

Carlton Home Care Ltd

# Carlton Home Care

## Inspection report

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## Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Inadequate 

Is the service effective?

Requires Improvement 

Is the service caring?

Good 

Is the service responsive?

Requires Improvement 

Is the service well-led?

Requires Improvement 

# Summary of findings

## Overall summary

Our inspection of Carlton Home Care took place on 8, 9 and 10 January 2018 and was announced. At our last inspection on 8 November 2016 we asked the provider to make improvements to medicines management and governance processes. At this inspection we found further concerns relating to these areas and the service had not made sufficient improvements to meet the relevant requirements.

This is the third consecutive time the service has been rated Requires Improvement.

This service 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 and younger disabled adults. At the time of our inspection the service was supporting 44 people.

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

At the last inspection we had concerns about safe medicines management and although we found some improvements at this inspection, we found other continued concerns. The medicines policy was not in line with current legislation, the medicines administration records were not always accurate and there was a lack of information about people's prescribed medicines.

People told us they felt safe and comfortable with the staff that supported them. However we found the provider had not always informed the Care Quality Commission about safeguarding concerns or accidents/incidents when required. Staff were trained to recognise and report signs of abuse.

Care staff told us improvements had been made over the last year in relation to continuity of call visits and most people agreed with this. However, we received mixed feedback about whether staff stayed for the right amount of time or arrived around the agreed visit time.

People were supported to have maximum choice and control of their lives and care staff supported them in the least restrictive way possible. However, the policies and systems in the service did not always support this practice. The registered manager acknowledged improvements were required to ensure actions were always taken in people's best interests and following the correct procedures, such as in regard to covert medicines and mental capacity assessments.

The registered manager acknowledged improvements were required to create more personalised plans of care for people and to look at alternative ways to make information available to people who may have difficulty accessing this information. Some care records did not reflect people's current needs. We saw people and/or their relatives had been involved in planning their care.

Although quality assurance systems were in place these were not robust or effective in securing improvements. Some of the concerns we highlighted at inspection had not been picked up at audit and some of these concerns were repeated concerns from the previous inspection in November 2016.

We saw formal complaints were investigated and actions taken and most people told us they had no concerns. Some people expressed concerns that some issues had not been addressed to their satisfaction.

People's health care needs were supported and we saw care staff worked with health care professionals when required.

Staff training was up to date or booked and people told us staff knew how to support them with their care and support needs. People told us staff were kind, caring and respected their privacy and dignity. Staff spoke with affection about the people to whom they provided care and support. It was clear that better consistency of staff had led to good relationships developing between staff and people.

The management team were open and honest at inspection and keen to improve the service provision. From speaking with staff and people and it was clear that an emphasis had been placed on increasing confidence in the service over the last year. People told us the management team were friendly and approachable and they thought improvements had been made since the registered manager had commenced in post in January 2017. People's opinions were sought about the quality of the service and some actions put in place although these were not always fed back to people.

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 who received care and support told us they felt safe with staff. However, safeguarding concerns were not always reported to the Care Quality Commission.

Medicines were not always managed or documented in a safe way.

Accidents and incidents were not always reported to the Care Quality Commission.

Assessments to mitigate risks to people needed to be more robust and updated to reflect people's up to date needs.

### Is the service effective?

**Requires Improvement** ●

The service was not always effective.

Best interest processes were not in place or mental capacity assessments completed where required.

Staff training was up to date although the registered manager told us they were aware some training needed to be more tailored to the needs of home care. The majority of people told us staff knew what to do at each visit.

People's health care needs were supported.

### Is the service caring?

**Good** ●

The service was caring.

People and their relatives told us most staff were caring and they had formed good relationships with staff who supported them.

People said staff respected their dignity and privacy and staff we spoke with gave examples of how this was achieved.

Staff knew and understood people's care and support needs.

### **Is the service responsive?**

The service was not always responsive.

Staff were aware of people's care and support needs.

People told us they and/or their relatives had been involved in the planning and review of their care. However, people's care plans did not reflect individualised care.

Complaints were treated seriously and investigated. However, some people did not feel other concerns were addressed to their satisfaction.

**Requires Improvement** ●

### **Is the service well-led?**

The service was not always well led.

Quality assurance systems were in place. However these were not robust or effective in securing improvements. Some of the concerns we highlighted at inspection had not been picked up at audit.

The management team were keen to effect service improvement and were open to ways to improve.

Staff and people were positive about the registered manager and told us they were approachable and improvements had been made.

**Requires Improvement** ●

# Carlton Home Care

## **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 8, 9 and 10 January and was announced.

The provider was given 48 hours' notice because the location provides a domiciliary care service and we needed to ensure the registered manager was available.

The inspection team consisted of two adult social care inspectors and two experts-by-experience. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service. The experts-by experience used on this occasion had experience of older people.

Prior to our inspection we reviewed the information we held about the service. This included looking at the information we had received about the service and statutory notifications we had received from the service. We contacted the local authority commissioners and safeguarding teams to ascertain their views on the service. 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 commenced our inspection by speaking on the telephone with 11 people and 13 relatives of people who used the service on 8, 9 and 10 January 2018. On 8 and 9 January 2018 we spoke with 10 care staff on the telephone.

We visited the service's office on 10 January 2018 and spoke with the registered manager, the group governance lead, the care co-ordinator and one member of care staff. We looked at how peoples' medicines were managed, looked at elements of five people's care records and reviewed other records relating to the

management of the service such as call logs, quality assurance audits, staff recruitment files and training records.

# Is the service safe?

## Our findings

At our last two inspections in November 2015 and November 2016 we were concerned about the proper and safe management of medicines; procedures were not in line with current legislation and guidance regarding administration and recording of medicines. After our inspection in November 2016 we issued a requirement notice since we found some improvements had been made. The group governance lead at that time gave us assurances through an action plan that these concerns were complied with. However, at this inspection we found continued issues with the safe management of medicines.

The provider's medicine policy was dated 1 June 2017 and was due for review in June 2019. The policy did not reflect current guidance or legislation. We saw no reference to current guidelines and the medicines policy related to the management of medicines in care homes rather than home care services. We discussed this with the registered manager and group governance lead who both agreed the policy needed to be reviewed and updated. We found the medicines policy was not in line with current legislation at the last two inspections in November 2015 and November 2016.

We saw medicines administration records (MARs) were in place in people's care files. We reviewed some people's MARs. The registered manager told us the pharmacist would not provide printed MARs so they completed these themselves. Some handwritten amendments had been made to people's medicines dosage with no explanation or counter signature/information from the pharmacist attached. For example, one person was receiving an antibiotic commencing on 6 November 2017. We saw the MAR had originally stated 5 ml to be given, but we saw this had been crossed out and 7.5ml written on the instructions. There was no information as to under what circumstances this had occurred or why the medicine had been prescribed. We looked at the medicines profile in the person's care records which stated 250mg. This meant there was a discrepancy between the medicines profile and the MAR. There was no documented information as to why this had taken place.

The same person received 'as required' (PRN) Paracetamol liquid which was originally printed on the MAR as 5ml and changed by hand to 10ml. There was no information as to why or when this had been amended. This meant we could not be assured people were receiving the correct dosage of medicines. We spoke with the registered manager who told us this had been a documentation error. They were unable to provide documented evidence of the error, if the pharmacist had been contacted and if the person had received the incorrect dose of medicines. Most people's medicines were provided in sealed dosette boxes from the pharmacist to mitigate risk of incorrect dosage. However, we were concerned the documentation around liquid medicines was not robust enough to reduce the risk of errors.

Most people's medicines were given using a dosette box system. We saw a list of medicines, dosage and frequency was documented in people's care records. However, there was no information documented about why the medicine was given, contraindications or possible side effects.

We were not always able to determine from the care records and MARs we reviewed what medicines people were prescribed or whether medicines had been taken. This placed people at risk of harm as we could not



be assured people were receiving their medicines as prescribed. For example, one person's MAR for November and December 2017 stated 'dosette box' which was signed as given twice a day. There was a list of five medicines on the back of the MAR but no dosage or frequency of administration. The person's care plan stated staff did not administer medicines although it was clear from the daily records that this was happening. The person's care plan named two prescribed creams staff were to apply. Neither cream was on the MAR, although there was a different prescribed cream which records showed had been administered. A body map indicated the cream was to be applied to the person's hand. However, there was no information to show what this cream was for or how frequently it should be applied. We asked the registered manager about this. They were not able to tell us what medicines or creams the person was currently prescribed.

Another person's care plan listed the prescribed medicines and dose but no frequency of administration. The MAR for December 2017 stated 'dosette box' but gave no information how often this was to be administered. The MAR had been signed and showed medicines had been given twice on some days and once on other days. The daily records showed staff were administering an antibiotic twice a day. There was no information on the MAR or in the care plan to show what antibiotic had been prescribed, the dose or why it had been prescribed. We asked the registered manager and they said they did not know.

One person's care plan showed staff were to apply a prescribed cream to their feet and legs daily. This cream was named on the topical medicine administration record (TMAR); however a body map indicated it was to be applied to the person's feet and throat. There was no information to show how often to apply the cream or what it was for.

Another person's MAR for October 2017 showed staff were administering an antibiotic eye ointment. There were no instructions to show how often this should be administered or for how long or to which eye, although a body map had circled the left eye. The MAR had been signed and showed medicines had been given twice on some days, once on other days and on some days there were no signatures. There was no information in the person's care plan about the eye ointment although initially assessment information from the local authority showed this person had eye drops morning and night but did not specify what these were. We asked the registered manager about this and if the person was still receiving the ointment and they said they did not know.

One person's MAR showed they received an 'as required' (PRN) medicine to relieve constipation. There was no information in the person's care record about in what circumstances or why this was to be given. The same person had a TMAR body map in place to indicate where a topical spray should be applied. However, there was no information as to why this was being applied or assessment to indicate its use. We saw from the MAR the same person was being given syrup to aid problems with the breathing passages (respiratory tract). There was no information on the person's medicines profile or a care record in place about why this was being given.

Although some people's care records mentioned 'prompt' of medicines, we saw clear information in their daily notes that staff had administered medicines, with comments such as 'medicines given'.

We saw some people received medicines that were time specific, such as Paracetamol. We saw arrangements in place to ensure the correct length of time between doses. However, we saw from daily records that some medicines such as Lanzaprazole which are recommended to be given 30 to 60 minutes before food were given at the same time as people were eating their breakfast. The registered manager and office co-ordinator told us they were not aware of this recommendation.

This was a continued breach of Regulation 12, Health and Social Care Act 2008 (Regulated Activities)

Regulations 2014.

The registered manager told us MARs were audited by the team leaders, returned to the office on a monthly basis and the team leaders would speak with the registered manager or office co-ordinator if they saw any discrepancies in the completion of the MARs. However, we saw the audit sheets completed had not identified the concerns we found at inspection. We spoke with the registered manager and the governance lead about our concerns. They told us they would be reviewing these systems.

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

Following our inspection we requested an immediate action plan to address our concerns about the safe administration and documentation of medicines which we received within the requested time period.

We saw one person had received covert medicines from 9 November 2017 to 14 November 2017. We have reported on this further at a later stage in this report.

People told us they felt safe with staff that provided care and support. Comments included, "Yes I am comfortable; I do feel safe with the care workers", "Yes I am safe; no problems at all", "No, nothing bad, they're all lovely", "I am safe; not subjected to any harm," and, "No concerns at all; all are very good.

People's relatives also expressed their satisfaction about the safety of their relatives. Comments included, "My relative is safe and well with the care workers", "Absolutely brilliant; my relative is extremely comfortable and safe with them", "There is no problem with safety; my relative is always comfortable", "No, nothing untoward. [Relative] would probably say something to me if there was," and, "Yes, there are no issues with safety."

We saw information in daily records which indicated care staff ensured premises were secure when they left. This meant staff were vigilant about the safety of people to whom they provided care and support.

Staff we spoke with understood about safeguarding and had received training about how to recognise and act upon signs of abuse. However, we saw safeguarding alerts were not always made to the local authority or the Care Quality Commission (CQC). For example, one person on 1 September 2017 was noted to have bruising to the wrist and leg, cause unknown. The service had notified the local authority but had not sent information to the Commission. Another person who care staff supported with weekly shopping had alleged money had gone missing. We found no information in the service safeguarding folder about if the service had reported this to the local authority or the Commission. It is a legal requirement that services inform the relevant authorities about all safeguarding concerns.

The registered manager told us any accidents or incidents were recorded in people's care records and on an incident report form. We reviewed the accident and incident log. We found some reports were well completed and showed the immediate action taken in response to the incident as well as any longer term action required to keep the person safe. However, our review of people's daily records showed this process was not followed for all accidents and incidents. For example, we saw in one person's records in December 2017 they had been found on the floor outside their house when care staff arrived. Another person's records showed staff noted a red mark on their leg which the person said had been caused by a cigarette burn when they were smoking. The registered manager confirmed there were no incident reports for either of these events.

Looking through people's daily records we found a number of incidents related to medicines. For example,

for one person an entry dated 25 November 2017 stated, 'Sunday medicines had gone from dossette box'. There was no other information to show what action had been taken in response. An entry for another person dated 2 October 2017 stated the evening care staff found the person's morning medicines still in the dossette box. The morning staff member had written that they had administered the medicines and the MAR was signed but had been crossed out, so it was not clear if the person had received their medicines. An entry for a further person dated 30 December 2017 showed staff had found some loose medicines where the person kept their medicines and had disposed of them. It was not clear what these medicines were or the method of disposal. We asked the registered manager about all of these incidents. They confirmed they were not aware of any of these incidents, there were no incident reports and no action had been taken.

This demonstrated the provider did not have effective systems and processes in place to protect people from abuse or the risk of abuse.

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

Some assessments were in place to mitigate risks to people using the service. However, these assessments were not robust enough to ensure they remained relevant and reflective of people's changing needs. For example, one person's daily records identified a potential scalding risk in November 2017 which had been reported to the service office. The person's care plans and risk assessments had been reviewed on 28 December 2017; however, there was no reference to this risk. Our discussions with the care co-ordinator and registered manager identified a number of other risks related to this person which were not reflected in the care records such as risk of financial abuse and risks surrounding their physical wellbeing. No risk assessments were in place around these areas which demonstrated a shortfall in risk management.

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

Sufficient staff were deployed to ensure people received appropriate care and support. Safe staff recruitment procedures were in place to ensure people were supported by staff suitable to work with vulnerable people. This included checks such as Disclosure and Baring Service (DBS) checks and ensuring at least two written references were received prior to commencement of employment. Staff confirmed these checks had taken place. Disciplinary processes were in place. Staff comments included, "Most definitely think there's enough staff now; adequate staff to cover calls," and, "Oh, yes, there's enough staff and enough time to do what's needed in a call."

The registered manager told us they had recruited sufficient staff to ensure care and support cover for staff holiday and sickness and staff we spoke with confirmed this. We saw from our review that rotas were covered and sufficient staff were deployed to cover calls.

On call arrangements were in place and people told us they were able to get through to the on call system without issue. A generic emergency evacuation plan was in place to cover all people who were provided with care and support from Carlton Home Care. Staff had signed to say they had read and understood this. However, this did not reflect personalised care and needed to be individualised to people's specific requirements such as those with variable mobility or those with sensory impairment.

Staff told us improvements had been made in the last year to ensure better continuity with call visits and they usually supported the same people and had the same call runs. Comments included, "I mostly do the same run. There's enough time between calls. I would ring the service if I'm going to be late so they can ring the service user", "I've more or less the same run and enough time to do all care duties. There's enough staff to cover", "I've been going to the same person for a long time", and, "There's more continuity. I have my own

round. I think it's more beneficial for the carers and the clients. We all know where we are."

However, we received mixed feedback from people regarding staff arriving on time and staying for the required length of time. Some people felt improvements had been made over the last year and others expressed concerns about lack of continuity and late or rushed calls. Most people told us they were informed if staff were going to be late and staff confirmed the procedure during our conversations. Comments included, "They're very good, on time, always turn up and stay the full amount of time", "Oh yes, they are usually on time. If they are late on odd occasions due to emergencies they will call us", "It's been a lot better; [Registered manager] is really on the ball. I told her I wanted routine and consistency. We got a list together and it's been maintained. I get a rota every week, if there's any changes they let me know immediately,"and, "The timings are no good; today they came at 9:45am; they should come at 8:30am. They do rush in and out; I pay for 30 minutes, they can come in and out within 10 minutes. They do not call me if they are late." One relative told us some staff arrived too late in the evening to assist with their relative's care. We reported their concerns to the registered manager who assured us they would investigate.

We saw gloves and aprons were readily available for staff in the office and staff told us they were aware how to access this. We saw the use of gloves and aprons were an agenda item at team meetings and discussed at staff supervision. People told us staff used gloves and aprons during care and support and presented as smart and clean. Comments included, "They have a uniform and an ID badge also they wear gloves and aprons" and, "They have a uniform and a badge, always look smart and clean."

## Is the service effective?

### Our findings

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. In the case of Domiciliary Care, applications must be made to the Court of Protection. We found one person was currently subject to Deprivation of Liberty Safeguards (DoLS). This person was receiving care at the supported living service operated by the provider. Staff had received training in the Mental Capacity Act.

We found evidence in some people's care records which showed they had been consulted about aspects of their care. However, there were no mental capacity assessments or best interest decisions recorded for people who may lack capacity in making certain decisions. For example, one person who was living with dementia had a number of restrictions in place to keep them safe yet there were no MCA assessments or evidence to show a best interest decision process had been followed.

Another person's records indicated a relative had Lasting Power of Attorney (LPA), yet there was no information to show whether this related to health and welfare or finances or both. We asked the registered manager who said they did not know.

A LPA is a legal document that allows someone to make decisions for you, or act on your behalf, if you're no longer able to or if you no longer want to make your own decisions. LPA's can be put in place for property and finance or health and welfare. It is important services have this information so that they know what decisions attorneys are authorised to make.

We found another person had been receiving medicines covertly from 9 to 14 November 2017. We saw a GP letter dated 8 November 2017 which confirmed this could take place. However no mental capacity assessment had taken place and no best interests process had been followed including discussion with the person, family and pharmacist. We spoke with the registered manager about our concerns during the inspection. They told us they had not known medicines were being given covertly and as soon as they received the GP letter they took action to stop the medicine being given covertly. However, we saw the medicines had been given covertly from 9 to 14 November 2017 and the GP letter was dated 8 November 2017. The registered manager agreed they needed to be more aware of best interest processes and to ensure mental capacity assessments were completed where appropriate.

This meant the service failed to ensure they had processes in place to reflect they were always acting in people's best interest.

This was a breach of Regulation 11, Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Staff told us they asked people for consent when providing personal care and we saw people had signed their agreement of their care records. However, we saw no consent forms in place for information to be shared with other relevant bodies.

People's needs were assessed before any services were provided. The registered manager told us they refused packages of care where they felt the service was unable to fulfil the person's care and support needs. The majority of people told us staff understood their care and support needs. Comments included, "They generally come with someone else first but they all seem to know what to do", "We work together to give me a good shower, [care staff] knows what to do" and, "The care workers are good; they do know what they are doing."

Relatives told us, "The care workers are very confident, they know what they are doing; they engage in conversation with my relative", "They use a hoist and sling, they're competent. Know what they're doing," and, "Absolutely. If they introduce new care workers they will ensure the new care worker is shadowing someone who is experienced. This happens a couple of times so they do not leave my relative with someone totally new." However, one person told us, "They do rush in and out; when my feet are wet, they do not dry this properly; they put my socks on when my feet is wet; I have now got athletic foot infection. I pay for 30minutes, they stay for 10 minutes."

Staff training was up to date or booked. However, discussions with the registered manager showed some of the training, such as medicines training needed to be more relevant to home care. They told us they had actions in place to make training more tailored to the needs of the service.

A programme of regular staff supervision and appraisal was in place. Staff confirmed these took place and were an opportunity to discuss any concerns, training and development needs.

From our review of people's care records, discussions with the management team, staff and people using the service and their relatives, we concluded people were supported to meet their health care needs. For example, a staff member told they had contacted the office when they were concerned about one person's health so the family could be informed and the person's GP contacted. The staff member also told us they had arranged for the fire service to fit smoke detectors in all the homes of the people they supported. We saw information about contact with GPs, district nurses and other health care professionals in people's care records. This demonstrated how staff worked across organisations to deliver effective care, support and treatment. However, the office co-ordinator agreed documentation on the service's multi-disciplinary team communication sheet needed to be improved to reflect these communications.

The registered manager told us no-one who received help and support with their meals was at specific nutritional risk. Where care workers assisted people with their nutritional needs, people and their relatives told us they were happy with the support provided. The few people who had meals told us they were able to choose what they wanted to eat and said the food was hot and nicely presented. Drinks were made how people liked them and staff cleaned up after themselves when preparing food. The people who needed support to eat their meals told me that this was done patiently and at the appropriate pace. Comments included, "[Relative] needs support for his meals; they are always kind and patient with [relative]," and, "They cut [relative's] food up how [relative] wants and help [relative] eat. They always make sure [relative] has plenty to drink."

## Is the service caring?

### Our findings

People we spoke with were generally positive about the care and support they received and told us staff were kind and caring. Comments included, "I'm satisfied they do a good job. They're all caring and lovely. I think they're marvellous", "The carers are always kind and caring, always concerned if I'm not well, note it down; sometimes it's like having a mum. They do what they should do; I get on with them all," and, "They're kind and gentle people. All very nice. Some are a bit heavy handed but not on purpose. They're usually very gentle."

Other comments from relatives included, "They are brilliant; they are very caring, considerate; they make conversation with my relative. We are extremely pleased with the service", "The care workers are unbelievably brilliant. They fall over themselves to help us; so caring, kind, so respectful. We cannot praise them enough," and, "They're happy and friendly people; they have a laugh, understand and treat [relative] as if [relative's] normal. They have a good relationship."

People told us they were treated with compassion and their privacy and dignity was respected. Comments included, "They speak to me with respect; they are really caring and kind", "So far they are good; respectful towards me; very caring and kind", "They tell me exactly what they are going to do, for example; 'I'm going to wash your groin now.' There are two carers but the other one does something else whilst I'm being washed, she doesn't stand and watch me," and, "They keep me covered when I'm getting dressed." A relative told us, "The care workers are wonderful; very respectful, very caring indeed," and another relative commented, "I've heard them ask [relative] before they do anything and they cover [relative] up when [relative's] being transferred from the bed to the chair. There are no problems about privacy."

Staff we spoke with were able to give us examples of how they ensured people's privacy and dignity such as closing doors and curtains and ensuring towels were used to preserve people's dignity. We saw a staff member had been recently appointed as a dignity champion and we spoke with them about how they were developing their role. They told us they were planning to attend further dignity training and had compiled a dignity file which was displayed at the service office for staff to read. We reviewed this file during our inspection which contained documentation around the importance of dignity and how to achieve this within a community setting. We also saw this was a topic at recent staff meetings.

Staff also explained how they communicated effectively with people to provide care and support. For example, staff told us they spoke clearly at eye level to ensure people could understand what they were doing, and explained tasks prior to carrying them out. Some staff told us they supported people who had difficulty with communication. They said due to visiting these people regularly and working with them and their families they had developed an understanding of what the person was trying to communicate. One relative told us, "They're caring, chat to [relative] and try to communicate with [relative]. Ask [relative] if there's anything [relative] needs; [relative's] comfortable with them. If there's anything wrong, pressure sores they get the district nurse."

It was clear from speaking with staff that they knew people's care and support needs. Staff spoke warmly



about the people they supported and it was clear some good relationships had developed. Comments from relatives included, "They are really caring; we cannot fault them at all. They have built a great relationship with my relative" and, "Extremely caring; they make an effort to build a relationship with my relative. Always respectful and kind."

We saw people's independence was respected with staff giving examples of how they encouraged people to do as much as possible for themselves. We saw one person was supported to maintain their links within the community by going out by themselves for walks which they enjoyed. One person commented, "Before I wouldn't go out or watch TV. They have encouraged me to go out now and I watch some TV."

We saw evidence people were involved in the planning of their care and had signed to say they read and understood their care plan. The registered manager told us they supported one person who had difficulty with reading and writing by reading out their care plan to them.

We saw no evidence of discrimination during our inspection on the grounds of age, disability, gender, gender reassignment, marital status, pregnancy and maternity status and race. No-one expressed any concerns during our telephone interviews.



## Is the service responsive?

### Our findings

People's care records were not person centred or always reflective of their individual care and support needs.

We saw little evidence of information being available in accessible formats. The registered manager told us of one person who was unable to read or write so they discussed their care plan verbally. However, another person was registered blind. No information had been provided in large print for the person. When we spoke with the person on the telephone they told us they were unable to contact the office since they were unable to read the telephone numbers provided. We spoke with the registered manager and they agreed to provide contact numbers in large print for the person. The registered manager told us they had attended training in accessible information and we saw the service accessible information policy had been completed in January 2018.

We found people's care plans were not always accurate, did not reflect people's current needs and were not person-centred. Records lacked detail about the care and support staff should deliver at each call or about people's personal preferences. For example, one person's care plan stated staff were to 'assist with full strip wash or shower'. There was no other detail about how this should be carried out such as how the person liked to be supported, what they could do for themselves or what they required staff to do.

Care staff told us they discussed people's preferences with the person and/or their relatives. This was documented in an 'All about Me' document in people's care records. However, we saw some of these did not contain detailed information about people's preferences and this information was not carried through onto people's care plans. We spoke with the registered manager who acknowledged further improvements were required in this area.

In relation to finances, one person's care plan stated the person managed their own money and staff had no input into this, although daily records showed staff were involved. We asked the registered manager about this and they told us the staff had only been involved since 10 December 2017. However, the records showed staff had been collecting the person's money and doing their shopping from October 2017 onwards. The registered manager and care co-ordinator told us this person had no family yet the daily records contradicted this. When we asked the registered manager about this they acknowledged the person did have family, yet there was no information about this in the person's care records.

Another person's care plan stated staff were to 'wash and dress in the morning...encourage to brush teeth.' There was no detail to show how staff should support the person to do this.

Another person's care records contained an 'all about me' document which contained some information about them to assist staff knowledge of the person's care and support needs. This stated that the person was a diet controlled diabetic. However, there was no related risk assessment in the person's care records. There was also no related care plan to highlight how staff should manage the person's diabetes, diet, or what to do if they had concerns about the person's condition, apart from a generic information sheet on

type two diabetes in the 'general health' section of the person's care records.

Care records showed care plans and risk assessments should be reviewed monthly or more frequently if changes occurred. We saw this was not happening. For example, records showed one person's care plans and risk assessments had only been reviewed twice since they had started with the service in June 2017. The registered manager and group governance lead acknowledged the care documentation was not fit for purpose as it was based on a care home model. They advised they would be reviewing and amending the documentation to ensure it was suitable for people receiving a home care service.

We found a lack of detail and information about people's wishes and decisions about end of life care. People had end of life care plans in place but these were generic and not person centred. For example, one person's end of life care plan stated, 'I do not have a religion and family are aware of my end of life requirements. If I become unwell carers to make my family aware.' There was no family recorded for this person. We saw the same information recorded on other people's care records.

We concluded people were at risk of not receiving care and treatment which reflected their individual needs and preferences.

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

Staff gave us examples of how they delivered care and support in line with people's preferences. For example, one staff member told us how they encouraged people to choose what clothes they wanted to wear. Another staff member told us how a person they supported chose what they wanted to eat and if they wanted their relative or the staff member to prepare the meal.

People told us they and/or their relatives had been involved in the planning and review of their care. Comments included, "They brought my care plan this morning and went through it all with me. Then I signed it off", "[Relative's] care plan has been reviewed within the last six months. At the moment it covers everything. They've always said they can do more if needed," and, "[Relative's] care plan was reviewed before Christmas because her mobility had decreased we need longer time. I have a meeting with [registered manager] next week to discuss this."

We looked at the complaints log which showed one complaint had been received in 2017 via the local authority and none had been received since. The records showed the complaint had been investigated by the provider and a response sent to the local authority. This showed the provider ensured complaints were treated seriously and investigated appropriately.

Most people told us any concerns were dealt with appropriately. Comments included, "We have no cause to call them as we are very happy", "[Registered manager] is very approachable; if there's a problem she will try and sort it out. You can ring her anytime," and, "[Registered manager] is very approachable, she's phoned me a few times and if I had a problem she's taken it on board and tried to sort it out." However, a number of people were not as satisfied with how their concerns had been handled, such as in regard to late calls and consistency of staff but had not raised these as formal complaints. For example, one relative told us, "Majority of the care workers are caring, kind. There is only one care worker who my relative is not comfortable with; this has been reported to the company. The company is still sending this care worker." We spoke with the registered manager who said they would look into these concerns.

## Is the service well-led?

### Our findings

Since our last inspection on 8 November 2016 a new registered manager had been appointed. They had been in post since January 2017. They were supported by the group governance lead who had been in post since March 2017. The registered manager told us they felt supported in their role but that there was an emphasis on care home provision rather than home care by the provider. This was confirmed by our findings during the inspection. The group governance lead acknowledged this and told us they were working with the registered manager to put systems in place suitable for domiciliary care.

At our last inspection in November 2016 we found systems and processes in place to enable the service to identify and improve where quality and safety was being compromised were not always effective since these were not always implemented. We discussed this with the group governance lead at that time who agreed this was an area for improvement. However, at this inspection we found similar concerns. This is the third consecutive inspection where the well led domain has been rated as 'requires improvement.'

Quality assurance systems were in place although we found these were not robust or effective in securing improvements. For example, each person's log book which contained the daily records and medicines administration records (MARs) included a daily audit sheet which checked if documentation had been completed correctly. The audits had been completed. However, issues we identified such as missing call times, MARs not completed correctly and incident forms not completed had not been identified by the auditor. The registered manager was also not aware of many of the issues we had identified until we brought them to their attention.

Care records showed care plans and risk assessments should be reviewed monthly or more frequently if changes occurred. We saw this was not happening. For example, records showed one person's care plans and risk assessments had only been reviewed twice since they had started with the service in June 2017. This had not been picked up at audit. The registered manager and group governance lead acknowledged the care documentation was not fit for purpose as it was based on a care home model. They advised they would be reviewing and amending the documentation to ensure it was suitable for people receiving a home care service.

The registered manager told us that where staff were involved in people's money financial transaction sheets were recorded and these were audited monthly by senior staff. We asked to see the records of these audits for one person but the registered manager told us they did not have any.

We saw management meetings were held every two months to share best practice across the group. The provider had developed a lesson learnt log which looked at incidents that had occurred across all the provider's services. This was reviewed monthly and shared with the managers of the services. The log showed the date of the incident, the service where the incident had occurred, the type of incident and what the issue was, lessons to be learnt and implications for practice. However, we found there was a lack of follow up by management to ensure actions from the lessons learned had been implemented. For example, we saw following an incident in the home care service in July 2017 it was identified the log books needed to

be changed to weekly so the manager could check the daily reports more frequently and pick up any anomalies. The registered manager confirmed this had not happened and our findings also confirmed this.

During our inspection we found the provider did not have effective or robust systems and processes in place to protect people from abuse or the risk of abuse. Some safeguarding concerns, incidents and accidents had not been robustly reported or documented.

We saw people's views were sought about the service through monthly telephone surveys and service user questionnaires. People we spoke with and their relatives confirmed these were in place. However, more robust documentation was needed to reflect actions taken as a result. Some people told us they had fed back things through the questionnaire but did not know if any actions had been taken as a result.

During this inspection we found evidence to support a number of continued breaches as well as new breaches. Robust systems and processes should have enabled the improvement of the service. This demonstrates failings in robust governance of the service.

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

The service had failed to notify the Commission about some required notifications. This will be reviewed separately to the inspection process.

The registered manager was looking to improve the service and make documentation less generic. We found the management team open and aware of the need to gain better understanding of the areas identified at inspection.

We saw from the service history that the registered manager had made positive improvements regarding staff morale and confidence of people using the service in the management team. This was reflected in the comments received in our interviews with people, most of whom told us they had seen improvements since the registered manager had started with the service. They also told us the registered manager monitored service quality through phone calls and satisfaction questionnaires. Comments included, "I've not met the manager but she has phoned up two or three times to see if everything is alright", "I've been asked about the service over the phone and had a questionnaire. They also have an employee of the month and ask us to vote", "The service is well run; I am happy with the company" and, "It's been spot on and I wouldn't go anywhere else. This is an ideal company when [registered manager] is running it." Relative comments included, "We have been with the company for over five years. We cannot praise the company enough; they are brilliant," and, "I would definitely recommend the service; this company is a breath of fresh air. We are absolutely over the moon."

Most people told us they would recommend the company to others and some told us they had done this already. Comments included, "The company is wonderful; we could recommend this company. The care workers they provide are very supportive", "The company is wonderful. We could recommend this company. The care workers they provide are very supportive," and, "I'm satisfied and would recommend if they keep on the way they are." However one person told us, "I am not happy with the company; timings are not good; care workers rush off and another person said they would not recommend the company and commented, "No! They are kind, caring people but I end up waiting for them which upsets my day."

Staff were very positive about the management team and told us the registered manager was approachable and improvements had been made. Staff we spoke with told us morale was good, there was a positive

culture within the service and they would recommend the service. Comments included, "It's improved a lot since last year. The management side is much better...the atmosphere is a lot better. I'm happy working at Carlton. I feel well supported and [registered manager] is approachable", "[Registered manager] made a big difference. We know where we are and what we're doing. Definitely find [registered manager] approachable," and, Management is a lot better. I can go and speak with them about anything."

We asked if there was a structured, documented improvement plan in place for the service with time scales. Neither the registered manager nor the group governance lead had one in place on the morning of our inspection although they told us they were looking to make a number of service improvements and detailed actions they were undertaking. Following our discussions, the group governance lead produced a written improvement plan during the afternoon of our inspection. They acknowledged they had not produced a documented action plan before we had raised this. We saw this covered some of the concerns we raised at our inspection. This demonstrated the management team were keen to identify and improve areas of the service. The group governance lead also told us of planned improvements to make the quality assurance system more tailored to home care requirements.

Staff told us they had regular meetings and we saw the minutes of these meetings. We saw topics such as training, dignity, documentation, MAR documentation, safeguarding and PPE were discussed. Staff told us these meetings were a valuable tool to keep them updated with the service and any updates. They told us they felt able to speak out about any concerns at these meetings and their views and ideas were listened to. We also saw the service had introduced an 'employee of the month' scheme to recognise a staff member's contribution during that period. People and their relatives told us they were encouraged to nominate for this award.

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	<p>Regulation 9 HSCA RA Regulations 2014 Person-centred care</p> <p>Care plans did not always reflect people's needs.</p> <p>Regulation 9 (1) (2) (3) (a) (b) Health and Social Care Act 2008 (Regulated Activities) Regulations 2014</p>
Regulated activity	Regulation
Personal care	<p>Regulation 11 HSCA RA Regulations 2014 Need for consent</p> <p>Systems were not in place for the provider to follow a best interests process in accordance with the Mental Capacity Act 2015.</p> <p>Regulation 11 (1) (2) (3) Health and Social Care Act 2008 (Regulated Activities) Regulations 2014</p>
Regulated activity	Regulation
Personal care	<p>Regulation 13 HSCA RA Regulations 2014 Safeguarding service users from abuse and improper treatment</p> <p>Incidents and safeguarding were not always reported to the appropriate authority.</p> <p>Regulation 13 (1) (2) (3) Health and Social Care Act 2008 (Regulated Activities) Regulations 2014</p>

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	<p>Regulation 12 HSCA RA Regulations 2014 Safe care and treatment</p> <p>The proper and safe management of medicines; procedures were not in line with current legislation and guidance regarding administration and recording of medicines. Risk assessments were not always in place or updated to mitigate risk to the health and safety of service users.</p> <p>Regulation 12 (1) (2) (a) (b) (g) Health and Social Care Act 2008 (Regulated Activities) Regulations 2014</p>

### The enforcement action we took:

Warning notice

Regulated activity	Regulation
Personal care	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>Systems in place failed to effectively assess, monitor and improve the quality and safety of the services provided in the carrying out of the regulated activity.</p> <p>Regulation 17 (1)(2)(a) Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p>

### The enforcement action we took:

Warning notice