

Skillcare Limited

Skillcare Limited

Inspection report

Building 3, North London Business Park,
Oakleigh Road South
London
N11 1NP

Tel: 02036407722
Website: www.skillcare.org.uk

Date of inspection visit:
01 November 2016
03 November 2016
14 November 2016

Date of publication:
03 January 2017

Ratings

Overall rating for this service

Requires Improvement ●

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

Summary of findings

Overall summary

The inspection took place on 1, 3 and 14 November 2016. This was an announced inspection. We gave the provider 48 hours notice of the inspection as this is a domiciliary care agency and we wanted to ensure the manager was available in the office to meet us. This service was last inspected on 25 April 2016 where it was rated as Inadequate and was placed in Special Measures. At the last inspection, we found a number of breaches of regulations in relation to safe care and treatment, safeguarding service users from abuse and improper treatment, fit and proper persons employed, lack of staff supervision and good governance. The provider sent us an action plan stating what improvements they were going to make. During this inspection we found that the provider had not made adequate improvements in relation to good governance. At the time of our inspection Skillcare Limited was providing care to 82 people in their own homes in the London boroughs of Barnet, Brent, Enfield and Haringey.

Skillcare Limited is a domiciliary care service providing personal care and support to people with dementia, mental health needs, a physical disability, learning disability or autistic spectrum disorder, sensory impairment and older people in their own homes.

The service had a registered manager. 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.

We found that the provider had made improvements in their auditing processes since they were last inspected, however these had not been sufficient to pick up errors in care delivery records which did not always reflect the agreed care plan. The audits did not always pick up on the inconsistencies and gaps in the records, practices and care delivery. The care plans were personalised and regularly reviewed. We found that risk assessments were detailed and individualised but did not always include sufficient information on the management of the risks to people from ongoing health conditions. There had been improvements in medicines assessments, however we found that medicines given were not always appropriately recorded on medicines administration records (MAR) charts and care plans. The MAR charts did not have appropriate information for staff to follow to ensure safe management of medicines. In some cases care plans did not document the support people received with their medicines appropriately. People were happy with the support they received around nutrition and hydration needs.

We found there was an improvement in the punctuality of care visits, however some missed visits were still recorded and lateness was still identified as a significant problem by many people who used the service and their relatives. In addition to this the electronic call-logging system was not working effectively and was causing staff scheduling errors. The service maintained manual staff rosters but were not recording care visit times on them which did not help in monitoring care visits.

We found the service followed appropriate safeguarding procedures and staff demonstrated a good understanding of protecting people against abuse and their role in promptly reporting poor care and abuse.

The service implemented required infection control practices.

The provider followed appropriate recruitment procedures and staff were checked and assessed for the quality of the care provided via spot checks; however additional spot checks were not always carried out in response to concerns about staff members. Staff received regular one-to-one and group supervision and appraisal which was an improvement from the last inspection. Staff received induction and training to provide care effectively.

Complaints were recorded and investigated appropriately in line with the provider's policies, however people told us that concerns reported to the office were not always addressed and there were reoccurrences.

The provider recorded the capacity of people to consent to their care and treatment and where they were unable to confirm detail if relative's held the Power of Attorney. However, the information was recorded in different places in the care plans creating confusion.

Most people we spoke with were happy with their care staff, and said that staff were kind, friendly, caring and respected their dignity and privacy. We saw that staff were reporting when they were concerned about people's health and welfare, and that appropriate steps were taken in these cases. People were asked their views on the quality of their care, and care packages were reviewed regularly.

Local authority acknowledged the developments within the service since last inspection however, stated that it still needed further improvement.

We found that the provider was not meeting legal requirements and there were overall six breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 in relation to safe care and treatment, acting on complaints, record-keeping and systems and processes to improve the quality of the services.

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

We have made a recommendation that the service seeks advice and guidance regarding appropriately capturing and recording information on MCA and DoLS, based on current practice.

The overall rating for this service is 'Requires Improvement'. At the last comprehensive inspection this provider was placed into special measures by CQC and conditions were put on their registration requiring the provider to report to CQC monthly on the audits carried out. This inspection found that there was not enough improvement to take the provider out of special measures.

The service will be kept under review and, if we have not taken immediate action to propose to cancel the provider's registration of the service, will be inspected again within six months.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Inadequate ●

The service was not consistently safe. People and their relatives told us cover staff did not always arrive on time and there were missed visits.

Staff were appropriately checked and assessed for the quality of the care provided via spot checks. However, the provider did not always carry out additional checks in response to concerns about staff members.

There were gaps in medicines administration records. The service had individualised risk assessments but some lacked appropriate information to enable staff to support people in a safe manner.

People and their relatives said the service was safe. Staff were able to identify abuse and knew the correct procedures to follow if they suspected any abuse or neglect.

The service followed effective infection control practices.

Is the service effective?

Requires Improvement ●

The service was effective. People told us their health and care needs were met. Staff received regular supervision and appraisal.

There was suitable induction and additional relevant training in place to enable staff to support people effectively.

Staff understood people's right to make choices about their care. Although people's capacity to consent was recorded in their care records it was kept in different places in the records making it difficult for staff to find.

People were referred to health and social care professionals as required.

Is the service caring?

Good ●

The service was caring. People using the service and their relatives found staff friendly and helpful. People mostly received the same staff which helped form positive relationships.

Staff were able to describe people's needs and wishes and spoke about them in a caring manner. People told us they were treated with dignity and respect, and were supported to remain as independent as possible.

Is the service responsive?

The service was not consistently responsive. Not all staff were responsive to people's needs. People told us not all staff followed their care plans were not always followed.

People's care plans were individualised and had necessary information that enabled staff to provide person-centred care.

People and relatives' complaints were not always acted on. The service did not demonstrate sufficient learning had taken place to minimise the risk of reoccurrence of missed and late visits.

Requires Improvement ●

Is the service well-led?

The service was not consistently well-led. The service did not have effective audits and monitoring system to monitor the quality of the service. There were gaps in care delivery records, and MAR charts.

Staff told us the management team were friendly and approachable and felt supported.

People, their relatives and local authority told us the management of the service needed improvement.

Requires Improvement ●

Skillcare 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.

The inspection took place on 1, 3 and 14 November 2016. This was an announced inspection. We gave the provider 48 hours' notice of the inspection as this is a domiciliary care agency and we wanted to ensure the manager was available in the office to meet us.

The inspection was carried out by three adult social care inspectors and one expert by experience. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Prior to our inspection, we reviewed information we held about the service, including previous reports and notifications sent to us at the Care Quality Commission. A notification is information about important events which the service is required to send us by law. We contacted local authority commissioners, the integrated quality in care team and safeguarding teams about their views of the quality of care delivered by the service.

There were 82 people receiving personal care support from the service and 47 staff, at the time of our inspection. During our visit to the office we spoke with the registered manager, deputy manager, two field supervisors, administrator and human resources manager. We looked at nine care plans and nine staff personnel files including recruitment, training and supervision records and staff rosters. We also reviewed people's medicines administration record (MAR) sheets, daily care logs, the service's accidents / incidents and complaints records, safeguarding records and quality assurance surveys. Spot checks and care delivery records for people using the service.

Following our inspection, we spoke with eight people, seven relatives and six care staff. We arranged to visit three people at their homes with their prior consent and looked at their care plans, MAR sheets and care delivery records. We also reviewed the documents that were provided by the registered manager (on our request) after the inspection. Some of these documents included the service's policies and procedures,

supervision records, staff meeting minutes and care plans. In total, we gained the views of eight people, seven relatives, 11 staff, two commissioners and one integrated quality care team professional.

Is the service safe?

Our findings

People using the service and their relatives said the service was safe. One person said, "Yes, if not, I would phone my daughter" and "Not afraid, very good girls". Relatives' comments included, "At the moment yes, with the carers [staff] I have" and "Yes. They [staff] have to write in the book, I can see she's being looked after." However, some relatives told us when the main staff were absent, the cover staff did not always attend the care visits on time and were not always fully aware of what they were expected to do, thereby putting people at risk of harm. For example, two people who received morning care visits had diabetes. One relative said "when staff don't come on time in the morning to give his food it is concerning as he cannot take his diabetes medicines." Another relative told us, "He has diabetes so cannot wait around if staff do not come on time. He is diabetic; unless he has been supported to wash in the morning he doesn't like taking his breakfast which means his diabetes medicines are delayed." Some relatives told us staff did not always attend care calls and the cover staff were not arranged on time. One relative told us, "Last Sunday no one [staff] attended and no phone call, communication is not very good", they further said the staff did not call for the evening appointment and they had to shower their family member and put them to bed. Another relative said staff were "not always on time".

We spoke to the registered manager about the late and missed visits and they told us, following our last inspection, they had introduced a new call-logging electronic system in June 2016 to enable them to monitor staff attendance, punctuality and missed visits. The system would also help with staff rosters and scheduling. However, the system was not working efficiently, there were technical problems which meant staff rotas were not up to date on the system and staff were not able to access their rotas on their mobile phones. This led to issues with late and at times missed visits. Office staff told us about the issues with the electronic system. They said "80% staff were receiving care visit schedule but the other 20% were not receiving them" and "most of the times relying on clients [people using the service] to inform us about missed visits and staff call us to inform us if they haven't attended." We noticed office staff were maintaining manual staff rosters to help them plan care visits and staff scheduling however, staff rosters did not include care visit times. In addition, one geographical area's staff rosters were not kept at the office. We spoke with the registered manager and the office staff responsible for staff rosters about this, and they said they would include care visit times on the staff roster and keep copies of staff rosters at the office. Staff we spoke with told us they had enough travel time to get to the care visits and enough time to have a break in between care visits. Following the inspection, the registered manager confirmed they were updating their call-logging electronic system where staff would have to scan the code at the start and finish of the care visit which would minimise scheduling errors and missed and late care visits.

At the last inspection in April 2016, we found although staff had received safeguarding training they were not able to demonstrate their role in reporting concerns. Not all safeguarding concerns were recognised by the service and notified to the relevant agencies. The service said they would retrain all their care staff in safeguarding to ensure people were protected against risk of harm and abuse.

The registered manager had attended the local authority's safeguarding training. The registered manager told us they had designed their in-house safeguarding training based on the local authority's safeguarding

training. During this inspection, all the care staff we spoke with told us they had received refresher training in safeguarding. Staff were able to explain different types of abuse and various signs they would look out for, for example, bruises, change in behaviour, being withdrawn. Staff told us they would report any concerns or signs of abuse to the office, speak either to the field supervisors, deputy manager or the registered manager. One staff member told us they noticed lack of food items and a stack of unpaid utility bills at one person's home. They reported it to the registered manager who then alerted the local safeguarding team; it was investigated and it was found that a neighbour was taking the person's money. The staff member said the safeguards were put in place and the person's finances are now safe.

At the last inspection, the service did not maintain any safeguarding logs and accidents and incidents records. During this inspection, we saw detailed records of safeguarding concerns and accidents and incidents. However, we noticed there were no action points or learning outcomes recorded on the accident and incident log. We spoke to the deputy manager who agreed to include this on their accident and incident log. During the inspection, one staff member told us about an incident where on their arrival, staff found a person on the floor following a fall. The staff member called an ambulance immediately and the person was taken to hospital. However, we did not see any records of this incident in the accident and incident log. The registered manager and the staff member told us that the care file which had the daily care records and incident log was taken to the hospital and hence, there were no records of this incident at the office. The registered manager told us in future they would ensure original copies of all accident and incident logs were kept in the office.

At the last inspection, we found the service did not maintain personalised risk assessments and they were not regularly reviewed and updated. During this inspection, we found the risk assessments were individualised and had identified risks to people and measures for their safe management. For example, one person used Percutaneous Endoscopic Gastrostomy (PEG) feed tube for their nutrition and hydration. There was a risk assessment identifying risks involved in using PEG tube and instructions for staff on how to manage these, such as "staff to remove PEG feed tube and flush it three times in the morning. Staff must take extra care of area of incision for the PEG feed tube is dried thoroughly to prevent infection." We spoke to the relative who confirmed staff were following the procedures correctly and were using personal protective equipment to minimise the risk of infection. There were risk assessments for people's specific and individual needs such as chronic obstructive pulmonary disease, choking, diabetes and epilepsy. However, not all risk assessments contained sufficient detailed information. For example, one person's diabetes risk assessment stated diabetes was controlled by medication and guidance on foot care was included, but did not give information on the person's diet and signs to look out for when blood sugar levels increased or decreased. Another person's pressure sore risk assessment identified risks to the person but did not detail actions or measures to manage those risks. One of the action steps was "reduce pressure sores". We spoke to the registered manager who said they would arrange refresher training on risk assessment for staff who carried out risk assessments. The registered manager told us they were constantly reviewing their risk and needs assessments templates. We saw the updated version of their risk and needs assessments templates.

In addition to people's specific needs, there were risk assessments for areas such as medicines, moving and handling, environment, nutrition, falls and personal care. The registered manager told us that going forward they would review risk assessments every year and during the year if people's needs changed. Staff demonstrated a good understanding of people's health and care needs, and the risks and their management involved in their care delivery.

During our visit to the service's office, we were not able to view medicines administration record (MAR) charts for all the people receiving support with medicines. The registered manager told us the daily care records and MAR were collected on a regular basis or monthly. Staff were asked to bring MAR and daily care

records to weekly staff meetings. However, they were not able to locate MAR charts for the rest of the people and told us they were at people's homes.

People and their relatives told us they were happy with the support they received with medicines and that medicines were given on time. However, there were several gaps in people's MAR charts and they did not give instructions on how to administer medicines for staff to follow. MAR charts were not appropriately completed and there were no records of reasons for the gaps. For example, there were numerous occasions when staff had failed to sign that they had given the prescribed medicines from the blister pack. This included 11 occasions across a 41 day period when daily medicines had not been signed for. MAR charts were not appropriately completed for example people's date of birth, information on allergies and medicines and specific instructions were not completed. The MAR charts were not prepared as per the service's medication management policy and procedure as the key information was missing.

Some of the medication sections in the needs assessment lacked accurate information on how the person was to be supported with medicines. For example, one person's medication assessment level was ticked as self-medicating but it also said in the assessment to "take medicines out of dossett and give to person".

The above evidence is a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We spoke to the registered manager and deputy manager about this and they told us they had recently attended the local authority's medication training and since then had changed their MAR charts and trained staff in completing MAR charts. Following the inspection we were sent a copy of their updated MAR chart. We spoke to staff who confirmed they had received training in medicines administration and recently on the new MAR chart.

We looked at staff personnel files; they contained completed application form, interview notes, Disclosure and Barring Service (DBS) criminal record checks copies of identity documents and people's right to work checks. The service followed appropriate recruitment procedures to ensure staff were suitable to work with vulnerable people. They also included training records and professional qualifications certificates. However, the provider did not always carry out additional checks in response to concerns regarding staff members. For example, one staff member who was identified during recruitment stage to be monitored closely by carrying out frequent spot checks and supervision, was only randomly spot-checked once in 12 months' period.

Staff told us they were provided with personal protective equipment including uniform, gloves and aprons to enable them to safely assist people with their personal care and prevent spread of infection. People and their relatives confirmed staff used personal protective equipment whilst supporting them.

Is the service effective?

Our findings

Most people using the service and their relatives we spoke with said staff understood their needs and were happy with the care provided by staff. Their comments included, "At the moment, yes my health and care needs are met" "Yes, I have a couple of thermos flasks filled with water before they leave if I am in bed" and "She [staff] doesn't do anything forcefully or anything I don't want her to do." However, some relatives said "some staff are not very good" and that some lacked "knowledge and skills". One relative said, "Some staff treats him [family member] like furniture." We spoke to the registered manager about this staff member and they told us the staff member was subjected to the disciplinary procedure and had been subsequently dismissed, we saw records confirming this.

At the last inspection, we found although most staff felt supported there were some who found working with the management a bit challenging. During this inspection, staff told us they felt well supported by the registered manager and their supervisor. Following the last inspection, the service introduced weekly staff meetings where staff were given group supervision sessions, facilitated question and answer sessions, were able to meet other staff, and these meetings were also used for running training and workshops. These meetings were arranged on a specific day and time of the week and in a central area of two London Boroughs so that all staff knew when and where the meeting was and could plan for it. Staff told us they found the meetings useful and enjoyed meeting other staff. One of the field supervisors told us staff attendance at these meetings had increased, at the first meeting there were only 10 staff and the last meeting was attended by 20 staff.

At the last inspection, we found staff did not receive regular supervision session and annual appraisals. During this inspection, the registered manager told us they were working towards staff receiving supervision every quarter including group supervision. We saw records of staff receiving regular one-to-one and group supervision, and records of appraisals. Staff told us they were regularly supervised and found supervision sessions helpful. Their comments included, "my supervisor listens to me" and "she [registered manager] is available for help."

Staff told us they were happy with the training opportunities and found them helpful. Staff told us they received relevant training, they gave examples of the training they had completed. For example some staff supporting people with PEG feed tube received training by qualified nurses from the local hospital. Some staff were trained in non-invasive ventilation called Bi-level positive airway pressure. This is a form of non-invasive mechanical pressure support ventilation that uses a time-cycled or flow-cycled change between two different applied levels of positive airway pressure. Some staff were trained in applying morphine patches by district nurses. Staff told us they received sufficient training to do their job effectively. Staff attended a three day induction course that they commenced as soon as they were selected for the role and before they started work. The induction included training around communication, role of health and social care worker, principles of safeguarding, principles of implementing duty of care, moving and handling, health and safety and first aid. Staff also received additional training in medicines administration, nutrition and well-being, fire safety, food hygiene, and the principles of the person-centred approach. The same course was repeated every year as refresher training. We saw the staff induction training programme and

training records. However, some relatives told us some staff needed more training and in specialist areas such as dementia. The registered manager told us they had plans to deliver such specialist trainings during their weekly staff events to make it more interactive. One newly recruited staff member told us they had received an induction training, which they found "useful and practical".

People and their relatives told us staff gave them choices and asked permission before supporting them. People's comments included, "Yes, she does" and "I tell them or they ask". One relative said staff were "polite and asked my mother's permission, always".

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.

Staff understood people's right to make choices about their care and demonstrated how they assisted and encouraged people to make decisions. The registered manager told us MCA and DoLS was covered in staff induction training but also provided a separate training session. Staff told us they had received training on MCA and records showed staff had received training on the MCA and DoLS. The service captured information on people's capacity, ability to make decisions and who could make legal decisions on people's behalf should they lack capacity to make a decision regarding their care by completing a section on MCA in people's care plans during the initial assessment stage. However, we found some care plans had information on MCA in a few different places making it confusing for staff to know if people lacked capacity. We saw records of consent to care and treatment forms in people's care plans signed either by themselves where they could or by those that had power of attorney.

We recommend that the service seeks advice and guidance from a reputable source to capture and record information on MCA compliance and DoLS, based on current practice.

People using the service and their relatives told us their nutrition and hydration needs were met. Their comments included, "They [staff] do, I wouldn't eat anything I didn't like" "They make me breakfast if I cannot make it myself". We saw some staff mention nutrition and hydration in people's daily care records.

Most of the people using the service and their relatives told us they did not require help with contacting health and care professionals. However, some people required that support and told us staff and management contacted health and care professionals as and when required. For example, one person said that although tissue viability nurse was dressing their pressure sore, staff worked well with the tissue viability nurse in their pressure management. One relative told us staff liaised with district nurses and them to arrange visits that worked well for their family member. We evidenced records of correspondence and referrals to various health and care professionals.

Is the service caring?

Our findings

People using the service and their relatives were happy with the staff and found them friendly and caring. One person told us, "They [staff] are very good, very helpful and yes, very caring." Relatives' comments included, "The carer [staff] who comes daily is wonderful" and "Yeah so far so good the carers [staff] are fabulous."

The registered manager had measures in place to ensure consistency of staffing. Most people and their relatives told us they usually had same staff support them. They said having same staff was helpful as staff understood their needs, wishes and likes and dislikes. Their comments included, "I like the same girls" "Yes, that what I try for as my needs are complicated. Need to give awful lot of verbal instruction. I have the longest service carer [staff] show them [staff] what to do" and "[Name of the staff] is my main carer and [name of the staff] comes when the main carer is not available." Records confirmed that people usually received the same staff member across the week and from week to week.

Staff we spoke with said they liked working for the service and enjoyed their job. They told us they shared a good relationship with people they cared for. They were able to describe the needs, wishes and preferences of people they cared for. Staff told us how they cared for them to meet their individual needs. For example, one staff member told us, "After taking her [person using the service] medicines and before going to bed I make her hot chocolate. She likes sleeping on a particular side of bed so I make sure I tuck her in that side." One person said, "When I was unwell, they [staff] made me porridge in bed. They looked after me well." People told us their request of gender preference was met. The field supervisors engaged with people and their relatives at the initial assessment stage to identify people's needs, wishes and preferences including staff gender preference for assisting with personal care.

People and their relatives told us staff treated them with dignity and respected their privacy. One person said that the staff were "respectful" and "treated them as an individual." Staff we spoke to told us they understood the importance of respecting people's privacy and providing dignity in care. They would close doors and cover people's body when assisting people with shower and personal care. One staff member told us, "I listen to her [person using the service] with patience. I don't go through her personal belongings."

Staff told us they promoted people's independence by encouraging them to do the things they could by themselves and respecting their choices. One person told us staff "helped them when they asked for help" as they "liked to be independent". For example, one staff member said a person they supported preferred carrying out their own personal care including strip wash as they were independent and wanted to do it themselves, however, the staff member told us they made sure to be there if the person needed assistance.

Is the service responsive?

Our findings

At the previous inspection in April 2016, we found care plans were task-led, not personalised and lacked necessary information on people's needs, wishes, likes and dislikes. We found that the care plans were not regularly reviewed. The provider sent us an action plan detailing actions taken after the inspection in reviewing and updating care plans.

During this inspection, we found the service was using a new care plan template detailing necessary information to enable staff provide individualised care. The registered manager told us they had reviewed and updated the care plan template about three times since the last inspection, and were in process of updating all the care plans. The registered manager told us going forward they would review people's care plans once a year and when people's needs changed. The care plans that were updated were person-centred and had a document 'support required' that detailed information on areas such as communication, personal care, transfer assistance, medication, eating and drinking, companionship and religious and cultural needs. For example, one person's care plan said that the person preferred to be dressed in their bedroom. Another person's care plan stated the person would like a hot water bottle prepared at the night visit. We spoke to these people and they confirmed receiving personalised care. The registered manager told us the information that was gathered by the field supervisors at initial assessment was then translated into care plans. We looked at people's needs assessment and it detailed information on people's health and social care needs.

Most people and their relatives told us their regular staff were responsive to their needs and followed care plan. However, some people and their relatives told us staff that covered their regular staff did not know how to support and did not always read the care plan. One relative said if the main staff member was off sick or away the whole care package falls apart as the staff covering did not always arrive on time and most times did not know what and how they were supposed to support. We spoke with the registered manager about this and they said that it was important for the cover staff to read people's care plans before they visited people and that they were going to inform staff at the next staff meeting to do so.

Staff were able to describe people's cultural and religious needs and how they supported them with those needs. For example, one person enjoyed listening to Gospel channels in the morning and staff would put those channels on in the morning for them. A relative said one staff member showed genuine interest in getting to know their culture and deliver culturally specific care. Another person said they taught the staff member how to cook their culturally specific food.

People and their relatives were not happy with how complaints were managed. One relative told us they had raised concerns with the office but nothing had happened. Another relative said that they had spoken to the registered manager and although they listened to them, nothing changed. Some people told us they had complained about staffing issues, and although they felt they were listened to, the management took a long time to address their complaints. For example, some relatives told us they had complained about the office not notifying them of changes to the staff attending care visits. Although, they received apologetic letters from the office it to occur again.

The service failure log showed ten cases of missed visits and five cases of late visits since August 2016. The complaints log showed in total six complaints made due to missed and late visits. The registered manager and office staff explained that this related to either office scheduling errors or staff not receiving their rota or staff forgetting their shift. This did not demonstrate that sufficient learning and mitigation had promptly taken place to minimise the risk of reoccurrence of the missed and late visits.

The above evidence demonstrates a breach of Regulation 16 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The registered manager said they returned people's calls and messages as soon as they could and tried to address their complaints and concerns. For example, one relative complained about one staff member and did not want them to visit their family member. The staff member was taken off the shift. The relative confirmed this.

We looked at the complaints logs and saw records of complaints and response letters. The service recently updated their complaint response letter to include a summary of the investigation results, and an apology where appropriate and contact details of the Local Government Ombudsman and Care Quality Commission people could contact to raise concerns and make complaints if they felt the need.

Is the service well-led?

Our findings

The service had a registered manager in post. At the last inspection, we found that people, their relatives and staff's calls and messages were not returned. People and their relatives were not listened to and staff did not feel well informed on the changes relevant to their role and service delivery.

During this inspection the majority of the people and their relatives we spoke with said the management of the service had improved. People and their relatives told us their calls and messages were returned and they were able to speak to someone in the office. They told us the registered manager was "approachable" "listened to their concerns and complaints", "they were open and honest when things have gone wrong" and "yes, they contacted social services to let them know what's going on". One relative said, "Everything is working like clockwork." When we asked people and their relatives if they would recommend the service and most of them said "yes" "oh definably, yes" and "I already have recommended it."

Staff told us they felt well supported by the registered manager and their supervisors and that they were enjoying their job. Their comments included, "The owner [the registered manager] listens to me and is nice" "She is very supportive, I can contact her straight away, she is good and communicates well" and "She is a nice lady and is approachable." However, some people said "the service needed improvement" "needed to get their act together" and "there is no skill in care". Majority people and their relatives said the service worked fine when regular care staff continued with the care delivery however, when the regular staff were absent the quality of the service suffered. We spoke with the registered manager, they told us since our last inspection they had recruited more staff and were organising teams of core staff for each person to ensure continuity of staff. For example, one person had been allocated a team of three staff members that covered any staff absence and it ensured the person knew the staff and vice versa. The registered manager said it can take some time to match staff with people but they understood the importance to get that right.

We spoke to two local authorities' contract monitoring teams, they the service had developed since the last inspection however, there were areas that still needed improvement including record-keeping, quality service audits and punctuality of care visits.

The registered manager told us that compared to the last inspection in April 2016, as a service they had improved a lot. They were proactive in staff training, were carrying out regular staff supervision and appraisal, reviewed and updated risk assessments and care plans, and were regularly monitoring quality of the service.

Staff told us they were comfortable raising their concerns and making suggestions. They said weekly staff meetings were a good opportunity for them to speak to the registered manager, their supervisor and meet other staff. Staff felt well informed on matters affecting their role and people's care. We looked at records of staff attendance and meeting minutes for care staff and office staff that recorded discussions around training, risk assessments, care plans, staffing issues and complaints.

The registered manager and office staff were not able to find all the latest care delivery records, medicines

administration (MAR) chart and accident and incident log easily. For example, at the time of inspection, when we asked to see people's latest care delivery records, out of nine people's care files only four had care delivery records for up to month of October 2016, whereas other people's care delivery records in their file were as old as April and February 2016.

At the time of inspection and following inspection, we looked at people's care plans, risk assessments, care delivery records and medicines administration (MAR) chart. We found several gaps in people's MAR charts and care delivery records, and some risk assessments lacked sufficient information. The registered manager following last inspection started auditing care delivery records but we were not provided with any audit records and the care delivery records we saw had several gaps in them. For example, one person's care delivery records had no records for five occasions over 28 day period. Another person's care delivery records showed staff were late on an average by an hour over six day period. The registered manager told us the deviation in care visit times would only occur if they were agreed with the people and their relatives. They said office staff should have been informed of the change in care visit time and the staff should have recorded it in the care delivery records. However, we did not see any mention of the change of visit time in the care delivery records. Two office staff told us MAR charts were not being audited. One staff member said, "We have MAR charts in people's folders but sometimes staff don't complete them. I check MAR charts if not completed I ask staff why didn't they, they say they forgot so I remind them the importance of completing MAR charts."

There were several gaps in people's MAR charts and they did not give instructions on how to administer medicines for staff to follow. The service had not picked up the inconsistent recording of care delivery in people's homes and errors in MAR.

However, we saw audits of care plans, needs assessment and risk assessments. The audit records identified areas that needed updating and reviewing however, they did not include action dates and who should do the updating. This meant some important documents that were identified as needing an update had not been updated. For example, one person's care plan audit dated 27 October 2016 identified the person required a pressure sore risk assessment however; we did not find one in their care plan.

Following the last inspection, the registered manager submitted an action plan detailing action points to address the improvement areas. Subsequently, they submitted monthly reports quality monitoring audits. Although the audit reports were comprehensive we could not find records of those audits and the service was failing to pick up on gaps in the record keeping of care delivery.

This meant the service still required further improvement in robust quality assurance systems and with current practices were putting people using the service at a risk of harm by not monitoring the record keeping of care delivery.

The registered manager told us they were regularly carrying out spot checks to ascertain each staff member's practice at someone's home at least every three months. We saw records of random and announced spot checks. However, the provider did not always carry out additional spot checks for those staff they had identified as requiring frequent spot checks.

The service overall lacked robust and efficient data management systems and processes to assess, monitor and improve the quality and safety of the care service delivery.

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

The registered manager told us they would change the way the audits were carried out so as to closely monitor the effectiveness of care delivery logs and MAR charts.

We saw records of quality assurance questionnaires which demonstrated that the service was seeking feedback from people and their relatives on a regular basis. The majority of people and their relatives we spoke with told us they were contacted by the office and had received feedback questionnaires.

The service gathered feedback from the people using the service and their relatives. However, they did not analyse the findings and hence, the areas of improvement were not always addressed. We spoke to the registered manager and deputy manager and they confirmed they were in the process of analysing findings. Following the inspection, the register manager sent us quality assurance analysis and it demonstrated most people were happy with the service they were receiving.

This section is primarily information for the provider

Action we have told the provider to take

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

Regulated activity	Regulation
Personal care	<p>Regulation 12 HSCA RA Regulations 2014 Safe care and treatment</p> <p>Care of people was not provided in a consistently safe way. This included failure to ensuring the proper and safe management of medicines.</p> <p>Regulation 12 (1)(2)(g)</p>
Regulated activity	Regulation
Personal care	<p>Regulation 16 HSCA RA Regulations 2014 Receiving and acting on complaints</p> <p>The registered persons did not fully investigate and undertake necessary and proportionate action in response to any failure identified by the complaint or investigation.</p> <p>Regulation 16(1)</p>
Regulated activity	Regulation
Personal care	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>The registered persons failed to effectively operate systems to: assess, monitor and improve the quality and safety of the services provided; assess, monitor and mitigate the risks relating to the health, safety and welfare of service users and others; accurately and completely maintain records in respect of each service user.</p> <p>Regulation 17(1)(2)(a)(b)(c)</p>

