

Ethical Homecare Ltd

# Ethical Homecare Solutions

## 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?

Good



## Overall summary

This was an announced inspection carried out on 19 and 24 June 2015. At the last inspection in July 2013 we found the provider met the regulations we looked at.

Ethical Homecare Solutions provides domiciliary care services to adults and older people with varying needs and disabilities living within the Leeds area. The office, based in the Chapeltown area of Leeds is staffed Monday to Friday during office hours. An out of hours phone service is also available.

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.

Records we looked at showed that staff conduct issues had been addressed and investigated as concerns and complaints. They had not been recognised as safeguarding matters and therefore not reported to the local authority or CQC. This did not safeguard people from the risk of abuse.

# Summary of findings

In the care plans we looked at they showed that people had not received an appropriate and decision specific mental capacity assessment which meant the rights of people who lacked the mental capacity to make decisions may not be respected.

Overall, recruitment procedures were effective. However, some staff had commenced work (under supervision) without the provider having completed an up to date status check on their Disclosure and Barring Service check. Arrangements had been made to rectify this to make sure people were protected.

Most people told us they or their relative felt safe using the service. The majority of people said their call times were adhered to but some people said staff who relied on public transport were often late and then rushed to meet their needs. The majority of people told us they were happy with the support they received from care workers and got on well with them. People who used the service spoke highly of the registered manager and said they were approachable.

Staff were trained to assist or prompt people with their medication. They said they felt confident to deal with any emergencies if they arose. There were systems in place to ensure people's nutritional and hydration needs were met.

Staff had had induction training before they commenced work unaccompanied. They said they felt well supported by the registered manager and had opportunity to discuss their job role. Staff said they received good training to enable them to carry out their job effectively.

The registered manager investigated and responded to people's complaints, according to the provider's complaints procedure.

People's physical health was monitored as required. This included the monitoring of people's health conditions and symptoms so appropriate referrals to health professionals could be made if needed.

People's needs were assessed and care and support was planned and delivered in line with their individual care needs. The care plans included risk assessments. However, we suggested some improvements were needed to care plans and risk management plans to ensure they gave staff detailed guidance on meeting people's needs.

People told us they had good relationships with staff members and staff knew how to respect their privacy and dignity.

We found the service was in breach of two of the regulations of 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 the 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?

The service was not safe.

Staff knew how to recognise and respond to abuse correctly. However, we found not all safeguarding incidents had been reported to the Care Quality Commission.

People received their medicines as prescribed. However, care plans did not have up to date medication taken by people who used the service listed.

We found there were enough staff employed by the service to meet people's needs. However, we received mixed views on call times being adhered to.

**Requires improvement**



### Is the service effective?

The service was not fully effective.

We saw mental capacity assessments had not been completed and staff were not familiar with the principles of the Mental Capacity Act (2005).

People's nutritional needs were met and people had support to gain access to healthcare professionals.

Staff said they received good training and support.

**Requires improvement**



### Is the service caring?

The service was not always caring

Staff had developed good relationships with the people they supported and knew people's need well. People told us they were happy with the care they received and their needs had been met. However, some people were not as complimentary about staff's approach.

People's privacy and dignity was respected by staff and staff were able to give examples of how they achieved this.

**Requires improvement**



### Is the service responsive?

The service was not consistently responsive

People's needs were assessed before they began to use the service and care plans were developed from this information. However, there was little evidence of how people who used the service were involved in this process.

Care plans were not all up to date and some care plans did not have enough detail to guide staff on people's care needs.

There were systems in place to ensure complaints and concerns were fully investigated.

**Requires improvement**



# Summary of findings

## Is the service well-led?

The service was well- led.

The service was managed by a registered manager.

There were systems in place to monitor the quality and safety of the service.

Where improvements were needed, these were addressed and followed up to ensure continuous improvement.

Staff said they felt well supported and found the registered manager approachable.

Good



# Ethical Homecare Solutions

## Detailed findings

### Background to this inspection

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

This inspection took place on 19 and 24 June 2015 and was announced. The provider was given 48 hours' notice because the location provides a domiciliary care service; we needed to be sure that someone would be in.

The inspection team consisted of two adult social care inspectors who visited the provider's premises and an expert by experience who spoke by telephone to people

who used the service and their relatives. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service.

At the time of our inspection there were ten people using the service. We spoke on the telephone with six people who used the service and three relatives of people who used the service. We spoke with five members of staff and the registered manager. We also visited the provider's office and spent some time looking at documents and records that related to people's care and the management of the service. We looked at five people's care and support plans.

Before our inspection, we reviewed all the information we held about the home, including previous inspection reports. We contacted the local authority and Healthwatch. Healthwatch feedback stated they had no comments or concerns. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England.

# Is the service safe?

## Our findings

We spoke with staff about their understanding of protecting vulnerable adults. Staff had an understanding of safeguarding adults, could identify types of abuse and knew what to do if they witnessed any incidents. All the staff we spoke with said they would report any concerns to the registered manager. Staff said they were confident the registered manager would respond appropriately. Staff told us they had received training in safeguarding vulnerable adults. Records we looked at confirmed this. The service had policies and procedures for safeguarding vulnerable adults and these were available and accessible to members of staff. Staff said they were aware of how to whistle blow (report concerns outside of the organisation) and confirmed they covered this on their training.

The registered manager maintained a log of safeguarding incidents and investigations that had taken place. However, we noted from looking at records regarding staff conduct that some concerns raised had been addressed as complaints and conduct issues and had not been recognised as safeguarding matters. The registered manager had not reported these incidents to the local authority or to CQC as required to do so. This meant people were not properly safeguarded from harm. We therefore concluded that this was a breach of Regulation 13, Safeguarding service users from abuse and improper treatment of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. You can see the action we have told the provider to take at the end of this report. The registered manager followed the correct safeguarding procedures and forwarded this safeguarding information during our inspection.

We looked at recruitment procedures for six staff members. These showed evidence that an application form was completed and a written record that an interview took place. Written references had been obtained prior to staff commencing work and in most cases, these were obtained from the staff member's last employer to show evidence of previous good conduct. We saw that documentary evidence had been provided to show evidence of identity. The registered manager said copies of qualifications would be taken if available. We saw that two of the six staff who were recently recruited had commenced work at the service without an up to date status check from the Disclosure and Barring Service (DBS). A DBS check provides

information on people's suitability to work with vulnerable adults. The registered manager had recognised this error prior to our inspection and had made arrangements for the appropriate checks to be completed. We saw documentary evidence of this. They had also made arrangements for the relevant staff to work under supervision until the checks were completed. We also saw documentary evidence of this.

The majority of people we spoke with told us the care staff were good and they or their relative felt safe using the service. One person said, "The carers let themselves into my home by the key safe and I feel safe with them doing this, this helps to support my freedom and independence and helps me to remain at home." Another person said, "I feel safe with the carers coming in." A relative told us; "We all feel safe with the carers coming into our home, my dad does not have much independence and they protect him from harm." One relative said their family member felt safe with the care staff overall, however, they said their family member did not always feel safe when being moved with the hoist. They said some staff lacked confidence in using the hoist. They said they had mentioned this to the manager of the service. The registered manager confirmed that all staff were trained in moving and handling and their competency was checked before they began working with people who used the service.

We saw risk assessments had been completed in respect of each person's home environment; these included moving and handling, medication and external areas of the premises. Risk assessments were scored to identify the person's level of risk, for example with moving and handling and overall there was information to advise staff how to minimise these risks and keep people safe. However, we noted that some risk assessments did not have detailed management plans in place for identified risks such as skin integrity. This could lead to care needs being overlooked. Staff we spoke with could explain the risks to people who used the service and what they did to minimise risks regarding pressure ulcers or falls. Staff demonstrated good knowledge of people's needs and the risks involved when providing the care.

The majority of people who used the service and their relatives said they were satisfied with the service, their calls times and consistency of staff. Comments included, "We have two teams of carers in rotation, who stay the correct amount of time and are rarely late but if this happens then

## Is the service safe?

they phone”, “The carers are never late and never rush gran, always stay the half hour and have time to talk to her”, “I have the same carers every day of the week who come on time and do not rush my care.” However some people said the call times were not adhered to as the majority of staff relied on public transport which meant they were frequently late and then rushed. One relative described the call times as ‘chaotic’. A person who used the service said if the care staff were late, this in turn, made them late for their bus. Another relative said, “We do not always get the same carers and they are not regular with timing, transport is a big problem.”

Staff we spoke with said they always contacted the office if they were running late, who they said would then contact the person who used the service to let them know. Staff told us that rotas were arranged as much as possible, for staff who could drive to attend calls in harder to reach areas. The registered manager also confirmed this. Staff said they had enough time to get to people’s calls but said it was hard if public transport let them down. Staff told us they always supported the same people and visits were well planned. Staff said they knew the needs of the people who used the service so they received consistent care, built up a trusting relationship with the person and they had sufficient time to support people properly and meet their needs. They said they were always introduced to people who used the service before providing care to them.

Staffing levels were determined by the number of people who used the service and their needs. Staffing levels could be adjusted according to the needs of people who used the service and we saw the number of staff supporting a person could be increased if required. We saw the service worked alongside or in partnership with people’s family members or personal assistants to provide a flexible service.

The registered manager told us where there was a shortfall, for example when staff were off sick or on leave, existing staff worked additional hours to cover the calls and ensure consistency. The registered manager told us they operated an on call system. They said there was always an experienced member of staff available at all times, who was aware of each person’s care and support needs. One staff member told us, “They never fail to answer and offer guidance and support.” Another said, “There is always someone available to ask, I have never been stuck.”

Relatives of people who used the service told us their family member received appropriate support with their medication. One said, “They explain the importance to her of taking her medication at the correct time and make sure that she takes it.”

Staff had training on the assisting and prompting of medication during their induction period and then refresher training each year. Staff told us they felt the training they had received had provided them with the knowledge they needed to carry out this task safely. Staff said their competency in medication administration was checked during ‘spot checks’. Spot checks are unannounced checks on staff’s competency to carry out their role. The registered manager and staff also told us there was a nationally accredited course available to staff on medication and a number of staff had undertaken this or were booked on to complete it.

We looked at medication administration records (MAR) for five people who used the service. We saw the MAR records were completed correctly indicating that people who used the service received their prescribed medications at the time they needed them. The registered manager said people’s medication was dispensed from the pharmacist in dosette boxes in the majority of cases. We saw some medications such as pain relief and creams were administered outside of this system. The MAR charts clearly showed what medication had been given and when. However, we noted that care plans for people who used the service did not all have an up to date list of medication that people took. On the second day of our visit, the registered manager showed us a new document that was going to be introduced to make sure medications were fully listed and updated.

Staff said they felt confident and trained to deal with emergencies. They said they would have no hesitation in calling a GP or an ambulance if they thought this was needed. One staff member described an incident they had been involved in. It was clear they remained calm and supportive to the person who used the service and stayed with them during the incident and on-going medical assistance. We saw the registered manager monitored any accidents or incidents and looked at what could be put in place to prevent any re-occurrence. We saw this included training for staff and contact with other health professionals for advice.



# Is the service effective?

## Our findings

Staff we spoke with understood their obligations with respect to people's choices and the need to ask for consent prior to carrying out any care tasks. Staff showed a good understanding of protecting people's rights to refuse care and support. They said they would always explain the risks from refusing care or support and try to discuss alternative options to give people more choice and control over their decisions. Staff were clear when people had the mental capacity to make their own decisions, this would be respected. The staff we spoke with told us they had completed Mental Capacity Act (MCA) training. However, despite having received training, staff had a limited understanding of the MCA and how this affected their work. One staff member said they would not assume people had capacity, another staff member asked what the MCA was and another asked if it was about mental health. There was a risk that staff would not work within the legal requirements of the MCA (2005). The registered manager said they were planning to introduce a new, separate training course on the MCA in order to improve staff's knowledge.

We saw care and support plans did not include an assessment of people's mental capacity to make decisions. The registered manager told us mental capacity assessments had not yet been completed for each person who used the service. People who used the service had not received an appropriate and decision specific mental capacity assessment which would ensure the rights of people who lacked the mental capacity to make decisions were respected. This was a breach of Regulation 11, Need for consent of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. You can see the action we have told the provider to take at the end of this report.

People who used the service said they were always asked for their consent and preferences when care tasks were carried out. One person said, "I have a shower every day and I am given the choice of how I wish this to be carried out." Another person said, "When they shower me they do everything for me but tell me what they are doing and ask for my consent."

We were told by the registered manager staff completed an induction programme which included information about the company and principles of care. We saw from the staff

files we looked at that a five day induction had been completed. Topics included; moving and handling, safeguarding vulnerable adults, dementia, medication and health and safety. Staff said they found their induction training prepared them well for their role. The registered manager said staff's competency following training was assessed during 'spot checks'.

Staff told us they had 'shadowed' experienced staff as part of their induction training and the period of 'shadowing' depended on their previous experience and their confidence about working unaccompanied. This helped staff to become familiar with the people they would be supporting. From records we looked at we saw that staff had at least two 'shadow' experiences. We saw written feedback on progress and performance during 'shadowing' was given.

There was also rolling programme of training and refresher training available to staff. Records showed that most staff's training was up to date or if a refresher course was due it was booked. The records were kept on a computer system which gave alerts of when training was due to be updated.

People who used the service and their relatives said that, in the main, staff were well trained to carry out their role. One relative said; "The majority of carers know what they are doing and there are sufficient carers to meet our needs most of who have the correct training in dealing with my [relative's] condition" and "The main carers are brilliant. The training they receive is sufficient to meet my needs." However, one person said they felt staff were not trained well in the use of a hoist for moving and handling.

Staff we spoke with said they felt well supported and there was always someone available to ask for any guidance or support. Staff confirmed they received supervision where they could discuss any issues on a one to one basis. We looked at staff files and saw that some staff had received one to one supervision on a monthly basis, some on a quarterly basis and others who had not received a documented one to one supervision for over six months. The registered manager was aware of the need to get staff's supervision sessions up to date. We looked at the policy on staff supervision and saw this did not specify the frequency that sessions should occur at. Staff we spoke with said they usually had a supervision meeting every couple of months. However, some we spoke with said this had 'slipped' recently.



## Is the service effective?

We also saw that regular 'spot checks' were carried out to assess staff's performance while carrying out their role and a written record of this was made. Staff confirmed regular spot checks took place. They also said the registered manager frequently worked alongside them so was aware of how they worked. Staff said they received feedback from spot checks. They said they found this useful. One said, "It's always good to know how you are doing."

There was a system of annual appraisal in place. This was known as an annual performance review. We looked at the records for two staff and saw an action plan for development was drawn up at each review.

Staff we spoke with told us of the importance of good nutrition and hydration for people who used the service. They said it was important to ensure good health and avoid illnesses such as urine infections. Staff described how they encouraged people who were nutritionally at risk to eat and drink when they carried out their visits. They spoke of the importance of knowing what people liked and enjoyed, how and where people liked to eat and the importance of making sure food and drink were in people's easy reach.

Staff said they had in the past made records of food and drink eaten when people were nutritionally at risk. The registered manager showed us a copy of a document they had designed for this purpose. We saw from the records that one person who used the service was receiving additional calories covertly as they were nutritionally at risk. It was not clear that this had been agreed with the person. The registered manager agreed to arrange a meeting with the family and care manager of this person to ensure the plan of care was agreed.

People who used the services said the agency and staff worked well with health professionals who supported them. One person spoke of them having contact with the community matron. Another said, "The carers liaise with the nurses who come in." Staff said they were trained to recognise deterioration in people's health such as pressure ulcers or people not drinking enough. They said they would always take action such as contacting the office for advice or ringing a person's GP if they felt that was needed.

# Is the service caring?

## Our findings

Most people who used the service and their relatives said staff were friendly and treated them well. Comments we received included; “The carers are very friendly and respectful to my husband, they speak to him when carrying out tasks and they know his likes and dislikes”, “The carers are very friendly; this was one of our criteria for taking the agency on for Dad, they treat him with dignity and respect when carrying out tasks”, “When the carers help me to bath I am treated with dignity and respect, they talk to me all the time and are very friendly” and “The carers treat her with dignity and respect when carrying out personal care for her and she is very fond of her carers.”

However, one person’s relative said that staff talked over her family member while carrying out care tasks, using their own language and another relative said some new carers they had were not as friendly as the previous ones. A relative also said “The carers are friendly and speak to mother and the majority treat her with dignity and respect and there have been carers that she did not like and this has been addressed.” A number of people who used the service and relatives we spoke with said they sometimes found care staff had to rush when delivering care. They said this usually occurred when staff were running late. One person said they did not always have their continence pad put on right. Another person said, “Sometimes they do not stay the correct amount of time but they make sure I have everything I require until the next visit.” A relative told us; “Choices are given to my wife, but the carers are rushed in carrying out their tasks.”

Staff we spoke with clearly demonstrated they knew people’s likes and dislikes and they had good relationships with people. They spoke warmly about the people they supported. They said they provided good care and gave examples of how they ensured people’s privacy and dignity were respected. They spoke of the individual ways people wished to be cared for and supported and how they did this with dignity and respect. Staff spoke of the importance of respecting people’s privacy and being mindful that they were in someone’s home. They said it was important to

respect people’s property and tidy up after themselves. Staff said they ensured people’s privacy whilst they undertook aspects of personal care, but made sure they were nearby to maintain the person’s safety.

Staff also spoke of the importance of confidentiality. They said they were trained not to speak about other people who used the service when in people’s homes or when out and about on public transport. They also said they kept any information they carried about with them on their person or in their sight at all times when working.

Some people who used the service and their relatives said they had been involved in developing their care plans. People’s comments included; “We were all involved with the care plan which has been reviewed and has been changed because the nurse now comes in to see her”, “We have just reconstructed the care plan, the carers liaise with other professionals who are involved in Dad’s care” and “We have a care plan and we were involved in its completion; I am sure that it has been reviewed we have not suggested any changes to the plan.”

However, some people we spoke with said they were not involved or consulted about the development of their care plan. Records we looked at did not show how people who used the service were involved in identifying their care preferences. The registered manager said care plans were discussed with people who used the service or their relatives but acknowledged this was not documented on the care plan. None of the care records we looked at had been signed by people who used the service or their relatives. The provider’s policy on care planning and production of the care plan stated that people who used the service should sign their care plan to show they were in agreement with it. The registered manager agreed to make sure this was done.

People who used the service said staff assisted them to maintain their independence. One person said, “They help to support my freedom and independence and help me to remain at home.” Staff said they encouraged people who used the service to be as independent as they could be. They said they did this through gentle encouragement and giving people time to complete tasks themselves. One staff member said, “It’s important for that sense of well-being to be able to do as much as you can for yourself.”

# Is the service responsive?

## Our findings

Records showed that people had their needs assessed before they began to use the service. This ensured the service was able to meet the needs of people they were planning to support. The assessment came as a referral and the registered manager said they reviewed this prior to completing their own initial assessment. They said they usually completed this assessment by carrying out a home visit or going to see people who were in hospital. The assessments were dated but they did not show clearly who was involved in the process.

Following this initial assessment, the registered manager said care plans were developed detailing the care and support people needed. Staff said they found the care plans useful and that they gave them enough information and guidance on how to provide the support people wanted and needed. Staff spoke confidently about the individual needs of people who used the service. They said they had never been in a situation where they did not know what people's needs were.

A copy of the person's care plan was kept in the person's home and a paper copy was available in the office. This was so all the staff had access to information about the care and support provided for people who used the service. During our inspection we looked at five care plans. We wanted to see if the care and support plans gave clear instructions for staff to follow to make sure that people had their needs met. Some care plans we looked at had clear, detailed guidance for staff and noted just how people wished their care needs to be met. The information was person centred; for example, one person was noted to like to have their bed socks on when sat in a chair. However, for others it was not as clear. One person who had diagnosis of dementia had nothing in the care plan about the ways in which they communicated. Another person did not have an up to date list of the medication they took in their care plan. Another care plan had not been updated when the person's circumstances changed. These gaps in care planning could lead to people's needs being missed or overlooked. The registered manager agreed to review the care records and to ensure the involvement of people who used the service was documented.

We looked at the daily records made by staff when attending to people's care needs. Overall, these showed people's needs were being appropriately met. Call times

were recorded which showed staff were staying for the required duration of calls. If two staff were in attendance for the call this was also recorded. Some of the call times showed staff were occasionally late but usually within a half hour of the agreed time. Some staff we spoke with said they were allowed to run up to an hour late before a call was considered a late call. The registered manager said the policy was that they could be a half hour early or late and this was agreed with people who used the service to allow for some flexibility when needed. The registered manager said they would re-iterate this policy to all staff.

There were systems in place to deal with concerns and complaints, which included providing people with information about the complaints process. The registered manager said this information was provided in the 'welcome pack' that was given to people at the start of the service.

People who used the service said if they had any concerns they would speak with the registered manager. One person said they had raised a suggestion with the manager and this had been acted upon. They said, "We have suggested that the time of the first visit in the morning be changed to 9.00am and this change has been made". Another person said they had made a complaint and it was dealt with to their satisfaction. They said, "The manager is very approachable we have complained and it has been dealt with to our satisfaction, the office are also very helpful." However, another person said they did not feel their concerns regarding late calls due to transport issues had been addressed.

We looked at records of complaints and concerns received in the last 12 months. It was clear from the records that people had their comments listened to and acted upon. This included written responses to people's concerns. The manager said any learning from complaints would be discussed with the staff team once any investigation had concluded. We saw there was a system of text messaging and weekly staff memos to ensure staff received timely information on any concerns or complaints to try and prevent any re-occurrence of issues. Staff confirmed they received this information.

We looked at staff memos and saw they covered topics such as recruitment, staff updates, client updates, training, conduct and practice issues. Staff said they felt they were kept up to date on important issues. We also saw that management meetings had been held on a monthly basis

## Is the service responsive?

this year. Each meeting held was well documented with robust notes on operational issues which also demonstrated that the service had reflected on its experiences and was committed to continuous improvement.

# Is the service well-led?

## Our findings

At the time of our inspection the service had a registered manager. The registered manager was supported by an office manager and a training provider. People who used the service and relatives all spoke highly of the management team and how the service was well run. Comments we received included; “The manager of the service is very good”, “The manager is very approachable and the office are very friendly when I phone” and “The manager is really helpful and very open to suggestions about my grans care, the office are helpful and reply really quickly.”

Staff also spoke highly of the manager and said they found them approachable. Comments included; “[Name of manager] is the best boss ever, flexible and good support”, “Fantastic manager, well organised and “[Name of manager] is a good manager, shows she cares and always puts the clients first.” Staff said the registered manager frequently worked alongside them to ensure good standards were maintained and that they were aware of issues that affected the service.

Staff all told us they really enjoyed their work. One staff member said “I absolutely love caring for people, it’s a great job.” Another said “I like working in an organisation that cares about people; clients and staff.” Staff said they felt listened to and could contribute ideas or raise concerns if they had any. They said they were encouraged to put forward their opinions and felt they were valued team members. Staff meetings had not been held regularly for some time. The records showed that ‘team talks’ had taken place in April and May 2014. The registered manager said they had not had opportunity for staff meetings and currently relied on the memo and text system, face to face one to one meetings and spot checks as the way in which they communicated with staff.

People who used the service and their relatives were asked for their views about the care and support the service offered. One person said, “We have been asked about the service and things have changed; the manager is always interested if we have new carers we have to complete a survey and the office rings to see if everything is OK.”

The care provider sent out questionnaires for people who used the service and their relatives. We looked at 17 that had been returned in the last year. They showed a high degree of satisfaction with the service. Comments included; ‘Very good time-keeping’, ‘I would recommend to anyone’ and ‘If there is any problem, management team will sort it’. We saw one person had expressed concerns about the number of new staff providing their care. We saw evidence that the manager arranged a meeting to discuss this with the person who used the service to ensure their on-going satisfaction. Some people who used the service that we spoke with said they had been asked to complete a questionnaire. Others said they had not been asked for their feedback on the service but said they would speak to the registered manager if they had any concerns.

The registered manager said they had a number of different measures in place to check that systems were safe and working effectively. They said they checked all MAR records when they came back to the office to make sure medication had been given as prescribed. We saw from notations on the records that the registered manager followed up on any gaps in the records, however, this was not fully documented or dated or had the specific action that was taken noted.

The registered manager said they also checked daily notes to monitor call times and duration of calls, this was not fully documented either. The registered manager agreed to make sure it was clearly documented in the future to show what had been checked, any actions identified and how these had been addressed.

The registered manager told us that random ‘spot checks’ were conducted on staff as they worked in people’s homes to make sure care and support was being delivered in line with the agreed care plan. This also included timekeeping, attitude, paperwork and appearance. We saw from the records that 25 spot checks had been carried out so far this year. We saw that any issues identified during spot checks were put in to an action plan and followed up at the next spot check or one to one meeting to drive improvements in the service. The registered manager told us they were planning to introduce a more formal system for spot checks through their new computer system. They said this would give alerts on when spot checks were due for staff.

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

Personal care

### Regulation

Regulation 13 HSCA (RA) Regulations 2014 Safeguarding service users from abuse and improper treatment

**Suitable systems and processes to ensure people were safeguarded against the risk of abuse were not operated effectively.**

### Regulated activity

Personal care

### Regulation

Regulation 11 HSCA (RA) Regulations 2014 Need for consent

**It was not clear if the rights of people who lacked the mental capacity to make decisions were respected as mental capacity assessments had not been carried out.**