Sanctuary Home Care Limited

# Sanctuary Home Care Ltd - Tower Hamlets

## Inspection report

124 Eric Street
Bow
London
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06 December 2016
07 December 2016
08 December 2016
12 December 2016

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## Ratings

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|---|---|
| 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? | **Good** |
| Is the service responsive? | **Requires Improvement** |
| Is the service well-led? | **Requires Improvement** |

# Summary of findings

## Overall summary

This inspection took place on the 6, 7, 8 and 12 December 2016 and was announced. The provider was given 48 hours' notice because the location provides a domiciliary care service and we needed to be sure that someone would be in. At our previous inspection on 10 July 2013 we found the provider was meeting the regulations we inspected.

Sanctuary Home Care Ltd – Tower Hamlets is a domiciliary care agency which provides personal care and support to people in their own homes. At the time of our visit the service was providing personal care and support to 237 people in the London Borough of Tower Hamlets. All of the people using the service were funded by the local authority.

There was a registered manager in post at the time of our inspection. A registered manager is a person who has registered with the Care Quality Commission (CQC) 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 lived with specific health conditions did not always have the risks associated with these conditions assessed and care plans were not always developed from these to ensure their safety and welfare. Actions to manage risk that were recorded in risk assessments were not followed.

People received their medicines by staff who had received relevant medicines training however, information within people's records was not always up to date and a number of issues were found with the recording of medicines and unexplained gaps. We could not always be assured that people received their medicines safely.

The provider had a robust staff recruitment process and the provider completed the necessary checks to ensure staff were suitable to work with people using the service.

The provider had a good understanding of the policies and procedures in place to safeguard people from abuse and avoidable harm. Incidents were reported and followed up and we saw evidence that disciplinary procedures were followed.

Staff had an awareness of the principles of the Mental Capacity Act 2005 (MCA) and care workers respected people's decisions and gained people's consent before they provided personal care. However, the service did not always ensure that where appropriate, representatives had legal authority to sign people's care plans to agree with the care to be provided.

Care workers received an induction training programme to support them in meeting people's needs effectively and were introduced to people before starting work with them. They shadowed more experienced staff before they started to deliver personal care independently. Staff received regular

supervision and told us they felt supported and were happy with the supervision they received.

We saw people were supported to maintain their health and well-being through access to health and social care professionals, such as GPs and social services. Issues that occurred were followed up with the relevant health and social care professionals.

People were supported to have sufficient food and drink and care records were detailed with regards to people's preferred food however care plans did not always identify nutritional risks or needs.

People told us that staff respected their privacy and dignity and promoted their independence. There was evidence that language and cultural requirements were considered when carrying out the assessments and allocating care workers to people using the service.

People and their relatives told us that their regular care workers were kind and caring, gave them choices and knew how to support them.

An initial assessment was completed from which care plans and risk assessments were developed. Care was designed to meet people's individual needs and was reviewed if there were any significant changes. However they did not always accurately reflect the care people received.

People and their relatives knew how to make a complaint and were able to share their views and opinions about the service they received. There were quality monitoring visits and phone calls in place to allow people and their relatives the opportunity to feedback about the care and treatment they received.

The registered manager told us that the service promoted an open and honest culture. Some staff felt well supported by the management team and were confident they could raise any concerns or issues, knowing they would be listened to and acted upon. However, other members of staff felt discriminated against. There were also morale issues due to the current uncertainty regarding the future of the service.

Quality assurance and management systems were in place to monitor the service however they were not always consistent as they did not pick up all the issues we found during the inspection.

We found three breaches of regulations relating to consent, assessing and managing risks and the safe management of medicines. You can see what action we told the provider to take at the end of the full version 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?

**Requires Improvement**

The service was not always safe.

People received their medicines by staff who had received relevant medicines training however, information within people's records was not always up to date and a number of issues were found with the recording of medicines and unexplained gaps in these.

The risk assessments in place did not always identify areas of risk to reduce the likelihood of people coming to harm. Actions and guidance within risk assessments were not followed.

The provider took appropriate steps to ensure robust staff recruitment procedures were followed and there were sufficient staff to meet people's needs.

Staff had a good understanding of how to recognise and report any signs of abuse and protect people from harm. Staff were confident that any concerns they brought up would be dealt with appropriately.

### Is the service effective?

**Requires Improvement**

The service was not always effective.

The registered manager and staff had an awareness of the legal requirements of the Mental Capacity Act 2005 (MCA) however they did not always ensure people using the service or an appropriate representative signed their care plans to consent to the care they received.

Some people were supported to have a balanced diet, which took into account their preferences as well as their medical needs. However these were not always documented.

Care workers completed an induction and received supervision and training to support them to meet people's needs. Shadowing visits were carried out before staff worked independently.

Staff were aware of people's health and well-being and responded if their needs changed. People were supported to have access to health and social care professionals, such as GPs and social services.

## Is the service caring?

Good

The service was caring.

People and their relatives told us they were happy with the care and support they received. Care workers knew the people they worked with and they were treated with respect and kindness.

People felt involved in decisions about their care. They were offered choices and were encouraged to be independent.

Care workers respected people's dignity and maintained their privacy. There was evidence people could be supported by staff from their cultural background.

## Is the service responsive?

Requires Improvement

The service was not always responsive.

Care plans were discussed and designed to meet people's individual needs however they did not always accurately reflect the care people received.

People and their relatives knew how to make complaints and said they would feel comfortable doing so. The service gave people and relatives the opportunity to give feedback about the care and treatment they received.

## Is the service well-led?

Requires Improvement

The service was not always well-led.

There were audits and quality monitoring systems in place to monitor the quality of the service and identify any concerns. However, they were not always consistent and did not pick up issues we found during the inspection.

People and their relatives were generally positive about the service however communication issues with the office had been highlighted.

Whilst some staff spoke highly of the support they received from management which enabled them to carry out their responsibilities, other members of staff felt discriminated

against. There were also morale issues due to the current uncertainty regarding the future of the service.

# Sanctuary Home Care Ltd - Tower Hamlets

**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.

The inspection took place on the 6, 7, 8 and 12 December 2016 and was announced. The provider was given 48 hours' notice because the location provides a domiciliary care service and we needed to be sure that someone would be in. The provider knew we would be coming back the following days.

The inspection team consisted of two inspectors, one for all four days and the other for one day of the inspection. It also included two experts by experience who were responsible for contacting people during and after the inspection to find out about their experiences of using the service. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of service. The experts by experience had experiences as family carers of people living with dementia and older people who use regulated services.

Before the inspection we reviewed the information the Care Quality Commission (CQC) held about the service. This included notifications of significant incidents reported to the CQC and the report for the last inspection that took place on 10 July 2013, which showed the service was meeting all the regulations we checked during the inspection. We also asked the provider to complete 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 contacted the local authority safeguarding adults team and commissioning team and used their comments to support our planning of the inspection.

We called 44 people using the service and spoke with 19 of them, and seven relatives. We spoke with 18 staff members which included the registered manager, the regional manager, three team leaders, three care

coordinators and 10 care workers. We looked at 13 people's care plans, 12 staff recruitment files, staff training files, staff supervision records and audits and records related to the management of the service.

Requires Improvement

# Is the service safe?

## Our findings

All the people we spoke with told us they had no concerns with how they were treated and felt safe when receiving their care. Comments included, "I definitely feel safe and very comfortable with them", "I feel safe, the carer is almost one of the family" and "Both of my carers are great and I trust them, I have no problems at all." Relatives were confident that their family members were well looked after and did not have any concerns. One relative said, "My [family member] feels safe. The carer has built up a good relationship with him/her." Another relative said, "I know that my [family member] is in good hands." However, the records we looked at did not always match the positive responses people and relatives had given us.

At the time of the inspection we were not always assured that people who were supported with their medicines received them safely. Medicines risk assessments were in place which documented people's medicines and their administration, however we saw a number of files where the forms were not filled out accurately or lacked detailed information. In one person's assessment, there was no mention of their history of non-compliance with medicines, which was highlighted in the local authority assessment. Another person's care plan stated that they were able to self-administer their medicines however records from their daily logs highlighted they were being supported and the risk assessment had not been updated. One person was supported with using inhalers and we saw records of this in their daily logs, however it was not recorded in their care plan and there was no further details in the medicines risk assessment. Another person's medicines assessment stated they were to be assisted with medicines, but without any further information. Furthermore, when it was reviewed in July 2016, a relative had said they wanted staff to administer medicines from now on, but there were no medicine administration record (MAR) sheets available for this person.

We looked through five people's MAR sheets and found issues with all of them, where they had not been filled out correctly and had unexplained gaps in recording. MAR sheets were not available in the office any more recently than 8 September 2016, indicating that these may not have been audited before that date. A team leader told us that all MAR sheets should be returned on a monthly basis however when they showed us their records, acknowledged that this was not always being done. About half of the medicines records that we looked through were marked as having been checked however gaps in recording that we found had not been picked up.

For one person, their MAR sheet had not been fully completed as there was a two week gap that could not be accounted for on the record. It also highlighted that one medicine was to be taken in the morning and the evening but had not been recorded as taken in the evening. For another person, we found significant gaps in recording, with one record dated 23 May 2016 continuing to 14 August 2016, with no evidence of any other sheets being available for the intervening period of nearly three months. This MAR sheet had also been marked as being checked by a member of staff. Another person's records were entirely blank for a period of five days, with four of these days not being recorded in the header. For the same person, we also found significant gaps where medicines had not been recorded, including one medicine that had not been recorded for a two week period. We spoke to the registered manager about these issues and we were told that there were times when people's relatives administered medicines so this was the reason for records not

being completed properly. However we saw records from a care worker meeting that informed staff they should document everything regarding people's medicines and that if family members administered medicines this needed to be recorded.

Medicines were not managed in a way which ensured people received them in a safe and effective manner with regard for the risks associated with them. This was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

People had risk assessments that were completed upon the commencement of care being authorised. We could see that risk assessments were carried out relating to people's medicines, moving and handling, nutrition, finances and their home environment, however the level of detail within these assessments was not consistent throughout the care files we looked at and actions were not followed. Home risk assessments had been carried out in the past year, and contained substantial detail on any possible hazards. One person with reduced mobility had detailed guidance in place for care workers on how to ensure the person could remain independent and move safely within their home. However, in all cases where equipment had been provided for mobility, it did not record any information about servicing or inspection, despite clearly instructing the assessor to seek this information from the local authority if not available. We spoke to the registered manager about this who told us it was not their responsibility and said they would need to update the risk assessment template.

One person's local authority assessment stated they were at risk of falls due to restricted mobility and needed support with transfers from bed, the toilet and their chair, but the assessment stated 'no moving and handling needs'. Another person, who was a wheelchair user, was supported with a number of transfers using a range of mobility aids. The assessment had very limited information on how to transfer the person safely. One question within the assessment asked if the task involved positioning the person precisely and if staff required specific training. It was answered 'yes' but there were no further details included. We found that actions from nutritional risk assessments were not being carried out. Two people had been recorded as a medium risk and guidance within the assessment highlighted people needed to be weighed monthly, referred to an appropriate healthcare professional and have their food and fluid intake recorded, however this was not being carried out. We spoke to a team leader and the registered manager about this who confirmed this was not being done as the risk assessment template for the provider was mainly for people in a care or nursing home setting, not in their own homes. The registered manager said they would need to address this issue.

The above indicated that the provider was not doing all that was possible to effectively mitigate risks to people using the service. This was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The 12 staff files that we looked through were consistent and showed that the provider had robust recruitment procedures in place. We saw evidence of criminal records checks and photographic proof of identity and proof of address. The provider asked for two references and people could not start work until they had been verified and authorised by human resources. A checklist was in place for when files were complete. Referees were able to comment on areas such as honesty, attendance, time keeping, reliability and creativity and we saw positive feedback in all the references we viewed. The registered manager was aware when people's Disclosure and Barring Service (DBS) checks needed to be reviewed in line with their own policies and records showed the provider asked for updated documents to complete the renewal process. The DBS provides information on people's background, including convictions, in order to help providers make safer recruitment decisions.

Staff had received appropriate training in safeguarding and were able to explain what kinds of abuse people could be at risk of, potential signs of abuse and what they would do if they thought somebody was at risk. This topic was covered during the induction programme and then refreshed annually. We saw records that showed the importance of reporting concerns was discussed regularly at care worker meetings and supervision sessions. The provider had produced a newsletter for people and staff, with information about safeguarding included. We saw that safeguarding incidents were properly dealt with and disciplinary procedures followed through. Comments from care workers included, "I know that if there are any issues I have to raise them" and "I record everything and report it to make sure people are safe. I'm very confident it will be dealt with as they listen to us and take action."

There were sufficient care workers employed to meet people's needs. At the time of our inspection there were 150 care workers employed in the service. A care coordinator told us that they had a 15 minute window policy and this was explained to people during the initial assessment and agreed with the local authority. If care workers were running late they needed to inform the office to let them know so they could contact people about the delay. At the time of the inspection the provider was using an electronic monitoring system where they were able to monitor calls. Care workers were able to log in and out at people's homes on their phones and if people did not give them permission, care workers were able to log in via an application on their phone. For care workers who did not have an accessible phone for this software, the local authority were able to supply a phone at the person's home for them to log that they had arrived for the call.

Most people we spoke with told us that they were happy as their care workers were reliable and arrived on time. Comments included, "They are usually on time, log in and out and stay the whole time" and "They arrive on time and have never missed a call yet." We looked through a sample of rotas for five care workers and saw that there was minimal distance between visits and that people, where possible, were given regular care workers. Care workers told us that they were given schedules so they were able to get to visits on time. One care worker said, "I don't have any problems getting to calls. They are very flexible with travel time included. If we are running late, we let the office know and they inform the client." Another care worker told us that when problems had occurred in the past with the rota, they would discuss it with the office and the issue would be resolved. We did receive comments from some people who said that there had been times when care workers were running late or their regular care worker was on holiday and they had not been notified about it.

A care coordinator told us that their out of hours service was from 5pm until 9am during the week and all of the weekend, and was covered by the office staff on a rota basis. Each week a report was shared with everybody highlighting what actions had been taken. We looked at a sample of records from the out of hours reports over the past two months and saw that the necessary action had been taken. The care coordinator showed us how any further actions were recorded and delegated to the appropriate person.

Requires Improvement

# Is the service effective?

## Our findings

People told us their care workers understood their needs and circumstances and had the right skills to support them. Comments included, "The ones I have are perfect. They do everything I want them to", "The carers do everything we require of them and they are very good at what they do" and "They get a lot of training. They say things like yesterday I had training in safeguarding, or this and that. They seem very knowledgeable." One relative said, "My [family member] is in great hands. The carers that come around are very professional and know exactly what they are doing."

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 we spoke with told us that they felt involved in decisions and that staff asked for their consent before carrying out any activities. One person said, "They always ask me if I want to do this or that and they always respect my decision." One relative told us that the care workers always explained what they were going to do and never forced their family member to anything they did not want to do. Care workers we spoke with understood the importance of asking people for their consent, especially when it involved carrying out personal care. The registered manager, team leaders and care coordinators had an understanding of when they would need to assess people's capacity and the importance of other people being involved in making decisions. However not all records we saw were consistent with this level of understanding.

There was not always evidence in place of people's capacity being assessed, and some care plans were signed by family members on the person's behalf or just marked 'unable to sign' without further explanation. The registered manager told us that a lasting power of attorney (LPA) was in place but they were unable to show us evidence for all the files we requested and acknowledged the documentation was not available. For one person, where their care records had been recorded 'unable to sign', there was no further documentation to show a capacity assessment had been carried out or contact had been made with the relevant health and social care professionals. For another person, it was unclear about the person's capacity as some records had been signed and some had not.

The provider did not always ensure that care plans were signed by the person to show their agreement to the care and support provided and that there was a clear assessment of their capacity if they were unable to do this.

This was a breach of Regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Staff had to complete an induction training programme when they first started employment with the service. This programme covered a range of mandatory training courses and shadowing opportunities

before staff worked independently. Training in safeguarding, moving and handling, medicines, basic life support and professional boundaries had to be completed in the classroom before care workers were introduced to people, and was refreshed yearly. Staff also had access to online training which covered eight topics, including dementia care, mental capacity, fire safety, nutrition and infection control. Staff were able to access this training throughout the year and all of the staff files we looked at had certificates that confirmed the training and induction process had been completed. We received positive comments from care workers and the office staff about the training they received. One care worker said, "All aspects of the training were brilliant. If there was something that we didn't understand they would always explain it to us." A care coordinator said, "The training is good. As everything is always changing, it is good to refresh your knowledge and it did help." A care coordinator showed us how they were alerted when training was due to expire and we saw records where care workers had been booked onto future training courses.

Care workers were introduced to people first before they started work with them and were able to shadow senior care workers before working independently. We saw shadowing records in staff files which highlighted which tasks they had observed. We saw one care worker had 14 shadowing opportunities signed off before working independently. They would then have supervision and spot checks every three months. The registered manager acknowledged that there had been gaps in supervision due to the service being without a registered manager for four months but we could see that supervisions were starting to take place again, including appraisals. We saw copies of documents related to supervision records showing that care workers were given the opportunity to discuss their wellbeing, concerns with people using the service, safeguarding issues, policies and procedures and any training needs. Care workers told us they received supervision and were happy with their input during the sessions. One care worker said, "I felt listened to and issues I brought up were acted upon." Another care worker said, "I do have it and am happy with what is discussed. We saw records in one supervision record where a care worker had requested some extra training. We saw that this had been followed up and they had been booked onto the relevant course.

Care plans had considerable detail with regards to people's preferred food and how best to offer these to ensure that people had eaten. This was reflected in people's daily logs, which indicated people had eaten a varied diet with the support of staff. Comments from people included, "I'm a vegetarian so can't eat meat or fish and they are aware of this" and "I get porridge in the mornings, and they always ask if I've eaten. If I wanted to eat something they would heat me something up." One relative commented positively on how the care workers supported their family member during mealtimes. They added, "They take their time and have really tried to adapt their techniques to help him/her." However some nutritional risks to people were not always identified. One person had a diagnosis of diabetes but there was no information within their care plan to indicate how staff were to support them with this condition. Their care plan also stated that they were to be supported with meals and snacks four times a day, but the daily logs did not always indicate this had been done. Another person's local authority assessment highlighted they needed support with eating, including offering a nutritional drink if food was refused but this was not recorded in their care plan or daily logs. We spoke to the registered manager about this who confirmed that care records would be updated and care workers reminded to document this in the daily logs.

People were supported to maintain good health and have access to ongoing healthcare support. Care workers said they checked how people were feeling and would always contact the office if they had any concerns about their health during a visit. A care coordinator showed us records where if a person did not answer the door for a visit or was not at home, care workers called the office and staff contacted their GPs, called hospitals and notified their allocated social worker that there might be a concern. We looked through a sample of their weekly out of hour reports which showed that when issues or concerns had been brought to their attention, they followed it up with the relevant health and social care professional. We saw correspondence in one person's care records where contact was made highlighting that a mobility aid was

required after carrying out a review and discussing their concerns about safety.

Good

# Is the service caring?

## Our findings

All the people we spoke with told us they were well supported by the service and thought the staff were respectful and caring. Comments from people included, "My carer is very good and caring. They couldn't do any more than they already do", "My carer is wonderful. She knows what I need and is kind and caring, and will help me with anything", "My carer looks after me like she would a grandfather. I only need to ask and she will do it for me, she's excellent" and "They always talk to me in a respectful way. They are never too busy to help me." Relatives were also positive about the caring attitude of the staff. One relative told us that they were very pleased with the service as their care worker was very patient, even when their [family member] could be challenging. They added, "They have built up a good relationship and my [family member] is happy, looks clean and is cared for, which is important." Another relative said, "They treat my [family member] with great care and are always respectful and willing to take the time for him/her."

People and their relatives told us staff respected their privacy and dignity. We received many positive comments about how respectful care workers were when they worked with people in their own homes. One person told us that they felt very comfortable when they were being supported with personal care. They added, "As I can't bend down she towels me and dries me properly and I can ask if there is anything else." Another person said, "They will close the curtains when I'm getting changed or will help me into the toilet and wait outside in case I need help. They are very good like that." Care workers had a good understanding of the need to ensure they respected people's privacy and dignity.

A care coordinator told us how important it was that they were able to provide care workers who communicated with people in their own language, especially during personal care. One care worker told us how they were initially given a person to support but there were some language difficulties. After speaking to the office they were able to change the care worker for another one who was able to communicate in their own language. They added, "I was aware that it would be more important for this person to have somebody who could communicate with them and the office listened and resolved the situation." We saw information in people's care plans which highlighted the importance of respecting people's privacy and dignity and having their specific wishes about how they wanted to be supported. From their most recent customer satisfaction survey, 91% of people said they felt they were treated with dignity and respect.

People were assigned regular care workers and a care coordinator showed us how they always tried to make sure they allocated two to three care workers for each person for continuity of care when regular care workers were not available. One person said, "I get on very well with my regular carer, they are caring and very good to me." One relative said, "They have been really good and we feel comfortable having them in our home." Another relative told us how they had been very happy with how the care workers had interacted with their family member, despite there being communication difficulties. They added, "Music is really important to our [family member] and they always get involved with him/her, singing and dancing, which is really encouraging." Care workers knew the people they were working with and were able to communicate with them in their own language. A team leader said, "We have Bengali care workers who can help to meet people's specific needs that are important to them and understand the culture." One care worker said, "As I have regular clients, I can build up a relationship with them and get to know them better."

From speaking with staff we saw that they had an understanding of people's human rights and understood people's needs with regards to their disabilities, gender, race and sexual orientation and supported them in a caring manner. One team leader said, "We respect all our service users, whoever they may be and respect their wishes. One care worker said, "I treat people all the same, regardless of their race or culture." We saw a positive comment from one person in their annual survey which said, 'Staff give you a lot of respect and you can be yourself without people judging you."

There was evidence that people were offered choice in how they were supported and care workers encouraged people to keep their independence. We saw information in people's care records which showed that people had been involved in decisions about their care. In one person's care plan it highlighted which parts of the body they were able to wash and what they needed support with. One person said, "My carer is at an age where she understands me and knows what I can do. I like to stay independent and do as much as I can for myself and she understands this." One care worker said, "If they are able to I will encourage them to do what they can but always let them know I can do it for them if they are unable to." Another care worker said, "I give people choices and communicate with them, letting them know step by step what I'm going to do. I try to make them more independent by encouraging them to do as much as they can."

Requires Improvement

# Is the service responsive?

## Our findings

The majority of people we spoke with felt their care was personalised and were able to contribute to their assessment. Comments included, "They do talk to me about what I want them to do and I am really happy with it", "They asked a lot of questions when they discussed the care plan and found out what my needs are and what to do for me" and "They are really good and listen to me so I know that they know me well." Relatives spoke positively about the service and felt involved. One relative said, "We all did the care plan together and it was reviewed not too long ago either." Another relative said, "They seem to know my [family member] pretty well and take an interest in him/her."

Each person had an individual care folder which included an initial assessment from the local authority with an overview of people's care and support needs. The provider was then responsible for carrying out their own assessment before drafting people's individual care plans. This assessment focussed on the person's agreed outcomes and their abilities in areas such as personal care and hygiene, medical needs, mobility, communication, finances, history of falls and nutrition. In all cases it required the assessor to tick a "yes/no" box without clearly asking a question, therefore it was not always clear what yes or no actually represented. The assessment then prompted the assessor to complete appropriate risk assessments covering moving and handling, medicines, finances and nutrition. It also included specific instructions for care workers, which related to gaining access to the property and reminding staff to log in once they started their visit.

Support plans had considerable detail on how to support people with their day to day tasks. For example, one care record gave specific instructions about how to prepare the bathroom before carrying out personal care. Another care record highlighted detailed instructions for dressing and supporting that person with oral care. We saw one person's love of music had been recorded within their care plan and care workers should put a CD on during a visit. We spoke to the relative who confirmed this was taking place and that they were very happy with the level of interaction given to their family member. However we found inconsistencies in people's care needs that were recorded in their care plans and were not always accurate.

One person was being supported with their finances and we saw information within daily log records and spot check forms that staff were going to the local shop for the person. We were able to see the financial records from the person's home but this was not highlighted in the care plan and said no support was required. For another person, a relative told us that they had requested a specific moving and handling procedure to be recorded in the care plan and for care workers to carry this task out on a daily basis but this had not been updated in the care records and daily logs did not always record this had taken place. We spoke to the registered manager about this after the inspection who told us that they have spoken to the care workers to record it in the daily logs and that the care plan would be updated accordingly.

The service was reviewed every six months and a team leader told us that if there were any significant changes to people's needs, the review was brought forward. A care coordinator showed us their review matrix which highlighted when people were due for a review. We saw a review for one person that stated their visit times needed to be adjusted in line with their medicines, but there was no evidence of a change from the original timings. Care workers confirmed that if they noticed any changes they would call the office

and somebody would come out for a visit. Although some care workers said they were happy with the care plans for the people they supported, six care workers we spoke with told us that not all care plans had sufficient detail and at times they had to call the office to get further information. Once care worker said, "Some I can understand, but sometimes they are not always up to date so I have to let the office know. Another care worker said, "Some of the care plans are not fully detailed and it is difficult to understand. They need to give more information.

There was evidence that the provider listened to people's preferences with regard to how they wanted staff to support them. Four people highlighted, for cultural reasons, the need to have only a male or female care worker, or care workers who could speak their own language. One person said, "I was given a choice about whether I wanted a male or female care worker." A care coordinator said, "We understand people's religious and cultural needs and are able to speak with people in their own language, which really helps."

People and their relatives said they would feel comfortable if they had to raise a concern and knew how to get in touch with the service. Comments included, "I've not had to make a complaint, they are wonderful people", "When I made a complaint the office listened to me and sorted out the issue" and "I'd call the agency if I had any issues but I've never had to." One relative said, "If there were any problems I would phone the office and speak to the manager and I've got no problems doing that but I haven't had any problems with them." Another relative told us how the service had been really good in dealing with some issues at the beginning of the care package. They added, "if there has been anything we have been unhappy with they have always listened to us and taken action. We are very satisfied." Some negative comments that we received related to poor communication where people were not informed about changes to their care worker or schedule. One person said, "I have complained about them not letting me know which carer is coming when my carer is off sick. The manager apologised but it's still ongoing as I only complained a couple of days ago." Another person said, "They don't call me or let me know what is going on."

There was an accessible complaints procedure in place and a copy was given to people in their service user agreement when they started using the service. The provider's complaints policy was a three stage process which gave the option for minor issues to be resolved immediately whereas if people were not happy with the response at stage one, they could escalate it to stage two to be dealt with by a senior manager. If people were still unhappy their stage three process would be dealt with by the director of operations. All complaints were assigned to a manager and updated onto their system. There had been 14 complaints in the past 12 months and we saw that they had all been investigated and resolved. A complaints summary sheet was completed and added onto their system so they could keep a record and use it as an opportunity to learn and highlight any trends. We also saw a sample of compliments received from people and relatives, with one comment that said, 'The team of care workers became like an extension of family and the ongoing continuity of the team was appreciated by us all in maintaining reliability and trust.'

Requires Improvement

# Is the service well-led?

## Our findings

At the time of our inspection there was a registered manager in place who had been registered with the Care Quality Commission since November 2016, but had worked for the provider since July 2016. They were present throughout each day of the inspection and open and honest in their communication with us, acknowledging when documents were unavailable or not in place.

The provider had internal auditing and monitoring processes in place to assess and monitor the quality of service provided. The registered manager carried out a daily check on their system to make sure that all calls were covered. There were monthly care worker meetings and team meetings for office staff, where we saw care worker meetings were held three times throughout the week to make sure as many care workers could attend. A team leader told us that they had to carry out 20 telephone monitoring or quality assurance visits each week, and records we saw confirmed people were happy with the service they received. We saw evidence that when issues were highlighted, they were addressed and followed up, with an investigation having been carried out. There was a quarterly analysis of safeguarding issues and complaints, along with a quarterly monitoring report that had to be submitted to the local authority. This covered areas including staff training, accidents and incidents, notifications and failed visits.

The registered manager also carried out monthly audits against the essential standards, covering a number of areas including care plans, risk assessments and medicines audits. However we found that their audits were not always consistent and had not identified issues we found during the inspection. An audit carried out in August 2016 highlighted that a decision making process was in place where people lacked capacity, including a capacity assessment and best interests decisions, however we saw that this was not in place for the files we looked through. An audit carried out in September 2016 highlighted that risk assessments recorded details of equipment and dates they were serviced, but again this was not in place for the files we reviewed. We also found a number of errors within people's MAR charts, even though they had been returned to the office and checked.

The registered manager told us that one of their biggest challenges was the compliance of care workers logging in and out at visits. We saw that a weekly report was generated to check the compliance level and warning letters were sent to staff that had a low compliance score. We looked at a sample of six letters that had been sent to care workers and saw their logging in compliance data had increased. We saw that this topic was discussed in team meetings, supervisions, spot checks and highlighted in people's care plans.

At the time of the inspection the provider had decided not to renew their contract with the local authority and were waiting for them to find an alternative provider for people who used the service. The registered manager told us this was due to the current challenges with home care and the provider wanted to focus solely on their extra care services. Due to this staff told us morale was low and we received mixed comments about the support they received. Staff who spoke positively about the service felt supported in their role and were confident in raising issues. Comments included, "I've got a good support network and am not afraid to ask if I need anything as I'm fully supported by my colleagues" and "I feel confident taking action and raising any concerns. I feel the new manager is doing really well since starting."

However negative comments received related to discrimination issues and some members of staff felt unfairly treated. Comments included, "I do feel discriminated against and have spoken out however there has been no action" and "I don't feel valued or supported, there is low morale due to the current issues." We spoke to the registered manager and regional manager about this and they were aware of the current issue and told us they were trying to improve morale and teamwork. We saw team meeting minutes that recorded that this had been discussed. The registered manager added, "I have an open door policy and am trying to bridge the gap to enable us to all work together."

We received a mixture of positive and negative comments from people and their relatives about how well managed they thought the service was. Positive comments included, "The service is very good, they are polite and do things well. I am quite satisfied", "It's a very good service, they are always there and I would recommend it" and "I'm grateful and happy. I've not had any bad experiences and I couldn't do without them." The negative comments we received all related to poor communication from the office. One person said, "I think they need to improve on the communication side of things as they don't really let us know what is happening." Another person said, "It can be a problem at times because they don't really let us know what is happening." One relative said, "There seems to be a lot of confusion. We had someone that was new to the service and they came on the weekend. It was evident they were struggling." This was supported by feedback from people in their most recent annual survey, where 72% of people said they were kept informed about changes that might affect them. Care workers also commented that they were not always updated about changes to people's schedules. One care worker told us that they had not been informed when a person was away and their visit had been cancelled.

The registered manager showed us the results of their most recent annual customer satisfaction survey. The survey covered 15 topic areas such as privacy and dignity, if people felt listened to, complaints, involvement in care planning and overall satisfaction. It also gave people the opportunity to suggest areas for improvement. 108 people responded and results showed that 84% of people were satisfied with the overall service. It highlighted areas that had done well and opportunities where the service could be improved.

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 | Regulation 11 HSCA RA Regulations 2014 Need for consent<br><br>The provider did not always ensure that care and treatment was provided with the consent of the relevant person.<br><br>Regulation 11 (1) |

| Regulated activity | Regulation |
|---|---|
| Personal care | Regulation 12 HSCA RA Regulations 2014 Safe care and treatment<br><br>The provider did not ensure that risks to the health and safety of service users were regularly assessed and did not do all that was practicable to mitigate any such risks. Regulation 12(1)(2)(a),(b)<br><br>The provider did not ensure that care and treatment was provided in a safe way as systems for the proper and safe management of medicines were not operated effectively. Regulation 12(1),(2)(g) |