Liznett Care Services Ltd

Bexley

Inspection report

59 Galleon Close
Erith
Kent
DA8 1AP

Tel: 01322438057
Website: www.liznettcare.co.uk

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Ratings

Overall rating for this service	Requires Improvement

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

Summary of findings

Overall summary

This inspection took place on 18 and 20 June 2018 and was announced. Bexley is a domiciliary care agency. It provides personal care to people living in their own houses and flats. It provides a service to older adults. At the time of this inspection 40 people were using the service.

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

At our comprehensive inspection on 20 April 2017, we found breaches of legal requirements as risks to people had not always been assessed, identified and did not have appropriate management plans in place. People did not always have care plans in place to ensure the service was meeting all their needs. People's nutritional needs and preferences were not always documented. Staff recruitment records did not always contain fully completed application forms, references or up to date criminal records checks. We asked the provider to take action and they sent us an action plan which they would complete by 25 August 2017.

At this inspection, we found that the provider had made some improvements however, we found further breaches of legal requirements in relation to safe care and treatment and good governance. We found that people's medicines were not always managed safely, the systems in place to monitor and assess the quality of the service were not always effective and records were not always accurate, complete, and presented promptly when required.

The provider had a recruitment procedure in place and had updated their application form to include previous employment history. People were protected from available harm because risk had been identified, assessed and had management plans in place. However, information was not always consistent and easy to locate in their care files.

People were protected from the risk of abuse because the provider had systems such as policies and procedures in place and staff had been trained to ensure they knew their responsibility to safeguard people they supported. Staff knew of the provider's whistleblowing procedure and told us they would use it if they needed to. People were protected from the risk of infection because staff followed the provider's infection control protocols. Adequate numbers of staff were deployed for each visit to ensure people received safe care and support. Accidents and incidents were reported and recorded and learning was disseminated to drive service improvement.

Before people used the service, their needs were assessed to ensure they would be met by the provider. People were supported to eat and drink sufficient amounts for their health and well-being. People were supported to have maximum choice and control of their lives and staff supported them in the least

restrictive way possible; the policies and systems in the service supported this practice.

Staff were supported with induction, training, supervision and appraisals to ensure they had the knowledge and skills to deliver a safe and efficient service. People were supported to access health care services where needed to maintain good health and well-being. The provider worked in partnership with health and social care professionals to provide joined-up care.

People were treated with kindness and compassion. People and their relatives were involved in making decisions regarding the care they or their loved ones received. People's privacy and dignity was respected and their independence promoted. People were provided information about the service to ensure they knew the level of support to expect.

People received support from staff that met their needs and each person had a care plan in place with appropriate guidance to ensure their needs were met. People were supported to engage in activities that stimulated them. Staff understood the importance of the Equality Act and supported people in a caring way. The provider had a complaints policy in place and people knew how to complain if they were unhappy with the service. Where people had made any complaints, or raised concerns this was addressed to ensure they were satisfied with the outcome.

There were systems in place to support continuous learning and improve the quality of the service. People's views were sought regularly though telephone monitoring, home visits and annual surveys and their feedback was used to improve the service. The provider worked in partnership with key organisations such as the local authority and other healthcare professionals to plan and deliver an effective care and support.

The registered manager understood their responsibility to notify CQC of important events that happen at the service. The provider had values and visions and the staff team adhered to these when they performed their roles. All staff we spoke with told us they were happy working at the service because they felt supported and respected. The provider had displayed their CQC rating at their office.

This is the second time this service has been rated Requires Improvement. You can see what action we told the provider to take at the back of the full version of the report.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement

The service was not always safe.

People's medicines were not always managed safely.

Risk to people had been assessed and management plans were in place.

The provider had a recruitment process in place and sufficient amounts of staff were deployed to support people..

People were protected from the risk of abuse because staff understood the need to protect people they supported.

People were protected from the risk of infection because staff followed appropriate infection control protocols.

Accidents and incidents were reported and recorded to drive improvement.

Is the service effective?

Good

The service was effective.

Before people started using the service they were assessed to ensure their needs would be met.

Staff were supported through induction, training, supervision and appraisals to ensure they had the knowledge and skills to undertake their roles.

People were supported to eat and drink sufficient amounts for their health and well-being.

People were supported to use healthcare services where required.

Consent was sought from people before supporting them and the provider adhered to the requirements under Mental Capacity Act 2005.

The provider worked in partnership with health and social care

professionals to provide joined-up care.

Is the service caring?

Good

The service was caring.

People were supported by staff that were kind and caring.

People were consulted about their care and their suggestions and preferences were respected.

People's privacy and dignity was respected and their independence promoted.

People were provided with information to ensure they knew what to expect from the service.

Is the service responsive?

Good

The service was responsive.

People received care and support from staff that was individualised to their needs.

People were supported to participate in activities that stimulated them.

Staff understood the importance of the Equality Act and respected people's diversity and preferences.

The provider had a complaints policy in place and people's complaints were addressed to ensure they were satisfied with the service.

Where required people were supported with end of life care and their wishes respected.

Is the service well-led?

Requires Improvement

The service was not consistently well-led

The provider did not always maintain records that were accurate, complete and up-to-date.

Information was not readily available and records were not always presented promptly when required.

The systems in place to monitor and assess the quality of the

service was not always effective.

There was a registered manager in post who knew of their responsibility in regards to the Health and Social Care Act 2008.

People's views were sought to improve the quality of the service.

The provider worked in partnership with key organisations to provide an effective service.

There were systems in place to support continuous learning and improve the quality of the service.

Bexley

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 announced inspection took place on 18 and 20 June 2018. The inspection team consisted of an inspector and an expert by experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service. We gave the service 5 days' notice of the inspection site visits to ensure the registered manager would be available on the day of the inspection site visit. Inspection site visit activity started on 18 June 2018 and ended on 20 June 2018. On both days of our inspection, we visited the office location to see the manager and to review care records, staff files and other records used in managing the service such as policies and procedures. On 13 June 2018 before the inspection site visit, an expert by experience made calls to people on the telephone whilst they were in their homes to seek their views about the service

Due to technical problems, the provider was not able to complete a Provider Information Return. This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report.

During the inspection, we spoke with five people and nine relatives on the telephone. We spoke with the registered manager, an assistant director and a care coordinator at the office location. We spoke with four care staff on the telephone to seek their views about the support they provided people and the support they received to undertake their roles. We looked at six care plans and seven staff files which included recruitment checks, training, supervision and appraisals records. We also looked at other records used in managing the service such as policies and procedures, accident and incidents records and a complaints log.

Following our inspection, we contacted the local authority that commissioned services from the provider and health and social care professionals to obtain their views about the service.

Requires Improvement

Is the service safe?

Our findings

People and their relatives told us they and their loved ones were safe using the service. Comments from people included, "I feel safe because I mostly have the same carers who help me and understand me,"; "Two [staff] come at a time and let themselves in, I am perfectly safe with them, they are as good as gold. I always know one of them,"; "I feel safe with them, they know what to do, they are very polite,"; "They are meticulous and clean and disinfect everything." Comments from relatives included, "[My relative] is safe with [staff], I am happy with the way they deal with [My relative], they are patient, and have a lovely way with [them], I trust [staff] completely," and "[Staff] have such a lovely way with my [relative], I have no concerns regarding safety.

People and their relatives told us they were happy with the arrangements in place to support them or their loved ones with their medicines. One person told us, "I take my own medicine but carers make sure I have taken it."

People's medicines were not always managed safely. Where people had been assessed and identified to be supported with their medicines, they had a medicines administration record (MAR) in place. The MARs included the name, dose and the strength of the medicine. We found gaps in three people's MARs. For one person, they were not given their medicine because they were unwell, another person had unexplained gaps and a third person had run out of their medicines. The registered provider and staff explained that although it was the pharmacist's responsibility to deliver people's medicines, it was normal practice for staff to give the pharmacy a week's notice to ensure people received their medicines in time. However, this did not happen leaving the person without their medicines for three days which may have had an impact on their health and wellbeing. This showed that people were not always being supported to take their medicines as prescribed by healthcare professionals.

There was no guidance in place for staff on the support to provide people who had been prescribed 'as required' (PRN) medicines. For example, one person was prescribed a pain relieving medicine; however, there was no PRN protocol for staff on the signs to look out for and when this medicine could be administered. Information regarding where people's medicines were kept in their homes was also not recorded in their care plans to ensure that unfamiliar or new staff supported them appropriately with their medicines.

Staff had received medicines training however their competencies had not been assessed to ensure they had the knowledge and skills to support people safely. The registered provider informed us medicines competency checks were undertaken during spot checks. Spot checks were unannounced assessment of staff performance to ensure they were competent and supporting people as required. The provider's spot check records we reviewed did not include any assessments carried out under the management of medicines. The service completed monthly audit of MARs; however, the system used to monitor and assess the support people received with their medicines was not robust. We saw that an audit conducted in June 2018 did not identify or account for any shortfalls in May 2018 MAR sheets although there were gaps.

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

At our comprehensive inspection on 20 April 2018, we found breaches of legal requirement because risk to people was not always identified, assessed and had appropriate management plans in place and the provider did not have robust recruitment checks in place.

At this inspection, we found that people were protected from avoidable harm because risks had been identified, assessed and had management plans in place. These included risk assessments on eating and drinking, medicines, falls, personal care, moving and handling and health and safety risks in people's home environment. Risk management plans included guidance for staff on how to prevent or minimise risks when supporting people. For example, one person who lived on their own was identified with risks associated with malnutrition and dehydration, management plans included supporting the person to prepare their meals and assisting, encouraging them to eat and drink sufficient amounts and ensuring they had drinks available to them throughout the day. For another person identified to be at risk of 'bed sores' due to limited movement because they were nursed in bed, the management plans for staff included applying barrier creams and ensuring they had their pressure relieving equipment in place. Records showed that where required, other healthcare professionals such as GPs and occupational therapists were involved in supporting people and staff to manage identified risks safely.

At this inspection staff files contained up-to-date criminal record checks, references, the right to work in the UK and proof of identity. We also found that the provider had implemented a new job application form which included a full employment and educational history and gaps in employment were accounted for. All staff we spoke with confirmed appropriate recruitment checks were carried out before they started working at the service.

People were safe from the risk of abuse. People and their relatives told us they felt safe with staff and were confident that any concerns of abuse would be investigated and appropriate actions taken. The provider had safeguarding and whistleblowing policies and procedures in place which provided staff with guidance about abuse and the procedures to follow to report and record any concerns of abuse. Staff we spoke with knew of the types of abuse and said they would report any concerns of abuse to the registered manager. The registered provider knew of their responsibility to protect people in their care from abuse and this included reporting any concerns of abuse to the local authority and CQC. Staff told us they knew of the provider's whistleblowing procedure and would use it if they needed to.

Adequate numbers of staff were deployed to support people. People and their relatives told us that the right numbers of staff supported them or their loved ones. People said they had regular staff that knew them well and supported them with their needs. Staff rotas and an electronic call monitoring system (ECMS) showed that where two staff were required to support people, two staff were deployed to ensure people received safe care and support. Staff confirmed there were sufficient staff available to support people. The registered provider told us that they had set-up the staff team into groups to support people within their local community to promote punctuality. The provider had an electronic call monitoring system which was used to monitor staff attendances and records showed that people were supported at the time it had been agreed and planned for.

People were protected from the risk of infection. The provider had infection control policies and procedures which provided guidance on how to prevent or minimise the spread of infections. Staff we spoke with told us they washed their hands and wore personal protective equipment (PPE) such as gloves and aprons when supporting people. People's care records included information for staff to dispose of waste appropriately to

prevent the spread of infections. At our inspection we saw that staff came into the provider's office to collect PPE to undertake their roles.

Accidents and incidents were reported and recorded appropriately to drive improvement. Staff were aware of the provider's systems for reporting and recording any accidents or incidents at the service. For example, an accident and incident record showed that when one person complained to staff about a fall they had experienced, the staff member called emergency services promptly to ensure they received safe care and treatment. We saw that healthcare professionals such as occupations therapist reassessed the person's needs and provided them with appropriate support and equipment to prevent future occurrences. Learnings from accidents and incidents were shared at staff meetings to prevent future occurrences.

Good

Is the service effective?

Our findings

Staff had the knowledge and skills to meet people's needs. Comments from people included, "I had an assessment with [my relative present], I am very pleased with [staff], they are well trained and do everything I need," and "I changed to this agency at my request, carers are competent, efficient and friendly, they keep my spirits up." Comments from relatives included, "We had an assessment visit prior to the care starting and have had one follow up visit since," and "We had an assessment of needs with Liznett as the previous agency could not accommodate our changed needs, and there was a smooth transition. We are happy with [staff]we have now."

Before people started using the service their needs were assessed to ensure they would be met. The registered provider carried out needs assessments at people's homes to ensure the service was suitable for them and they could meet their individual preferences. Needs assessments covered areas such as moving and handling, falls, eating and drinking, personal care and medicines. During these assessments, people's preferences including the day and time the care should be delivered was discussed to ensure their needs would be met. Referral information from the local authority was kept on people's file. The referral information and information acquired during the needs assessments were used to draw-up individual care plans and risk assessments.

Staff sought consent from people before supporting them. People and their relatives told us staff always asked for their consent. A relative told us, "I hear the carers talking to my [relative] and asking, 'is it alright if we do' and 'would you like to check the water to see if it's warm enough before we start washing you'?" Staff we spoke with understood the importance of seeking consent before supporting people. One staff member said, "I always ask people what help they needed, I don't force them." Another staff member said, "I ask them and if they don't agree I try again later."

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. Applications to deprive people of their liberty in their own homes must be made to the Court of Protection. We checked whether the service was working within the principles of the MCA. The registered provider told us all the people that used the service could make day-to-day decisions regarding their care and support. They told us that if a person was unable to make specific decisions for themselves, they would work with the person, their family [where applicable] and health and social care professionals to carry out assessments and ensure decisions were made in their best interest.

Staff had the knowledge and skills to support people's needs. People and their relatives told us that they or

their loved one's needs were met because staff knew their job and knew how to use mobility aids such as hoists safely. One person told us, "My care was arranged when I was in hospital, the ladies are trained, they know what to do and I am happy with the care." A relative told us, "I don't know what training the carers have had but they are all sensible and competent and do everything my [loved one] needs,"

Staff were supported with induction and mandatary training. The registered provider informed us new staff completed a four-week induction into their role to familiarise themselves with the provider's policies and procedures, complete mandatory training and shadow experienced members of staff. All staff we spoke with confirmed they completed an induction when they first started working at the service and records we looked at confirmed this. The provider told us they were in the process of ensuring all new staff completed the Care Certificate standard. The Care Certificate is the benchmark that has been set for the induction standard for new care workers. Staff also completed mandatory training in courses such as health and safety, duty of care, safeguarding and medicines. Where staff were due for refresher training in courses such as infection control and moving and handling we saw that this had been booked. Staff told us they had access to training and the training courses updated their knowledge and skills to perform their role efficiently.

Staff were supported in their roles through regular supervision and appraisals. It was the provider's policy to support staff every three months with supervision and records confirmed this. Supervision sessions covered areas such as training and development, punctuality, rota and availability. Staff were also supported with an annual appraisal where their performance was assessed and new objectives set for the new year. All staff we spoke with confirmed they received regular supervisions. Staff said they found supervision sessions useful and it helped with their development.

People were supported to eat and drink sufficient amounts for their health and wellbeing. People and their relatives told us they or their loved ones received adequate support to eat and drink. There were instructions in people's care plans on the support they required to eat and drink and if they received any support from their relatives to buy and/or prepare their meals. Staff we spoke with knew of people's needs and the support to provide. Staff said they offered people a choice of available food and supported them to prepare their meals. Where required staff supported people to eat and drink safely. Records of how much food people ate were recorded to ensure they were eating adequate amounts. People's health conditions were taken into consideration when supporting them with their meals, for example there was guidance in place for staff to support a person who was diabetic with low sugar diets.

The provider worked together with key organisations to provide effective care. Feedback we received from health and social care professionals showed that the provider worked well with them. An occupational therapist and a social worker told us the staff team followed instructions, were flexible, willing to adapt, accommodating and professional with recommendations made and delivered an effective care. Also, each person's care plan included information on their medical conditions, medicines and contact details of their GP to ensure information was readily available to staff in the event of an emergency.

People were supported to access healthcare services where needed to maintain good health. People and their relatives told us they or their loved ones arranged healthcare appointments. However, they were confident the provider would support them book or attend an appointment when they needed support. Both the registered provider and staff told us they contacted the pharmacist for medicines and attended to people early on days they had healthcare appointments to ensure they were ready for their transport.

Good

Is the service caring?

Our findings

People were cared for by staff that were kind, compassionate and respectful. People and their relatives told us that staff treated them with dignity, their privacy was maintained and their decisions were respected. Comments from people included, "My [Staff member] is excellent, we have a laugh, they listen and sort things out but allows and encourages me to do what I can." A relative told us, "[Staff] are very kind and caring to [my loved one] and understand them and deal with their situation very well." Another relative commented, "The [Staff] are very kind, they chat and ask my [my loved one] things in a very caring way even though [my loved one] cannot communicate well, I can't fault them, they are so understanding, they are very caring and calming. I don't feel I have to be watching I have such confidence in them." A third relative commented, "[Staff name] is brilliant, everything they do is good. The staff member listens to [my loved one] and provides the care they want and how they want it. I have complete confidence in them and know they will call a doctor if the need arises and will let me know."

People and their relatives were consulted about the care and support they or their loved ones received. People and their relatives told us they were involved in making decisions regarding the care and support delivered including the level of support they needed and what time the care should be provided. People said they were in charge of making day-to-day decisions for themselves. On person told us, "They always greet me and there is general conversation and then they ask me what it is I need to be done." Records showed that people had signed their care files to demonstrate they and their relative had been involved in making decisions about the care and support they received. Staff told us they offered people choice where this was available; for example, with the food they ate and the clothes they wore.

People's privacy and dignity was respected. People and their relatives told us staff respected their privacy and dignity. People said doors, curtains or blinds were closed during personal care and their modesty protected. Staff understood the importance of promoting privacy and dignity. One staff member told us, "I always cover [people] and the door is shut and I always ask for their permission before supporting them." Another staff member told us, "I close the door and shut the curtains, I don't use my phone when I am working." Staff told us that information was kept confidential and only shared on need to know basis. One staff member told us, "What happens in people's homes should remain there." People's records were kept in locked cabinets in the provider's office to maintain confidentiality.

People's independence was promoted. People and their relatives told us people were encouraged to do things for themselves where they could do so. For example, a relative told us that they felt staff promoted their loved ones' independence because staff encouraged them to put on their own clothes at their own pace although it would have been quicker for staff to dress them up. Another relative told us staff promoted independence by allowing their relative to select their own clothes as they had always taken pride in their clothing and appearance. Records included information on things people could do for themselves such as eating or taking their own medicines to ensure staff were aware and promoted this when supporting them. Staff told us they supported people to do as much as they were willing or could do for themselves to ensure they did not lose these skills which was also good for their self-esteem.

People were provided appropriate information about the service. The provider had a 'service user guide' which was given to people when they started using the service. The service user guide contained information about the provider, types of services provided and the complaints policy and procedure. This ensured that people were aware of the standard of care and support they should expect.

Good

Is the service responsive?

Our findings

People received support from staff that met their needs. All the people and their relatives we spoke with confirmed they had a care plan in place which reflected their needs and the care delivery was in line with what was planned with them. Each person's care plan covered areas such as moving and handling, eating and drinking, communication and personal care. The care plans provided guidance for staff on the support to provide each person. For example, one person's eating and drinking care plan showed they needed support with eating and staff who supported them knew how to support them eat safely. The staff member told us, "I must always ensure they are sitting upright before feeding them to stop them from choking." Where required, other healthcare professionals such as occupational therapists(OT) were involved in planning the care and supported staff to deliver an effective care by training them on the use of moving and handling equipment for safe transfers. Daily care notes we looked at showed people were supported by staff in line with the care and support that was planned for them.

Where required people were supported to participate in activities that interested them. One person told us, "The carers keep my spirits up and boost me, they talk to me and listen and they try to encourage me to have a healthy environment." Another person said they attended a day centre weekly and staff supported them to be ready for their transport. The registered provider informed us they referred people to local support groups run by organisations such as Age Concern for additional support. They said staff knew the importance of talking and engaging with people when supporting them. Staff we spoke with confirmed they engaged with people by having conversations with them to ensure they were stimulated at each visit.

Staff understood people's needs with regards to their race, gender, disabilities, religion, sexual orientation and cultural backgrounds and supported them in a caring way. People told us that their diversity and preferences was respected. One person said they preferred not to wear clothing indoors and their preferences were respected. Staff told us they respected a person's wish to have their home and surroundings dark and they supported them to achieve this. We found that one person's culture included eating specific fish and staff supported them to eat this safely without discriminating about their choice of food.

There was an effective system in place to handle complaints. People told us they knew how to make a complaint and were satisfied with how their complaints had been dealt with. For example, one person told us following their complaints regarding a member of staff their wishes were respected and the member of staff no longer supported them. The provider had a complaints policy and procedure which included guidance on what people should expect in response to any complaints raised. The complaints policy included how complaints should be raised, timescales for responding and information on how to escalate complaints.

The complaint logs we looked at showed complaints were taken seriously, investigated and responded to in line with the provider's policy. For example, one person complained about their care staff running late, we saw that this was discussed with the staff member and an informal disciplinary measure put in place to improve their punctuality.

Where required people were supported at the end of their life. The registered provider told us that no one currently using the service required support with end of life care. They said if they had any referrals they would work with key organisations and professionals including the hospital that referred them and the palliative team to provide appropriate care and support. They said it was their duty to ensure the person was treated with dignity and their end of life wishes were met.

Requires Improvement

Is the service well-led?

Our findings

People and their relatives were complimentary about the service. One person told us, "This is the best agency we have ever had, care is excellent…" Another person said, "Good management, nice staff and I feel well supported." A relative told us, "From limited experience very impressed with manager and staff, they are readily available to speak with and communication is good."

The provider did not always maintain records that were accurate, complete and up-to-date in respect of people, staff and records used in managing the service. For example, we noted that one person preferred to be called a different name from their given name. However, their care plan recorded another name from their given name and their preferred name. Another person's medicines risk assessment had a different person's name documented in it twice. Management plans for risk assessments and the support people required were not always consistent and information was not always easy to locate. Eating and drinking charts were in place for each person but were not always completed as required. Personal history sections in care plans were not always completed to ensure that new staff were familiar with people they supported. People's religion was recorded; however, a section on whether people wanted to practice their religion was not always discussed and completed during assessments to ensure appropriate support was in place for them.

Information was not readily available and records were not always presented promptly when required during the inspection. The provider told us they had an external auditor that carried out regular audits in areas such as health and safety, data protection and the auditing of staff files; however, they could not locate any report from these audits. The provider could not locate the second reference of a staff member throughout the time of our inspection and sent us a newly acquired reference from their previous employer after our inspection.

The provider had systems in place to assess and monitor the quality of the service, however the systems were not always effective. The provider carried out regular audits which included care file audits, spot checks and staff files audits. A care file audit we reviewed for people covered areas including communication, continence, food and drink, risk assessments and MAR charts. However, the audits did not identify the short falls we found including the safe management of medicines and the lack of accurate records.

These issues were breaches of Regulations 17 of the Health and Social Care Act (Regulated Activities) Regulations 2014.

We raised these issues with the registered provider. They contacted us after our inspection and told us they had employed an additional office staff who was currently in post to support with the management of records.

The service had a registered manager in post who knew of their responsibility in regard to the Health and Social Care Act 2014. The provider had displayed their CQC rating at their office. They were aware of the

need to inform us of important events that happened in the service, although nothing had happened since our last inspection. The registered provider demonstrated a good knowledge of the service and people who used the service. They were involved in the day-to-day running of the service and supported people with their care and support during staff absences. They told us their values and vision was to care, respect and promote dignity and diversity. Staff told us they upheld the provider's values when undertaking their roles. Staff told us they were happy working at the service because they felt supported. One staff member said, "I love my job, it can be challenging but the [managers] are supportive…. whenever I need them they are there to support." Another staff member said, "Great working for Liznett, they give good training and the communication is good." A third staff member commented, "They are very good company, they give us training and every three months supervision and they talk to us politely."

People's views were sought through telephone monitoring calls, home visits and annual surveys. Results from a recent survey conducted in April 2018 showed people were satisfied with the care and support they received. For example, people said they felt safe and well cared for by staff, they had a team of regular care workers, they said their care workers arrived on time and respected their privacy and dignity. The provider had not yet analysed the results of the survey and told us they were in the process of completing this to drive improvement. Staff views were sought through regular team meetings. Minutes of staff meetings we reviewed showed discussions covered areas such as training, policies and procedures and staff rotas.

The provider worked in partnership with key organisations such as the local authority contract and commissioning team and other healthcare professionals to deliver an effective care. The registered provider told us they shared information including records with the local authority for their input which they used to improve on the quality of the service. The contract monitoring team had confirmed that the provider worked well in partnership with them and provided good care; however, they had identified some shortfalls to the provider about records management and the importance of documentation. They told us they felt the provider was acting to address these issues.

There were systems in place to support continuous learning and improve the quality of the service. Staff received support through induction, training and supervision; complaints, accidents and incidents were investigated and the learnings used to prevent future occurrences. The registered provider told us, "Complaints have now become a good thing and we have opened up to our clients to complain about lateness and we always encourage people to complain so that it does not escalate…" They told us they saw complaints to be a positive thing that they should using to improve the quality of the service. The provider had addressed the issues of lateness by implementing an electronic call monitoring system to monitor staff attendances and punctuality. Regular monitoring checks were being carried out on staff to ensure they were providing consistent care and feedback was sought from people to improve the quality of the service.

This section is primarily information for the provider

Action we have told the provider to take

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

Regulated activity	Regulation
Personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment Medicines were not safely managed.

Regulated activity	Regulation
Personal care	Regulation 17 HSCA RA Regulations 2014 Good governance Records were not always accurate, complete and presented promptly when required. The systems in place for assessing and monitoring the quality of the service was not always effective to drive improvements.