Avant Healthcare Services Limited

# Avant Healthcare Services Ltd

**Inspection report**

Vista Business Centre
50 Salisbury Road
Hounslow
Middlesex
TW4 6JQ
Tel: 020 8583 5050
Website: http://www.avanthealthuk.co.uk/

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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? | **Good** |
| Is the service responsive? | **Good** |
| Is the service well-led? | **Requires improvement** |

## Overall summary

We undertook an announced inspection of Avant Healthcare Services Limited on 21, 24, 25 and 26 August 2015. We told the provider two days before our visit that we would be coming because the location provides a domiciliary care service for people in their own homes and staff might be out visiting people.

Avant Healthcare Services Limited provides a range of services to people in their own home including personal care. At the time of our inspection 160 people were receiving personal care in their home. The care had either been funded by their local authority or people were paying for their own care.

This was the first inspection of the service at the location. They were previously registered at a different address.

The service had a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like

# Summary of findings

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.

There was a policy in place in relation to medicines but care workers did not always use a medicine administration record (MAR) chart to record medicines they had administered which were not provided in a blister pack. We looked at the daily records for eight people and saw the medicines for two people had not been recorded on a MAR chart.

There were procedures in place in relation to the recruitment of care workers but we saw in six out of the ten employment records we reviewed the employment history had not been checked to ensure it was accurate and the applicant had not been asked to confirm the information provided.

The provider had a policy and training in relation to the Mental Capacity Act 2005 but they did not have procedures in place to ensure appropriate actions were taken when a person using the service had been identified as unable to make decisions about their care.

The provider had systems in place to monitor the quality of the care provided but these did not provide appropriate information to identify issues with the quality of the service

We received mixed feedback from people when asked if they felt the service was effective and well-led with both positive and negative comments relating to communication with the service.

There was mixed feedback from people using the service in relation to the timekeeping of the care workers. Some people told us that the care workers always contacted them if the visit was going to be late while other people said they were not informed that a visit was going to be delayed.

People using the service felt the care workers treated them with dignity and respect when providing care. Some people told us they were happy with the care provided but one person felt the care workers were not aware of their support needs.

People using the service and relatives told us they felt safe when care was provided in their home and care workers knew what to do in case of an emergency.

The provider had processes in place for the recording and investigation of incidents and accidents. A range of detailed risk assessments were in place in relation to the care being provided and were up to date.

Care workers had received training identified by the provider as mandatory to ensure they were providing appropriate and effective care for people using the service. Also care workers had regular supervision with their manager and received an annual appraisal.

Support plans identified the person's cultural and religious needs. The plans also identified the person's preference to the language spoken by the care worker.

Detailed assessments were carried out to identify each person's care needs before they started to receive care in their home. This information was used to develop a support plan for each person which was up to date.

There was a complaints process in place and people using the service were sent questionnaires to gain their feedback on the quality of the care provided.

We found breaches of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 which related to the management of medicines, recruitment of care workers, the Mental Capacity Act 2005 and monitoring the quality of the service provided. You can see what action we told the provider to take at the back of the full version of this report.

# Summary of findings

## The five questions we ask about services and what we found

We always ask the following five questions of services.

**Is the service safe?**

Some aspects of the service were not safe. Medicines were not always recorded on a medicines administration record (MAR) chart when administered by care workers.

The employment history was not always checked during the recruitment process to ensure the information provided was accurate.

People using the service felt safe when their care workers were providing support in their home.

The provider had processes in place for the recording and investigation of incidents and accidents. A range of risk assessments had been completed in relation to the care being provided.

**Requires improvement**

**Is the service effective?**

Some aspects of the service were not effective. The provider had a policy in place in relation to the Mental Capacity Act 2005 but they did not have procedures in place to ensure appropriate actions were taken when a person using the service had been identified as unable to make decisions about their care.

People using the service and relatives gave mixed feedback relating to the punctuality of care workers. Some people told us they had no issues with punctuality with care workers calling if delayed, while other people had experienced issues.

There was a good working relationship with health professionals who also provided support for the person using the service.

**Requires improvement**

**Is the service caring?**

The service was caring. People we spoke with felt the care workers were caring and treated them with dignity and respect while providing care.

The support plans identified how the care workers could support the person in maintaining their independence.

Each person's cultural and religious needs were identified in their support plans as well as their chosen language to be spoken.

**Good**

**Is the service responsive?**

The service was responsive. An initial assessment was carried out before support began to ensure the service could provide appropriate care. Support plans were developed from the assessments and were up to date.

Care workers completed a record of the care provided after each visit.

**Good**

# Summary of findings

People using the service were sent questionnaires every six months and they could also provide feedback during regular service reviews.

**Is the service well-led?**

**Requires improvement**

Some aspects of the service were not well-led. The provider had various audits in place to monitor the quality of the care provided. We looked at six audits and saw the audits in relation to the daily records made by care workers and medicines did not provide the appropriate information relating to the quality of aspects of the service requiring improvement. Action had not always been taken to address issues.

People using the service gave mixed feedback in relation to their experience of communication with the service. Some people had a positive experience when communicating with the provider, while other people gave negative feedback.

Most care workers felt they received appropriate support from the managers to carry out their role and the service was well-led. One care worker did not feel they were supported and that the service was not well-led.

# Avant Healthcare Services Ltd

**Detailed findings**

## Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider 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 the 21, 24, 25 and 26 August 2015 and was announced. The provider was given 48 hours' notice because the location provides a domiciliary care service and we needed to be sure that someone would be available.

While carrying out this inspection we also inspected a second service that the provider had registered at the same address. Both services have shared policies and procedures but we also looked at information related to the care provided which was specific to each service and this is identified in the report.

One inspector undertook the inspection. An expert by experience carried out telephone interviews with people using 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. The expert by experience had expertise in relation to home care services for older people.

During our inspection we went to the office of the service and spoke with the operations manager.

We reviewed the support plans for 10 people using the service, the employment folders for 10 care workers, the training and supervision records for 50 care workers and records relating to the management of the service. After the inspection visit we undertook phone calls to 10 people who used the service, five relatives and received feedback via email from four care workers.

Requires improvement

# Is the service safe?

## Our findings

One person who used the service said "I take my medicines but the carers always remind me before they leave", and a relative told us "My family member takes medication themselves but the carers prompt them and record it."

The provider had a policy and procedure for the administration of medicines but the care workers were not recording the administration of medicines that were not provided in blister packs. The operations manager explained that the majority of medicines were provided in blister packs. They confirmed that a medicine administration record (MAR) chart was not used when care workers prompted the person to take medicines from a blister pack. Instead of completing a MAR chart the care workers recorded in the record of their visit when they had either prompted or administered the medicines from the blister pack or applied creams. The operations manager confirmed that any medicines that were not provided in a blister pack and any prescribed eye drops or creams should be recorded on a MAR chart.

During the inspection we looked at the record of daily visits for eight people using the service. We saw the support plan for one person stated they self-administered their medicines but we saw from the log book the care worker had administered eye drops 19 times over a four week period. The visit records for another person indicated that the care workers had been administering pain relief medicine when the person using the service requested it. This medicine was not provided in a blister pack and the care workers did not use a MAR chart to record when the medicine was given. The operations manager did not know if this pain relief medicine was prescribed or had been bought over the counter. This meant that care workers did not maintain accurate records of the medicines administered and there were no risk assessments in place. We also looked at MAR charts for two people who used the service and saw both people had medicines that had to be administered at specific times each day. We saw that care workers had recorded administering the medicines but did not note the time to ensure they were taken as prescribed.

We looked at the log book for another person whose support plan identified they needed prompting to take their medicines during each visit. We saw from their log book that care workers had not recorded if they had prompted the person to take their medicines during any visit over a 22 day period. We also saw care workers had not recorded prompting another person to take their medicines for eight days. When we looked at the records of daily visits we also saw that there was no consistency in the wording used to record if the care worker prompted or administered the medicines. By not recording when the medicines had been prompted or administered in the record of each visit care workers could not check if the person had taken their medicines or if they had refused.

**The above paragraphs demonstrate a breach of Regulation 12 of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.**

We saw from the training records that care staff had completed a course in the management of medicines as part of their induction as well as annual refresher training. Three of the care workers confirmed that had received administration of medicines training but one care worker told us they had "Not really had any training."

The provider had a recruitment process in place but this was not always followed by staff. During the inspection we looked at the recruitment records for 10 care workers. We saw that the recruitment procedure used by the provider had not been followed for six care workers. One person had listed one previous employer for the previous 15 year period but had provided two different employers for references who both confirmed they had employed the person. In relation to another care worker we saw their employment history did not match the dates confirmed in the references provided by their previous employers. This meant that it appeared the person had more work experience in social care then they actually had. Three people had extended career breaks noted on their application forms but did not provide any reason for these gaps in employment history. We also saw that a reference confirmed that an applicant had run their own company but this information was not provided in their employment history. We looked at the notes taken during the interviews of these people and no checks were made in relation to the gaps and incorrect information provided in the application forms. This meant that checks were not carried out on new staff to ensure the information provided on their application was accurate and they had the appropriate skills to provide the care required by the people using the service.

The operations manager explained that a checklist was completed by the staff carrying out the recruitment process

# Is the service safe?

to ensure all the paperwork and required information had been received. When the application process was completed the check list was reviewed by the operations manager to ensure it had been completed. The operations manager told us she did not know how the required information had not been obtained as if there were any gaps on the checklist the recruitment records of the person were checked before they started their employment. This meant that the checklist system in relation to the information provided by new care workers during the recruitment did not ensure the required paperwork had been completed.

**The above paragraphs demonstrate a breach of Regulation 19 of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.**

We saw that each person had a range of risk assessments in place which were detailed and up to date. The risk assessments included if the person was at risk of falls, nutrition or continence issues and if the person smoked. A moving and handling risk assessment was completed which included a description of the care activity, if one or two care workers were required, any equipment required and the mobility of the person using the service. An assessment of the working environment within the person's home was also carried out to ensure the care worker's safety.

All the people using the service and relatives we spoke with said that they felt safe when their care workers were in their home, and they had no concerns about their safety. People told us "Yes, I do feel safe as most of the carers are efficient, kind and caring," and "I feel really safe as they are very friendly." Relatives said "I have no complaints about the care and my family member feels safe. They spend the full time with my relative", and "I think my family member seems happy. The regular carer is quite aware of their needs and provides appropriate support." We saw the service had effective policies and procedures in place so any concerns regarding the care being provided were responded to appropriately. Any safeguarding concerns were recorded in the computerised system with any associated documents and correspondence related to the investigation. At the time of the inspection there were no safeguarding concerns for the location. We looked at the record of a previous safeguarding investigation which included detailed information.

Care workers were aware of what to do in case of emergencies. We saw in the front of the log book which was used to record information following each visit the care workers could access the main office number as well as the contact details for the registered manager and the field based manager in case of emergencies. Care workers told us they would call the emergency services if required, inform the office and the person's relatives.

The provider had a procedure in place for recording and investigating incidents and accidents. The care worker would complete an incident and accident form then the information was transferred to the computerised system. During the inspection we looked at one incident and accident record which included detailed information about the investigation. We saw that following the investigation actions were taken to reduce the risk of the event happening again and the provider contacted the occupational therapy team to ensure appropriate equipment was in place.

The operations manager explained that the number of care workers required for each visit was based upon the person's care needs which were identified during the initial assessments, any local authority referral information and in discussions with the person who would be receiving care and their relatives. They told us that if during the assessment of support needs they identified that the number of care workers required for each visit was not adequate they would contact the local authority to review the care package.

Requires improvement

# Is the service effective?

## Our findings

The provider had a procedure in place in relation to the Mental Capacity Act 2005 (MCA) but appropriate actions were not identified when a person had been assessed as not being able to make decisions about their care. The MCA is law protecting people who are unable to make decisions for themselves to maintain their independence. The law requires the Care Quality Commission (CQC) to monitor the operation of the Deprivation of Liberty. This is a process to ensure people are only deprived of their liberty in a safe and correct way which is in their best interests and there is no other way to look after them.

During the inspection we saw that people had been identified in their local authority referral or during the initial assessment carried out by the provider as not having capacity to make decisions. We saw the referrals and assessments for three people identified them as being unable to make any decisions in relation to their care and daily life, with their relatives being consulted to make decisions on the person's behalf. There had been no contact with the local authority to confirm the mental capacity of the person using the service and to identify if their relatives had a Lasting Power of Attorney in place. A Lasting Power of Attorney in health and care matters legally enables a relative to make decisions in the person's best interest as well as sign documents such as the support plan on their family member's behalf. This meant that people were not appropriately supported when decisions about their care were made to take into account their wishes whenever possible.

We also saw that support plans were agreed by a relative and they were also contacted for feedback of the quality of the care even though the person using the service had been assessed as having capacity to make decisions in relation to their daily living and care. There was no record in the support plan to show that the person using the service had requested their relative be involved in the planning and provision of their care. If a person receiving care has been assessed as having capacity they should be involved in agreeing their support plan and providing feedback on the care they receive. We asked the operations manager if they had any copies of mental capacity or best interest assessments that had been carried out in relation to the person's ability to make decisions relating to their life. We also asked if they had copies of Lasting Power of Attorney documentation for any of the people using the service. The operations manager told us that they had not been provided with any such records by the local authority in relation to people's capacity to make decisions and did not have any information relating to any Lasting Powers of Attorney that were in place.

During the inspection the operations manager reviewed the information for all the people using the service to identify anyone who had been identified as not having capacity to make decisions about their care. They contacted the relevant local authority who was funding each person's care and requested further information relating to any capacity assessments that had been carried out. The operations manager also made changes to the initial assessment form so that if the person was identified as not having capacity to make decisions the local authority would automatically be contacted for additional information.

**The above paragraph demonstrates a breach of Regulation 11 of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.**

The operations manager explained that all care workers received training in relation to the MCA as part of the induction and the annual refresher training sessions. We saw all the care workers were up to date with this training and the care workers we spoke with confirmed they had received this training.

We received mixed feedback from people using the service and relatives relating to the timekeeping of care workers. A person using the service commented "Sometimes they are late but they call and give reasons. They spend the agreed time and do not rush." A relative told us "The office would call us if the carers are late and the carers we get are consistently the same ones." We also received negative comments from people using the service and relatives. People we spoke with told us "The carers are not always late, but when they are, it is half an hour or so, and no one informs us, just turn up whenever they can make it", and "They are not on time, though I can't pinpoint the exact time they come late. They do not inform me." A relative commented "When they are late we have to accommodate the carer, they do not accommodate the service user." A telephone based logging system was used to record the arrival and departure time of care workers when visiting people using the service. The operations manager explained that if care workers were going to be more than

Requires improvement

# Is the service effective?

30 minutes late for a visit they would contact the person by telephone. They also told us that as part of the contract agreement with the local authorities care workers could visit within a two hour window of the agreed time. The computerised logging system enabled a report to be produced to compare the planned visit times, actual arrival time and the duration of the visit. During the inspection we saw copies of this report which showed that the visits were made within the two hour window with the majority of visits made within 30 minutes of the agreed time.

We saw people were being cared for by care workers that had received the necessary training and support to deliver care safely or to an appropriate standard. The operations manager explained that new care workers were invited to attend the six day induction course. The induction training was based upon the Care Certificate and included safeguarding, first aid and one day focusing on moving and handling. Once the new staff member had completed their induction training they then shadowed an experienced care worker for between eight and 16 hours depending on their previous care experience. The new staff member would then work with another care worker on visits. The field based manager would then carry out observations of the new staff member providing care for three people using the service. They completed an assessment form that included comments on the professional behaviour of the care worker, if they completed records accurately and if they were competent in providing the care identified in the person's support plan. During the inspection we saw the completed observation forms for 10 care workers which were detailed but we did see that the observations forms for two members of staff had identical wording and the text on one form referred to a different member of staff. We discussed this with the operations manager and she organised training for the field based managers to review the completion of the observation forms which happened during the inspection.

The operations manager told us that a number of training courses had been identified as mandatory by the provider. These included infection control, fluid and nutrition, dementia awareness and how to deal with emergencies. All care workers attended an annual refresher course of the training they completed as part of their induction. We looked at the training records for 50 care workers and saw they were up to date with their annual refresher training. There was a manual handling training room in the office that staff could use for practical experience of using hoists and other equipment. The operations manager explained that once the new care workers completed their three month probation period there would be regular supervision and assessments. These included meetings with the field based manager, reviews with the human resources team and an annual appraisal. We looked at the records for 10 staff and saw there were completed detailed notes from supervision sessions and an annual appraisal. During the inspection we saw that one person using the service required the care workers to help them to eat. The person's support plan identified that they had issues with swallowing and required the care workers to assist them to eat pureed food. We asked the operations manager if the care workers that visited this person had received training on how to support a person safely to eat if they had problems with swallowing. The operations manager confirmed that care workers received training on nutrition but not on feeding support. They told us that appropriate training would be identified as soon as possible.

We saw the support plans identified if the care workers had to prepare food for the person using the service or assist them to eat their meal. The support plans we looked at indicated if the person's food was prepared by a relative, if the care worker needed to remind the person to eat or if they had to provide additional support to ensure they ate regularly. We saw when we looked at some of the records of the visits completed by the care workers they noted if they had provided food for the person using the service.

We saw there was a good working relationship with healthcare professionals who also supported the people using the service. The support plans we looked at provided the contact details for each person's General Practitioner (GP). Other contact details included the district nurse and physiotherapist if they were involved in providing support for a person. The operations manager explained that the field based managers would discuss with the various medical professionals any specific support in person required or if a scheduled visits by the care workers needed to be changed to enable treatment to be provided.

Good

# Is the service caring?

## Our findings

People using the service and relatives we spoke with gave us mixed feedback about the care provided and the care workers who visited them. People using the service told us "(the care worker) is consistent and makes me happy. She will do what is in the care plan and works hard", and "The carers who come are kind and caring, and I know most of them." Relatives we spoke with said "We can't complain as the carer spend most of the time, are friendly and talk and when time is finished they sign and go", and "The carers make the bed, give my family member the commode to use and they are nice and caring." But one person using the service said "I have specific support needs and two new carers turned up who knew nothing about how to help me. I had to show them. They should have been trained beforehand."

We asked people using the service and relatives if they felt the care workers treated them with dignity and respect when providing care. People told us "The carer respects me, maintains my dignity and is very patient and caring, as I can't rush around", "The carer is just one same daily, she is polite, very pleasant, gives respect, maintains my dignity" and "Staff do not rush when giving me a shower, maintains my dignity, respect me and are very nice people." Another person said "The care is alright; the carers are polite, give respect and are lovely. They give respect maintain dignity and also laugh and joke." Relatives told us "My family member is respected his dignity is maintained by carers and they are polite, nice and caring" and "I am here but my family member feels safe with the carers. They like most of the carers. They maintain my family member's dignity and respect him."

We asked care workers how they maintained the dignity and privacy of the person they were providing care for. They told us "By respecting the individual's wishes and suiting their personal needs to comfort them", and "By treating the clients with respect, ensuring their privacy at all times, being thoughtful and caring by listening to the client and allowing them to be fully involved in their care."

The support plans identified how the person maintained their independence by identifying when the person receiving care required support and when they were able to complete tasks on their own.

The support plans identified the person's cultural and religious needs. The person's preference in relation to the language spoken by care workers was recorded as well as their wishes relating to the gender of the care worker providing their support. The name they preferred to be called by care workers was also identified.

We saw care workers were provided with information about the personal history of the person they were supporting. The information included which members of their family and friends knew them best, the person's interests and hobbies as well as their work and family history. The person using the service was also asked what their wishes were in relation to their care and how their life could be enhanced. Information was also provided for care workers on what may upset or annoy the person using the service and any recent events such as hospital stays that may influence how the care worker provided support. If the person was living with dementia additional guidance of specific ways to support the person was provided for care workers.

Good

# Is the service responsive?

## Our findings

The operations manager explained that they received detailed referral information from the local authority when they accepted new care packages. The field based manager was assigned to the person and they would visit them to carry out a support needs and risk assessment. These assessments were used with the referral information from the local authority to develop the support plan. The person using the service would be contacted before the initial care worker visit to confirm the support to be provided and the times of each visit. If an email address had been provided an introductory email would be sent confirming the details of the support as well as giving information about the service and its policy and procedures. We saw the detailed referrals received from the local authorities for ten people using the service.

We saw that each person using the service had a detailed support plan in place. The support plans were stored electronically in the office with paper copies kept in the person's home. We saw the support plans for 10 people using the service which were detailed and up to date. The support plans included contact information for the person's next of kin, their GP, if they had a social worker and/or other professional involved in their care. The support plan identified the individual activities to be carried out during each visit as part of providing the person's care and support. The descriptions explained how the person wanted their care and support provided. The operations manager explained that the frequency the support plans were reviewed was dependant on the risk assessment of the person using the service. If the person had been assessed at a higher risk level as either they were unable to make decisions about their care or were not able to provide feedback on the service being provided their support plan was reviewed monthly. The support plans for people assessed at a lower risk level were reviewed every three months. The operations manager explained this enabled any changes in support needs to be identified quickly and the support plan amended appropriately.

Care workers completed a record for each visit to the person they provided care for in a log book. These books included a section to record the care provided, a record for any financial transactions and an incident and accident form. The care worker recorded their arrival and departure time as part of the recorded of the visit. The log books were collected when they were completed in full and were stored in the office. We looked at the daily records for nine people and we saw these were appropriately detailed and reflected the needs outlined in the support plan.

People we spoke with did not specifically discuss the complaints process but one person told us "I have had no occasion to complain." We saw there was a complaints policy and procedure in place. Information on how to make a complaint was included in the service user guide that was given to people when they started to use the service and as part of the introduction to the service email. We saw that all complaints were recorded on the computerised system. The details relating to the complaint were noted on the system and any relevant documents including emails, minutes of meetings, investigation notes and any disciplinary records were stored in the complaint record. Information from the complaints was used as part of the discussions during the care worker supervisions sessions. The operations manager told us that once a complaint was resolved regular telephone calls were made to the person using the service to check there were no further issues with the care provided.

The operations manager explained that until recently questionnaires were sent out each year to people using the service to gain their feedback on the care provided. They told us that it was now sent out every six months due to a low response rate and they were looking at how they could increase the response rates. The questionnaires were sent by post, emailed and care workers would remind the person the forms had been sent out when they visited. People were asked to comment on if they thought the care workers were appropriately trained, if they treated them with dignity and respect and if the care provided met their needs. People could also write additional comments on the questionnaire. The operations manager told us if any issues were identified from the comments they would contact the person to discuss their concerns and an action plan was developed. We looked at the analysis of the results of the most recent questionnaire and saw the feedback from people using the service was positive in relation to the care they received and their comments had been acted on.

People using the service could also provide feedback on the quality of the care provided through the regular service reviews carried out by field based managers. The questions in the review included if the person felt their care needs

Good

# Is the service responsive?

were being met, if they were happy with the care they received and if there was anything the person was unhappy with. Any issues were identified and the support plan was updated if required. Telephone monitoring calls were also carried out to gain feedback from the person using the service and their relatives. People could comment on the reliability of their care worker, if they were friendly and treated them with respect and if they felt safe when receiving care. The information was reviewed and if any issues were identified the manager would discuss them with the care worker and take any relevant action.

Requires improvement

# Is the service well-led?

## Our findings

Some aspects of the provider's quality monitoring systems were not effective in identifying issues. They had various audits in place to monitor the quality of the care provided but some of these did not provide appropriate information to identify issues with the quality of the service. The operations manager explained the log books used by the care workers to record their daily visits were checked as part of the service review visits carried out by the field based managers. A random selection of up to five completed log books were checked each month when they were returned to the office. We saw that both these checks failed to identify that care workers were recording the administration of medicines that were not provided in a blister pack in the record of their visit. This meant that the field based manager did not implement the appropriate recording of the medicines using a MAR chart to ensure they were safely administered.

**The above paragraph demonstrates a breach of Regulation 17 of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.**

When we asked people using the service and relatives if they thought the service was effective and well-led we received mixed feedback. People using the service told us "It has very poor communication" and "The problem with the agency is their communication." A relative commented "Very poor and bad communication." We also received some positive comments. People using the service commented "I phoned the office and they do respond well. The manager pops in occasionally", and "The manager does visit every year to reassess." A relative told us "I would give the agency ten out of ten."

We asked care workers if they felt supported by their manager and if the service was well-led. Three of the care workers we spoke with felt they were supported by their manager. One care worker told us "I always feel support from my managers – both field based and line manager. They are helpful and approachable in all areas of their role and by helping me understand the requirements it takes to be a good carer." One care worker told us they did not feel supported in their role. When asked if the service was well-led three care workers felt the service was well-led. Care workers commented "In this company we all help and support each other, whatever situation and problems may occur, we work as a team that all are recognised and fairly treated within the company" and "Offers good training and career opportunities." One care worker did not feel the service was well-led.

The provider carried out a number of different types of audits to review the quality of the care provided. A monthly quality assurance audit was carried out which reviewed the outcomes of a number of other audits that were carried out to provide on overall picture of the service. The audit included how many compliments were received and the number and type of incidents and accidents and complaints recorded during the month. During the inspection we looked at the audit for June 2015 which was detailed and included a list of actions identified in response to any concerns.

We also looked at the most recently produced individual audits that there were used to create the monthly quality assurance audit. We saw monthly audits were carried out to review the complaints that were received. The analysis included any trends in what caused the complaint, the issues identified, the outcome of any investigation and if the complaint was substantiated or not. The incident and accident audit was carried out monthly. The results were analysed to ensure investigations were carried out and to identify any trends in the type of incident or accident that had occurred. The information from these two audits fed into the main quality assurance audit.

Other audits included a review of the time keeping of care workers and the number of missed visits. We saw a report was produced every week to review the electronic monitoring system used to record the arrival and departure times of care workers. The report showed which care workers had regularly called the monitoring system to record when they arrived at a person's home and when they had completed their visit. The operations manager explained the weekly figures were circulated to all the care workers and all those who had achieved above 85% compliance with the system were congratulated. Any care workers that achieved less than 85% received an email to ask why they were not using the system correctly and if there was no improvement in compliance they would meet with their manager.

A weekly audit was completed reviewing the number of missed calls that had happened and the reason they occurred. Any reoccurring issues or trends were identified and appropriate action would be taken.

Requires improvement

# Is the service well-led?

A new client checklist audit was carried out monthly to ensure all the paperwork was completed for people who had started to receive care during the previous month. The operations manager explained a list of all the people new to the service was produced. They would check the paperwork for each person to ensure the support plans, risk assessments and any other documents had been completed. The branch manager would complete a checklist as they completed the paperwork for each new person using the service.

The operations manager told us about the "In your shoes" scheme where office based staff would shadow a care worker on their visits so they could understand their role. We saw three examples of the reports that had been completed which identified the care that was provided, what the care worker did and any comments on their performance. There was also a career development programme in place to support care workers in gaining further vocational qualifications and applying for senior roles within the organisation.

We saw photographs of the support staff were displayed in the office so care workers could identify the staff who worked in the office.

The operations manager told us there were regular team meetings held for care workers. We saw the minutes from the two recent meetings which included information on the sickness policy, visit times and safeguarding. The minutes of the meetings were circulated to all the care workers. Care workers were also asked for feedback from a regular questionnaire that was sent out. The questions included if they felt they had adequate training and support from their manager. There was also a section for the care workers to write general comments. We looked at the results from the most recent survey which had been analysed. We saw the majority of the results were positive.

People using the service were given an information booklet when they started receiving care which included the organisation's background and the types of care and support provided by the service. There is also information on what the standards were that people could expect from the service.

This section is primarily information for the provider

# Action we have told the provider to take

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

| Regulated activity | Regulation |
|---|---|
| Personal care | Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment<br><br>**The registered person did not ensure the proper and safe management of medicines.**<br><br>**Regulation 12 (2) (g)** |

| Regulated activity | Regulation |
|---|---|
| Personal care | Regulation 19 HSCA (RA) Regulations 2014 Fit and proper persons employed<br><br>**The registered person did not have recruitment procedures that operated effectively to ensure that people employed for the purpose of carrying on a regulated activity had the qualifications, competence, skills and experience which are necessary for the work to be performed by them.**<br><br>**Regulation 19 (2)** |

| Regulated activity | Regulation |
|---|---|
| Personal care | Regulation 11 HSCA (RA) Regulations 2014 Need for consent<br><br>**The registered person had not acted in accordance with the Mental Capacity Act 2005.**<br><br>**Regulation 11 (3)** |

| Regulated activity | Regulation |
|---|---|
| Personal care | Regulation 17 HSCA (RA) Regulations 2014 Good governance<br><br>**The registered person had not assessed, monitored and improved the quality of the services provided.** |

This section is primarily information for the provider

# Action we have told the provider to take

Regulation 17 (2) (a)