Nightingale Homecare and Community Support Services Ltd

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Inspection report

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Ratings

Overall rating for this service	Requires Improvement
Is the service safe?	Requires Improvement
Is the service effective?	Requires Improvement
Is the service caring?	Requires Improvement
Is the service responsive?	Requires Improvement
Is the service well-led?	Requires Improvement

Summary of findings

Overall summary

The inspection visit took place at the service's office on 26 February 2015. On the 27 February 2015 we visited people who used the service in their own homes.

Nightingale Homecare and Community Support Services Ltd are registered to provide personal care to people living in their own homes in the community. The support hours varied from one to four calls a day, with some people requiring two members of staff at each call. The service office is based in a business park on the outskirts of Folkestone. The service offer support and care to people in Folkestone, Hythe, Dover, Deal and surrounding areas. They provide care and support to a wide range of people including, older people and people living with dementia and mental health needs.

The previous inspection of this service was carried out in September 2014. At this inspection we found that the registered person was in breach of six regulations, care and welfare of people who used the services, requirements relating to workers, (recruitment), supporting workers, and records. At this inspection the registered person had taken steps to meet the regulations with regard to requirements relating to workers and supporting workers. However, there were still breaches in the regulations with regard to care and welfare of people using the service and records. An ongoing action plan was in place to address the shortfalls.

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 and associated Regulations about how the service is run. The registered manager had overall responsibility for this service; however there was a branch manager in post who dealt with the day to day running of the service.

Risks associated with people's care had been identified, but there was not always sufficient guidance in place for staff to keep people safe.

People's medicines were not always handled and managed as safely as they could be. There was a lack of risk assessments in place to ensure that people received their medicine safely. Medicines were not listed or recorded appropriately so it was not clear what medicines people were taking. Some medicine records were not clear and were not accurate.

The service had not taken any new referrals since September 2014, so there had been no new assessments carried out. A new system of care planning was being introduced which was resulting in all of the people using the service receiving a visit from senior staff to carry out a new assessment which formed part of the new care plan. This process was scheduled to be completed in June 2015.

People were satisfied with the care and support they received, however records did not always confirm what action had been taken by office staff to ensure that people's health care needs had been followed up, such as contacting district nurses or the GP. The care plans varied in detail. There was no guidance in the plans to show staff how to manage and reduce the risk of people developing pressure ulcers. Some care plans did not always show how people were receiving consistent personalised care in line with their choices and preferences. People were supported with their nutritional needs. People told us that they chose what they wanted to eat. Staff prepared meals and made sure people had enough to drink.

Records were stored safely but were not always accurate.

There was enough staff employed to give people the care and support that they needed, however there were times during annual leave or sickness when additional staff were required to cover the service. At these times administration staff from the office covered these calls to make sure people received their care. There was an ongoing recruitment drive to address the issue of office staff having to cover calls to people. Staff had received training in how to keep people safe and demonstrated a good understanding of what constituted abuse and how to report any concerns. Accidents and incidents were reported and action taken to reduce the risk of further occurrences.

New staff had induction training which included shadowing experienced staff, until they were competent to work on their own. Other staff who had worked at the

Summary of findings

service for over a year had received training to make sure they had the continued competencies, skills and knowledge to do their jobs effectively and safely. All the topics were covered in a one day refresher course. The registered manager and training manager had recognised that this was not enough time to cover the topics in the depth that staff needed. They were reviewing how they delivered the refresher training to make sure staff had more time and support to get up to date.

Staff had regular one to one meetings with a senior member of staff. At these meetings they had the opportunity to discuss any issues or concerns. Staff competencies were being 'spot checked' to make sure they were caring and supporting people safely.

Staff understood the current guidance to support people to make decisions and consent to care and support. Staff had received training on the Mental Capacity Act 2005. The Mental Capacity Act provides the legal framework to assess people's capacity to make certain decisions, at a certain time.

People told us their regular carers were very kind and caring but other staff did not always have such a caring approach. They told us they knew their daily routines and were always polite and respectful. People we visited were relaxed with the staff and chatted to them about their care. They told us that the staff upheld their privacy and treated them with dignity at all times. Relatives told us that the staff encouraged their relatives to be as independent as possible whilst respecting their choices and wishes.

There was a complaints procedure in place. People told us they knew how to complain and when they had raised issues the staff acted on their concerns and resolved the matter promptly. Complaints were logged and responded to explaining what action had been taken to address the issues raised.

The registered persons were open and transparent with people, health care professionals and staff on the shortfalls of the service and on their action plan to improve the service. People were receiving telephone calls from senior staff to gather their views on the service and regular meetings were being held with health care professionals and staff to discuss the improvements required. Staff understood the visions and values of the service and felt things had improved now there was a new management structure in place.

There were systems in place to monitor the safety and quality of the service and actions plans had been developed and implemented to improve the service

We found a number of breaches in the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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

Summary of findings

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 consistently safe.

Risks associated with people's care had been identified, but there was not

always sufficient guidance about how to keep people safe. People's medicines were not always managed safely.

There were enough staff employed to cover the service. There was an on-going recruitment drive to ensure there was adequate staff available in times of high sickness and annual leave. People were protected by robust recruitment processes.

Staff knew how to protect people from abuse. They knew the correct procedures to follow if they thought someone was being abused.

Is the service effective?

Requires Improvement

The service was not consistently effective.

When people needed support from health care professions they told us that the care staff acted promptly, however there was a lack of guidance for staff to follow to manage and prevent pressure ulcers.

People were supported to have a suitable range of nutritious food and drink.

Staff had received appropriate training which included induction training and observations of their skills and competencies.

Is the service caring?

Requires Improvement

The service was not always caring.

People said their regular staff were kind and caring, however other staff did not always have the right approach to caring for people.

They said that staff were polite and respected their privacy and dignity.

People were relaxed in the company of staff and chatted to them about their daily routines.

Staff supported people to maintain and develop their independence.

Is the service responsive?

Requires Improvement

The service was not consistently responsive.

People did not have all the information in their care plan to give staff the guidance to give the care and support that people needed.

People had opportunities to provide feedback about the service they received.

Summary of findings

People and their relatives said they would be able to raise any concerns or complaints with the staff and registered manager, who would listen and take any action if required.

Is the service well-led?

Requires Improvement

The service was not consistently well-led.

Records were not suitably detailed, or accurately maintained.

There was a new management structure in place and action plans were being implemented to ensure compliance with the regulations. This had not been fully achieved at the time of the inspection.

The service had systems in place to audit and monitor the quality of service people received.

People completed feedback surveys and these were used to make

improvements to the service. The staff were aware of the services ethos for caring for people as individuals and putting people first.

Nightingale Homecare and Community Support Services Ltd

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 was meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 26 and 27 February 2015 and was announced. The provider was given 48 hours' notice because the location provides a domiciliary care service and we wanted to make sure we are able to speak with people who use the service and the staff who support them. On the 26 February 2015 we went to the office and looked at care plans, staff files, audits and other records. On the 27 February 2015 we visited and talked with people in their own homes.

Two inspectors and an expert-by-experience, with a background of older people and domiciliary care, completed the inspection. 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 reviewed information we received since the last inspection, including notifications. A notification is information about important events, which the provider is required to tell us about by law.

During the inspection we visited and spoke with three people and three relatives in their own homes. We spoke with the registered manager, the branch manager, two co-ordinators who organised the work for the staff and three members of staff.

We reviewed people's records and a variety of documents. These included eleven people's care plans and risk assessments, four staff recruitment files, the staff induction records, training and supervision schedules, staff rotas, medicines records and quality assurance surveys.

After the inspection the expert by experience contacted eleven people by telephone. We also contacted four members of staff by telephone to gain their views and feedback on the service.

Health care professionals told us that they were working closely with the service and being regularly updated with the progress the service was making with their action plan to improve the service.

The previous inspection of this service was carried out in September 2014. At this inspection we found that the registered person was in breach of six regulations.

Requires Improvement

Is the service safe?

Our findings

People said that they felt safe when they were receiving their care and support. People told us that staff were trained to support them with their mobility and they were confident they did this safely. One person said: "I feel completely safe in the hands of my regular carer". Another person said: "Staff move me into my armchair in the afternoons, which is lovely, and they are so careful, I feel completely safe". Relatives told us that they felt safe in the knowledge their relative was being supported with their needs.

One person told us that they did not feel safe when a relief staff member answered their personal phone whilst out shopping with them. They felt they were left on their own. They said: I didn't like that very much. I didn't think it was right, my regular carer never does this". This was reported to the service and this issue was addressed and resolved. The member of staff no longer worked for the service.

At the last inspection in September 2014 we asked the registered person to take action to make improvements to protect people from the risk of inappropriate and unsafe care. Following the inspection the registered person sent us an action plan to tell us of the improvements they were going to make by 15 January 2015.

There were new systems in place to assess and manage risks relating to the health, welfare and safety of people. However, the system had not been fully implemented to show that the new process was effective and was reducing risks for people. The registered person told us that the new system would be fully operational by the end of June 2015. The example documentation showed all risks would be fully identified and assessed and that staff would have the guidance and information to make sure the person received the care and support that they needed in the way that was safest for them. Each person was being reassessed and a new care plan with relevant risk assessments was being implemented.

Two new care plans had been completed. These plans showed that risks had been identified and measures were in place to reduce the risks, however as the new care plans had not been completed for everyone, risks were still not being fully managed. One risk assessment stated how staff should stand on either side of the bed when providing personal care and must position the person in the bed, but it did not detailed how this was achieved safely and exactly what position was best for the person. There was no detail to show how staff were managing the risk safely.

Some people needed support with their behaviour. The interventions recorded in the care plan did not identify any known triggers to the behaviour and strategies were not in place to minimise any future occurrence. One care plan stated "I can sometimes get agitated and have in the past been known to grab the carer's arms". There was information for staff to record any incident and to ring the office but no further guidance to show staff how to support the person during this behaviour in order to reduce their anxiety and minimise the risks.

People were at risk of receiving inappropriate or unsafe care as risks had not been, assessed and managed. This was an on-going breach of regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010, which corresponds to regulation 12(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

People told us that they received their medicines when they needed them. People were not always receiving their medicine safely. Staff described what level of support they provided to give people their medicine. This support did not match the information in the care plan. Staff told us they were administering medicines to people but the care plan indicated they were 'prompting' the person to take their medication. In one case the staff were administering medicine to one person whose relative had filled a dosset box with the tablets. (A dosset box is a pill container organising tablets to be stored in separate compartments for days of the week or times of the day). The staff were then signing 'meds as per dosset box' to confirm they had given the medicines. This was not a safe practice as staff were not aware what medicine they were giving to the person.

Senior staff had made hand written entries on some of the medicine administration records. This had not been countersigned by another member of staff to show these entries had been checked and were accurate.

Staff said they were leaving medicines out for people to take later. There were no risk assessments in place to make sure this was done safely and the information was not recorded in the care plan.

Requires Improvement

Is the service safe?

Some people were prescribed creams to protect their skin. Staff applied these creams to people's skin. The administration of prescribed creams was not always recorded in the medicine record sheets and there was no information to tell staff where the creams were to be applied. Staff confirmed that there was no recorded information about where and how people's creams should be applied.

There was a risk of people not receiving their medicines as prescribed. The registered person had failed to ensure that people were receiving their medicines safely. This was a breach of Regulation 12of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Staff had received medicine training and demonstrated their knowledge and understanding of medicine management. A new medicine policy was in place and the provider had recently implemented audits to check that staff were completing medicine records accurately.

Staff had received up to date training in protecting people from abuse. Staff recently employed by the service had completed induction training about how to support people safely and how to recognise the signs and report abuse. They knew the actions to take, such as reporting issues to their manager and other agencies such as the local authority safeguarding team. The registered manager was familiar with the process to follow if any abuse was suspected; and knew the local Kent and Medway safeguarding protocols and how to contact the Kent County Council's safeguarding team. The service had introduced a 'whistle blowing telephone number' so that staff could speak with a senior member of staff immediately if they needed to raise concerns about another member of staff.

People said their regular care staff were very good. One person said: "The staff are excellent in their care and rapport with clients and it seemed that they were the ones holding the Company together". People told us how staff would stay longer if they needed more help. Staffing levels were determined by the number of care hours people needed to fully meet their needs. Although there was evidence to show that sufficient staff were employed to cover the service, some people said there was enough staff on duty and others felt that more staff were needed. One person said: "Sometimes they ring me and say they cannot send anyone today as they are short of staff. I am not one to complain so I grin and bear it". One relative told us that sometimes only one member of staff visited instead of two and occasionally they had to support their relative as the second member of staff to make sure they were moved safely.

Some staff said they felt there was sufficient staff while others said this varied depending on sickness and annual leave. People told us that sometimes the office staff were used to cover as care staff were not available.

People told us that they would ring the office if a member of staff did not turn up. Missed calls were logged and investigated to reduce the risk of re-occurrence and a new system for staff was being implemented to record when staff arrived and left the call. There was an on-call system covered by senior staff for people to use in an emergency or staff to use for support. There were plans in place in case of emergencies such as bad weather when staff may not be able to get to calls.

People said that staff arrived on time and stayed the duration of the call. Staff told us that travel time between people homes could sometimes be an issue and sometimes they were late arriving. The registered manager told us that travel time was taken into account and rotas were worked out geographically to reduce travel time between calls. Staff were allocated the same people to visit each week so that people received consistent staff to support them.

The registered manager told us that there was an on-going recruitment drive to make sure there were sufficient staff on duty to cover annual leave and sickness. Potential staff were being screened for their skills and abilities before being offered an interview. The provider wanted to ensure the right calibre of staff was being employed and reduce the high turnover of staff and improve the consistency of care to people

The provider had recently recruited a new member of staff to make sure that all the recruitment policies and procedures were adhered to. Staff were recruited safely to make sure they were suitable to work with people who needed care and support. Staff recruitment showed that the relevant safety checks had been completed before staff started work. The manager or senior staff interviewed prospective staff and kept a record of how the person preformed at the interview.

Records of interviews showed that the recruitment process was fair and thorough. Staff had job descriptions and

Requires Improvement

Is the service safe?

contracts so they were aware of their role and responsibilities as well as their terms and conditions of work. Staff were issued with handbooks detailing the service policies and procedures.

Staff knew how to report accidents or incidents. Forms were used to record when accidents or incidents occurred.

The registered manager investigated and carried out any required actions to help ensure people remained safe and to reduce the risk of further occurrences. The registered manager analysed incidents and accidents to look for any trends or patterns. This helped reduce the risk of them happening again.

Requires Improvement

Is the service effective?

Our findings

People were satisfied with the care and support they received. People said, “My regular carer does a good job". “I am satisfied with the care being provided”. “My relative got better as a result of the good care by the staff”.

At the last inspection in September 2014 we asked the registered person to take action to make improvements to protect people from the risk of inappropriate and unsafe care. Following the inspection the registered person sent us an action plan to tell us of the improvements they were going to make by 15 January 2015. There were new systems in place to assess and manage risks relating to the health, welfare and safety of people, such as a new skin care assessment tool.

At the time of this inspection health care needs had been identified but in some cases, we could not see what action had been taken to address the issues, such as calling the district nurse. People and staff told us that health care needs were always followed up but records did not consistently confirm this. The skin care assessment tool had only been implemented for two people so not everyone had received an assessment and people were at risk of pressure sores. In one care plan it had been identified that this person had dry skin and to apply cream, another plan stated ‘check for pressure sores’, ‘use cream’ but there was no other guidance of how to prevent people from developing pressure ulcers.

People were at risk of receiving inappropriate or unsafe care as the registered person had failed to ensure that appropriate arrangements were in place to monitor people’s health care needs. This was an on-going breach of regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

People told us that the staff supported them with their health care needs. One person said: “My carer is very observant and offered to call the doctor for me when I was under the weather”. One relative said that the staff noticed when their relative was unwell and needed to see the doctor. When people needed a doctor or a district nurse the staff would support the person to arrange an appointment or contacted the office staff for further action.

Staff told us there was an on-going training programme in place. They received a yearly update on all the main areas like moving and handling, infection control, medicines and protecting people from abuse. Staff training was recorded on a computer system which alerted the trainer when the staff needed refresher training. Refresher training was provided by a one day face to face training session with the service trainer. All necessary training topics were covered in the one day. Staff said that they felt there was not enough time to cover the topics like fire training, infection control, health and safety and the Mental Capacity Act in any depth. The trainer was in the process of reviewing this to make sure it was over a longer period of time and more in depth. They were also developing a training record so that an additional check could be made to ensure that staff remained up to date with all the training that they required.

The registered manager had introduced a staff supervision agreement. This explained the purpose of staff supervision and explained what topics would be discussed during supervision like, ‘what I could better and what I do well’. Some staff had received regular one to one meetings from a senior member of staff or the registered manager. These processes gave staff an opportunity to discuss their performance and identify any further training or development they required. Some staff had received an appraisal and further appraisals had been planned for April 2015.

Staff told us that they always asked for consent from people to provide their care. People told us the staff asked them about the tasks they were to undertake and offered them choices such as what they wanted to wear or drink. Records showed that meetings had been held with health and social care professionals to support people to make decisions about their care. Staff had received training on the Mental Capacity Act (MCA) 2005. The MCA provides the legal framework to assess people’s capacity to make certain decisions, at a certain time. When people were assessed as not having the capacity to make a decision, a best interest decision was made involving people who knew the person well and other professionals, when relevant. New mental capacity assessments had been introduced within the new format of care planning to make sure people were being given the support they needed to make decisions.

When staff started to work for the service they received a formal induction which consisted of a four day programme delivered by one of the trainers. This included staff's duties and responsibilities, practical sessions on how to support people with their personal care and what to do if people

Requires Improvement

Is the service effective?

refused care. There were sessions on skin care, catheter care, communication, emergency procedures, safeguarding, whistle blowing and complaints, food hygiene, infection control, fire safety, first aid, medication, the Mental Capacity Act 2005, and dementia awareness. There was a whole day practical session on moving and handling people safely. Staff were given a staff handbook and information leaflets on topics covered during the training. Staff told us that they thought the induction training was good. Following the induction programme new staff shadowed senior staff, and completed a probationary period before becoming permanent staff.

People and their relatives thought that the staff had the right skills and knowledge, although it took some time for the new staff to settle and become experienced. People told us the regular staff were 'very good', 'brilliant' but did not have the same faith in relief or new staff. One person said 'My carer is like a mother to me" but relief carers "don't always have the experience to know what they are doing".

People's needs in relation to support with eating and drinking had been identified when they first started receiving care. Most people required minimal support with their meals and drinks. People told us that the staff made sandwiches of their choice to be left for their tea and drinks were left out for them. People who were supported at lunch time told us that staff always asked what they would like to eat. Details of what people liked and disliked were recorded in the care plans to make sure people received food of their choice. One care plan clearly stated what choices the person liked for breakfast and lunch and that they preferred to have their meal on a tray.

Requires Improvement

Is the service caring?

Our findings

People told us staff listened to them and were very caring. They said that, the regular staff were extremely kind, respectful and helpful. People and relatives said: "The established staff are much better, especially my main carer who is so kind and really knows what she was doing". "The male carer that attends my relative is absolutely brilliant. He is lovely with my relative, chats to them all the time and gives excellent personal care. He is also good at cleaning up after showering my relative". "I am fortunate to have terrific set of carers who have set up a person centred care plan. They are trained professionals, kind and considerate".

People told us that there were one or two care staff who did not have 'a good disposition' and made them feel like a nuisance. They told us that when their regular carer was not available the staff that covered were not always as caring as they could be. One person told us that when they had requested the office not to send a particular member of staff but this request was not actioned.

People had been asked if they preferred a male or female member of staff to support them with their personal care and this was respected. They said they were called by their preferred names. People told us that they were given choices and told us that the staff responded to their wishes.

One relative told us that their mother received person centred care that was individual to them. They felt the staff team understood their specific needs relating to their age and medical conditions. The regular staff were familiar with people's routines and what was important to them. People told us that the staff encouraged them to be independent by asking them to carry out tasks that they were able to do themselves.

During the inspection staff talked about people in a respectful and caring way. People told us that their privacy and dignity was always respected and staff made sure that doors and curtains were closed when providing personal care. Staff had received training in treating people with dignity and respect as part of their induction and their practice was checked in relation to this during the spot check visits carried out by senior staff to monitor the staff skills and competencies.

People told us they talked about their care with the staff and were involved in decisions about their care. They said that the staff asked them if there was anything else they needed before they left. Relatives told us that they all worked together to make sure people got everything they needed.

People said that on the whole they had the same team of staff. Sometimes different staff came but the office did try to make sure they knew them or had been introduced. One relative said that they had a list of staff who should be completing their calls so that would know who was coming and if needed they had the opportunity to call the office to discuss and changes.

People told us the staff who visited them were kind, caring and respectful. They said that they received the care and support they needed and in the way they preferred. People said some staff knew them and their routines well.

Requires Improvement

Is the service responsive?

Our findings

People told us about their care plans and how they had been involved in the development of the plan. One relative told us that the staff had made sure the plan was individual to their relative and included 'little things' that were so important to them.

At the last inspection in September 2014 we asked the registered person to take action to make improvements to protect people from the risk of inappropriate and unsafe care. Following the inspection the registered person sent us an action plan to tell us of the improvements they were going to make by 15 January 2015. We found there were new systems in place to assess people's care needs and to fully implement person centred care plans, however the action plan had not been fully achieved and the timescales for completion were now June 2015.

Every person was being visited by a senior member of staff to assess their care needs as a new format of care plan was being introduced. At the time of the inspection two people had received a full assessment of their care needs which was part of the new care planning process. The people visited had been involved in the development of their plan and in some cases relatives had been involved when people needed support to make decisions about their care. The plans included details of their lives and were personalised to their individual choices and preferences. The registered person told us that everyone would be visited within the next three months to have their new care plan implemented.

The level of detail in the other care plans varied. Some plans showed people's daily routines, their preferences, such as how they liked to wash and what toiletries they preferred while others stated 'personal care, full body wash' with no detail of what the person could do for themselves to encourage their independence. Some people's information about their life and who and what was important to them had not been completed. One person was using a catheter and staff were recording the fluid output however there was nothing in the care plan to explain why this information was being recorded.

People were at risk of receiving inappropriate care as the registered person had failed to ensure that person centred care plans were in place. This was an on-going breach of regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010, which corresponds to regulation 9(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014

People said senior staff from the office visited them to review their care plan. Relatives confirmed that they had been present when this occurred to support their relative. Care plans were being reviewed in line with the new process. The registered manager said each person would have received a visit by June 2015. Some staff had been involved in the new care plan format and told us that the new way or working would ensure that the care provided was person centred.

There were mixed views with regard to the communication with the office. People said that on the whole this had improved; however, one person said they had telephoned the office and they said they would ring back but they never did. One relative said there were no issues with communication and they received the information they needed to support their relative.

Staff told us the communication with their colleagues and senior care staff was good; however communication with the management team could be improved. For example staff reported a change in one person's mobility and management action was not taken for over a week. They said they felt more supported during the last two months now they had new line manager.

The service had policies and procedures in place to explain how they would respond and act on any complaints that they received. When people started to use the service they were given a copy of the complaints procedure that explained to them what they had to do. This was also written in a format that would make it easier for people to understand.

Information and records about complaints and compliments were kept by the service. Records showed that the detail of any complaint was recorded together with the action taken to resolve it to the satisfaction of the complainant. Complaints were taken seriously and acted on. One person was not getting on with a staff member who was looking after them. The service took action. They responded to the complaint and the member of staff did not return. There were complaints about missed and late calls and the manager had responded to these in writing and had told people how they were going to address them.

Requires Improvement

Is the service responsive?

One complainant had raised concerns about staff attitudes, late calls and different staff coming to their home so there was no consistency. The manager had taken action to improve the time of the visits and the continuity of care by reducing the number of staff providing the calls. Action was also taken to address the staffing issues.

The service had also received compliments from people. Comments included, “Thank you for taking such good care of my father”. “Your carers showed such care and compassion for my relative. They were treated with the dignity they deserved”. “Thank you for putting up with me and being so kind when I have been feeling rotten and unwell”. “We would like to express our gratitude for the professionalism and kindness the staff gave not only to my relative but also ourselves. They are a credit to your company”.

Requires Improvement

Is the service well-led?

Our findings

There were mixed views about whether or not the service was well led. The service was run by a branch manager and the registered manager was more involved in the operational side of the organisation. Some people did not feel that the management team were effective, they said: "The manager in the office was not "on the ball", "The management are rather useless", "The managers need to pull their socks up". Relatives had mixed views about the management of the service, some said they were 'one hundred per cent satisfied with the service', the registered manager was 'excellent' and their 'heart was in the right place', while others said they did not have a lot of confidence in the company.

People were very positive and complimentary about the staff who visited them in their homes but felt the organisation lacked clear leadership. One person said, "I think the carers are good but the management is poor". Some people felt there was a lack of communication with the office staff whilst others thought that it had improved. People said they did not always get a return call from the office when they contacted them, however another person said: "The office staff are excellent".

The organisation had restructured the management team. A new operations manager joined the organisation and an experienced consultant was supporting the management team to implement the changes to the service. New care co-ordinations and senior care staff have been appointed to manage and monitor the care staff. People and relatives told us there had been some improvements to the service.

The organisation was open and transparent with staff and professionals with regard to their action plan to improve the service. A letter was sent to staff on 4 February 2015 detailing what action the company was taking to improve the service and asking staff for any ideas to help with this process. Meetings had been set up with professionals to discuss the progress of the improvements to the service. All of the people were being visited by the senior staff to reassess their care and implement the new care plan system.

Staff knew about the visions and values of the organisation and told us how they cared for people in an individual way, respected their dignity and helped to keep them as safe as possible. They told us how they worried about the organisation's reputation as things had not being going well, however they felt more supported now that things had improved and there was a new management team in place.

At the last inspection in September 2014 we asked the registered person to take action to ensure that the registered person had effective systems in place to assess and monitor the quality of services provided. We found the registered person had assessed the quality of the service and appropriate action plans were in place to monitor the service being provided.

Audits were carried out on staff files to make sure that all the information and checks needed were in place. Spread sheets were in place to record and track any shortfalls. Systems had been developed so that all the new care plans could be stored and shared so that any manager could access the system and audit the care plans.

Systems had been developed to monitor the quality of the services provided and identify, assess and manage risks to the health, safety and welfare of people. The quality assurance manager was developing systems to check the quality of the service being provided. They were collating all the information received by the service like complaints, safeguarding issues, missed calls and late calls. If shortfalls were identified these would be analysed and action taken to make sure that improvements were made.

Staff said they understood their role and responsibilities and felt supported by senior staff.

There were systems in place to monitor that staff received up to date training, had regular team meetings, spot checks, and supervision meetings. This gave them the opportunity to raise any concerns and be kept informed about the service, people's changing needs and any risks or concerns. Appraisals were in place and had been arranged for April 2015.

People and/or their relatives completed quality assurance surveys in February 2015 to give feedback about the services provided. People gave positive feedback and were mainly satisfied with the service they received. Comments included: "Thank you for improving the quality of my relative's life". "The staff that come to us in the mornings are excellent, no concerns at all, they are professional, caring

Requires Improvement

Is the service well-led?

and respectful". "I am very happy with the service and I'm confident that if I was every unhappy it would be sorted professionally". "Excellent service, I am very happy with the service".

When negative feedback and comments had been received action was taken to address the issues.. Further follow up quality assurance telephone calls were made to all of the people who were not satisfied. The management team took action to investigate the concerns and resolve any issues.

At the last inspection in September 2014 we asked the registered person to take action to ensure that proper and accurate records were in place. Although records had improved and new systems were being implemented with relevant checks of record keeping we found that not all records were completed, accurate up to date.

There were gaps in medicine record sheets because staff had not signed to confirm that medicine had been given. When staff had signed to confirm medicine had been given, the dosage had not been recorded. There were also gaps in the record for one person taking medicine, which did not indicate if the person had received their medication or not.

When staff reported health care issues to the office there was not always a record on the computer system or care plan to confirm what action had been taken, such as contacting district nurses or the GP. Another person had a blister on their leg, this was recorded on their daily care notes but there was no other information to show if further action was needed. Staff had also noticed a bruise on a person but there was no further mention of the bruise in the daily notes or what, if any, action needed to be taken.

The registered person did not make sure that people were protected against the risks of unsafe or inappropriate care arising from a lack of proper accurate records. This was an on-going in breach of regulation 20 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010, which corresponds to regulation 17(2)(d) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Records were secured and stored appropriately and all records requested at the time of the inspection were available.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where legal requirements 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 did not take formal enforcement action at this stage. 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 People were at risk of receiving inappropriate or unsafe care as risks had not been, assessed and managed. The registered person had failed to ensure that people were receiving their medicines safely.

Regulated activity	Regulation
Personal care	Regulation 9 HSCA (RA) Regulations 2014 Person-centred care People were at risk of receiving inappropriate or unsafe care as the registered person had failed to ensure that appropriate arrangements were in place to monitor people's health care needs.

Regulated activity	Regulation
Personal care	Regulation 17 HSCA (RA) Regulations 2014 Good governance The registered provider must ensure that people are protected against the risk of unsafe and inappropriate care arising from the lack of proper information. Records were not accurate. They were not up to date or in good order.

This section is primarily information for the provider

Enforcement actions

The table below shows where regulations were not being met and we have taken enforcement action.