

Figtree Care Services Ltd

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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?

Requires Improvement 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

About the service

Figtree Care services Ltd is a domiciliary care agency providing personal care to people in their own homes. Not everyone who used the service received personal care. CQC only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they do we also consider any wider social care provided. Approximately 21 people were receiving personal care in their own homes at the time of inspection. Most people receiving care and support needed two staff to provide their care at each visit. People had varying needs, some had physical difficulties with their mobility, some had received treatment in hospital for serious health conditions and others had long term health conditions.

People's experience of using this service and what we found

The service people received was not always safe. The administration of people's medicines was safer, however, staff did not always keep accurate records, for those who needed staff assistance to take their medicines. Individual risk assessments were in place but plans to manage the risk and prevent harm were not always recorded. Staff recruitment continued to need further improvement to make sure only suitable staff were employed to provide people's care.

Staff now had opportunities to increase their skills and confidence through better training, improving the care people received, however, some induction and refresher training was not carried out in a timely way.

Although the provider had made improvements to their monitoring processes, these required more development to make sure people received a service that was safe, of good quality and could be continued. The provider had carried out a satisfaction survey with people and had analysed the results. However, they had not shared this with people and their relatives.

Other elements of care had improved. People told us they felt safe with staff and were confident in their care. People said they felt there were enough staff as their care was rarely cancelled and staff stayed the full length of time when visiting. However, staff sometimes recorded shorter visits than had been agreed. We have made a recommendation about this.

Accidents and incidents were recorded by staff, but a mechanism was not in place to learn lessons from incidents, so improvements could be made to people's care. People said they felt safe in the with staff and they were clear who they could go to if they had any concerns.

Assessments were carried out with people before they started to use the service to make sure their needs could be met. People were supported to access healthcare advice and given assistance with their nutrition and hydration when this was needed. People and their relatives told us they were involved in and directed their care, making their own choices and decisions.

People were supported to have maximum choice and control of their lives and staff supported them in the

least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

People and their relatives were positive about the staff supporting them, saying staff respected them and describing them as caring and kind.

Care plans provided better information and were updated when people's needs changed. People had the information they needed to make a complaint if they needed to. However, the provider and registered manager did not always follow their procedures by keeping complainants fully informed of the progress and outcome of their complaint. We have made a recommendation about this. People's end of life care plans needed to be developed further to make sure people's wishes were recorded for staff to follow.

We received only positive comments about the staff, the registered manager and the office staff from people and their relatives, which was an improvement on the feedback received at the last inspection. People thought the service was well managed.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection and update

The last rating for this service was requires improvement (published 19 December 2018) and there were four breaches of regulation. The service remains rated requires improvement. Although improved, this service has been rated requires improvement for the last four consecutive inspections.

Why we inspected

This was a planned inspection based on the previous rating and to follow up on action we told the provider to take at the last inspection.

Enforcement

We have identified two breaches in relation to medicines administration records, quality and safety monitoring processes and safe staff recruitment, at this inspection.

Please see the action we have told the provider to take at the end of this report.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was not always safe.

Details are in our safe findings below.

Requires Improvement ●

Is the service effective?

The service was not always effective.

Details are in our safe findings below.

Requires Improvement ●

Is the service caring?

The service was caring.

Details are in our safe findings below.

Good ●

Is the service responsive?

The service was not always responsive.

Details are in our safe findings below

Requires Improvement ●

Is the service well-led?

The service was not always well led.

Details are in our safe findings below

Requires Improvement ●

Figtree Care Services Ltd

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

Inspection team

The inspection was carried out by one inspector and an Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type

This service is a domiciliary care agency. It provides personal care to people living in their own houses and flats.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

We gave the service 24 hours' notice of the inspection. This was because we needed to be sure that the provider or registered manager would be in the office to support the inspection.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We reviewed the information we held about the service including previous inspection reports. We also looked at notifications about important events that had taken place in the service, which the provider is required to tell us about by law.

The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service

and made the judgements in this report. We used all this information to plan our inspection.

During the inspection

We spoke with five people who used the service and five relatives about their experience of the care provided. We spoke with three members of staff including the registered manager.

We reviewed a range of records. This included four people's care records and three medication records. We looked at five staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at training data, staff rotas and staff supervision and observational checks.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At the last inspection this key question was rated as Requires Improvement. At this inspection this key question has remained the same. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Using medicines safely; Assessing risk, safety monitoring and management

At our last inspection, the provider and registered manager had failed to ensure the safe management of people's prescribed medicines. This was a breach of Regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection, improvements had been made to the safe administration of medicines found at the last inspection and the breach of Regulation 12 was now met. However, record keeping in relation to people's medicines were found to need improvement.

- Some people did not need support from staff to take their medicines and other people needed prompting only, to make sure they did not forget. Some people needed assistance, for example, for staff to get their medicines ready to take themselves. Others needed full support from staff to take their medicines.
- The provider had made changes to the management of medicines administration, so it was now clearer when staff gave people their medicines and when people only needed staff to prompt them. Medicine administration records (MAR) were clearer and there were few gaps in recording. However, records were not always clear about the medicines people were prescribed.
- One person was prescribed two different types of painkillers by their GP. It was unclear if they were prescribed 'as and when necessary' (PRN), or if they should be taken regularly through the day to control their pain. Conflicting information was given between the MAR, the care plan and the electronic record. One painkiller was not listed on the MAR as a prescribed medicine some weeks, however, staff were signing on the back of the MAR that they had given the medicine each day. One week a handwritten record was made on the MAR by staff, changing the person's painkilling medicine to a stronger type. No record was made of which healthcare professional had changed the prescription and why. The person's daily records did not give an explanation why the medicines had been changed. An important medicine was prescribed for the person to take once a week. Each week throughout September and in October 2019, staff had recorded on the MAR, 'declined' with no reason why. This meant the person had not taken this medicine for over six weeks and there was no record that a healthcare professional had been informed, potentially putting their health at risk.
- The times people's medicines were given was not recorded on the MAR. This meant that people may not be given their medicines at the appropriate intervals. Times were recorded as am, lunchtime, tea and bed. As care visits were often at different times, for example, one person's am visit ranged between 8.30 and 10.15am and their lunch visit between 11.40am and 1pm. By not recording the actual times the medicines were given, staff could not make an informed decision about whether it was safe to give the person their

painkillers, by staying within safe time periods.

- Individual risk assessments were in place, so staff had guidance to help them to manage identified risks.
- However, some risks had been identified but a plan of how to manage the risk was not always in place to guide staff about prevention. One person was on a blood thinning medicine and although their care plan said they bruised easily, no further advice or guidance was in place to link this to the medicine or to advise what other problems may arise.
- One person was at high risk of acquiring pressure sores. The plans in place to help prevent pressure sores when staff were providing personal care was not recorded. Another person who was at high risk of pressure sores and was cared for in bed, had a risk assessment that said they needed 'continual repositioning'. No further guidance was given to staff what this meant, how the person should be positioned each time to effectively prevent pressure areas. Although staff knew how and when to assist the person to change position, a record was not made in the daily records when they did this, to make sure there was good communication between staff to effectively manage the risk.

The failure to ensure recording systems are accurate and robust to demonstrate effective management is a continued breach of Regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- People who had assistance from staff to take their medicines told us they received them safely. One person said, "Yes they do help with medicines, I always have them on time, staff are very confident and professional." A relative commented, "I get them from the chemist, they adjust them in tray and (my loved one) takes it. They always write what (my loved one) has taken and the time it was given."
- Environmental risks had been looked at before support commenced to make sure people and staff were safe during visits. These included for example, the outside of the person's home, lighting and stairs; and inside the property – where the essential utilities were sited or if the person had a pet.
- People and their relatives told us they felt safe with staff. One person commented, "I feel safe when staff are supporting me, they are very careful, they will assist if I need extra help. If am worried I will call the office". A relative said, "Oh yes, very safe, they treat (my loved one) with great care and dignity. Never felt unsafe, if I was worried I would call the office".

Staffing and recruitment

At our last inspection, the provider and registered manager had failed to ensure robust and safe recruitment practices were in place. This was a breach of Regulation 19 (Fit and proper persons employed) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection, although the provider and registered manager had added monitoring systems to improve their recruitment processes, these continued to not always be effective.

- Although the provider had added systems to improve recruitment monitoring processes, these had not yet been embedded and shown to be effective.
- Few staff had been employed since the last inspection. Of the five staff files we looked at, two of these had been employed since the last inspection and we found similar concerns with the process to recruit them.
- We found gaps in employment records that were not accounted for and missing dates of employment. One staff member had only one reference and the dates given by the referee to confirm when they were employed did not tally with the staff member's dates on their application form. This meant the provider could not be assured of the staff member's previous work conduct, as they had not received a satisfactory reference. Their DBS was dated 13 months after their application. Disclosure and Barring service (DBS)

checks help prevent unsuitable staff from working with people who could be vulnerable. The registered manager told us the staff member had not started employment until 11 months after their application. However, there was no record of this, as there was no contract of employment or starting letter on their file.

- Another member of staff had two past employment references, one of which confirmed their dismissal. Although the registered manager had asked the staff member about this, they did not follow it up with the past employer to seek confirmation. This meant they could not be assured the staff member was suitable for the position they were employed for.

The failure to ensure robust and safe recruitment practices are in place is a continued breach of Regulation 19 (Fit and proper persons employed) of the Health and Social Care Act 2008 (Regulated Activity) Regulations 2014.

At our last inspection, the provider and registered manager had failed to ensure robust systems were in place to ensure peoples' needs were met through the management of staffing hours and rotas. This was a continued breach of Regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection, improvements had been made and people told us staff were usually on time and always stayed the full length of time. Some further improvement was needed in record keeping by staff.

- The registered manager had completed more regular monitoring checks of people's visit times since the last inspection. This had resulted in improvements as the feedback from people was positive. At the last inspection, some people had not been happy with their visit times.
- People told us staff always stayed for the length of time they were meant to and if they were going to be late, they were usually informed. The comments we received included, "Yes, they are on time, at times they are delayed but they will call to let me know. Never missed a visit. Definitely, I always have my allotted time, they come on time and leave on time"; "There was one occasion when they were very late, but they called us to keep us posted. Never missed my visit, I do get my allotted time, some are quicker than others and will finish their tasks faster" and "Not always on time for obvious reasons, other clients, traffic, they do phone me sometimes to let me know. No, never miss a visit and they are here for the allotted time and sometimes over".
- Although most people told us they received their allotted time for their care visit, the records kept did not always evidence this. Most people's records of staff visit times were accurate and showed the improvements made. However, the staff logging in and out times for one person's home visits, using the electronic system, showed that some staff often stayed for less time than was allocated. During one week in October 2019, staff stayed for 10 minutes or less of the 30 minutes they should have visited for at lunchtime, on five out of the seven days. The handwritten daily records completed by staff confirmed the same times. Staff had not recorded reasons why they had not stayed the full time allocated for the person.
- The registered manager had recognised this was an issue with some staff before the inspection and had started to take action, by raising in staff meetings, so staff understood their responsibilities.

We recommend the provider and registered manager seek guidance from a reputable source to develop a system that support accurate record keeping of staff time spent in people's homes.

- The registered manager had requested a review of some people's care packages since the last inspection, as they had found, during their checks, people did not need the amount of care time they had been allocated. Sometimes this was because people's health condition had improved, or their main carer was more available.

Systems and processes to safeguard people from the risk of abuse

- People told us they felt safe and every person said they would ring the office if they had any concerns. One person said, "Yes I do feel safe, I will call (Registered manager) or the on-call supervisor and if I am not satisfied I will go to social services."
- People were protected from the risk of abuse. Staff had completed safeguarding adults training and kept this updated to stay up to date with changes in legislation.
- At the last inspection we highlighted an area for improvement as staff were not aware of where they could report concerns to outside of the organisation. This had now improved. Staff told us the registered manager was approachable and listened and acted where necessary and would have no hesitation in raising any concerns they had. Staff felt sure action would be taken straight away, however, they now knew where they could go outside of the organisation to raise concerns if necessary.
- No safeguarding concerns had been raised since the last inspection, but the registered manager knew what their responsibilities were in reporting to the local safeguarding team and the Care Quality Commission (CQC).

Preventing and controlling infection

- Staff had training to make sure they understood the precautions they should take to prevent the spread of infection.
- The registered manager made sure enough personal protective equipment was available for staff to use, such as disposable gloves and aprons.

Learning lessons when things go wrong

- Accidents and incidents were documented by staff. All incidents were monitored by the manager who checked appropriate responses had been completed and if any themes were apparent, such as the time of incidents or if the same staff were present.
- A process was not in place to make sure lessons were learnt from incidents, for instance, discussing at staff supervisions, staff meetings and provider/manager meetings. This is an area that needs to improve.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At the last inspection this key question was rated as Requires Improvement. At this inspection this key question has remained the same. This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

At our last inspection, the provider and registered manager had failed to provide staff with the induction and training they needed to carry out their role. This was a breach of Regulation 18 (Staffing) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection, the provider and registered manager had made improvements to the training opportunities for staff, so Regulation 18 was now met. However, further improvements needed to be continued and sustained to make sure staff received induction training and training updates in a timely manner.

Staff support: induction, training, skills and experience

- Since the last inspection, the provider had commissioned a training provider to carry out most of the training with staff. These were face to face training courses, where staff met as a group with a trainer.
- Most staff had now completed the training needed to fulfil their role.
- Some new staff had not completed mandatory training in a timely way after starting in their new role. One new member of staff had not attended moving and handling or medicines training until five months after they started employment. The member of staff had been working in pairs with other staff and had worked in a care role previously so did have some experience and did not work alone which helped to mitigate the concern.
- Some staff had not refreshed their training within the time recommended. The provider's training matrix said medicines training should be updated yearly. Three members of staff had not updated their medicines training since July 2017. One of these staff had not had their competency checked to make sure their skills and knowledge were suitable. As we found concerns around staff record keeping in relation to medicines, this was an area the provider needed to improve.
- Most staff had received one to one supervision and had observational checks of their practice when providing care. Some staff had not had observational checks regularly. Two new members of staff had not had their competency providing care checked through observation. Although they worked with more experienced staff who raised concerns, if there were any, with the registered manager, their competency had not been formally checked and recorded.
- Where additional supervision and monitoring of new staff was needed, this was provided.

The failure to ensure recording systems are accurate and robust to demonstrate effective management is a continued breach of Regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- People's care and support needs had been assessed before receiving a personal care service from Figtree Care Services Ltd. The registered manager used the initial assessment to make sure they had the staff numbers and skills needed to support people. People told us they had an assessment, one person said, "Yes, that was quite a long time ago, but it gets reviewed to make sure everything is still relevant".
- Assessments included the information needed to make sure support was planned for people's diverse needs, such as if they had religious and cultural needs that needed to be taken account of when care was being provided in their home.
- Initial care plans were developed using the information from the assessment. These included the support people needed with their, personal care, mobility, cognition and communication. The support people needed with their oral care was also included in the initial assessment, and a care plan developed so staff could provide the assistance people wanted to clean their teeth or dentures.

Supporting people to eat and drink enough to maintain a balanced diet

- Many people did not need support with their meals or planning a nutritious diet as family members made their meals, or sometimes other agencies delivered meals to their home.
- Those people who did need staff assistance chose what food they wanted from their own store of food. Some people had convenience foods that were quick to make in the microwave and others preferred fresh food cooked from scratch.
- One person told us, "Yes, they do help me, they usually microwave a meal because of lack of time to cook a proper meal. They know how to cook; I can go to the kitchen and collect my meal." A relative commented, "They give a cup of tea before they leave and toast, other than that I do all the meals for (my loved one)."

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- Many people either arranged their own healthcare, such as GP or hospital appointments, or their family members did this. One person told us, "Yes they know what to do when things are wrong with my health needs, they are very professional." Another person said, "They have not had the need to do that, my family is here for that but if I asked them to do it they will do so".
- People's medical conditions and how they managed them were documented in their care plans. A description of each condition was included to help staff to understand the difficulties people may have.
- Where people did sometimes need assistance, staff contacted the office staff, or family member, if they had concerns, to alert a health care professional. A relative said, "We do that, if (my loved one) has new pressure sores, they will keep us posted and we will organise a district nurse for follow up. They cream (my loved one's) legs every day."

Ensuring consent to care and treatment in line with law and guidance

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

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty. None of the people using the service had court of protection authorisations in place to deprive them of their liberty

- Many people were able to make their own decisions about the assistance they needed from staff with receiving personal care in their home.
- People consented to their care where needed, such as for staff to assist with personal care or to administer their medicines.
- When people needed some help to make choices and decisions, their relatives usually helped them to understand, or knew how they usually liked things done. People's care plans documented what support people needed and who would do this.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- People were very happy with the staff. Some people said they had consistent staff supporting them and others said they didn't always. However, people were quite happy to have different staff as they thought all staff were very good. The comments we received included, "No I don't get the same staff, and I am pleased with all of them, they are excellent, every one that has been with us is excellent"; "Yes, we do have the same one" and "Yes, basically the same, there are quite a lot of them, they are regular".
- People's relatives described staff who were caring and knew their loved ones well. They told us, "Very much, they are very caring, very gentle with washing him, make sure he is not hurt, they are caring and kind" and "Yes, the way they speak to him, tell him what is happening".
- The consistency of staff meant they were quick to pick up on small signs if people were unwell or needed a bit of extra time. One person said, "I believe they know me well from the way they look after me."
- Staff enjoyed their job and described how they supported people and what people liked or did not like.

Supporting people to express their views and be involved in making decisions about their care

- People, and their loved ones where necessary, were involved in the development of their care plans. People and their relatives told us they had been involved. One relative said, "The company gave it to us, we discussed with mum, she did not really have an input, but we are happy with it."
- On a day to day basis people directed their care. People told us staff knew them well and knew how they liked things. One person commented, "They do chat with me and ask me about my likes and dislikes." Another person said, "Yes, I feel that whoever comes is pleased to see me and I am pleased to see them."
- Staff worked closely with people's relatives and friends, who often provided their loved one's care most of the day. This was to ensure people got the support they needed.

Respecting and promoting people's privacy, dignity and independence

- Staff treated people and their home with respect. People told us, "Yes, they do, they ask permission if they can go to the kitchen to have water. They ask permission if they want to do anything"; "They are very respectful while they are here" and "Of course they are very respectful".
- Care plans directed staff to respect people's privacy within their home, for example, by closing doors and curtains while assisting with their personal care.
- Care plans described what people were able to do for themselves and the areas they may need more time and encouragement. Where people needed full support with their personal care, how they preferred this to be carried out was clearly documented.
- Information was locked away as necessary in a secure cupboard or filing cabinets in the office. Computers

and electronic devices used by the provider and staff were password protected to keep information secure.

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At the last inspection this key question was rated as requires Improvement. At this inspection this key question has remained the same. This meant people's needs were not always met.

At our last inspection, the provider and registered manager had failed to ensure records were accurately kept. This was a breach of Regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection, the provider and registered manager had made changes which meant that when people's needs changed, their care plans were updated in a more timely way. There was no longer a breach of Regulation 17 in this key question.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- The provider and registered manager had made changes to make sure people's care plans provided more personal detail to meet their needs and preferences and these were updated.
- Some people and their relatives could remember being involved in writing and reviewing their care plan and some could not remember. One person commented, "Not really, we have not seen that yet". A relative told us, "Yes, we were involved, I have got it here, we are happy with it".
- People had care plans that were personal and described the help they needed so staff had the guidance to know how people liked things done if it was their first time visiting. How people communicated was included. One person had Parkinson's disease. Their care plan advised staff that some days their communication was more difficult than others, so staff needed to be, 'patient and listen carefully'. The person's loved one was also available to help if staff had difficulty understanding.

Improving care quality in response to complaints or concerns

- People told us they knew how to make a complaint if they wished to. One person said, "I do, I have the manager's contact and I find him very approachable." Another person told us, "Well, I would probably get on to the office, but I don't think I need to do that because I am happy, what they are doing is perfect."
- Complaints had been received since the last inspection, both formal written complaints and verbal complaints. Some records were kept which made it clear the complaints had been investigated. Action was seen to have been taken for two complaints. However, an acknowledgement of the complaint made to inform the complainant what would happen next, and an outcome letter to outline how the complaint was concluded, were not sent. The provider's complaints procedure outlined these steps should happen as part of their process.
- Verbal and informal complaints were recorded on the provider's electronic system. However, these were included within all communications with each person, for example, if they cancelled their visit, or a health appointment was made. This meant it was difficult to find verbal concerns, so they could be monitored and improved upon.

- The provider's complaints procedure stated a log of all complaints would be kept, with the outcome, to monitor and learn lessons. A log of complaints was not kept.
- Although complaints were included on the agenda of the provider/management meetings, the opportunity was not taken to discuss the lessons learnt from complaints to make improvements.

We recommend the provider and registered manager seek advice and guidance from a reputable source to develop a more robust approach to managing complaints.

- Many compliments had been received from people and their relatives since the last inspection. Some of these mentioned particular staff and their kindness. The registered manager passed the compliments on to staff.

End of life care and support

- Although the service did care for people at the end of their life, at the time of the inspection, no people were receiving end of life care.
- We highlighted end of life care planning as an area for improvement at the last inspection as care plans had not been developed for this area of care. Although a care plan had been set up for people, so improvement had started, this had not been developed further. Care plans were either not completed, or had limited information, such as, 'call family', or 'call 999'.
- How people would like to be cared for, if they wished to be admitted to a hospital or hospice or the support they would like from staff was not included. This is an area to improve further.
- Half the staff team had now received end of life care training and the other half were booked on to a course in November 2019.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- People were happy with how the information they needed was presented. They said staff always took the time to help them to understand if they needed it.
- Most people were supported by family members or friends who helped them to understand information on a day to day basis if they needed it. Care plans were presented in a way that was appropriate for the needs of people using the service.

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At the last inspection this key question was rated as Requires Improvement. At this inspection this key question has remained the same. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

At our last inspection, the provider and registered manager had failed to ensure a robust approach to quality monitoring and making service improvements. This was a continued breach of Regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We served a warning notice on the provider, requiring them to be compliant with Regulation 17 by 31 December 2018. At this inspection, although the provider was not yet compliant with Regulation 17, many improvements had been made and continued to be a work in progress.

- The provider had improved their monitoring processes, as they had introduced audits in relation to, staff records, peoples care plan files and medicines management.
- However, further improvement was required to improve their regularity and effectiveness. The auditor of the staff files in May and July 2019 recorded that all staff had two references on file and there were no gaps in employment records. However, we found this was not the case.
- People's care plans were meant to be audited every three months in accordance with the provider's policy. However, only two audits had been completed in the last 12 months, since the last inspection. Where improvements were identified during these audits, an action plan had been completed.
- An audit of medicines management had been carried out. However, these had not continued, the last audit was undertaken week beginning 23 June 2019. The audit of one person's medicines record was comprehensive, and the auditor identified areas to improve. A plan of action had not been put in place to identify who was responsible for taking action and when by. Five weeks running in May and June 2019, the auditor had recorded the MAR had the wrong dosage of a painkilling medicine documented, and signatures were missing. No action was recorded as having been taken to rectify this. Visits to people's homes did not take place to check medicines and make sure they were correct to ensure the robustness of audits.
- Since the last inspection, the provider had commissioned external support to assist with improving their quality assurance and improvement. The external support had completed a full audit of the systems, processes and records in August 2019. They highlighted many areas they recommended for improvement. The provider and registered manager had not developed a plan to work through the action needed to make improvements. These included many of the concerns we found during our inspection. The opportunity had

been missed to take positive action.

- Handwritten daily records of people's care were collected from people's homes at the end of each week. The care plan audit documented these were monitored and analysed by the registered manager. However, the registered manager did not keep a record of their checks to enable them to analyse and feed back to staff where improvements were needed, or to share good practice.
- Daily records were still not always accurately recorded by staff. For example, one person was at risk of acquiring pressure sores. Morning staff had recorded in their daily records one day that the person was, 'very sore' and staff at lunchtime reported the person was still sore. However, this was not mentioned in the daily records again for the rest of the week. Staff had not written what action they had taken. This meant the lack of communication between staff could potentially lead to the person being at greater risk of pressure sores.

The failure to ensure systems to monitor the quality and safety of the service were robust enough to identify areas that were in need of improvement is a continued breach of Regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- At the last inspection, we highlighted an area for improvement as the providers did not have a clear oversight of the management of the service. Since the inspection, the providers introduced regular meetings with the registered manager where they discussed staffing issues, complaints, action plans and monitoring processes.
- The registered manager was known to people and their relatives and kept them informed when needed.
- The registered manager had not needed to inform CQC of significant events that happened within the service, as required by law since the last inspection. However, they knew what their responsibilities were in case of a significant event.
- It is a legal requirement that a provider's latest CQC inspection report rating is displayed at the service where a rating has been given. This is so that people, visitors and those seeking information about the service can be informed of our judgments. We found the provider had displayed a copy of their ratings in the office base.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

At the last inspection, we recommended that the provider and registered manager seek guidance to improve their response to feedback given by people, their relatives and others.

- At this inspection, the provider now analysed the results of surveys completed by people and their relatives where they shared their views of the service provided. This helped to give the provider an overview of views and if any themes were evident.
- The results of the survey had not been fed back to people and their relatives and if any improvements were planned because of their feedback. This is an area that needs improvement.
- The registered manager held staff meetings regularly. This gave staff the opportunity to raise issues and receive support from colleagues. The registered manager used the time to provide updates, for instance safeguarding and confidentiality. They had discussed areas for improvement, for example, medicines management and people's visit times.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- People and their relatives told us the registered manager and office staff were always very responsive in answering calls and responding to their queries or concerns. The comments we received included, "Yes, they

always answer, if not they will always call me back"; "Yes, they didn't turn up one evening and I was concerned and I called the office and the office contacted me to let me know that they will be a bit late" and "It depends on what the query is but they are quite helpful".

- People thought their service was well managed. Improvements had clearly been made as people's feedback was more positive than it had been at the last inspection. The comments we received included, "I think very well managed actually, I know who the manager is, but I have not met (them) individually but always available on the phone"; "They are more consistent actually over times, they seem to manage the unpredictability of staff" and "I would not change anything, they are absolutely fine, they are doing a good job, they will go the extra mile to help."
- Staff were mainly positive about the management team, saying the registered manager was approachable and they felt well supported. This meant they felt able to raise concerns or ideas for improvement.

Continuous learning and improving care; Working in partnership with others

- The registered manager attended some local provider networks to increase their local knowledge, keep in contact with other services and managers in the local area and share good practice.
- They worked closely with health and social care professionals such as GP's, specialist nurses and district nursing teams.

This section is primarily information for the provider

Action we have told the provider to take

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

Regulated activity	Regulation
Personal care	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>The provider and registered manager failed to ensure accurate records were kept.</p> <p>The provider and registered manager failed to ensure systems to monitor the quality and safety of the service were robust enough to identify areas that were in need of improvement.</p> <p>Regulation 17(1)(2)</p>
Regulated activity	Regulation
Personal care	<p>Regulation 19 HSCA RA Regulations 2014 Fit and proper persons employed</p> <p>The provider and registered manager failed to ensure robust and safe recruitment practices were in place.</p> <p>Regulation 19(1)(2)</p>