Signet Healthcare Limited

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Inspection report

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Date of inspection visit:
07 September 2016
12 September 2016

Date of publication:
21 October 2016

Ratings

Overall rating for this service	Requires Improvement

Is the service safe?	Requires Improvement
Is the service effective?	Requires Improvement
Is the service caring?	Good
Is the service responsive?	Good
Is the service well-led?	Requires Improvement

Summary of findings

Overall summary

We undertook an announced inspection of Signet Healthcare Limited on 7 and 12 September 2016. We gave the provider two working days' notice because the service is a domiciliary care agency and we wanted to make sure someone would be available.

During our last inspection on 2 July 2015 the provider was not meeting the legal requirements in relation to ensuring people safely received their medicines, following the Mental Capacity Act, making sure that people's nutritional needs were being met and having an effective quality assurance system in place.

At this inspection we found some improvements had been made but improvements still needed to be made to the quality assurance systems in place to ensure areas requiring attention were identified and addressed.

Signet Healthcare Limited provides a range of services to people in their own home including personal care. People using the service had a range of needs such as learning and/or physical disabilities and dementia. At the time of our inspection 47 people were receiving personal care in their home. The care had either been funded by their local authority, the Clinical Commissioning Group (CCG) or people were paying for their own care.

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

Although care workers confirmed they received an induction and training, the records did not always evidence that this had taken place.

Most risks to people's safety had been assessed and the provider had taken action to minimise the risks of harm. However, some areas of risk had not been identified and assessed and this placed people at risk because they did not follow good practice guidance and did not always ensure people were being cared for in a safe way.

The recruitment checks carried out on care workers did not always ensure that they were suitable to work with people using the service.

Not all records were accurately maintained or complete.

The provider had a complaints process in place and people knew what to do if they wished to raise any concerns. However, records needed to show how some complaints had been investigated.

There was some mixed feedback about the care workers and missed calls occasionally occurring but overall

people and their relatives were complimentary about the service.

There were appropriate procedures to safeguard people and the staff were aware of reporting any concerns to the registered manager.

There were systems and training in place for care workers so that people safely received their medicines.

Assessments of the person's needs were carried out before the person started to receive care in their own home. Each person had a care plan in place which described their support needs.

People had consented to their care and treatment and were involved in decisions about their care.

You can see what action we told the provider to take at the back of the full version of the 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

Some aspects of this service were not safe.

Risk assessments did not provide up to date information in relation to individual's risks when receiving care.

The recruitment checks did not ensure that new care workers were suitable to work with people in their own homes.

Care workers knew to report any safeguarding concerns to the registered manager.

There were systems in place to record if medicines were administered to people and care workers received training on this subject.

Is the service effective?

Requires Improvement

Some aspects of the service were not effective.

There was insufficient evidence to show that all care workers received the necessary induction and training they required to deliver care safely and to an appropriate standard.

People had consented to their care and treatment and were involved, where possible, in decisions about their care.

People's healthcare needs were monitored and the care workers liaised with other professionals to make sure these were met.

Care workers recorded what people ate and had to drink if they needed this to be monitored.

Is the service caring?

Good

The service was caring.

People told us they had a good relationship with their care workers and usually had the same regular care workers.

Guidance on how to support people was individual to them and noted personal preferences.

Is the service responsive?

Good

The service was not always responsive.

People using the service knew how to raise a concern or complaint with the provider. However, records needed to show how some complaints had been investigated.

People's needs were assessed and care was planned to meet these needs.

The care plans recorded the type of support the person needed.

Is the service well-led?

Requires Improvement

Some aspects of the service were not well led.

There had been some improvements to how the service monitored the care being provided. However, systems still needed further attention to ensure records were accessible, accurate and that checks identified if there were areas needing to be improved.

Feedback on the service and the registered manager were positive.

Signet Healthcare Limited

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 7 and 12 September 2016 and was announced. We gave the provider two working days' notice because the service is a domiciliary care agency and we wanted to make sure someone would be available.

Before the inspection, we reviewed the information we held about the service, including notifications we had received from the provider. Notifications are for certain changes, events and incidents affecting the service or the people who use it that providers are required to notify us about.

The registered manager had also completed a Provider Information Return (PIR). This is a form that asks the provider/registered manager to give some key information about the service, what the service does well and improvements they plan to make.

The inspection visit was conducted by one inspector on the first day of the visit and two inspectors on the second day. An expert-by experience also made telephone calls to people using the service and their relatives. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service. The expert-by experience who supported this inspection had experience of caring for older people and accessing health and social care services for older people. Before the visit to the office the expert-by-experience contacted by telephone 10 people who used the service, seven relatives and a manager of a care service that a person lived in to obtain their views of the service.

During the inspection visit we met with the provider, registered manager, coordinator and administrator. We looked at the records for five people who used the service and three medicine administration records, the recruitment, training and support records for seven members of staff and other records used by the provider to monitor and manage the service.

We received feedback about the service via email from five care workers, from the contracts team for the local authority and from a team manager from the local Clinical Commissioning Group (CCG).

Requires Improvement

Is the service safe?

Our findings

At the last inspection in July 2015, there was a breach of the regulation for medicines management. We had found that information about people's medicines needs was not clearly recorded and some information was inconsistent and contradictory. From information we saw on a sample of people's care records improvements had been made to show if a person needed prompting or help with administering their medicines. There was also a medicines risk assessment in place to record who would be managing the person's medicines, ordering the medicines and if the person required any type of support with managing their medicines.

Care workers that we asked about medicines management were clear in the different tasks they might need to carry out. Comments included, "Prompting is reminding a person of the time and asking if they are going to or have had their medication. Administration is when a person cannot take responsibility for managing their medicines, therefore care staff are needed to help them" and "Prompting is a client that can take medicines themselves. If administering I sign in the Medicine Administration Record and observe." There was evidence that care workers had also received training in medicine management and new care workers were booked to attend this training in October 2016.

Although some risks to people's safety had been assessed, for example, the management undertook assessments of risks when people started to use the service which included assessing safety in the person's environment. However, we saw that one person was at risk of having pressure sores and there were no risk assessments in place regarding how to support the person appropriately and safely. We raised this with the registered manager and discussed that although this was being treated by the community district nurse team this still was a risk to the person and care workers would need to be informed of this. Following on from the inspection, the registered manager provided evidence that where people are supported by district nurses and if the person was identified as requiring help with moving then there were turning charts in place which also had information on how to protect pressure areas. This enabled care workers to record when people were being assisted with moving to minimise them developing pressure sores.

A person was noted as being at high risk of falling. By the second day of the inspection the registered manager had completed a risk assessment, but this was not dated or signed and did not inform care workers how to then support the person and minimise the risk to them. We talked this through with the registered manager who confirmed this would be addressed.

For one person, they needed assistance to mobilise with the help of two people. However, the service provided only one care worker. There was no evidence on the person's care records that the relatives who supported the care worker had been suitably trained to safely move the person using the service. This potentially placed the person using the service, the relative and the care worker at risk of harm. Following on from the inspection the registered manager provided evidence that one family member had received moving and handling training in December 2015. However, the person's care file still needed to clearly record this and ensure that care workers did not carry out this task with any other family member.

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

We looked at seven care workers employment files and found the provider's recruitment procedures were not designed to make sure only suitable care workers were employed. On one file the Disclosure and Barring Service check (DBS), which checks if a person has any convictions, was dated 21/04/2015 but their start date was February 2015 and it was not made clear from the records we viewed if they worked alongside another care worker whilst waiting for the DBS to come through or if they worked alone. On another care worker's file they had started working for the service, then they had gone abroad for approximately eight months and when they returned to work for the service a new DBS had not been requested.

References were an issue in some of the workers files we viewed. One reference for a care worker stated it was provided over the phone but seemed to have been signed by the person who gave the reference. Some care workers had no previous experience in working in care and for one care worker their two references were provided from a school they had previously attended several years earlier and did not provide any other character references. On another file we saw a reference from a company that had not been listed on the applicant's application form as part of their employment history. For a third care worker they had not noted on the application form in the employment history section that they had been a child minder. However, the two references that had been taken on the telephone were from people where they had looked after their children. Another care worker's file where they had come from another agency had only one reference available for us to see. Often references were taken on the phone and no other checks had taken place to ensure they were genuine.

At the inspection, the interview questions we saw were not related to the applicant's potential new role in providing care and support. The questions were based on their availability, areas they preferred to work, languages they spoke and if they could drive. On some care worker's files there was no evidence of the interview questions they had gone through to be accepted to work in the service. Following on from the inspection the registered manager provided evidence of a list of questions used in care worker's interviews which did ask about the applicant's knowledge and experience in care.

In another care worker's file there was a three year gap in their employment history with no evidence that this had been explored with them to ascertain what the person had been doing over this period of time. On a different care worker's file their application form had no employment history noted at all.

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

In contrast, all the care workers confirmed they had gone through a recruitment process, including providing details for two references. One care worker told us, "I had an interview with two of the managers. I was also asked to bring in my Curriculum Vitae (CV) in which I provided two references. Once I had cleared the interview stage I was asked for a DBS which I requested. After I had received a copy of my DBS indicating no problems I received confirmation about the job."

We asked people if they felt safe when they received support from the care workers. Comments included, "The girls do seem to know what they are doing and I do feel safe with them in the house," "We have regular carers, people who we trust, we don't have a lot of new ones," "They come on time, I know who is coming (name of care worker) is coming today," "They are on time and stay as long as they should" and "I have all the numbers including out of hours, I feel sure they would ring me if anything was wrong."

The service had safeguarding policies and procedures in place and care workers had received training on this subject. One staff member we met confirmed if they had any concerns they would report it to the registered manager and they were aware of external agencies they could report issues to, such as Social Services and the Care Quality Commission (CQC). Care workers we asked consistently said they would report any safeguarding issues to, "the manager/agency," "report to office or manager," "report to the Office Manager." Another care worked expanded their response and said, "I would make my manager aware straightaway of what I thought was happening and also put it in writing." The guide for care workers had all the relevant contact numbers if they did wish to report a concern to external agencies.

The registered manager confirmed that there had been no reported safeguarding concerns and CQC had not been informed of any such allegations or concerns.

We looked at how accidents and incidents were managed in the service. The registered manager explained when an incident or accident occurred it was recorded on a form that gave details of the incident and accident, what action was taken at the time and any subsequent outcomes from the event.

The service had an emergency procedure in place. This informed all staff what to do for example if there was bad weather, which they received alerts about, so that alternative plans could be made. Both people using the service and relatives confirmed they had contact details for the service. Comments included, "We have all the phone numbers for the office, mobiles and landline," "I have all the contact details and if I need to contact them it's quite easy" and "I have all the phone numbers and information for contacts."

The provider employed enough care workers to support people using the service. The service only agreed to care for new people if they had sufficient numbers of care workers to support that person. The coordinator told us that rotas were organised to allow travel time between people so that the staff were not late, unless there was an unexpected delay. The service supported people living in specific postcodes and areas so that the care workers did not have to travel a long distance from one person to another. The coordinator confirmed they always looked to see where care workers lived and if they were able to drive when matching them to people using the service. Feedback from a care worker included, "I have a rota each week that I will go and pick up from the office. I also work regularly with the same people unless the carer has taken some time for a holiday," and all said they received a weekly rota so they knew who they were working with.

Requires Improvement

Is the service effective?

Our findings

At the last inspection we found that staff had not received training in the Mental Capacity Act 2005 (MCA) and there were no procedures in place to ensure people were assessed if they could not make daily decisions about their lives.

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. We checked whether the service was working within the principles of the MCA.

At this inspection we saw improvements had been made, with the training matrix showing care workers had completed Mental Capacity Act training, although the coordinator informed us they had not attended this yet but were due to attend in the next few weeks. They told us as part of following this legislation, they checked to see if a person using the service could make decisions for themselves and assumed that they could, unless otherwise informed by the funding authority. The service was also using an assessment tool to see if a person had difficulties in making decisions.

People had consented to their care. We saw that people had been asked to sign their care plans and other records relating to their care as a record of their agreement to these. Some people did not have the capacity to consent and we saw evidence that their representatives had been consulted for those who were unable to sign. Care plans now recorded if people could make decisions or if they would struggle understanding how to consent for the support they needed. If a person was identified as having difficulties in making decisions related to their care the registered manager was aware that they needed to make a referral to the local authority so an assessment could be carried out. The registered manager confirmed that there was no-one using the service who was being deprived of their liberty.

The registered manager was able to tell us how the MCA affected their work and gave us examples about the people who they supported. We discussed with the registered manager about making best interest discussions clearer so that there was an audit trail of any decisions made on a person's behalf which they confirmed they would address.

At the last inspection in July 2015, there was a breach of the regulation for not having clear systems in place to record and monitor what people were eating if they needed this type of support and care. At this inspection there were now records in place for monitoring the food and fluid intake for people if they required this assistance. People told us, "They do my meals, they make what I ask for" and "They do my meals for me, my daughter fills up the freezer and I say go on give me a surprise and they fetch me

something." Care workers confirmed they recorded what people had eaten and said, "I record what I give them (people using the service," "If I see they are not eating I report to the office," and "I prompt service users to have enough fluid intake and record this." The daily records of care had been improved since the last inspection so that care workers could easily record what food and drink they had seen people take during the visit to their homes.

Most people and their relatives told us they felt the care workers were well trained and had the skills they needed to care for them. They said, "I would say they were very well trained," "they seem to know what to do." However, other people commented, "They are not well trained and they don't speak English, you can't tell them what to do, they don't understand you," "The older ones (care workers) know what they are doing but the new ones seem to have no training at all. I have had other agencies which when the new ones shadow the regular ones, but that doesn't happen here."

At the previous inspection we made a recommendation for the provider to look at the training provided and review if care workers covering several subjects all in one day were suitably equipped to meet the diverse and sometimes complex needs of people using the service.

The training matrix showed that care workers received training in a range of subjects including, dementia, medicine management and supporting people with some specific healthcare interventions. We noted that the training matrix recorded the same date for completion of the training for the majority of the care workers. We were informed that Wednesdays and Fridays had been set aside for offering care workers training to ensure they were up to date with the knowledge and guidance they needed to work with people.

The registered manager confirmed that new care workers received an induction to working for the service. However, not all of the care worker's files that we viewed showed that this had been provided for them. It was also unclear if care workers prior to applying and being interviewed to work for the service had the chance to shadow experienced care workers to see how to carry out this role and if they liked it, or if once care workers had been through the recruitment and interview process then they shadowed existing care workers.

For care workers carrying out particular specialist tasks, although they had received training from a professional, the relatives in some cases were carrying out checks and competency assessments on their work. We saw a shadowing form completed by relatives on the 7 July 2016 with issues noted regarding the equipment used when caring for the person using the service. There was also a comment that the care worker was wearing headphones, although the registered manager said this had been agreed by the relatives. There was no record of any action taken with the care worker so we did not know initially if this had been picked up. Following the inspection, the registered manager was able to provide confirmation that they had addressed this.

Care workers completed the Care Certificate training online, which comprised of many different modules relating to different aspects of care. The Care Certificate is a nationally recognised set of standards that gives staff an introduction to their roles and responsibilities within a care setting. On one care worker's file, who had been new to care work, it was recorded that they had started this training course on the 19 December 2015 and had completed all the modules by 21 December 2015. This was a short period of time to digest a lot of information and to fully understand what was expected of them.

On two care worker's files there was no information relating to the induction training and shadowing they should have received. Furthermore on one care worker's file the training certificates were for January to March 2016 with no previous training certificates to show what else they had completed.

The care workers who were prompting or administering medicines to people were not assessed to ensure they were competent to carry out this particular role. The spot check on their work which was usually carried out by a field supervisor looked at if the care worker had read the Medicine Administration Record (MAR) but there were no other assessments to ensure people safely received their medicines.

The service did not provide moving and handling practical training other than new care workers going to the home of a person using the service to observe and practice using the equipment, such as a hoist. It was explained to us that care workers received training and guidance from the occupational therapists and physiotherapists in the person's home which related to the equipment that was to be used. The nominated individual, who was the provider, and the coordinator were the only staff trained within the service to provide practical moving and handling training. However, the coordinator said they had not provided this training to care workers. Therefore, it was not clear if care workers were always being trained and assessed by the provider or by other care workers who were not trained to offer training. The training matrix had one date for this training, which was for most care workers 11 March 2016, where care workers could not have all completed the practical training on the same date in a person's home in the community.

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

Following on from the inspection, the registered manager informed us that they had made arrangements with another care provider to offer theory and practical moving and handling training to all care workers on the 23 and 30 September 2016.

Although we had concerns about the induction and training provided and how this was being offered to care workers they confirmed to us that they had received an induction and training. They told us they had received specialist training such as, PEG training, where a person has assistance with nutrition and medicines through a tube going into their stomach. Comments also included, "I shadowed a care worker for a week in order to get a clear idea of what is expected of me in my role," "I get training before I go to a client," "I am supported in regards to keeping up to date with all refresher training" and "They (the management) support us by giving us training in how to do our jobs."

The care workers records showed that most had received checks on their work, one to one supervision meetings and an annual appraisal of their work.

Feedback from a healthcare professional was positive and they told us, "We have no issues with Signet and I tend to use them for our difficult complex cases as I have confidence in them." People's healthcare needs were assessed and recorded as part of their care plan. Where they had a specific need this was recorded and there was information for care workers about their condition. We saw there was a working relationship with healthcare professionals who also supported the people using the service. The registered manager attended mutli-disciplinary meetings where necessary to ensure there was clear communication between the various professionals. The care plans we looked at provided the contact details for each person's General Practitioner (GP) and other health professionals involved in the persons care.

Good

Is the service caring?

Our findings

We asked people if they were happy with the care and support they received from the service. We received some feedback from people using the service and their relatives that they had difficulties in understanding the care workers if their first language was not English. They told us, "As long as I mostly get my regular carers I am OK", the new ones don't speak English, you can't tell them what to do, they don't understand you," "My regular carers are OK, they are all foreign but they speak English well but the problem is the new ones. English is their second language and some barely speak it and "it's a worry to me, what happens to people who can't communicate well, if someone who can't speak English turns up and doesn't know what to do. I can shout and carry on and get it sorted but they can't. It doesn't matter to me that they are foreign, all my regular one's are, but they should understand plain English." We fed this back to the registered manager who said they did test care worker's reading, writing and verbal communication if they felt there could be a problem.

Other positive comments about the care people received included, "they are very nice to me," "very polite, very nice," "they are very kind, very nice (named several care workers) even the new ones are nice," "one (care worker) walks me down the stairs of a morning and sees I get back up, I just don't want to just sit still" and "oh it's wonderful. The girls are so good and kind, they can't do enough for you they do look after you."

Relatives were also complimentary about the service and care their family member received. They told us, "oh they are fine, they have to be or they are out. I am here most of the time they are so I watch what they are doing," "they are nice girls," "I leave notes for them (care workers) and they do everything,(relative) has struck up a rapport with some of the regulars" and "the girls are very good, they chat all the time and my (relative) loves it. They are polite and respectful."

A healthcare professional told us that care workers were "really patient" and the care workers were "very helpful and will put themselves out."

On some of the care plans we viewed it was noted if the person had a gender care preference when being supported with their personal care. We spoke with the registered manager about ensuring this was documented on every person's file.

We asked people if they had visits from regular care workers who provided support. The feedback was, "my regular carers are OK" and some spoke of the newer care workers saying they were "nice". One relative said their family member "did not like" the newer care workers. Where possible regular and consistent care was provided with care workers visiting the same people. Care workers confirmed they knew who they were working with and that it was usually the same person.

The minutes from the May 2016 staff meeting reminded care workers not to use their mobile phones whilst working with people and to respect people's dignity at all times.

Good

Is the service responsive?

Our findings

We asked people if they knew how to make a complaint. They told us, "I have never had to complain, we have never had a problem," "I have phoned the office if something was not right and they have sorted it out," the supervisor has been out from the office a few times. I have never had a complaint" and "no complaints, no problems at all."

A healthcare professional confirmed that they had not received any complaints about the service.

The registered manager kept a record of the complaints and recorded the action taken. However, there were no copies of the statements and investigation attached to the documents and they were unable to provide the copies of the information that had been sent to the local authority in relation to one complaint. We spoke with the registered manager about having the records in one place so that there was a clear audit trail of exactly how they investigated the complaint which they agreed to do.

People's needs were assessed before they started using the service. The office would receive a referral, usually from the local authority, describing the care to be provided and the number of visits per day required. The referral was reviewed to ensure the service could provide the type and level of care required. The registered manager explained the person referred to the service would then be visited to confirm the information in the referral and produce a care plan. A healthcare professional confirmed that the service assessed people and would not accept the care package if they could not meet the person's needs.

Most people we spoke with told us they had been involved in creating their care plans and had been part of the review process. One person told us, "I was involved in the care plan and in reviews." However, one person said that they, "bring stuff up but it doesn't change anything."

The majority of people using the service at the time of the inspection were older people with a range of different needs. However some younger adults who had learning and/or physical disabilities and health conditions also used the service. Care workers provided a range of support both during the day and night and also took younger people to their place of education.

One care plan we viewed was very detailed and person centred. It clearly outlined the support the person needed and gave information on how to care for them in a sensitive and professional way. We noted that this amount of detail was taken from the guidance and plan sent by the referrer, but this did inform the care workers exactly how to support this person who had complex needs.

We asked care workers what they would do if they thought a person's needs had changed. They said, "I record it and let the manager know. Then the manager visits the client," "I would discuss the changes I think have happened with the other carer on call to see what they think and also speak to my manager" and "I would inform the office."

The service was responsive to meeting people's needs, where possible, at short notice. One relative

described how their family member had been in hospital and was coming out and required support in their own home. They said, "We didn't know when they would be discharged and I phoned them (the service) yesterday afternoon and they found someone for 8pm, so that was good."

We saw in some people's care records that information initially recorded when they first started using the service had not then been updated to reflect the current situation. This included, if people needed specialist equipment which the agency needed to assist people out of bed, had not been updated to show this equipment was now all in place. Following on from the inspection the registered manager provided us with information which showed that the service had made contact with the Occupational Therapist to ensure the necessary equipment was ordered and put in place. We were told that the Occupational Therapist also provided training on how to use the specialist equipment and that there was a manual handling risk assessment in place showing what equipment was in place.

Feedback about the home visits from people using the service and their relatives were varied. Comments included, "they are on time and stay as long as they should," "they come twice a day, they are usually on time but they ring me if they are going to be late," "I don't know who is coming but we did have regulars and there are new ones now but they all seem nice to me," "they are a bit late sometimes, but we don't fuss about it and we aren't going anywhere," "there has been missed calls, a lot to begin with but there was one very unreliable carer but he has gone now and give them their due they did their best to resolve it" "we still get the odd missed call, we had one last week." The registered manager monitored missed calls and informed the relevant agencies when this had occurred. This enabled them to respond to why there had been missed calls and to look at ways to minimise them happening again.

One relative told us, "They did come into hospital before they first started with a team of carers to see how things were done, so that was good."

We asked the care workers if they saw the person's care plan and risk assessments before working with them. They all said yes they had seen these documents and one commented, "this is done by the managers beforehand,"

People gave their views on the service in a range of ways. This could be through telephone monitoring calls from the office, home visits and sending satisfaction surveys to people. Some people said they had not received a survey, whilst others told us they had but they could not remember when. Most of the people and their relatives that we spoke with confirmed staff from the office came to visit them to review their needs. Comments included, "someone comes out from the office and checks the book," "the supervisor has been out from the office a few times" and "they come from the office sometimes to see me." However, one person using the service said, "I don't remember anyone from the office checking" and a relative told us, "We have had reviews in the past but not recently" and "someone came from the office a long time ago." The service had a system in place to prompt people's reviews so that people were contacted by phone or had a home visit at intervals throughout the year.

The provider sent us an analysis of the satisfaction surveys that had been sent to people using the service. These were sent once a year to people and/ or their relatives to give the service some feedback on what was working and areas that needed to be addressed. We saw where there had been issues noted the provider and registered manager had dealt with these or had identified where improvements needed to be made.

Since the last inspection, there was now a newsletter sent to people using the service and care workers. This gave useful information on subjects, for example, dementia awareness. Also it gave care workers good practice reminders in areas such as following infection control procedures so that people were being

supported safely.

Requires Improvement

Is the service well-led?

Our findings

At the last inspection in July 2015, there was a breach of the regulation for monitoring the service as the checks had not been fully effective in highlighting the shortfalls identified during the July 2015 inspection. At this inspection we saw that the registered manager had made improvements and introduced new ways of checking on the areas we previously found problems with. They had introduced systems to monitor when care workers were due to have a spot check carried out on their work, when they needed a one to one meeting and when they were due an annual appraisal. The computer system the service had in place also informed the office staff when a person using the service was due a visit and review of their care needs. Work had been also done on ensuring people's care records noted what level of support people needed to safely receive their medicines and to show if the person lacked capacity to make decisions.

However, the service still had improvements to be made to ensure the quality monitoring checks were detailed and effective. The staff completed medicine administration records (MAR) but as we were only given three from 2016 we were not certain how often these came back to the office or how these were checked. We saw some discrepancies on the MARs but we were given no evidence to show that this had been identified and followed up with the care worker to find out what had occurred.

An audit tool for checking people's care plans was developed but the service only started to use this after the first day of this inspection.

There was a document in place to check the care workers files but these had not identified the issues we had found with the recruitment checks relating to care workers.

Where we saw issues recorded on documents, we viewed the audit trail of the action taken and discussions the registered manager and/or other staff members might have completed were not all recorded in the same place. This made it difficult to always know if things had been addressed. Where a relative had made a request for extra support we were told this had been followed up with social services but the outcome was not recorded all together. Some information was on the electronic system, some communication we were told was via emails and text exchanges and had not all been pulled together.

Where the shadowing forms had noted a new care worker required more training and/or support and time to become familiar with the role, there was no evidence that the registered manager had acted on this.

We saw a comment about the office staff from a relative had been noted, however, the action taken was not recorded in the same place, although we were told this had been dealt with. We talked with the registered manager about ensuring certain records showing what they had done were kept together so that they could be satisfied that they had received the information and had dealt with it.

We looked at the systems for logging the call times for the home visits and a copy of a care worker's rota. They were recorded to be at one call at 11am-11.45am; however, they were also recorded as needing to be at another person's house at 11am-12.30pm. The coordinator explained that the system made it difficult to

put in actual times and so they did appear to cross over. We were told some people did not mind seeing the care worker slightly later than the agreed time. As the care workers did not have access to logging in their arrival and departure times via an electronic system this made it hard to know if people were being visiting at their preferred and agreed time. The registered manager and coordinator manually checked signed timesheets against the hours people had been assigned to and confirmed care workers could not put in extra hours that they had not actually worked. The coordinator confirmed they would change every call time on the system and check this against people's care plans so that everything matched. The registered manager had not identified the inaccurate records as an issue in knowing exactly where every care worker was working at any one time.

Although satisfaction surveys were sent to people, many said they had received these a long time ago. All of them said they had not received the results from these surveys. We had asked for the results and where necessary an action plan during the first day of the inspection and was sent this a week after the second day of the inspection.

This was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

There were quality monitoring checks both on the care workers and on gaining views of people using the service. This enabled the registered manager to see if there were any issues and gain feedback from people using the service so that improvements could be made.

We asked people using the service for their views on the service and if they felt it was well led. They told us, "the service has improved no end over the years" "it is so much better than it was" and it is a very good service." However, two people told us it was not well led, but did not expand to give us any examples that we could feedback to the registered manager.

Feedback on the registered manager and the communication between the care workers and the staff in the office was positive. One staff member told us, "the manager will step in if necessary." They also confirmed that the "Provider is available and will cover if the registered manager is away." Other comments included, "The running of the agency is good. Communication is excellent between the agency and myself. We also have a communication sheet where we put all the important notices. The manager makes sure everything is done right which is vital for the agency," "great communication," "they guide us what to do if we are not sure. They inform us of anything I need to know" and "I am truly lucky to be able to work for such an amazing agency. They make me valued and respected. I have a wonderful manager and friendly staff in the office. I am grateful to be a part of the agency."

Communication was through various means but we were told often via emails and text messages. Meetings were held approximately four times a year and we saw the minutes from May 2016. We saw there had been discussions on reminding care workers to be punctual and a case study was looked at to promote good working practices.

There was a coordinator and administrator vacancy within the service and this had impacted on the running of the service, as the registered manager was carrying out additional tasks to ensure people's needs were being met. They were hoping to fill these as soon as possible so that they could return to their day to day duties.

The registered manager had been in post over a year and had a relevant qualification in leadership and management. They received updates from the Care Quality Commission and Skills for Care, which was an

organisation that provided advice and guidance to social care services. They told us they had attended a care show in June 2016 to keep their knowledge and skills up to date.

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 12 HSCA RA Regulations 2014 Safe care and treatment Care and treatment had not been provided in a safe way. The registered person had not assessed the risks to the health and safety of service users receiving care and had not done all that was reasonably practicable to mitigate any such risks. 12 (1)(2)(a)(b)

Regulated activity	Regulation
Personal care	Regulation 17 HSCA RA Regulations 2014 Good governance Systems or processes did not operate effectively to ensure compliance. The registered person had not assessed, monitored and mitigated the risks relating to the health and safety of service users and others. 17(1)(2)(b)

Regulated activity	Regulation
Personal care	Regulation 19 HSCA RA Regulations 2014 Fit and proper persons employed Recruitment procedures had not been established or operated effectively to ensure that persons employed were of good character, had the qualifications, competence, skills and experience which were necessary for the work to be performed.

	Information had not been made available in relation to persons employed as stated in Schedule 3. 19 (1)(a)(b)(3)
Regulated activity	**Regulation**
Personal care	Regulation 18 HSCA RA Regulations 2014 Staffing Persons employed by the service had not received appropriate support and training to enable them to carry out the duties they were employed to perform. 18 (2)(a)