Care Outlook Ltd

Care Outlook (West London)

Inspection report

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Ratings

Overall rating for this service	Requires Improvement

Is the service safe?	**Requires Improvement**
Is the service effective?	**Requires Improvement**
Is the service caring?	**Good**
Is the service responsive?	**Good**
Is the service well-led?	**Requires Improvement**

Summary of findings

Overall summary

We undertook an announced comprehensive inspection of Care Outlook (West London) on 25 and 26 October 2017. We gave the provider two working days' notice as the location provided a service to people in their own homes and we needed to confirm a manager would be available when we inspected.

Care Outlook (West London) is a domiciliary care agency that provides personal care to around 140 people in their own homes in the London Borough of Hounslow. The majority of people receiving care had their care packages funded by the local authority and other people were funding their own care.

We previously inspected Care Outlook (West London) on 26 and 27 September 2016 where we identified breaches of regulations in relation to the management of medicines, recruitment practices, mental capacity assessments, person-centred care planning, quality assurance and records. During the October 2017 inspection we found improvements had been made in relation to recruitment and person-centred care planning. Some improvements had been made in relation to the other areas but further improvements were required.

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

The provider had a procedure in place for the safe management of medicines but care workers did not always complete records relating to medicines use as required by the provider's own systems. We have made a recommendation to the provider regarding this.

Care workers used an electronic call monitoring system to record their arrival and departure times to monitor the visits but some care workers were not always deployed so they had travel times included in their rota. They therefore did not always arrive, leave on time or stayed the full length of the visits.

The provider had procedures in place in relation to the Mental Capacity Act 2005. The process in place to assess a person's capacity to make decisions relating to their care did not always ensure people rights were upheld. This was being reviewed by the provider.

Improvements had been made in relation to the effectiveness of the audits completed but there were a few areas where further improvements were needed and where the governance systems needed to be more robust.

We found a number of breaches of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. These breaches related to need for consent (Regulation 11), staffing (Regulation 18) and good governance of the service (Regulation 17). You can see what action we told the provider to take at the back

of the full version of this report.

The provider had robust recruitment practices in place which provided information to enable them to assess an applicant's suitability for the care worker's role.

People told us they felt safe when they received care in their own home. The provider had processes to respond appropriately to any reported safeguarding concerns as well as incident and accidents.

Care workers had received the necessary training, supervision and appraisals they required to deliver care safely and to an appropriate standard.

People felt the care workers were kind and caring as well as respecting their privacy and dignity when they provided support.

The care plan identified the person's religious and cultural needs as well as their preference for a male or female care worker.

Care plans identified how the person wanted their care provided. An assessment of a person's support needs was carried out before home care started to ensure the person's care needs could be met.

The provider had a complaints process in place and people receiving support from the service or relatives of people using the service knew how to raise a concern if they needed to.

People told us they felt the service was well-led but did raise some concerns regarding care workers travel time.

People using the service had been asked their views on the quality of the service provided.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement

Some aspects of the service were not safe.

There were procedures in place for the safe management of medicines but care workers did not always complete records relating to medicines use as required by the provider's own systems to show people were supported appropriately with their medicines.

Rotas did not always include travel time between visits so care workers were appropriately deployed to enable them to arrive to calls on time.

Improvements had been made to ensure robust recruitment practices were in place which provided information to enable the provider to assess an applicant's suitability for the care worker's role.

Is the service effective?

Requires Improvement

Some aspects of the service were not effective.

The provider had procedures in place in relation to the Mental Capacity Act 2005, but the process in place to assess a person's capacity did not reflect the principles of the Act.

Care workers had received the necessary training, supervision and appraisals they required to deliver care safely and to an appropriate standard.

There was a good working relationship with health professionals who also provided support for the person using the service and if the person's health changed the provider would ensure the relevant healthcare professional was contacted.

Care plans indicated if the person required support from the care worker to prepare and/or eat their food.

Is the service caring?

Good

The service was caring.

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

Care plans identified the person's cultural and religious needs as well as their preferences for gender of the care worker.

Is the service responsive?

Good

The service was responsive.

Improvements had been made to the care plans which now identified how people wanted their care to be provided.

An assessment of a person's support needs was carried out before home care started to ensure the person's care needs could be met.

The provider had a complaints process in place and people knew what to do if they wished to raise any concerns.

Is the service well-led?

Requires Improvement

Some aspects of the service were not well-led.

Improvements had been made in relation to the effectiveness of the audits completed but these were still not robust enough to identify the areas for improvements so these could be addressed

People told us they felt the service was well-led but did raise some concerns regarding care workers travel time.

People using the service had been asked their views on the quality of the service provided.

Care Outlook (West London)

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 25 and 26 October 2017 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.

One inspector undertook the inspection and an expert-by-experience carried out telephone interviews of people who used the service and relatives. An expert-by-experience is a person who has personal experience of using or caring for someone who has used this type of care service. The expert-by-experience at this inspection had personal experience of caring for older people.

Prior to the inspection we reviewed the notifications we had received from the service, records of safeguarding alerts and previous inspection reports. Registered providers need to send notifications to the CQC about certain changes, events and incidents that affect the service or the people who use it.

Before the inspection, the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make.

During the inspection we spoke with the registered manager, director of operations and three office based staff that were responsible for recruitment and training, monitoring the management of medicines and checking compliance with visit times. We reviewed the care records for eight people using the service, the employment folders for seven care workers, training records for all staff and records relating to the management of the service. The expert by experience contacted by telephone 11 people who used the service and three relatives. We sent emails for feedback to 54 care workers and received comments from four care workers.

Requires Improvement

Is the service safe?

Our findings

During the inspection in September 2016 we saw the medicine administration record (MAR) charts had not been completed accurately. The provider sent us an action plan explaining how they would make improvements to the recording of medicines. During the inspection in October 2017 we saw some improvement had been made in relation to the completion of MAR charts but a few issues with recording were identified.

The administration of medicines was not recorded regularly on the August 2017 MAR chart for one person. We saw care workers had not always initialled the MAR chart to confirm they had administered medicines as prescribed. We also saw care workers had overwritten the initials on four days so they were unreadable. We saw MAR charts for four other people using the service also had areas which had not been completed by care workers to indicate the medicine had been administered. .

The care plan for another person indicated the care workers should apply a cream for the person and prompt them to take their medicines. We looked at the MAR chart for August 2017 and we saw the care workers had recorded the cream had not been required on 30 days and for 16 days on the September 2017 MAR chart. The care workers had noted in the daily record of care for this period that the cream had been applied as prescribed. We also saw the care workers had recorded in the daily records for one visit in August 2017 they had applied a non-steroidal anti-inflammatory pain relief cream which had been purchased from a pharmacy. This cream had not been prescribed and any possible impact on other prescribed medicines or medical conditions had not been identified or assessed. This meant the person was at risk as suitable checks, guidance and monitoring were not in place in relation to the application of this cream.

We discussed this with the registered manager who, during the inspection confirmed the anti-inflammatory cream was not being applied by the care workers and they contacted the care workers to ensure they were aware of this. They also told us all care workers would be reminded that MAR charts needed to be completed accurately to reflect the administration of medicines including creams and that further audits would take place.

We recommend the provider reviews the guidance provided by the National Institute of Health and Clinical Excellence in relation to the management of medicines in the community.

We asked people if the care workers arrived at their homes on time and if the care workers were going to arrive late whether they contacted the person to let them know. We received a range of comments from people with some people telling us the care workers arrived as scheduled while other people told us the care workers were sometimes late for the visit. Their comments included, "Yes every morning she [carer] is on the dot. She has never let me down and comes seven days a week. Occasionally in the evening she is only a few minutes late. They ring and let me know", "They are on time, the majority of the time and usually let us know if they are going to the late [the carers not the office]", "They are on time, not often late. They ring me up if they are going to be late. I have not had a missed call", "Not exactly on time, supposed to come about 9 o'clock and they are usually late most of them", "Not always on time, normally one lady is on time

on certain days and another carer can be an hour or so late. They don't ring to let me know if they are going to be late", "No [not on time], I wanted them at 9 to 9.30am and they are coming at 10am or even later. Today she came at 10.15am" and "They have never been early enough to make breakfast which is what they are supposed to do. I taught three of them to make beds."

Some of the care workers we spoke with told us they felt they did not get enough travel time between visits and sometimes there is not enough time to carry out all the tasks as the person may need more time than allocated by the local authority.

Care workers used an electronic call monitoring system (ECMS) to record their arrival and departure time for each visit. During the inspection we looked at the ECMS records for 4 October 2017 and 7 October 2017. We saw 17 of the 52 care workers who completed calls on the 4 October 2017 had at least two visits between which travel time had not been allocated. On the 7 October 2017 we saw 21 of the 39 care workers who carried out visits had not been allocated travel time between at least two visits. The above shows that the provider had not appropriately deployed staff with adequate travel time to ensure people received visits at the time agreed with them and that the length of the visits was also as agreed with them.

This was a breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014
We spoke with the member of office staff who was responsible for monitoring the ECMS who explained they were currently undertaking a review of all the times recorded on the ECMS to ensure they were accurate and reflected the person using the services preferred visit time as well as the availability of the care workers. They showed us records of meetings with care workers who they had identified as having calls recorded on the ECMS as either earlier or later than scheduled. They discussed these calls with the care worker and identified if the scheduled times on the ECMS were accurate. The staff member explained most of these call times had been adjusted to meet a change in the person's preference of visit time which the care worker was meeting but it had not been amended on the ECMS therefore showing a visit which occurred outside the planned time. The staff member was also reviewing the issues with calls which had not been allocated travel time between them. They were working with the care coordinators when care plan reviews took place to ensure the call time information was accurate and constant between the ECMS and the person's care plan.

We asked people who used the service if they felt safe from abuse or from harm when they received care in their home. Everyone we spoke with told us they felt safe when care was provided and some of their comments included, "I feel safe, the carers are polite and kind", "I feel safe because my carer does a good job", "I feel safe, she is lovely. I can depend on her (carer)",
"I feel safe as they (staff) are nice. Always do what I ask them and they have nice behaviour" and "Generally speaking they are alright." A relative commented, "Yes. We are quite happy with the agency."

We saw the provider had effective policies and procedures in place so any concerns regarding the care being provided were responded to appropriately. Records indicated that all care workers had completed training in relation to safeguarding adults. During the inspection we looked at the records for two safeguarding concerns which included details of the concern, any correspondence, the outcome and any actions taken.

We also looked at the records for five incidents and accidents reported in 2017. The registered manager confirmed care workers would complete a form. If an accident and incident almost happened it would be recorded as a 'near miss'. The records we looked at included details of what happened, what actions were taken and if the person was seen by their GP or if an ambulance was called. Each form was reviewed by a senior member of staff. We saw an outcome report form was completed for each record identifying any

further actions taken. This meant the provider could monitor if action was taken to reduce the risk of reoccurrence.

We saw risk assessments had been completed for people using the service following the initial assessment of the person's support needs. During the inspection we looked at the care folders for eight people and we saw a general risk assessment was completed to review the environment of the person's home as well as risk assessments for moving and handling, fire safety and administration of medicines. Where a specific risk had been identified during the assessment process, for example diabetes or epilepsy, a risk assessment had been developed. An information sheet using guidance from reliable websites including Diabetes UK and the Multiple Sclerosis Trust was included with the care plan to provide additional guidance for care workers. Therefore care workers were provided with a range of guidance to help them reduce potential risks when providing care.

The provider used the information regarding the person's support needs from the local authority referral and through discussions at the initial assessment with the person and their relatives to identify how many care workers were required for each visit. The number of care workers was also checked as part of the review of the care plans in case the person's support needs had changed.

During the inspection in September 2016 we found some application forms and references did not provide information regarding the suitability of the person for the care worker role. The provider sent us an action plan identifying how they would make improvements before the next inspection. We reviewed the recruitment records for seven care workers and we saw a range of information had been obtained through the recruitment process. Among the information, we saw two references had been obtained from previous employers where available or additional character references had been requested if their previous employer could not be contacted or if the person had a limited employment history. Copies of documents to prove the person's identity and their right to work in the United Kingdom were also kept on the person's file. A criminal records check was carried out before the new care worker started working in the service. A full employment history was requested as part of the application process and any gaps in employment were discussed during the interview and noted. This meant the provider had a range of information to assess if the applicant was suitable and had the required skills for the care worker's role.

People using the service told us, "She [care worker] is a remarkable lady. Gets me out of bed, have a shower and gets me dressed. She has a box of protective gloves in the bathroom on hand which she uses. She is well organised", "I think so. Sometimes they will shower or wash me. They wear gloves and aprons and tidy up after themselves." Processes were in place in relation to infection control. The care workers were provided with personal protective equipment including aprons and gloves to use when providing support. The care workers had also completed training in relation to infection control as part of their induction and Care Certificate. The care certificate is a qualification that identifies specific learning outcomes, competencies and standards in relation to people new to health and social care.

Requires Improvement

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 so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. We checked whether the service was working within the principles of the MCA.

We saw the medicines risk assessment for one person indicated that person's medicines had been placed in a locked safe box which the person could not access as they were at risk of not taking their medicines as prescribed. The assessments and care plan did not indicate if the person lacked capacity to make decisions in relation to their medicines. This meant the person's access to their medicines had been restricted without evidence of a lack of capacity.

The records for one person stated they had capacity to make decisions and wanted to sign documents but needed them to be explained in their first language. We saw the care plan had been signed by a relative of the person and no reason was given for why the person using the service had not signed to agree to their own care.

We also saw the care plan for another person stated they had capacity and wanted to sign documents but they needed them to be explained slowly and step by step. We saw a relative had agreed to the care being provided by signing the care plan and the medicines assessment. The relative had also signed the quality monitoring forms providing feedback on the quality of the care received by the person using the service. Additionally, the care plans for other people who had visual impairments or were unable to hold a pen indicated they were unable to sign to confirm they had agreed to their care. However, there were no records to show the care plan had been explained to them and they had agreed. This meant there was little evidence to show people had been consulted in making decisions about their care before others were involved in making decisions in their best interests.

Following the inspection we spoke with the director of operations who explained they were implementing a new system to ensure the capacity of a person was assessed before any decisions were made in the person's best interests in relation to management of medicines.

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

We asked people if they felt the care workers had received appropriate training and we were told people felt most care workers had enough training but some people did comment on the training of new care workers.

They said, "Of course they are well trained", "I have great faith in her [carer] ability to look after me. My regular one certainly is trained", "New carers don't come with someone. I have to show them what to do" and "They are trained but I have to keep telling them what to do. One new one was the first time on their own. She did okay. Once or twice a new one comes with an experienced carer." Relatives commented, "I teach the new ladies and show them [carers] where things are" and "Yes they are trained. I have to show the new carers where things are, once they know this and they know how to use them. If a new one comes I have to explain to new ones from the beginning to the end." This was discussed with the registered manager who explained that if the care worker was new to the organisation they would have carried out their shadowing visits with the people they would be going to support. They told us sometimes a care worker may have to cover visits with a person they have not met before due to annual leave or sickness so they would not know where things are. The registered manager confirmed they would look at improving the information provided to a care worker who was providing cover as well as ensuring the person to be visited understood there would be a different care worker attending.

The registered manager confirmed new care workers completed a four day induction course which included the Care Certificate. The Care Certificate identifies specific learning outcomes, competencies and standards in relation to care staff new to health and social care. Assessment of the new care workers competency in relation to various care tasks were carried out during the three month probation period. Once new care workers had completed the induction course they would then shadow an experienced care worker who would then assess their competencies. We looked at the records for seven care workers and we saw records demonstrated they had completed the induction course, Care Certificate and shadowing. The shadowing records indicated how many hours were completed and the care activities assessed.

We saw records which indicated care workers had completed the training identified by the provider as mandatory which included moving and handling, basic life support and medicines management. The records showed when each care worker had completed the training and when they were due to undertake any refresher courses.

The records for seven care workers showed they had a supervision session at the end of their probation period and then quarterly meetings with their line manager including an annual appraisal. The registered manager explained that an additional supervision meeting would be held if any issues were identified in relation to the care provided.

We asked people if they had experienced any problems with communication with care workers and some people commented they sometimes experienced problems understanding what was being said. Comments included, "Most of them [carers] I get on well with. One or two I can't understand them and they can't understand me" and "There were language issues and it was difficult to interact with some of them [carers])." We raised this with the registered manager who explained that if they feel an application for the care worker role requires additional support in spoken and written English they would suggest the person attends some classes and reapply at a later date. They would also check any issues during the quality assurance visits to people using the service.

We saw the care plans provided the contact information for the person's GP and any other health professional involved in their care including the district nurse and pharmacist. The care plans identified the person's medical history and any medical conditions they were living with. If the care worker identified the person's health needs had changed it would be recorded in the daily record of care completed at each visit and they would contact the office as soon as possible. If required the office staff would then ensure appropriate action was taken to respond to this issue.

People were happy with the support they received from the care workers with preparing/eating meals. Their comments included, "I prepare my food and she heats it up and puts it on the table. I have ready meals and I am happy with this", "They do make my food well, they know what I want. I have the same every day" and "She is very good, I don't have to check the shopping because I know it is right." The care plans identified if the person required support with shopping, preparing meals or when eating. Their food and drink preferences were recorded and guidance was provided for care workers if the person wanted snacks to be left for them to eat between visits. It also identified if the person was prescribed any nutritional supplements and how often these should be offered. Care workers also recorded in the daily records they completed for each visit if they supported the person with food and drinks. This meant people were supported to eat their preferred food and drinks.

Good

Is the service caring?

Our findings

We received a range of comments from people both positive and negative about their care workers. The majority of the comments were positive regarding the care workers who visited them but some people did raise issues with how busy the care workers are and visit times. This included, "I am very happy with them", "Yes she is very, very good", "Yes. If I am not well they look after me", "Yes, I say it is absolutely top class. She [carer] is very good and a hard working girl", "I am happy with some the carers but not all of them", "I think they seem a bit pushed, on certain occasions" and "The timing of the visits is the problem. I am happy I get what I need."

People told us they felt care workers were kind and caring when they received support. Their comments included, "Yes they are very [kind]. We chit chat. That's kind and caring", "They greet you when they come in, talk nicely to you and are friendly", "All mine are [kind and caring] and we have a chat. I couldn't wish for better carers than I have got", "We have a bond between us now, I would be extremely sorry if she left me" and "I am safe, they [carers] are very friendly, seem to be honest and down to earth. Would class them as my carers and my friends." Relatives told us, "They just come and do their job" and "The main carer is dedicated I am happy with them as long as we are getting this lady."

People told us they felt their care workers helped them to be as independent as possible. Their comments included, "Yes they do, encourage me to get out and about on my vehicle", "They help me with my walking", "Oh yes, when I am eating they watch as I eat the things I can, like picking up the potatoes, and they will help with other thing e.g. gravy" and "Yes some are kind and caring. They will put my washing in the machine for me which is helpful. It is the little things that help." The care plans included information on the desired outcomes from the provision of care in the person's home. These included maintaining the person's wellbeing, independence, nutrition and skin integrity.
People commented to us that they felt the care workers treated them with dignity and respect when they provided care. They told us, "Yes she does [treat me with dignity]", "I have a strip wash and it is done with dignity", "Yes, I have a complete body wash and they wear gloves for that. Always female carers. I wouldn't have a male and they have never sent one" and "They respect me when they shower me and use gloves and aprons."

We asked care workers how they helped maintain a person's dignity and help maintain their independence when they are providing support. One care worker explained the range of ways they ensure a person's dignity during care as well as maintaining their independence. These included "Encourage the individual to do as much for themselves while supporting them. To give choice even though you know what to do. Promote independence and help them over time to gain the ability to do more themselves. Involve them in decisions relating to their care." Another care worker said "Never discuss client's privacy with anyone, treat each client with care and politeness, and cover sensitive body parts."
In relation to whether people had the same care worker most people we spoke with told us they had regular ones for their visits. They said, "More or less the same ones. Occasionally I get a new one", "I get the same lady in the morning and evening and a different one every lunch time. All the same except Sunday evening", "I have the same carer every time, seven days a week twice a day. They can't find anybody else to do it",

"Same four or five regular carers, odd time a get a new carer and I get to know them. Sometimes they come with an experienced carer", "I have requested for two carers to stay with me, so I don't have to keep telling them what to do" and "One man comes most of the time. He is very good. I told them which carer I wanted to come and then they also sent another one today who was alright." Relatives told us, "I said we just need one person to care, they put it right. We have four or different carers, when the main one is on holiday" and "Initially with the company we had a lot of different carers. We told them what to do and where things are. We asked them [office] for a main carer, one particular carer who was strong and experienced. They did gave us this lady."

We saw the care plans identified the person's cultural and religious needs as well as the name they preferred the care workers to call them by. Care workers were provided with information about the personal history for some of the people they were supporting where the information was available. This meant care workers had information so they were aware of people's cultural or religious needs and how to support them with these needs. We saw from the rotas that the person's preference for the gender of the care worker was respected.

Good

Is the service responsive?

Our findings

People confirmed they were involved in decisions about how their care was to be provided. They commented, "Yes. I have a care plan. I know the carers sign a book. They come every three months to ask me questions about my care. I tell them I am happy", "It's good enough for me. I am up to speed and I am involved with it [care plan]. The lady who runs it is alright, she turns up every now and again. She looks over the paper work and I sign the time sheets and give them to her ", "Yes I am more than happy with what I get. I have a care plan and it gets reviewed regularly every couple of months. One of the ladies in the office and I have become friends too, we do it together" and "Yes there is a file the carers write in what they have done. They come once a month from the office to see that all paperwork is intact. One comes after three month to review and make sure the MAR sheets are okay and give some sheets to sign. I am happy with this."

During the inspection in September 2016 we saw the care plans had not been written in a way that identified each person's wishes as to how they wanted their care and support provided. The provider sent us an action plan identifying how they would make improvements. We looked at the care plans for eight people during the inspection in October 2017 and we saw improvements had been made with the care plans now clearly identifying how the person wanted their care provided. Detailed information was included where the person preferred to receive personal care, how they wanted their care provided and food preferences. We saw the care plans had been reviewed annually and when a change in the person's support needs had been identified. Care workers completed a daily record of the support they provided during each visit. We saw the daily care records for eight people and we saw the notes were detailed and identified what care and support was provided including if meals were provided.

People's care needs were assessed before they started to use the service. The registered manager confirmed information from the local authority would be reviewed alongside the information obtained when they visited the person to confirm the support needs. The care plan and risk assessments were developed from this information and would be reviewed after six weeks to ensure they accurately reflected the person's care needs.

The people we spoke with confirmed the care workers completed the tasks identified to be completed during each visit. They told us, "Yes, today they dealt with the commode. She has just fed me my dinner and they are very good. They do little jobs we can't do. If my relative is struggling, they will help him. They are so caring", "She does the shopping. I give a list, I give her the money. I sign for it She is reliable. She gives you a receipt and writes it in the book. She gives me more change than I expect she is very good at shopping" and "Oh yes, if I want anything I only have to ask and they will do it." Relatives we spoke with also confirmed care workers carried out the support tasks planned. One relative said, "Yes they do what they are supposed to."

We asked people if the care workers stayed for the scheduled length of time for each visit. They told us the care workers usually stayed for the full length of time for the visit with some care workers spending longer than planned if required. They commented, "They take more than their time. They have to wait for me, they are kind and patient", "Yes she does stay for half an hour and does what is needed" and "They always log in and out. They stay for the correct amount of time. If they are a little bit late they will stay the full time." A

relative told us, "We had problems at the beginning a year and half ago. Going early and the timing of visits. I raised a concern about this and they have improved since we have a regularly carer."

People we spoke with told us they knew how to make a complaint and of those people who confirmed they had raised a compliant, they all felt it had been addressed appropriately and resolved to their satisfaction. Their comments included, "I have a phone number but I don't have any reason to complain", "They got a file here which has a number on it I can call. Not made a complaint not needed to" and "Several times I have made a complaint, they change it and put another carer on." The provider had a policy in relation to responding to complaints and we reviewed the records for five complaints received during 2017. These complaints had been received from the local authority on behalf of the person using the service. We saw the records included details of the investigation and a copy of the response letter with the outcome and any actions taken.

Requires Improvement

Is the service well-led?

Our findings

During the previous inspection in September 2016 we saw audits carried out by the provider were not providing them with the appropriate information to monitor quality. At the October 2017 inspection we saw some improvements in the quality assurance process and a number of audits were in use to monitor the service provided. However, a few of the quality assurance systems were not very effective because we identified a number of areas where the provided needed to make improvements.

An audit system was in place for MAR charts but this had not always identify when the MAR charts were not completed appropriately, so appropriate remedial action could be taken. The audit forms we saw did not indicate what action was taken to reduce the risk of MAR charts not being completed in full again.

Although we noted the provider was working to make improvements, at the time of the inspection we found that staff were not always deployed to ensure people were visited at the time planned for them and that staff stayed the length of the visits as planned.

There were also some lacking around systems to monitor whether the rights of people were being upheld by making sure they were fully involved in making decisions about their care and could give consent to their care and treatment, before best interests decisions were made on their behalf

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

The provider had implemented systems to monitor the recruitment process of new staff to ensure all the stages were completed and the training, supervision and appraisal of staff were up to date. This helped to ensure suitable and appropriately skilled staff cared for and supported people.

A log sheet was completed to record complaints when received and to ensure they had been responded to within the timescales identified in the provider's policy. Incident and accident records were also monitored to identify if there were any trends in relation to a specific person or care worker that required action such as a review of the care plan or additional training.

The registered manager showed us a spread sheet they used to monitor when care plans were due to be reviewed, if the person had any health or care issues which could require a specific risk assessment, when the local authority last reviewed the care package and if a moving and handling assessment was required. This spread sheet was reviewed multiple times a week to ensure information was up to date and accurate.

The information from the audits completed was sent to the local authority each month to monitor their performance. This information included call time compliance and how many new care packages were accepted.

People using the service were able to provide feedback on the quality of the care they received. The

registered manager told us a questionnaire was due to be sent out to people using the service before the end of 2017 to obtain their views. People were also asked what they felt about the care they received during the quality monitoring visits or telephone calls which were carried out every three months. We saw examples of completed quality monitoring forms in the care folders we looked at and they indicated people were happy with the care they received and the care workers who visited them.

At the time of the inspection there was a registered manager in post.

During the inspection we asked people using the service if they felt it was well-led. On the whole people told us they felt the service was well-led but some people also raised concerns about care worker travel time. Their comments included, "Yes fine", "I think it is well run", "It is okay except the timing of the visits", "I do on the whole, when they have a full staff everything goes alright. There may problems at holiday times, you don't get a person of the same experience and quality", "Yes but the carers don't have any travel time" and "The office staff don't seem to understand how long it takes to get from one place to another, It's not so bad with the ladies who drive."

We asked care workers if they felt supported in their role and if they felt the service was well-led. Two care workers raised some concerns in relation to communication with the staff in the office and how they received information. During the inspection the registered manager told us care workers would be sent memo's to provide updates on good practice or to provide guidance on any changes to policy and procedures.

The registered manager explained staff in the office had clearly defined responsibilities in relation to monitoring different aspects of the service. One staff member was responsible for monitoring the ECMS including the agreed visit times and was in the middle of a project to review the visit times recorded on the ECMS as well as working with care workers to improve their compliance with planned arrival times. Another staff member reviewed information in relation to the medicines prescribed to people using the service. They checked MAR charts and were in contact with the GP's and pharmacies to ensure people had enough medicines available in their home as well as ensuring the lists of medicines prescribed were accurate in the care plans. A third staff member was responsible for monitoring recruitment, induction, training and supervision

All the people we spoke with confirmed they knew who to contact at the office if they had any questions in relation to their care. "I do ring for instance when she (carer) was on holiday when someone didn't turn up or very late and they said they would see where the carer was and they got back to me. It happened not often, on the whole things went alright", "Sometime it is engaged sometime you get through", "They have after hours service in an emergency, I haven't used it", "I don't ring them. I don't have to have a lot do with the office as I have no need" and "I don't ring, the carers sort it out for us."

The registered manager told us they kept up to date with best practice through membership of professional bodies and attending any training courses or forums organised by the local authority.

This section is primarily information for the provider

Action we have told the provider to take

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

Regulated activity	Regulation
Personal care	Regulation 11 HSCA RA Regulations 2014 Need for consent The registered person did not act in accordance with the Mental Capacity Act 2005 as the service user was 16 or over and was unable to give such consent because they lack capacity to do so. Regulation 11 (4)

Regulated activity	Regulation
Personal care	Regulation 17 HSCA RA Regulations 2014 Good governance The registered person did not have an effective system in place to assess, monitor and improve the quality and safety of the services provided in the carrying on of the regulated activity (including the quality of the experience of service users in receiving those services) Regulation 17 (2) (a) The registered person did not have an effective process in place to assess the specific risks to the health and safety of services users and do all that is reasonably practicable to mitigate any such risks. Regulation 17 (2) (b)

Regulated activity	Regulation
Personal care	Regulation 18 HSCA RA Regulations 2014 Staffing The provider did not always ensure there were sufficient numbers of suitably qualified,

competent, skilled and experienced persons deployed.

Regulation 18 (1)