.

We looked at what the service was doing to meet the Accessible Information Standard. The registered provider told us they had not yet attended training about the standard and did not have a policy and procedure document. However, they confirmed all key policies and procedures could be produced in different languages and formats if required to meet an individual person's needs.

We saw information on how to make a formal complaint was present within the service user guide which was given to people when they started using the service. We looked at the complaints register and found no complaints had been recorded since August 2017, which made us conclude that minor concerns and some verbal complaints were not consistently being logged. For example, staff meeting minutes from January 2018 stated that there had been some complaints about staff not letting people know if they were late. We saw these hadn't been recorded as complaints. We spoke with the registered provider about ensuring all issues raised were logged as complaints to allow monitoring of common themes and trends.

Is the service well-led?

Our findings

Whilst most people told us they were happy with the staff that provided their care and support they were less happy with the management although most people knew the names of the registered provider, care co-ordinator and senior carers. The relative of one person said, "In terms of the management the skill base is very poor. I think Bronte Care Services are lucky to have the staff they do have and I don't feel that they ever acknowledge this to the staff." Another person said, "The carers are excellent but the management is poor they just don't get it. There needs to be much better communication between the office and carers and between the office and people the agency care for."

When we inspected the service in July 2017 we found the service was in breach of Regulation 17 (Good governance) of the Health and Social Care Act Regulations 2014 as systems in place had not been effective to audit, monitor and ensure improvement in the service.

The registered provider told us following the inspection they had carried out a full internal audit of all the systems and procedures in place and as a result had identified a number of shortfalls in the service which they had or were in the process of addressing.

On this inspection we found a service improvement plan was in place and we saw the findings of the last CQC inspection and audit findings was fed into this to drive the required improvements. The new systems put in place demonstrated the management had made efforts to improve various aspects of the service. Improvements had been made to the way information was recorded by the provider. This meant there was greater oversight of how the service was operating. For example, staff training and supervision was monitored with management able to easily flag up when training was overdue. Oversight of care plans and risk assessments was in place, with management able to quickly review when support plans, risk assessments and quality checks in people's homes were due.

In addition a range of audits were now undertaken which included to staff files, care plans, care logs and medicine records. We saw these were effective in identifying some shortfalls in the service and there was evidence to show the registered provider looked for themes and trends. For example, the number of errors attributed to each staff member was logged and supervisions were held with frequent offenders or for more serious issues.

Checks on staff practice regularly occurred. These assessed a range of areas including staff appearance, timeliness and competency. We saw following negative comments, action was taken to address issues with staff.

However, we found improvements were still required to the audit and quality assurance monitoring systems in in place. For example, although daily care logs were audited, issues with staff not staying the correct amount of time or arriving on time had not been identified and investigated. For example, one person required a 30 minute call in the morning for personal care. We saw call times in January 2018 had varied between 06.55 and 09.50. In addition, some call times were very short, for example, a 4 minute call was

recorded instead of 30 minutes on 18 January 2018. This had not been identified by the audit and therefore it had not been investigated.

In addition, we found the staff training matrix did not distinguish between whether staff had attended practical and theoretical moving and handling training which increased the risk of hoists and other equipment not being used correctly.

We therefore concluded that the service remained in breach of Regulation 17 (Good governance) of the Health and Social Care Act Regulations 2014.

We saw regular staff and management meetings were held. We saw these were a mechanism to drive improvement of the service. We reviewed meeting minutes which showed a range of quality issues were discussed.

People's feedback was sought to help improve the service. For example, quality surveys were sent to people on an annual basis. We looked at the results from the last survey in 2017 which showed most people were happy with the service. Reviews and spot checks also provided opportunity for people to raise feedback.

All services that provide health and social care to people are required by law to notify the Care Quality Commission, (the CQC), of important events that happen in the service. The registered provider confirmed they were aware of the need to notify the CQC of all significant events which affected people's care and support in line with their legal responsibilities.

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	<p>Regulation 9 HSCA RA Regulations 2014 Person-centred care</p> <p>People did not always receive continuity of care which increased the risk of them not receiving care and support appropriate to their needs.</p> <p>Regulation 9 (1)</p>
Regulated activity	Regulation
Personal care	<p>Regulation 18 HSCA RA Regulations 2014 Staffing</p> <p>Suitably qualified, competent, skilled and experience staff were not always effectively deployed.</p> <p>Regulation 18(1)(2)(a).</p>