Care at Home Services (South East) Limited

Care at Home Services (South East) Ltd - Eastbourne

Inspection report

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Ratings

Overall rating for this service	Requires Improvement

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

Summary of findings

Overall summary

This inspection took place between 11 and 17 October 2016. The inspection involved visits to the agency's office and telephone conversations with people, their relatives and staff, between the beginning and end dates. The agency was given three days notice of the inspection.

The agency provided approximately 100 people with a domiciliary service. Most were older people or people who lived with long-term medical conditions. People received a range of different support in their own homes. Some people received infrequent visits, for example weekly support to enable them to have a bath. Other people needed more frequent visits, including daily visits, and visits several times a day, to support them with their personal care. This could include use of aids to support their mobility. Some people needed support with medicines and meal preparation. Some people needed visits from two care workers to support them with their personal care.

Care at Home – Eastbourne, supplies a service to people in the town of Eastbourne, and rural areas around the town. The provider is Care at Home Services (South East) Limited who provide domiciliary care services to people from different offices in the South East of England.

Care at Home – Eastbourne has a registered manager in post. They had been appointed since the last inspection. 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.

The last inspection took place between 4 and 25 January 2016. At that inspection, we found the provider did not have effective systems to ensure they assessed, monitored and improved the quality of services and they did not mitigate risk to people. They also did not ensure accurate records were maintained. Additionally the provider did not have appropriate systems to ensure confidentiality of people's information. The provider was also not seeking and acting on feedback from people, particularly in relation to visit times and number of different care workers visiting them. We issued a Warning Notice under Regulation 17 following the inspection and required the provider meet this Notice by 30 June 2016. The new registered manager had taken a wide range of actions to address this Notice and only a few areas remained to be addressed.

The areas which had not been addressed since the last inspection included audits by the provider, which had not identified that where people were not able to give consent, the agency were not working within the Regulations of the Mental Capacity Act 2005 (MCA). The 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 provider had not ensured where they needed to provide care which might restrict people that relevant assessments were in place. They also did not have evidence that such care provision had only been provided in people's best interests. The provider had also not used information which they had available to them to audit such areas as timings of visits, trends where issues of concern had been raised and the

consistency and accuracy of records.

The new registered manager had developed their own audits. They were aware that some areas relating to accurate record-keeping still needed to be addressed. They had ensured the number of late visits to people had reduced and continuity of care for people had improved. They had ensured where staff raised issues at supervision and other meetings, action was taken to address matters. The provider had developed improved systems to ensure the confidentiality of people's personal information.

At the last inspection, the provider did not have effective systems to ensure they were assessing the risks to the health and safety of people and doing all they could to mitigate such risks. The provider was not ensuring the proper and safe management of medicines. We issued a Warning Notice under Regulation 12 following the inspection and required the provider meet this Notice by 30 June 2016. The new registered manager had taken full action to address this Notice. This included ensuring all people had full assessments and care plans in relation to risk. The new registered manager had also ensured there were safe systems for supporting people with their medicines and ensuring risk of infection to them was reduced.

At the last inspection, the provider was not ensuring that there were sufficient numbers of suitably qualified, competent, skilled and experienced care workers employed to provide care to people. They also did not ensure that care workers received appropriate support and training to enable them to carry out their duties. We issued a Warning Notice under Regulation 18 following the inspection and required the provider meet this Notice by 30 June 2016. The new registered manager had taken full action to address this Notice. The new registered manager had ensured staff were inducted into their new roles and trained appropriately, so they could support people in the way they needed. Where staff needed support to improve their performance, the new manager had ensured this had taken place, including by supervising staff in their roles.

At the last inspection, the provider was not ensuring people were provided with appropriate person-centred care which met their needs and reflected their preferences. This was a breach of Regulation 9 and we required the provider take action to address this. The new registered manager had taken full action to address this area. The new registered manager had reviewed and revised people's care plans. People said they had been involved in these reviews and their care plans reflected what they wanted.

At the last inspection the provider was not ensuring they had effective and assessable systems for receiving and responding to complaints. This was a breach of Regulation 16 and we required the provider take action to address this. The new registered manager had taken action to address this area. The new registered manager had recorded all complaints received and there were clear records relating to outcomes for people, and actions taken in response to complaints.

People said staff respected them and supported them with their needs in a caring and friendly way. Staff knew people as individuals and supported them with their independence. People's care plans were individual in tone. People said staff supported them with their meals and drinks in the way they wanted.

Staff knew how to support people who became unwell. Staff were also aware of how to safeguard people from risk of abuse. The agency had clear procedures, which were followed in relation to safeguarding people from risk of abuse. The systems for recruitment ensured staff were safe to provide care to people.

During the inspection we found two breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. One of the breaches was an area where the provider had not identified they were not taking appropriate action to meet Regulation 11. The other breach, in relation to Regulation 17 showed

considerable improvement, however a few areas remained to be addressed.

This service has been in Special Measures. Services that are in Special Measures are kept under review and inspected again within six months. We expect services to make significant improvements within this timeframe. During this inspection the service demonstrated to us that improvements have been made and is no longer rated as inadequate overall or in any of the key questions. Therefore, this service is now out of Special Measures.

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?

Good

The service was safe.

People had individual assessments of risk and where risk was identified, care plans were in place.

People were supported in taking their medicines in a safe way.

People were protected by the agency's recruitment procedures.

Staff were aware of actions to take to safeguard people from risk of abuse.

People and staff said there were enough staff to meet their needs.

Is the service effective?

Requires Improvement

The service was not always effective.

People did not have assessments completed in accordance with the MCA and the provider did not ensure they followed the MCA where decisions were being made in people's best interests.

Action had been taken to ensure staff were supported, including by training, to meet people's needs.

People said staff knew how to support them with their healthcare needs.

Where people needed support with their food and drink, their needs were met.

Is the service caring?

Good

The service was caring.

People were supported by staff who were caring and respected their individuality.

People were encouraged to remain as independent as they wished to be.

People said they enjoyed their visits from staff, who were kindly and understanding.

People's records supported their individuality.

Is the service responsive?

Requires Improvement

The service was not always responsive.

People continued to report their individual needs were not met in the way they wanted in relation to the timing of their visits. They said improvements were in the process of being made in the continuity of care workers.

People said their care plans met their needs. The new registered manager had revised and up-dated people's care plans.

People said the agency responded effectively when they raised matters of concern to them. The new manager had improved systems both for the recording of complaints and concerns, and actions taken in response to them.

Is the service well-led?

Requires Improvement

The service was not always well led.

The provider had not audited a range of relevant areas, so had not identified areas for improvement. Some records were not accurately completed.

The new registered manager had developed their own systems for audit of quality of care and was clearly making progress in a range of areas.

People and staff commented favourably on the improvements made in service provision since the last inspection.

Care at Home Services (South East) Ltd - Eastbourne

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 between 11 and 17 October 2016. The inspection involved visits to the agency's office on 11 and 17 January 2016. Between these dates, we spoke with people, their relatives and care workers on the phone. We also met with care workers at the office on 11 October 2016. The provider was given three days' notice because the location provides a domiciliary care service.

The inspection was undertaken by two inspectors and two experts 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.

Before our inspection we reviewed the information we held about the agency, including previous inspection reports. We considered the information which had been shared with us by the local authority and other people, looked at safeguarding alerts which had been made and notifications
which had been submitted. A notification is information about important events which the provider is required to tell us about by law.

We spoke with 18 people who received a service, and 13 of their relatives. We spoke with nine members of staff, the registered manager and a senior manager for the provider. During the inspection we looked at nine people's records and seven staff recruitment, supervision and spot check records. We also looked at training records, quality audits and policies and procedures.

Good

Is the service safe?

Our findings

At the last inspection, we found the agency was providing an inadequate service because they were not assessing risks to the health and safety of people and doing all they could to mitigate such risks. We issued a Warning Notice under Regulation 12, requiring the agency to become compliant with the Notice by 30 June 2016. The new registered manager had taken action and the Warning Notice had been met in full.

All the people we spoke with said that they felt safe, comfortable and at ease with the way staff supported them. One person told us "They make me feel comfortable and safe. They're good people." Another person told us "All equipment is used in a correct and proper way."

The new registered manager told us since they came in post they had reviewed all people's risk assessments and care plans, to ensure people's safety. We saw all people now had up to date risk assessments, including risk of falling, how they were to be supported with moving and pressure damage risk. Where people were identified as being at risk, care plans had been developed. For example a person was being supported in having a shower. They had a clear care plan about their safety, and issues care workers were to observe for when they were supporting them with showering, so their safety was ensured. A different person had a risk assessment in relation to their dog and actions care workers were to take to reduce risk.

Care workers knew about the importance of reporting to the office when they thought a person was at risk. All care workers reported they would always tell the office if someone had a reddened area on their body. They said they would also complete a body map to show which part of the person's body was showing risk of pressure damage. A person who was at risk of falling had clear records which showed the care worker had promptly phoned the office to report there had been no response when they rang the person's door bell. The person's records also showed the action taken by the office to find out if the person was safe or needed support.

Where changing risks were identified, the new registered manager had taken action. For example, the agency's monitoring system showed a person had fallen more than once. The person's records showed their care plan had been reviewed and the falls team contacted so they received additional support. A person's records showed a care worker had a reported a reddened area to the office. Their records showed this had been promptly referred to their GP.

The new registered manager had also ensured people's safety in relation to medicines. A person told us "They seem to understand all about my medications and administer and record in the correct way." A different person told us "I receive a good service twice a day. The girls come in and give me my medications."

The new registered manager had reviewed how people were supported with their medicines and had made sure full records were in place where care workers supported people with their medicines. The new registered manager performed a monthly check on medicines records. If they identified issues, they followed this up with the care worker involved. For example a person had not had their medicines administration

records (MAR) completed on a couple of occasions. The new registered manager had taken action and set up an individual supervision meeting with the care worker involved to ensure they understood the importance of correctly completing MARs. They also documented what was discussed in a supervision meeting.

A person was prescribed a wide range of different medicines. They had clear information about their medicines and the various side effects which care workers needed to consider when supporting them. A person's records described how they wished to be supported with taking their medicines, including the drink they preferred to use to swallow their tablets. Where people were prescribed skin creams, there were clear records of where the skin creams were to be applied and to which part of the person's body. A care worker told us they now had "All relevant information about prescribed medicines."

The new registered manager had also ensured people's risk of infection was reduced. The provider had up-dated its policy on infection control since the last inspection. A person told us "The staff are very professional and wear the correct gear." Another person told us "At all times they use the correct procedures - gloves etc." A care worker told us they had all been trained in infection control and how to safely dispose of waste. The agency was supporting a person who had a catheter. They had a very clear care plan, which outlined to any care worker who was not familiar with the person how their hygiene and comfort were to be ensured, and any matters which care workers needed to observe for, to ensure the person's risk of infection was reduced.

At the last inspection, the provider was not ensuring there were sufficient numbers of suitably qualified, competent, skilled and experienced care workers employed to provide care to people. They also did not ensure that care workers received appropriate support and supervision to enable them to carry out their duties. We issued a Warning Notice under Regulation 18, requiring the agency to become compliant with the Notice by 30 June 2016. The new registered manager had taken action and Warning Notice had been met in full.

Where the registered manager identified issues in relation to the performance of its currently employed staff, action was taken. For example the new registered manager had held supervision meetings with two different members of staff in relation to two different occasions where they had not taken appropriate action to ensure people's safety. During the supervision meetings, the new registered manager had clearly documented the areas where the member of staff's performance needed to improve, the member of staff's response was documented, together with how the issues were to be followed up by their manager.

The provider had performed a full audit of all staff files and ensured they all included relevant information to show prospective staff had been assessed as safe to work with people. We looked at records of three recently employed members of staff. They all showed all relevant checks had taken place prior to their appointment, including police checks, proof of identity and a minimum of two satisfactory references. All staff completed a literacy and numeracy test prior to appointment. The documentation on all newly employed staff files had been fully completed, including interview assessments in accordance with the provider's own policies. This meant prospective staff who needed additional support could be clearly identified and any relevant issues about them noted, before their appointment.

All of the care workers we spoke with showed a good understanding of safeguarding people from risk of abuse. A care worker told us about a person who they regularly visited, who they felt was vulnerable saying "I would always protect her." All of the care workers said if the agency did not take appropriate action to protect people from risk of abuse, they would take the matter further. One care worker said "If I needed to, I wouldn't worry to go further" and another "Oh I know to take it further."

We met with one of the care coordinators, who clearly knew the procedures to report issues of concern to the local authority. The records for one person showed the agency had ensured a matter was reported to the local authority where they were concerned the person might be at risk of abuse in relation to financial matters.

People told us they thought the agency had enough staff to ensure they were visited in accordance with their care plan. No-one said they had experienced any missed calls due to staff shortages. Staff also told us they felt there were enough staff employed, so they could follow people's care plans.

Requires Improvement

Is the service effective?

Our findings

At the last inspection, we found improvements were required to ensure the agency provided an effective service. While the provider had addressed some areas, they had not taken appropriate action in relation to ensuring they worked within the requirements of the MCA.

The 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 decisions made on their behalf must be in their best interests and be the least restrictive possible. We checked whether the service was working within the principles of the MCA. The agency's MCA policy followed guidelines. The provider had not identified they were not following their own policy.

Some staff told us about people who needed to have their medicines locked away for their safety. We asked the new registered manager about this. They confirmed this was necessary at times. We looked at the files of three people where their medicines were being kept in locked containers. None of these people had mental capacity assessments on file, completed either by their social worker or the agency. There was also no information that decisions to lock the people's medicines away had been taken in their best interests, whether any less restrictive option had been considered or who had been involved in this decision. We talked with staff about their understanding of the MCA. None of them were aware that if they were locking away people's medicines, there should be an assessment made about this aspect of their care and about using the least restrictive option for the person.

The agency was not ensuring where people were not able to give consent that they were working within the Regulations of the MCA. This is a breach of Regulation 11 of the HSCA Regulations 2014.

At the last inspection, the provider had not ensured that care workers received appropriate support, training, professional development, supervision and appraisal to enable them to carry out their duties. We issued a Warning Notice under Regulation 18, requiring the agency to become compliant with the Notice by 30 June 2016. The new registered manager had taken action and Warning Notice had been met.

All of the people we spoke with said staff were well trained and able to meet their needs. One person told us about the induction of new staff. They said "Last week a new one came in, they introduced me and shadowed the experienced carer," another person said "New carers, they come shadowing, a couple times." A person said the care workers who looked after them had been trained, and were supported. A person told us, "They have been professionally trained and follow all correct procedures," another "All the carers seem to be trained well" and another, "They know what they're doing."

Care workers also commented positively about their training. A care worker told us they had not worked in care before, so they had asked to spend longer shadowing. They said the agency were "Quite happy to do this." A different new care worker told us their induction, "Showed you quite a lot of things," and another said their induction training "Gave me insight" into their role. Care workers said their ongoing training was

good. A care worker told us training was "No problem, they keep you updated all the time." Another care worker told us "I think the support I get, especially training, is good," another said "It gives you the skills," about the training provided. Care workers commented positively about the support they received through 'spot checks', supervision meetings and appraisals. One care worker said "They're very open, you can ask what you want."

The new registered manager showed us how they pre-planned new members of staffs' induction programmes, so the new care worker could see the range of different types of care provided to people. The new registered manager had training, 'spot checks', supervision and appraisal plans. This meant they could see which care worker needed what support and by when. The new registered manager ensured new care workers did not go out to support people until they had completed training and assessments to show they could safely support people with moving. A care worker's records showed they had brought up their need for training in multiple sclerosis and diabetes. This had been acknowledged by the new registered manager who working with the provider's training manager to ensure care workers who had similar requests could receive the relevant training. All care workers confirmed they did not know when their line manager would be performing a 'spot check' on their performance in a person's home. Records of these checks were completed when they took place. They included actions taken and feedback where relevant. For example one care worker's 'spot check' form documented about their 'good rapport' with the person they were caring for.

People said care workers supported them appropriately if they were unwell. One person said they thought the care workers could "Cope with anything." A person told us they had been unwell and said 'Yes they were very good" about supporting them until additional assistance arrived. All of the care workers we spoke with told us they knew the actions they should take if someone needed medical support. A care worker told us about an occasion when the person they were supporting was "Very ill," when they came to their home. They described how they had called an ambulance and waited with the person until the ambulance arrived. They also described how they had comforted the person's spouse during this time. A care worker told us how they had supported a person who was living with diabetes when they were unwell, that they had dialled 999 and waited with the person until the ambulance arrived. A care worker said they had gone into a person's home and found they had fallen. They described how they had kept the person comfortable until the ambulance arrived. All care workers said they informed the office about such events and made sure they wrote everything in the person's records. A person's records showed they lived with a medical condition which could vary. They had a clear care plan about how staff were to support them, including in an emergency.

People said care workers supported them with their meals and drinks when they needed. A person told us "They get toast for me in the morning which is pretty good," another person said "They get me a cup of tea or breakfast, if I am unable to do this myself." A person's care plan documented they needed encouragement to eat and drink. Their care plan documented their favourite food and drinks. What was documented fully reflected what the person's relative told us about. A different person's records documented they needed encouragement to eat and drink, including offering them regular snacks. The person's daily records clearly showed care workers were offering the person snacks when they visited. A person had a care plan which documented they liked to eat sandwiches. Their care plan clearly set out their preferred fillings for the sandwiches. A person was prescribed a liquid dietary supplement. Their care plan had clear instructions about supporting them with this supplement.

Good

Is the service caring?

Our findings

At the last inspection, we found improvements were required to ensure the agency provided a caring service. This was because some people felt some staff were not caring in their approach and the provider's systems for ensuring confidentiality of personal information were not always effective. The new registered manager had taken full action to address these areas.

People said staff were caring. One person told us "We have a good relationship with our care staff. They can be trusted in all situations," another "All you need is a little kindness at my time of life and they give that to me." A person told us they had visits from two regular care workers, they said "One should get carer of the year and another one it is so lovely." A person's relative told us "They have a good working and caring relationship with my relative'. Another person's relative told us "The carers that turn up, every one of them are professional, caring, kind and totally centred on my relative's care."

The provider had reviewed and revised its confidentiality policy to ensure the confidentiality of people's personal information. Care workers understood the importance of confidentiality. A care worker told us "Confidentiality is difficult because they tell me things about other people, so I nod, smile and do not pass it on." Another care worker described the importance of being "Diplomatic," when people asked them about other people they cared for. People said staff always identified themselves to them. One person told us "They have ID and a uniform so if a new one comes I know who they are," and another "They have a red top so I know who they are and they also have ID."

People said agency staff were polite and supportive to them. One person told us "They are always polite and interested in me," another person said "Yes they are very nice to me, polite and very caring." A person's relative said "My relative says they are always polite and helpful. They always answer our questions. The carer always knows how my relative is feeling and she will put it in the notes. The service is caring and really good." A person also commented on the support they received from the office staff saying "The girls in the office are polite and helpful."

People said staff were friendly and supported them in the way they wanted. One person told us "The girls are friendly and we have a laugh and a joke. If they have time they will stay and chat." Another person told us "The girls are cheery and ask me how I'm coping and are there any problems." A person said "If they come and I am really low, they will try and distract me, talk me about television and try cheer me up. I feel brighter when they have been." A person's relative told us "They are always very caring, kind and positive when they are with my relative and have complete respect for her, they are becoming family friends."

People said they appreciated the way the agency supported them in being as independent as possible. A person told us "The three carers go out of their way and encourage me to get dressed, when I don't always feel like it." A person's relative said "They provide me with time to do the things I need to do to keep things running. I can trust them." Such comments were echoed in the provider's own questionnaires to people, one of which stated "The team give encouragement to X to do things for herself. They don't just take over" and another "They always talk to you, not over your head." We looked at a person's care plan; the whole focus

was on fostering the person's independence.

Everyone we spoke with said they had been involved in their care plan. A person said their care plan provided "A sound basis for the staff." People also said they were also happy with the way reviews of their care plans had been done. A person told us the agency were "Very good, they act on what I want." People said the agency consulted with them. One person told us "I don't have a male in a morning, they respect my wishes." A person's relative told us their relative did not use their first name, preferring to use another one. We looked at the person's records and saw the person was consistently referred to by their preferred name.

Staff showed a respectful attitude and showed they knew people individually. A care worker told us "Everyone is different," about the people they cared for. A care worker showed a very clear, individual knowledge of the people they cared for and told us about significant details, including preferences for types of drinks and what they liked to talk about. A care worker told us they cared for a person who had limited verbal communication. They described how, because they knew the person well, they could tell from their body language how they were feeling when they visited.

The new registered manager had revised people's care plans to make sure they were individualised. A person had detailed information in their records about significant factors in their past life. What was documented in their records reflected what their relative told us about. A person was living with a long-term medical condition, due to this they needed varying degrees of assistance, because they were more tired on some days than others. This variance in their care needs was clearly set out in their care plan. A person was living with dementia and they could show some behaviours which may challenge. Their care plan and records described how the person could be and how they were to be supported by care workers, in a factual, non-judgemental way.

Requires Improvement

Is the service responsive?

Our findings

At the last inspection, this outcome area was rated as inadequate. This was because, as at previous inspections, people continued to report they were not responded to in the way they wanted, particularly in relation to the timing of their visits and continuity of care workers. A Warning Notice under Regulation 17, was issued requiring the agency to become compliant with the Notice by 30 June 2016. The new registered manager had taken considerable action to address this area and was aware some areas required improvement because they had not yet been addressed in full.

People gave us mixed comments about if care workers arrived on time. One person told us "They come at 8.30 am or 9.30 am, I just don't know," another "The office doesn't ring if late, they are not very good at doing this," and another , "I'm not always told if there are any changes, I get annoyed." This was not echoed by everyone. A person told us care workers were "More or less on time," another "They are here when they should be. They also phone if they are going to be late," and another "Always on time, with a smile on their face." One person told us timings of visits had been an issue in the past but this had "Definitely improved."

We looked at rotas for four days at random in September 2016, including both week days and weekends. These showed improvements from the last inspection and only two visits out of 495 visits were over an hour late. The new registered manager said this was an area they had concentrated on when they came into post. However the number of visits which were over an hour early had not yet improved. This included a lunchtime visit which was planned for 1:30pm but which took place at 11:47am. When we looked at the rotas, we saw certain factors were common to these early visits. We discussed this with the new registered manager who had already identified similar factors. They were in the process of taking relevant action to address this within the provider's policies and procedures.

The new registered manager was in the process of taking action to ensure people's needs and preferences about visit times were met. For example, they were aware that when they provided a service, many people wanted similar times in the morning. They said they now made sure it was explained to people when they were provided with a service where they had no slots available for the person's preferred time. They would offer to put them on a waiting list for their preferred time and to keep them updated about this situation. This was all clearly documented, so a person who was offered a service would be aware of the current time the agency could provide a visit and that they would be contacted when a time closer to their preferred time became available.

We received mixed comments from people about continuity of care. One person told us "They fall down when they send a lot of different people," another that they experienced "A range of different staff," and another that "The problem" was the "Different carers." This was not echoed by everyone. A person told us improvements had been made and the only time they were sent different care workers now was when their care worker was on annual leave. A person told us about improvements in this area, they said "The same woman has been coming for about three weeks now and she knows what she is doing and that is fine." Another person told us about a specific care worker "We asked for him and generally we get him." Another said they now had the same regular care worker and "She is brilliant." We also received mixed comments

from care workers, some said comments like "I've no regular clients," but most said this was improving, and they now mainly saw the same people.

We discussed this with the new registered manager. They said they had taken action, but were aware this was an area which still needed improvement. They told us when they had started in their role, they had first tried to ensure people had the same care worker or group of care workers, depending on how many visits a day they needed. They were next planning to try to ensure people received continuity of care at evenings, weekends and when the person's regular care worker was on annual leave.

At the last inspection, people were not provided with appropriate person-centred care which met their needs and reflected their preferences. We found the provider was in breach of Regulation 9. After the inspection, the provider sent us an action plan setting out how they planned to address this breach. The new manager had taken full action to address the area.

People told us about their care plans. One person said how much this had improved, telling us "We now have an extensive and a needs led care plan that is amended as required." One person described their care plan as "Extensive and relevant." A person told us about their initial assessment "We were all there with the assessor and we talked about it, it works well," and another "The manager got me to do a care plan with her and the staff all read it and put comments on it when they visit'. A person told us "I have had a review recently, they talked it through with me" and another told us they had a review "Every three months, I am involved with it."

People told us their care plans were used by the care workers sent to them. One person told us "The carers always read the care plan." A care worker said the information on care plans was "Very detailed" and another, "If I've not been to a person before everything is in their care plan." Care workers said they told the office if people's needs changed, so their care plan could be reviewed. Care workers told us about the new systems for doing this, one of them describing the new form for recording such information which they said was "Useful, so things do not get missed." A care worker's supervision record showed they had reported about a person's changing needs at supervision. There was clear evidence in the person's records that action had been taken to meet the person's changed needs.

The new registered manager had reviewed and revised people's care plans since she came in post. One person had complex needs. Their revised care plan clearly set out how the person's complex needs were to be met. This was written in a way which would inform any care worker who was unfamiliar with them about how to meet their needs. This included areas such as how the person was to be supported with cleaning their teeth. A person's care plan showed they had needs associated both with living with dementia and continence. Their care plan was clear, stating how the person's continence care needs were to be met in the light of their living with dementia. Care plans included people's individual needs and preferences, for example a person's care plan documented the specific way they wanted their bed to be made. People who were living with a disability had key areas documented. For example a person who had hearing difficulties, had a care plan which clearly documented in which ear they experienced hearing loss and how they were to be supported in taking out their hearing aid.

At the last inspection, we found the provider was not ensuring they had effective and assessable systems for management of complaints. We found the provider was in breach of Regulation 16. After the inspection, the provider sent us an action plan setting out how they planned to take action to meet this breach. The new manager had taken action to address the area.

People told us improvements had been made in this area. One person told us "The office has improved from

what they were." A person's relative told us "The agency made me aware of the problems. I am very impressed with them, the manager and two coordinators all got our heads together."

People said when they raised issues now, action was taken. One person told us "I complained to the office. I didn't like someone and I didn't see them again," another "I complained and now they do let me know if the carer is going to be late," and another told us they had raised an issue and "Action about this was done straight away." A person told us about an issue they had raised with the office on the phone on behalf of a relative. We looked on the person's phone log record and saw what they had told us about had been fully documented, together with an action plan about how the matter would be progressed.

We looked in the complaints folder. All of the complaints received since the new registered manager was appointed showed clearly what the complaint was, how it was dealt with and a clear plan of action. The new registered manager had also developed an events log so they could identify common issues of concern to people.

Requires Improvement

Is the service well-led?

Our findings

At the last inspection, this outcome area was rated as inadequate. This was because as at previous inspections, the provider did not have effective systems to ensure they assessed, monitored and improved the quality of services and their systems mitigated risk to people. The provider was also not seeking and acting on feedback from people. They also did not ensure they maintained accurate records. A Warning Notice under Regulation 17, was issued requiring the agency to become compliant with the Notice by 30 June 2016. The new registered manager had taken considerable action to address this area and was also aware that some areas required improvement, because they had not yet been addressed in full.

People told us about improvements in service provision. Comments included "We have had problems in the past. It's OK at the moment and it has been for a while," "Initially it was all over the place but it has been very good over the last 6 months" and "Some time ago we were going to change the company. We were not satisfied. But we decided to stick with them." People commented on improvements in contact with the office staff. One person said "The office has improved to what they were," and another "They are getting better but initially I had I lots of problems." People who had been newly provided with a service gave us positive comments. One person said "I would recommend the service, no problem. They are constantly improving," another "I have no concerns about the service at the moment, it is working very well," and another commented on the senior staff as being "Very approachable, friendly, efficient."

The new registered manager had set up systems for audit, however some areas had not yet been addressed. Where people raised concerns about the service, there were different documentary systems, including complaints records and records in people's individual call log records. Also where people had raised concerns about the service in questionnaires, trends in such comments had not been analysed. Due to this, the provider had not analysed information available to them or developed action plans in relation to issues raised by people. For example some records indicated there had been, or was currently, an issue with some care staff not always following what was written in care plans. Because such information from people had not been collated, the registered manager and provider did not know if it related to individual isolated incidents, certain care workers or care plans which were not clear to the care workers.

The new registered manager had started auditing records, but this process had not yet been completed. For example a person's review stated they were not prescribed medicines, although their MAR showed they were. A person whose records showed they were living with dementia had records which were unclear and would not have supported a care worker who was unfamiliar with the person about the types of assistance they needed with their personal care. Some wording in people's records had not been identified as being judgemental and relevant action taken. For example a person's records had described them as 'stubborn.' Some records about what people liked to do were not clear, for example a person's records stated 'likes TV' with no information on what they preferred to watch on the TV. Two people's application forms for employment showed gaps in their employment history. The new registered manager knew what the members of staff had been doing during these periods, but the information was not documented. We discussed this with the new registered manager who said their systems for audit had only been introduced since they came in post after the last inspection and still needed further development, before they were fully

established.

The provider did not have overall systems to review the quality of the services provided by agency. This meant information, for example the information available from the computerised visit rotas, was being analysed by hand by the new registered manager. They were not automatically analysed by the provider to assess the quality of service provision to people. The provider had not identified the agency was not following its own policies in relation to the MCA. While the new registered manager had commenced systems for audit, the provider did not audit service provision as part of their own quality reviews, apart from sending out questionnaires to people. This meant they had not identified some issues relating to timings of visits, care plans and staff management, to support the new registered manager and enable review of the developments she had put in place. A senior manager for the agency said they were looking into improved systems for audit across all the company's services. This included the appointment of a quality manager for the provider.

Although significant improvements had been made since the last inspection, the provider continued not to have fully effective systems to ensure they assessed, monitored and improved the quality of services and their systems mitigated risk to people. They also continued not to ensure they consistently maintained accurate records. The provider also continued not to act on all relevant feedback from people. This is a continued breach of Regulation 17 of the HSCA Regulations 2014.

The new registered manager had developed a range of systems for quality review. This included a medicines audit. There was clear evidence in staff files that she had followed up issues where relevant and had taken action where necessary, within the provider's polices. The new manager had started auditing information on the visit rotas, doing random checks on the rotas, several days a month. Where she identified issues, she took action to ensure the safety of people and that their needs were met. For example, the new registered manager had a record of all people where care workers had reported they had reddened areas, so were at risk of pressure damage. She used this record to regularly review the care provided to people and ensure each person's condition was regularly monitored. Where people had reported on individual issues in questionnaires and identified themselves, there was evidence she had taken action to address such issues with the people concerned. Records showed the new registered manager followed up issues where staff raised them at supervisions or appraisals, so staff were aware of actions taken or to be taken. This included positive as well as negative comments. For example a care worker's supervision record showed the new registered manager had complemented the care worker on their clear, well-written records.

People commented on improvements in record-keeping. A person told us "The log is regularly filled in and in some detail," another "They write in a big red book what's happened everyday," and another "I think they do it correctly" about the way staff maintained records.

Staff were also positive about the agency. One care worker told us "From when I started here it's totally different" and another described the "Huge improvements" in the agency. A care worker said "It's much better now, there's more staff and they're staying." A care worker described the new registered manager's "Open door policy" and another said the new registered manager "Leads by example." A care worker said "We get good support from the office." Newer staff were very positive about their role, the agency's philosophy of care, and support they received. A new care worker told us "It's brilliant, I love the job," another said "The agency is good to work for," and another said they would "Definitely recommend" working for this agency.

This section is primarily information for the provider

Action we have told the provider to take

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

Regulated activity	Regulation
Personal care	Regulation 11 HSCA RA Regulations 2014 Need for consent The provider was not ensuring that care was only provided with the consent of the relevant person. They were not ensuring that where a person was unable to give consent because they lack capacity to do so, they acted in accordance with the Mental Capacity Act 2005. This is a breach of Regulation 11 (1)(3) of the HSCA Regulations 2014.

Regulated activity	Regulation
Personal care	Regulation 17 HSCA RA Regulations 2014 Good governance People who used services were not protected because the provider did not have consistently effective systems, to assess, monitor and improve the quality of the service and mitigate risk to people. The provider did not maintain an accurate and complete record in respect of each person and management of the service. The provider also continued not to act on all relevant feedback from people Regulation 17(1)(2)(a)(b)(c)(d)(ii)(e)(f)