

Eternal Care UK Limited

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Inspection report

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Ratings

Overall rating for this service

Inadequate ●

Is the service safe?

Inadequate ●

Is the service effective?

Requires Improvement ●

Is the service caring?

Requires Improvement ●

Is the service responsive?

Requires Improvement ●

Is the service well-led?

Inadequate ●

Summary of findings

Overall summary

This inspection took place on 02 and 03 August 2018 and was announced. Eternal Care UK limited 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 the inspection 86 people were using the service. Not everyone using Eternal Care UK limited receives regulated activity; CQC only inspects the service being received by people provided with 'personal care'; help with tasks related to personal hygiene and eating. Where they do we also take into account any wider social care provided.

The service had 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.

We inspected Eternal Care UK Ltd on 28 June 2016 and found significant shortfalls. We found multiple breaches of the fundamental standards and regulations. The service was rated inadequate and placed into special measures. Allegations of abuse had not been reported to the local authority as required. Medicines were not managed safely, and people were not always supported to receive their medicines as prescribed by healthcare professionals. Risk assessments were not always reflective of people's needs, and appropriate steps were not in place to mitigate future risks. Effective systems or processes were not in place to assess, monitor and improve the quality of the service. The provider had not submitted statutory notifications to the CQC, as required by law.

We took enforcement action and issued a warning notice relating to 'Safe Care and Treatment.' We placed a positive condition on the provider's registration which prevented them from taking on new clients. We required the provider to make improvements and the service was placed 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.

Following this inspection, we inspected the service on 12 and 13 December 2016. We found that the provider had made improvements and the service was no longer in breach of any of the fundamental standards and regulations. We revised and improved the rating the service to 'Requires Improvement' as the system and processes that have been implemented had not been operational for a sufficient amount of time for us to be sure of consistent and sustained good practice.

At this inspection we found that the provider had not sustained the necessary improvements. The provider had not ensured medicines were managed safely. There were not always up to date and accurate records of the medicines people were prescribed. The provider's audits of people's medicines were not effective. The provider and registered manager had not raised safeguarding alerts as required.

Staff told us if people's needs changed, these were discussed with people and their relatives as appropriate

to ensure that the service met their needs. However, two of the 10 the care plans we reviewed did not reflect people's current needs, and had not been updated when their needs had changed. We brought this to the attention of the registered manager and the director, they told us that all these care plans would be updated immediately. Following the inspection, they confirmed that the two care plans had been updated.

The provider did not always have enough staff to support people safely.

We received a mixed response from people and their relatives about the management of the service.

The provider had not always monitored people's calls to check staff had attended as per their agreed time. There was no communication record to show that office staff had informed people when staff were running more than 15 minutes late. Also, on some occasions staff had spent less time with people than agreed, and this had not been followed up by the management team.

Quality assurance systems were in place to monitor the quality of the service being delivered. However, the provider had not always identified the serious concerns we found at this inspection. The provider had not ensured that people's information and their records were maintained safely.

Staff completed a risk assessment for every person when they started using the service. However, there was no risk assessment and management plan for people using bedrails and this required improvement.

We did see some areas of good practice with safeguarding. The service had a policy and procedure for safeguarding adults from abuse. All staff told us they completed safeguarding training and the training records we looked at confirmed this.

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. People consented to their care before it was delivered. However, some people lacked capacity to make important decisions about their care and the provider and registered manager had not documented best interest decisions, when decisions had been made on their behalf.

The provider had a system to manage accidents and incidents to reduce the likelihood of them happening again. The provider carried out satisfactory background checks of all staff before they started working. This reduced the risk of unsuitable staff working with people who used the service. Staff followed infection control procedures to reduce infection from spreading.

Staff supported people to eat and drink enough to meet their needs. People's relatives coordinated their health care appointments and health care needs, and staff were available to support people to access healthcare appointments if needed. People's personal information about their healthcare needs was recorded in their care records.

People and their relatives told staff were caring. People were supported to be as independent in their care as possible. Staff involved people and their relatives, where appropriate, in the assessment, planning and review of their care. People's care records showed that they were involved in planning and subsequent reviews of their care. Staff showed an understanding of equality and diversity. The service had a clear policy and procedure for managing complaints. People knew how to complain and told us they would do so if necessary. The provider had systems and processes in place to support people with end of life care in line with their wishes.

The registered manager held staff meetings, where staff shared learning and good practice so they understood what was expected of them at all levels. Staff described the management of the service positively. We observed the manager interacting with staff in a positive and supportive manner throughout the time of our inspection.

People who used the service completed satisfaction surveys for the period July 2017 to December 2017. The service worked effectively with health and social care professionals and commissioners. Feedback from a social care professional stated that the provider continued to make improvements in relation to call monitoring and accidents and incidents management.

The overall rating for this service is 'Inadequate' and the service is therefore in 'special measures'. Services in special measures will be kept under review and, if we have not taken immediate action to propose to cancel the provider's registration of the service, will be inspected again within six months. The expectation is that providers found to have been providing inadequate care should have made significant improvements within this timeframe.

If not, enough improvement is made within this timeframe so that there is still a rating of inadequate for any key question or overall, we will take action in line with our enforcement procedures to begin the process of preventing the provider from operating this service. This will lead to cancelling their registration or to varying the terms of their registration within six months if they do not improve. This service will continue to be kept under review and, if needed, could be escalated to urgent enforcement action. Where necessary, another inspection will be conducted within a further six months, and if there is not enough improvement so there is still a rating of inadequate for any key question or overall, we will take action to prevent the provider from operating this service. This will lead to cancelling their registration or to varying the terms of their registration.

For adult social care services, the maximum time for being in special measures will usually be no more than 12 months. If the service has demonstrated improvements when we inspect it and it is no longer rated as inadequate for any of the five key questions it will no longer be in special measures.

You can see what action we told the provider to take at the back of the full version of the report. Full information about CQC's regulatory response to the more serious concerns found during inspections is added to reports after any representations and appeals have been concluded.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Inadequate ●

The service was not safe.

People gave us a mixed feedback about safety and how staff treated them.

The provider had not ensured medicines were managed safely.

The provider had not raised safeguarding alerts as required.

We confirmed through our discussions with people using the service there had been missed calls to them.

Senior staff completed risk assessments and risk management plans to reduce identified risks to people. However, there was no risk assessment and management plan for people using bedrails and this required improvement.

The service had a system to manage accidents and incidents to reduce reoccurrence.

The provider carried out satisfactory background checks of all staff before they started working. Staff followed infection control procedures.

Is the service effective?

Requires Improvement ●

Some aspects of the service were not effective.

Staff were supported through regular supervision, appraisal and spot checks to help them undertake their role. However, the concerns found at spot checks were always not discussed during their supervision meetings.

Staff sought consent from people when offering them support. The provider had not maintained a record of best interest decisions in accordance with the requirements of the Mental Capacity Act 2005.

People and their relatives commented positively about staff and told us they supported them properly.

The service provided an induction and training for staff.

Staff supported people to eat and drink enough to meet their needs. People's relatives coordinated health care appointments and staff were available to support people to access health care appointments if needed.

Is the service caring?

Some aspects of the service were not caring.

People had told the service that they were not always treated with respect and dignity.

Staff told us they kept people's personal information confidential. However, we found someone else's name and information was included in another person's care plan, so this information was seen by other people.

People and their relatives told us they were consulted about their care and support needs.

Staff treated people with respect and kindness, and encouraged them to maintain their independence.

Requires Improvement ●

Is the service responsive?

Some aspects of the service were not responsive.

Staff developed care plans with people to meet their needs. Care plans included the level of support people needed and what they could manage to do by themselves. However, some care plans did not reflect people's current needs.

People knew how to complain and would do so if necessary. The service had a clear policy and procedure for managing complaints. The registered manager responded to concerns in line with their procedure.

The provider had systems and processes in place to support people with end of life care in line with their wishes.

Requires Improvement ●

Is the service well-led?

The service was not well-led.

We received a mixed response from people and their relatives about the management of the service.

Inadequate ●

The provider did not have effective systems and processes to assess and monitor the quality of the care people received.

The provider had not ensured that people's information and their records were maintained safely.

The provider and registered manager had failed to notify CQC of notifiable events.

The registered manager held regular staff meetings, where staff shared learning and good practice so they understood what was expected of them at all levels.

The provider worked in partnership with health and social care professionals.

Eternal Care UK Limited

Detailed findings

Background to this inspection

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

This inspection site visit took place on 2 and 3 August 2018 and was announced. The provider was given 48 hours' notice because the service is a domiciliary care service and we needed to be sure that the provider would be in. We visited the office location to see the manager and office staff; and to review care records and policies and procedures. The inspection was carried out by two inspectors, one specialist advisor and two experts by experience. The experts by experience made phone calls to people to seek their feedback about the service. 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 the inspection, we looked at all the information we held about the service. This information included the statutory notifications that the service sent to the Care Quality Commission. A notification is information about important events that the service is required to send us by law. We used information the provider sent us in the 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 used this information to help inform our inspection planning.

During the inspection, we spoke with 10 people and 10 relatives, 12 members of staff, the registered manager and the director. We looked at eight people's care records, 10 people's medicines records and five staff records. We also looked at records related to the management of the service, such as the complaints, accidents and incidents, safeguarding, health and safety, and policies and procedures.

Is the service safe?

Our findings

People gave us a mixed feedback about safety and how staff treated them. Some people were positive about the staff at the service saying, "They [staff] give me plenty of time which makes me feel secure." And, "They [staff] are unhurried and safety conscious." Relatives told us, "They [staff] are very good and check everything before they do transfers." Another relative said, "They [staff] have to use a walker and a wheelchair, and you can see them giving a visual inspection before they start." A third relative commented, "They [staff] look and act very confident which helps." However, other people told us they did not always feel safe. One person said, "The care is becoming less careful; the staff are always in a hurry. When I'm being hoisted I don't feel very safe." We found concerns regarding medicines, risk management and staffing levels which meant that the service was not always safe.

At our comprehensive inspection of 28 June 2016, we found the provider had not acted to make sure medicines were managed safely. There were not always up to date and accurate records of the medicines people were prescribed. People were at risk of not receiving their medicines as prescribed. The provider had not conducted regular audits of people's medicines records. We took enforcement action. At our inspection on 12 and 13 December 2016, we found that the provider had addressed the breaches of regulation, however at this inspection we found that these improvements had not been sustained.

People told us staff supported them with their medicines. One person told us, "They [staff] give my medicines when they visit, so it is mostly on time." Another person said, "They [staff] help with my medicines which is fine, if they are on time." One relative commented, "The carers help my [family member] with medicines and this works well." However, we picked up several issues with medicine management.

We found the provider had not trained and assessed the competency of the staff authorised to administer specific medicines. Some people received support with their medicines through a percutaneous endoscopic gastrostomy (PEG.) A PEG is a specialist feeding tube inserted directly into the stomach. The aim of a PEG is to feed those who cannot swallow. PEG training had been attended by some staff delivered by the HEN team (Home Enteral Nutrition). However, one of the six regular staff supporting a person with a PEG had not received this training. There was a risk that this staff member may not support the person with their PEG safely.

The provider's medicines management policy was incomplete. Some people received support with oxygen and the provider's medicine policy did not include information about how oxygen therapy was managed by care staff or the records that staff needed to complete for people who required oxygen. Similarly, some people received support with their medicines through a via Jejunostomy (or Jejunal) tube and the provider's medicine management policy for specialist techniques did not include care or administration of medicines in this manner. There was a risk that staff may not have received appropriate guidance and people may not have received their medicines as required.

Medicines administration records (MAR) were not produced in line with the provider's policy. The provider's policy stated, "Ensure that a named health or social care professional has drawn up the MAR and medication

records should indicate who the prescriber of each medicine is and how they can be contacted." However, these were not seen on the inspection. There were two different types of MAR in use. This was a risk because staff may not know how to complete them accurately. Different members of staff completed the MAR differently, some were produced with only 'O' for other, expecting staff to complete the back for anything other than an administration, other MAR charts were found to have a group of codes to include refusal. The MAR charts included sections to be completed by staff producing them and the member of staff checking them. They also included sections for receiving medicines to include strength and quantity. However, these were left blank.

Staff hand wrote some people's MARs. These hand-written records had not been completed accurately to show the correct dose of people's medicines. Staff had signed them consistently to say the wrong dose of medicine had been administered and no one had picked up on these errors. There was a risk that people may not have received their medicines as required.

The medicines care plans were not accurate. For example, one person's risk assessment, stated they person required 'level 2 administration.' However, the medicines authorisation section in the care plan stated, 'prompt – level 1 assistance.' A senior member of staff confirmed that this was not correct, as the person could not manage their medicines as they were stored out of their reach for safety concerns. For another person, risk assessment stated, 'level 1 assistance for medicines – general support.' Their current medicines care plan stated "[this person] will take their medicines herself." However, a senior member of staff confirmed that this was not correct, and that their medicines are locked away as they were at risk of misuse of their medicines. Staff were working without supervision, unaccompanied in people's homes. Without clear guidance for staff there was a risk that people may not receive the support they needed with their medicines.

Senior staff completed monthly medicines audits and had identified some issues regarding medicines recording. These had been addressed with individual members of staff. However, they had failed to identify the systemic issues we found regarding medicines at this inspection.

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

We brought the above issues to the attention of the registered manager. The registered manager told us that they would make improvements with immediate effect. Following the inspection, they confirmed that people's MAR charts had been changed from monthly to weekly forms. We continue to monitor and would check the improvements at our next inspection.

At our last comprehensive inspection on 28 June 2016 we found the provider had not taken action to support people when allegations of abuse were raised and the appropriate bodies had not been informed of the incident to reduce the risk of similar future incidents. This was a breach of Regulation 13 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At the inspection on 12 and 13 December 2016, we found that the provider had addressed the breaches of regulation, however, at this inspection the improvements had not been sustained.

At this inspection, we found the service had a policy and procedure for safeguarding adults from abuse. All staff told us they completed safeguarding training and the training records we looked at confirmed this. One member of staff told us, "I know how to spot signs of abuse, and I would always let the office staff know, if I thought someone was being abused." Staff told us there was a whistle-blowing procedure available and they said they would use it if they needed to. One member of staff said, "If I reported a concern and nothing

was done about it, I would report it to the local authority, but I've never had to do this."

.However, we found that the provider had not always raised safeguarding concerns with the local authority or notified CQC as required. There had been one incident when a person's money had gone missing, and another incident when a person had not received personal care over the weekend, meaning they did not get the support they required. The director told us that, "This was an error of judgement." And the registered manager said, "I think, I should have done a safeguarding vulnerable adult? referral but did not do in hindsight." We raised these concerns with the local authority safeguarding team after the inspection.

This was a breach of Regulation 13 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Staff did not always attend people's care calls as required. We confirmed through our discussions with people using the service there had been missed calls to them. Some people and their relatives told us the provider did not have enough staff to support people safely always. One person told us, "Yes, but it was a long time ago." A relative said "Yes, just one and I told the office about it." Another relative commented, "They [staff] have missed us out twice, both times were an early start. Last week I got the call to say they couldn't replace a carer and the other was last weekend." A third relative told us, "No, if they can't cover when someone goes off sick then there aren't enough."

Most of the people and their relatives told us staff were on time however, one person told us, "Sometimes they [staff] are up to an hour late. I phone the office but they rarely come back to me. I have had to phone 2 or 3 times but they don't communicate very well." Another person said, "No not really. I've phoned up and they just say they're running a bit late." One relative told us, "There was an occasion about a week ago when the carer was so late that my [Loved one] had washed and dressed but not remembered to have their tablets. This call is expected at 8.30am and [the carer] arrived gone 11.00am. I have spoken to the office about it and they have rectified it."

The registered manager told us that they have a 15 minutes tolerance period, and if the member of staff is late more than 15 minutes to their scheduled home visit, they would inform the person. We looked at two weeks electronic call records from 16 July 2018 and found several visits have taken place over 15 minutes late. There was no communication record to show that the office staff had informed people when staff were running late for more than 15 minutes to their scheduled home visits.

Staff rostering records showed that for some people, the provider had not always allowed enough time for all staff to travel between calls. For example, we found some staff calls were rostered back to back with no travel time allowed. We received a mixed response from staff about travel time to meet people's needs. One member of staff told us "My work gets done in the visit; I've never had problem with time." Another member of staff said, "We have enough time to do the visit, and to travel to the next one." However, a third member of staff commented "Sometimes the travel time is not enough, particularly when using public transport." We brought this to the attention of the registered manager, they told us that they would revisit staff rostering and make improvements.

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

The registered manager told us they organised staffing levels according to the needs of the people who used the service. The service had an on-call system to make sure staff had support outside the office working hours. Staff confirmed this was available to them when required.

Staff completed a risk assessment for each person when they started using the service. Risk assessments covered areas including falls, fire, medicines management, the home environment and moving and handling. Risk assessments included appropriate guidance for staff on how to reduce identified risks. For example, where someone had been identified with a risk regarding their mobility, a risk management plan had been put in place which identified the use of equipment and the level of support the person needed to reduce the risk. The registered manager told us that risk assessments were reviewed periodically and as and when people's needs changed. However, there was no risk assessment and management plan for people using bedrails and risk assessment review was not completed for the people who had come out of the hospital and this required improvement. There was a risk without a risk management plan that staff may support people in an unsafe manner, or not in line with their preferences.

The provider had a system to manage accidents and incidents to reduce the likelihood of them happening again. Staff completed accidents and incidents records. These included action staff took to respond and minimise future risks, and who they notified, such as a relative or healthcare professional. A senior member of staff reviewed each incident and the registered manager monitored them to identify possible learning. The provider showed us examples of changes they made after incidents. For example, when a person was worried about being hoisted by a member of staff, a supervisor visited the person's home to check manual handling process and discussed with the individual member of staff the actions to reduce future risks.

The service maintained records of safeguarding alerts and monitored their progress to enable learning from the outcomes of investigations when known. The registered manager developed performance improvement plans for staff to make sure they used any incidents as an opportunity for learning. For example, risk assessments had been reviewed in response to a recent incident.

The provider carried out satisfactory background checks of all staff before they started working. These included checks on staff member's qualifications and relevant experience, their employment history and consideration of any gaps in employment, references, and criminal records checks, a health declaration and proof of identification. This reduced the risk of unsuitable staff working with people who used the service.

People were protected from the risk of infection. Staff understood the importance of effective hand washing, using personal protective equipment (PPE) such as aprons and gloves and disposing waste appropriately, to protect people and themselves from infection and cross-contamination. The service had infection control procedures in place and records showed that staff had completed infection control training to ensure they knew how to prevent the spread of diseases.

Is the service effective?

Our findings

People told us they were satisfied with the way staff looked after them and staff were knowledgeable about their roles. One person told us, "They [staff] are lovely and they seem well trained." Another person said, "They [staff] are all very nice and pleasant and capable." A third person commented, "Yes, they [staff] are very experienced at what they do." One relative told us, "Definitely I am impressed."

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

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. If the service wished to restrict the liberty of any person an application would have to be made to the Court of Protection. We checked whether the service was working within the principles of the MCA.

The service had systems to assess and record whether people had the capacity to consent to care. Staff understood the importance of asking for consent before they supported people. A member of staff confirmed they sought verbal consent from people whenever they offered them support. Staff also recorded people's choices and preferences about their care and support needs. At the time of the inspection, the registered manager told us that most people using the service had capacity to make decisions about their own care and treatment.

However, when people lacked the capacity to make important decisions for themselves the provider had failed to maintain a record of decisions made in their best interest, in line with the Mental Capacity Act 2005. For example, some people had bed rails in place and although, the service had worked with people's relatives, if appropriate, and the relevant health and social care professionals in making decisions regarding this, there were no records in place. This required improvement.

The provider supported staff through regular supervision, an annual appraisal and spot checks by a senior member of staff. Areas discussed during supervision included staff wellbeing and sickness absence, their roles and responsibilities, and their training and development plans. However, we found that any concerns found at spot checks were always not discussed during their supervision meetings. For example, one staff spot check record noted on four separate spot checks that the log book lacked detail of the actual care provided. This member of staff had supervision, after the concerns were identified during spot checks, but there was no mention of these concerns, or action taken and recorded to address them in their supervision meeting. However, the member of staff told us that this concern was discussed informally and that they were advised to ensure that all care given was comprehensively recorded.

Staff told us they completed comprehensive induction training when they started work, and a period of

shadowing an experienced member of staff. Records showed induction training was completed in line with the Care Certificate which is a nationally recognised way of training staff new to social care work. The registered manager told us all staff completed mandatory training specific to their roles and responsibilities. The training covered areas such as basic food hygiene, safeguarding, health and safety in people's homes, moving and handling, administration of medicine, and the Mental Capacity Act 2005. Training records we looked at confirmed this. Staff told us the training programmes enabled them to deliver the care and support people needed. One member of staff told us, "The training I've received here helps me to give good care." Another staff member said, "The training helps me to support people safely."

Staff carried out an initial assessment of needs for each person to ensure they could be met. The assessment considered the level of support they required, their choices and preferences, and any identified areas in which they needed support. The assessments covered medical conditions, physical and mental health; personal care, mobility, nutrition and skin care needs. This information was used as the basis for developing personalised care plans to meet their individual needs.

Staff supported people to eat and drink enough to meet their needs. One person told us, "My carer does all this and the food is nice and the drink too." Another person said, "They [staff] help with my food and drink." One relative commented, "They [staff] really go the extra mile with this, my [loved one] lost interest in eating and they helped my [loved one] by cajoling and spoon feeding." Another relative said, "The carers do drinks and snacks and this works well." People's care plans included a section on their diet and nutritional needs.

People's relatives coordinated their health care appointments and health care needs, and staff were available to support people to access healthcare appointments if needed. People's personal information about their healthcare needs was recorded in their care records. We saw contact details of external healthcare professionals and GPs in every person's care record. Staff told us they would notify the office if people's needs changed and they required the input of a health professional such as a GP or a hospital appointment. For example, one staff member told us, "When the hoist in a person's home wasn't working efficiently. I informed the office, the office staff liaised with the Occupational Therapy (OT) team, who provided safety equipment."

People were supported to have access to healthcare services where required. The service had links and worked with local healthcare professionals. Staff completed health action plans for people who required and monitored their healthcare appointments.

Is the service caring?

Our findings

People and their relatives told us staff were caring. One person told us, "My carer always treats me like a person and are very polite." Another person said, "They [staff] are very respectful." One relative commented "They [staff] are great with my [loved one], they make them laugh and fully engage with them and this is done politely." Another relative said, "One of the carers is very empathetic with my [loved one], so that if my [loved one] has been out, [staff] knows when to let them rest and when to make them work to help themselves."

People and their relatives told us their privacy was respected and staff acted in accordance with people's wishes. One person told us, "They [staff] make sure I am decent before opening curtains and after the toilet." Another person said, "All the curtains are closed and I have my dressing gown till I am dressed." One relative commented, "They [staff] always do things the way my [loved one] wants them and respect privacy." Another relative said, "Yes, they [staff] close curtains and doors and make sure my [loved one] is covered and warm." Staff told us they did this by ensuring people were properly covered, and curtains and doors were closed when they provided care. However, the results in the recent survey, showed 5% of people felt they were not treated with dignity and respect.'

Staff told us they kept people's information confidential. One staff member explained to us how they kept all the information they knew about people confidential, to respect their privacy. They said they would share people's information with their line manager or the relevant health and social care professionals. Staff completed training in maintaining confidentiality as part of their induction, and this was refreshed as required. However, we found someone else's name and personal details was included in another person's care plan, so this information was seen by other people.

People were supported to be as independent in their care as possible. One person told us, "They [staff] get me to do everything I can for myself." Another person said, "I can't do much but I get to make choices and do bits and bobs for myself." A relative commented, "They [staff] try but my [loved one] is different on different days so it isn't easy." Another relative said, "The carers try to get my [loved ones] to do things for themselves." Staff told us that they would encourage people to complete tasks for themselves as much as they were able to.

Staff involved people and their relatives, where appropriate, in the assessment, planning and review of their care. One person told us, "Yes, I have a care plan and I was involved with it." Another person said, "Yes, I have a care plan and it was discussed with me." One relative commented, "Yes, we have a care plan and the family helped draw it up." Another relative said, "Yes, it lives in the kitchen and we [family] contributed to it." People's care records showed that they were involved in planning and subsequent reviews of their care.

People also told us staff involved them in their day-to-day care. One person told us, "They [staff] always ask before we start my getting out of bed and showering and ask about what I want for breakfast." Another person said, "Yes, they [staff] are very good about this." A relative commented, "Yes, always. Especially with the transfer from bed to chair and back."

Staff showed an understanding of equality and diversity. For example, staff completed care records for every person who used the service, which included details about their ethnicity, preferred faith, culture and spiritual needs. Staff we spoke with told us that the service was non-discriminatory and that they would always seek to support people with any needs they had with regards to their disability, religion, and gender.

Is the service responsive?

Our findings

Care plans contained information about people's personal life and social history, their health and social care needs, allergies, family and friends, communication, mobility and contact details of health and social care professionals. They also included the level of support people needed and what they could manage to do by themselves. Staff told us that they read the care plan to ensure they had the appropriate information to support the person.

Staff told us, if a change of need arose, these were discussed with people and their relatives as appropriate to ensure that the service met their needs. For example, a change of visit time and increased level of support. However, two of the 10 the care plans we reviewed did not reflect people's current needs and had not been updated when their needs changed. For example, one person's care plan was developed on 16 December 2017, subsequently their needs changed, and a change of need service request was received by the provider on 25 June 2018, which included support with additional tasks of personal care and mobility support. For another person, their care plan was dated 20 December 2017, subsequently their needs changed and a change of need service request was received by the provider on the 19 July 2018 with additional tasks of personal care and transfers out of bed into wheelchair and toilet. However, both these care plans were not updated to reflect the change of needs. Staff worked unaccompanied in people's homes, without supervision. This meant the need for accurate, up to date information regarding how to support people was important to ensure people received consistent care. There was a risk without this guidance that staff may support people in an unsafe manner, or not in line with their preferences.

This was a breach of Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We brought this to the attention of the registered manager and the director, they told us that all outstanding care plans would be updated immediately. Following the inspection, they confirmed that the two care plans had been updated. We continue to monitor and would check the improvements at our next inspection.

The provider identified and met the communication needs of people. For example, care plans contained information about people's communication needs and guidance for staff to gain consent prior to providing care in line with their preferences.

People gave us a mixed feedback about how their complaints were managed. One person told us, I've made several complaints. One person said, "I haven't needed to make a complaint but I do know what to do." Another person commented, "I have had a few niggles but not a complaint." Relatives told us that the provider had listened and attended to their complaints immediately. For example, one relative told us, "When I have complained and they have listened and sorted it out right away." Another relative said, "Communication has been very good and a complaint was dealt with straight away." We found the provider had managed complaints in line with their policy and procedure. The service had a complaints procedure which clearly outlined the process and timescales for dealing with complaints and how to escalate if they remained unhappy with the outcome. Information was available for people and their relatives about how

they could complain if they were unhappy or had any concerns. The service had maintained a complaints log, which showed when concerns had been raised senior staff had investigated and responded in a timely manner to the complainant and where necessary they held meetings with the complainant to resolve the concerns. These were about staff behaviour and general care issues. The registered manager told us they had not received any complaints after these concerns had been resolved.

The provider had systems and processes in place to support people with end of life care in line with their wishes. However, at the time of the inspection no one was receiving end of life care support from the provider.

Is the service well-led?

Our findings

We received a mixed response from people and their relatives about the management of the service. Some people and their relatives were positive saying, "They [The provider] must be good because, I am getting a good service." And, "We have good communication between us and the office and nice carers." Other people said the service was chaotic and there needed to be more staff. One person said, "Not really, sometimes I think they are a throwback to the 50s and that might be good or bad." One relative told us, "They [The provider] can be a bit chaotic but not too bad." Another relative said, "They [The provider] need better staffing to avoid missed calls and better staff in the office." We found concerns relating to oversight of the service and the provider and registered manager had failed to identify the issues we found relating to medicines, staffing levels, safeguarding and the updating of care plans.

At our last comprehensive inspection on 28 June 2016 we found that effective systems were not in place to monitor and improve the quality and safety of the service provided to people. These issues were a breach of Regulation 17 Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At the inspection on 12 and 13 December 2016, we found that the provider had addressed the concerns, however, at this inspection we found that these improvements had not been maintained.

At this inspection, we found the provider had not always ensured they monitored and analysed missed or late visits so patterns could be identified and improvement made. Records of missed and late care calls were not maintained or addressed. The provider had not carried out an analysis of late call alerts routinely and recorded what action was taken to address them. Call records we saw showed that on some occasions staff had not spent the full allocated time at people's home but spent less time. For example, some people had a scheduled call visit for 30 minutes but they were visited for 6 minutes, 13 minutes, 14 minutes, and 15 minutes, instead of a full 30 minutes. There was no record to show people had asked staff to leave earlier than their scheduled visit times. The provider was therefore unable to demonstrate whether people had requested staff to leave early or if staff had left before the agreed finish time of the call.

Records were not accurate to reflect time staff arrived and departed from their care visits. We also looked at time sheets for six people who did not have an electronic call monitoring system in place. We found that these time sheets indicated exact time of arrival and departure on all days as was on the staff rota. For example, when a person home visit was scheduled from 9.00am to 11:45, from 14:30 to 15:45, from 20:00 to 21:30. For another person from 9.30am to 10.30am, 12:30 to 13:30, and for a third person from 09:00 to 10:00, from 13:00 to 13:30, from 16:00 to 16:30, on everyday staff time sheets reflected staff rota timings. We asked the director, how is this possible for the staff members to go exactly on the same time for every scheduled home visit. The director told us that they have discussed this situation with the staff and have reminded them to record the actual arrival and departure time from the home in the time sheet and not the rota scheduled arrival and departure time in the time sheet. However, we have seen no improvements to this effect at this inspection.

Quality assurance systems were in place to monitor the quality of the service being delivered. However, the provider had not always identified the issues that we had found and acted upon in a timely manner. For

example, the provider had not trained and assessed the competency of staff authorised to administer specific medicines. The medicines care plans were not accurate. Medicines administration records (MAR) were not produced in line with the provider's policy. Medicines administration records were not completed correctly. Two of the 10 the care plans we reviewed and found that they did not reflect people's current needs when their needs changed. The provider had not raised a safeguarding alert as required.

The provider had not ensured that people's information and their records were maintained safely. For example, one person's care plan had a section where they had signed, that included the personal details of another person.

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

As a result of our feedback, the registered manager told us that they shall make improvements with immediate effect. Following the inspection, they confirmed that an improvement plan was put in place to ensure improvements were made. We continue to monitor and would check the improvements at our next inspection.

The provider and registered manager had failed to notify CQC of notifiable events. Services that provide health and social care to people are required to inform the Care Quality Commission, (CQC), of important events that happen in the service. CQC then check that appropriate action has been taken. We found two instances of potential abuse that the provider and registered manager had not notified us of, as required

This was a breach of Regulation 18 of The Care Quality Commission (Registration) Regulations 2009.

People who used the service completed satisfaction surveys for the period July 2017 to December 2017. Most of the responses were positive and some aspects required improvement. For example, 3% of people have said some of their needs were met and 2% of people said their needs had not been met; 21% of people stated they weren't given a choice, and 5% of people felt they were not treated with dignity and respect. The provider developed an action plan in response to the feedback from the survey to show how the identified concerns were addressed.

The last inspection rating of the service was displayed correctly on their website.

Staff described the management of the service positively. One member of staff told us, "The service is managed well." Another member of staff said, "The office staff make sure we get any feedback from the people, which can be really rewarding." We observed the manager interacting with staff in a positive and supportive manner throughout the time of our inspection.

Staff meetings were held to share learning, and good practice so staff understood what was expected of them at all levels. Records of the meetings included discussions of any changes in people's needs and guidance to staff about the day to day management of the service, coordination with health care professionals, and any changes or developments within the service. The provider used staff induction and training to explain their values to staff. The service had a positive culture, where staff felt the service cared about their opinions and included them in decisions. One member of staff told us, "The staff are included in everything." Another member of staff said, "I feel very supported in my role, and if there were any problems, the office staff would sort it out straight away."

The service worked effectively with health and social care professionals and commissioners. Feedback from

a social care professional stated that the provider continued to make improvements in relation to call monitoring and accidents and incidents management.

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 18 Registration Regulations 2009 Notifications of other incidents The provider and the registered manager did not notify CQC of notifiable events.
Regulated activity	Regulation
Personal care	Regulation 9 HSCA RA Regulations 2014 Person-centred care Some people's care plan did not reflect their current needs.
Regulated activity	Regulation
Personal care	Regulation 13 HSCA RA Regulations 2014 Safeguarding service users from abuse and improper treatment The provider had not raised safeguarding alerts as required.
Regulated activity	Regulation
Personal care	Regulation 18 HSCA RA Regulations 2014 Staffing The provider did not had enough staff to support people safely always.

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.

Regulated activity	Regulation
Personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment The provider had not ensured people's medicines were managed safely.

The enforcement action we took:

Warning notice

Regulated activity	Regulation
Personal care	Regulation 17 HSCA RA Regulations 2014 Good governance The provider's quality assurance system and process were not effective.

The enforcement action we took:

Warning notice