

MiHomecare Limited

MiHomecare - Finchley

Inspection report

1st Floor Elscott House
Arcadia Avenue
Finchley Central
N3 2JE

Tel: 03331216701
Website: www.mihomecare.com

Date of inspection visit:
04 May 2017
11 May 2017

Date of publication:
23 June 2017

Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Good 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

The inspection took place on 4 and 11 May 2017. This was an announced inspection. We gave the provider 48 hours' notice of the inspection as this is a domiciliary care agency and we wanted to ensure the manager was available in the office to meet us. This service was last inspected in October 2016 where the overall rating was 'Requires Improvement' with 'Inadequate' in one key question. We found a number of breaches of regulations in relation to need for consent, safe care and treatment, receiving and acting on complaints, fit and proper persons employed, lack of staff supervision and good governance. Following concerns raised at the last inspection, the provider agreed to have some conditions placed on their registration. The provider sent us an action plan stating what improvements they were going to make.

During this inspection we found the provider had not made adequate improvements in relation to safe care and treatment and good governance. At the time of our inspection MiHomecare – Finchley was providing care to 435 people in their own homes in the London boroughs of Barnet and Camden. MiHomecare – Finchley is a domiciliary care service run by MiHomecare Limited. They support people with dementia, mental health needs, a physical disability, learning disability or autistic spectrum disorder, sensory impairment and older people in their own homes.

The service had a registered manager. 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 made improvements in their auditing systems and processes since they were last inspected. However these had not been sufficient to identify errors, inconsistencies and gaps in daily care records, MCA, medicines administration records (MAR) and risk assessments. Care plans were detailed, person-centred and regularly reviewed and audited. We found that risk assessments had improved and were detailed and individualised. However, the provider did not always include sufficient information on the management of the risks to people with ongoing health conditions. There had been improvements in medicines assessments and information in medication profiles. However we found inconsistencies in the list of medicines recorded on MAR compared to medication profiles. We found there were improvements in the punctuality of care visits and a decline in missed visits. The service met infection control requirements. The service had clear and accurate complaints records and was responding to complainants in a timely manner.

People using the service and their relatives told us they felt safe with staff. People were happy with the support they received around medicines management, and told us their health and care needs were met.

The service followed appropriate safeguarding procedures and the registered manager maintained accurate records of safeguarding concerns. New staff were appropriately checked before allowed to visit people.

Staff received regular training and found it useful. Staff told us they were supported well and received

regular supervision. They demonstrated a good understanding of people's needs, abilities and likes and dislikes. Staff were able to explain their responsibility in spotting and reporting abuse.

People and their relatives told us staff were caring, helpful and friendly. The service maintained staff allocation systems to ensure continuity of care. People confirmed they usually received the same staff which they found helpful.

The service implemented good procedures around Mental Capacity Act 2005 but there were inconsistencies in care files.

The provider worked well with the local authority care quality team to improve the quality of the service.

We found the provider was not meeting all legal requirements and there were two breaches of the Health and Social Care Regulations 2014 in relation to safe care and treatment, and record-keeping and systems and processes to improve the quality of the service.

We have made a recommendation that the service seeks advice and guidance regarding appropriately capturing and recording information on MCA and DoLS, based on current practice.

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 consistently safe. People's risk assessments were detailed and reviewed, but the service did not carry out risk assessments for people with specific health conditions. People's medicines administration records had errors and gaps. The service followed appropriate recruitment procedures.

People and their relatives told us they felt safe with staff. People were happy with medicines support. The service met infection control requirements.

Requires Improvement 

Is the service effective?

The service was effective. People told us their health and care needs were met and were supported by well trained staff. Staff told us they were well supported by their line managers. Staff received regular training and supervision to do their job effectively.

Staff understood people's right to make choices about their care and supported them to make decisions when they lacked capacity to make decisions. Although people's capacity and ability to make decisions was recorded in their care files it was not always accurate and at times did not match other records.

Good 

Is the service caring?

The service was caring. People told us they were treated with dignity and respect, and found staff caring and helpful. Staff were trained in equality and diversity. People were supported by the same staff which enabled positive working relationships. People and their relatives told us they were involved in care planning and their wishes including staff gender preference were met.

We saw information on people's cultural and religious beliefs in their care plans. People's end of life care wishes were recorded where they had expressed them.

Good 

Is the service responsive?

The service was responsive. People's care plans were personalised and gave sufficient information on their history,

Good 

needs, likes and dislikes. People told us staff were responsive to their needs and provided care as per their care plan.

People and their relatives told us their concerns were listened to and complaints addressed in a prompt way. The service had clear records of complaints and how they were addressed. People were encouraged by the service to raise concerns and complaints.

Is the service well-led?

The service was not consistently well-led. The service was carrying out regular audits but was not able to pick up on all gaps and errors. There were gaps in daily care records and medicines records and risk assessments that had not been identified by audits.

The service's filing system had improved. People, their relatives and staff told us the registered manager was approachable and helpful. Staff told us they were well supported. The service worked well in partnership with the local authority to improve the quality of the service. The management was making steady progress in achieving action points on their improvement action plan.

Requires Improvement ●

MiHomecare - Finchley

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.

The inspection took place on 4 and 11 May 2017. This was an announced inspection. We gave the provider 48 hours notice of the inspection as this is a domiciliary care agency and we wanted to ensure the manager was available in the office to meet us.

The inspection was carried out by three adult social care inspectors. We phoned people using the service and their relatives to ask them their views on service quality.

Prior to our inspection, we reviewed information we held about the service, including previous reports and notifications sent to us at the Care Quality Commission. A notification is information about important events which the service is required to send us by law. We looked at the information sent to us by the provider in the Provider Information Return. This is a form that asks the provider to give key information about the service, what the service does well and improvements they plan to make. We contacted local authority commissioners and the safeguarding team about their views of the quality of care delivered by the service.

There were 435 people receiving personal care support from the service at the time of our inspection. During our visit to the office we spoke with the registered manager, quality and performance manager, team leader, field supervisor, two care coordinators and five care staff. We looked at 18 care plans and 9 staff personnel files including recruitment, training and supervision records and staff rosters. We also reviewed the service's accidents, incidents and complaints records, quality assurance surveys, spot checks, and care delivery records for people using the service.

Following our inspection, we spoke to 19 people, four relatives and a further one member of care staff. We also reviewed documents that were provided by the registered manager (on our request) after the inspection. Some of these documents included the service's policies and procedures, and internal quality audit reports. In total, we gained the views of 19 people, four relatives, 11 staff, two commissioners and one

integrated quality care team professional.

Is the service safe?

Our findings

At the last inspection, we received mixed feedback from people and their relatives on the service being safe. We had concerns about staff punctuality and reliability including on visits where two staff should attend, incomplete risk assessments, and staff not safely disposing of used gloves and aprons. At the last inspection people were not happy with medicines management. We saw medicines administration records (MAR) were not appropriately prepared and had gaps, and the service had not carried out Disclosure Barring Service criminal record checks on all staff.

During this inspection, we found the service had made some improvements. People using the service and relatives told us they felt safe with staff. One person said, "They hoist me from bed to wheelchair and back, feel very safe with them." Another person told us "Yes, I feel safe with carers." Out of 23 people we spoke with, four people commented that at times staff didn't arrive on time. People who were happy with staff's punctuality said "Definitely yes, arrive on time, 100% feel safe with staff", "They come every day, in the morning and later in the day, they come on time" and, "Carers are lovely, couldn't be better. They always arrive on time; I have no complaints about their timing." However, some people who thought the staff punctuality was still an issue told us, "Carers are not too bad, not always arrive on time, not their fault it is due to office errors", "Sometimes late, at times very late", "Maintaining the timing for two staff [can be an issue], I understand travelling can be hard" and "Yes, I am very happy with the service. Except the fact that one carer is always late at night at least by half an hour." We looked at electronic visit time records for the last three months for these people and found all of them barring one person had staff visits on time.

This person's care visits records showed staff arriving late by 30 minutes on 10 occasions and over an hour late on three occasions out of 31 care visits. We asked the registered manager about this and they told us there was a scheduling error from the office staff and it had now been rectified. They had spoken to the person and their relative and had allocated a new staff member to ensure continuity of care. The registered manager said they would closely monitor this person's care visits to ensure they do not continue to experience late care visits.

Most people said communication in the office had improved since the last inspection. Staff called people when they were running late. Most staff told us care visits were well planned and had sufficient time to travel in between care visits. Every person we spoke with said they had no missed visits. The registered manager told us they had informed the care coordinators and reminded them regularly to not allocate care visits to staff without speaking to staff. This enabled them to reduce any potential missed visits. We looked at the service's missed and late visits' audits which demonstrated there had been a considerable decline in missed and late visits. Four missed visits were recorded over a four month period.

The registered manager told us the provider had a designated team that monitored all visits to people where staff had the facility to electronically scan a device on the agency's folder into their work-supplied phone. This was now in place for all the people using the service. The checks took place live between the hours of 0700 and 2200, and so enabled any late visits to be checked on and addressed as needed.

We looked at people's risk assessments and saw there had been an improvement in the information recorded in them. Most of them were appropriately completed and recently updated. The registered manager was in the process of reviewing recently updated risk assessments and had approved them if they were appropriately completed. The risk assessments identified risks involved in supporting people and measures to minimise the risks. Most risk assessments detailed clear instructions for staff to follow to provide safe care. For example, one person who had reduced mobility, was bed bound, and was non weight bearing was rightly identified at high risk of falls. This person's environment and mobility risk assessment, and moving and handling care plan were detailed and accurate. It included information for staff such as "profiling bed and slide sheet – log roll technique, move the bed away from the wall to allow carers access from both sides, ensure bed is at the height level of carers' waist."

However, we found the service was still not maintaining risk assessments for people's specific health conditions. For example, people with diabetes did not have diabetes risk assessments. Care plans did not include information and instructions for staff on what signs to look out for when a person's blood sugar levels dropped or increased, and what actions to take if they noticed any signs. Another person who experienced swallowing difficulties was correctly identified as at a high risk of choking but there was no choking risk assessment in place. The only instructions for staff in the person's care plan was "family to prepare soft food and carer to take extra care of difficulties." The service also did not carry out risk assessments in relation to some aspects of care being provided. For example, for people using profiling beds that can be adjusted to reposition and bed rails, there was no mention of bed rails under 'what equipment in place' in their care plans. They did not have bed rail risk assessments. Hence, staff were not always provided with appropriate information and instructions on the risks involved in supporting people and how to minimise those risks.

We looked at people's 'medication profile' and risk assessments and they detailed a list of medicines, dosage, frequency and any side effects. We also looked at five people's MAR, they recorded people's allergies and a list of medicines. Out of five people's MAR three people's MAR and medicines care plan had discrepancies in the list of prescribed medicines. For example, one person's February and March 2017 MAR stated Metformin 500 mg to be taken once at breakfast and once at night time. However, the person's 'medication profile' stipulated Metformin 500 mg "two tablets at bed time." Some people's MARs had errors and gaps. For example, one person's MAR had 11 occasions when staff had failed to sign they had given the prescribed medicines from the blister pack over a 59 day period.

The above evidence demonstrates a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Staff we spoke with were able to describe people's health and care needs, and the risks involved in supporting them and how they provided safe care. Staff told us they received medicines administration training and felt confident in administering medicines. The registered manager told us they had recently introduced a medicines competency assessment which meant staff were assessed following medicines administration training. People and their relatives told us they were happy with the medicines support and received them on time.

The service was carrying out pre-employment checks on staff before they started work. We looked at staff personnel files and found them to have application forms, interview notes, and copies of identity documents to confirm people's right to work, and Disclosure and Barring Service (DBS) criminal record checks. Out of nine staff files, one staff member's file did not have two references as per the service's policy although there was one satisfactory reference from their previous employer. We spoke with the registered manager and they told us they were chasing the character reference but they were satisfied with the existing

previous employer's reference.

Staff were trained in safeguarding and received annual refresher training. They knew types and signs of abuse. They told us if they had any concerns or noticed any signs of abuse or poor care, would contact the office straight away to report it, and would contact the on-call system to report if it was during evening or weekend hours. Staff told us they were given contact details for external agencies if they needed to whistleblow.

The service maintained clear and accurate safeguarding records. The registered manager demonstrated a good understanding of their role in reporting and investigating safeguarding concerns. The safeguarding records showed the registered manager had appropriately reported concerns to the police, local safeguarding team and notified CQC. We looked at accidents and incidents records; they were detailed, accurate and easy to follow. We found the latest accident and incident record did not include learning outcomes. However, the registered manager and team leader were able to describe what they had done to prevent future occurrences of similar incidents. The registered manager told us they would record the learning outcome in the accident and incident record.

The service provided gloves, aprons and shoe covers to staff to enable them to safely assist people with their personal care and to prevent the spread of infection. Staff told us they were given sufficient quantities of gloves, aprons and shoe covers. People told us staff wore personal protective equipment and disposed of them safely.

Is the service effective?

Our findings

At the last inspection, we found staff were not receiving regular supervision and the mental capacity section in people's care plans was not always consistently completed.

During this inspection we found staff were being supervised regularly including observations carried out by field supervisors for staff supporting people in their own homes. We found although the mental capacity section was now completed in people's care plans there were still discrepancies in the information recorded in regards to people's capacity to make decisions.

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.

Staff demonstrated a good understanding of people's right to make decisions about their care and treatment. Staff told us they gave people choices whether they had capacity or not, and encouraged them to make decisions. They were aware who to speak if people could not make decisions about certain aspects of their care. Staff told us they had received training on MCA and DoLS. Records showed that staff training on the MCA took place. This information was also recorded in people's care plans. The service had a detailed section on MCA in people's care plans that field supervisors completed during the initial assessment. This section included information on people's capacity and their ability to make decisions, decisions that required support and who could make legal decisions on people's behalf should they lack capacity to make a decision regarding their care. We found MCA sections were completed however; they were not appropriately completed and were confusing. For example, two people's care plans gave contradictory information on people's capacity to make a decision. In one part of the MCA section it stated the person lacked capacity and the other part mentioned the person had capacity. Out of 18 care files we looked at, seven care files MCA sections were not appropriately completed. The question 'assumed capacity' was answered 'yes' but at the same time 'what decisions require support' were also selected thereby not being clear if the person had capacity to make decisions or needed support to make decisions. This meant staff could have been given inaccurate information about people's capacity to make decisions.

We recommend that the service seeks advice and guidance from a reputable source to capture and record information on MCA compliance and DoLS, based on current practice.

People and their relatives told us staff asked their consent before supporting them and gave them choices. One person said, "They ask my permission before helping." Another person commented staff gave them choices in what breakfast and drinks they had.

Staff we spoke with told us they felt well supported by their supervisors. Staff told us they visited the office regularly and were able to speak to their supervisors in person. However, if they could not visit the office and

needed some advice they would call the office and office staff would help them. One staff member commented, "My line manager is good, may not be able to resolve issues straight away but always listens and is helpful." Another staff member said, "[Name of the supervisor] is excellent. I am supported very well." We looked at staff supervision and confirmed staff were receiving a mix of onsite observations and face to face supervisions. Appraisal records showed they had started to take place.

Staff told us they were happy with the training they were given. They had seen a change in the training delivery since the last inspection, they were now attending more training sessions in the office than online which they were enjoying as it gave them an opportunity to ask questions and learn from each other. One staff member said, "Yes training is good. It makes a difference, gives me confidence, and chance to discuss and share with other staff." The service was in the middle of running annual refresher training sessions. We saw a training matrix that confirmed staff were booked onto annual refresher training sessions. We looked at the induction training programme which was over four days delivered in the office. On the completion of induction training staff were allocated to shadow experienced staff to gain practical experience and knowledge. Staff that were recently recruited and had undergone induction training told us although the induction was lengthy it was very good. One staff member told us "Induction training and shadowing was good" and through shadowing other staff they learned some useful tips on how best to support people to meet their individual needs.

Staff also received additional training in areas such as medicines administration, nutrition and hydration. The service was organising a dementia workshop for staff and was going to run the workshops on a regular basis.

People and their relatives told us staff were well trained and provided good care and met their health and care needs. People's comments included, "Staff coming in the morning and help me with food, carers are fine", "Carers come once per day and seven days a week. They help with personal care, shower and dressing. [Name of staff] is very good and efficient", "My needs are met, no problems at all" and "They wash me, dress me, give me food, my needs are met." People told us their nutrition and hydration needs were met and staff provided them with food and drinks on time. However, staff were not always recording how people were supported with their nutrition and hydration needs in people's daily care records.

Most people were supported by their relatives to access health and care professionals. However, the service offered the support where people requested it, and as and when required.

Is the service caring?

Our findings

People and their relatives told us they were happy with the service and found staff friendly and caring. One person said, "Carers are very good. She [staff] understands me and has a good relationship with me." Another person told us, "They are very nice, gentle. They do their best, quite happy with them, I look forward to their company." One relative commented, "All the girls [staff] we have got are lovely...they are caring, kind. All the girls are helpful."

The service continued to template care visits on a weekly basis to ensure continuity of care. This meant staff were allocated to a standard rota for each person, so the same staff were allocated to visit people each week at the same time. Records showed the service had improved templating of their visits from 89% to 91% indicating a strong degree of consistency. We looked at staff rotas that were now being sent to people using the service. The registered manager told us they had introduced a system where they sent staff rotas to those people who had a tendency to forget names of staff visiting them and wished to be reminded. We asked people if they were supported by the same staff and they confirmed consistent staff were provided. Their comments included, "I have had one carer for four years and one carer for two years", "My carer has been with for a long time, my carer is very good. I do not want her to be changed to another carer" and "I have a regular carer, she is very good." Staff we spoke with told us they mainly visited the same people which enabled them to form positive working relationships with people. One staff member said she had been supporting one person for over seven years and another staff member told us they had been visiting two people for nearly 20 years.

People and relatives told us staff listened to them and treated them with dignity and respect. One person said, "They are just courteous and treat me as I would like to be treated. They explain everything; always cover me with the towel. Treat me with dignity and respect" Another person commented, "Oh yes, they do listen to me and absolutely treat me with respect." One relative told us staff were easy to speak to and "treats us with dignity and respect." Staff told us they had received training in dignity in care and respected people's privacy and provided care in a dignified way. One staff member said, "I close the (bedroom and bathroom) doors especially when visitors are over, use the towel to cover their body and close the doors."

Staff were trained in equality and diversity during their induction programme and we looked at the service's equality, diversity and inclusion policy which clearly stated staff responsibility in implementing the policy. One of the key responsibilities was of "respecting the rights of all people to work in an environment that is free from prejudice and discrimination." We looked at the staff handbook; it reminded staff of caring principles including treating people with respect and dignity. One person told us they were very satisfied in the way the management responded to their concerns raised about some staff that had made discriminatory comments about their sexual orientation. They said the incident had happened a long time ago and since raising concerns, staff sent were professional and got on with the tasks.

Staff we spoke with told us they enjoyed their job and spoke about people they cared for in a sensitive and caring manner. They were able to describe the needs, wishes and preferences of people they cared for.

People's religious and cultural beliefs and wishes were recorded in their care plans. We saw some people's care plans included their funeral plans and wishes, where they would like to spend their last days, and details of their palliative care team where applicable.

People were asked about their wishes including staff gender preference for assisting with personal care. We saw this being clearly recorded in care plans. People told us their staff gender preferences were met. Staff told us they encouraged people to do things that they were able to; we saw this recorded in people's care plans. One staff member said, "I encourage people to carry out tasks that they can do themselves, for example, one lady I support she can wash her face and I encourage her to do so." People and their relatives told us they were involved in planning and making decisions about their care.

Is the service responsive?

Our findings

At the last inspection, we had received mixed reviews from people regarding staff being responsive to their needs. The care plans were not consistently completed, were task oriented and not regularly reviewed. People were not happy with the way their complaints were managed. The service's complaints system was not accessible and the information sent to people and their relatives on external agencies they could contact was not up-to-date.

During this inspection, we found the provider had made improvements. Complaints were responded in a timely manner. People told us the service was responsive to their needs and their concerns and complaints dealt with promptly. Care plans were updated, they were personalised and the registered manager was in the process of reviewing them before they were approved to ensure they were meeting the service's standards.

People told us the service was responsive in meeting their changing needs. One person said, "They [staff] are responsive and always do more than they should." Another person told us staff helped them with everything they asked them for. One relative told us their family member had dementia and did not like changes, and struggled when regular staff could not visit them. The regular staff member worked closely with this person to enable them to cope with any changes. Before going on annual leave the regular staff member would take the covering staff member with them to introduce them to the person so they could get to know their interim carer.

People and their relatives told us care was delivered according to care plan and were involved in care planning and care reviews. The registered manager told us care plans were reviewed once a year and when people's needs changed. We saw people's care plans had been reviewed since our last inspection. The registered manager had introduced a new system that monitored and ensured care plans were completed within 48 hours of receiving referral as per the service's policy. The service maintained a form the field supervisors completed, this included the date when the care plan was drafted, when it was signed by the person, when it was collected from the person's house and given to the registered manager to be signed off. This ensured a trail that could be monitored so there were fewer gaps.

People's care plans were detailed and personalised, and gave information on people's needs, abilities, likes and dislikes. The care plans also included information on people's background, medical history, religious and cultural beliefs, language spoken and ethnicity. Care plans were written by the field supervisors in a first person tense to make them more person-centred which meant words such as I were used. For example, one person's care plan under 'what is important to me' said "It is important for me to have care workers who are understanding, patient and caring to my needs. I would like care workers to also be respectful when they are in my flat as I live with my husband. I want to have a good relationship with all my care workers as they are the ones who look after me." Another person's care plan specified if the regular staff were not available then they would like their son to be informed instead of being supported by different staff. We found all care plans stated the care visit times that reminded people of when to expect staff's visit. Staff told us they always read people's care plans before they started supporting people and the care coordinators briefed them on

people's needs before they started supporting people.

Since the last inspection, the service had received four complaints. We looked at all four complaints' records; they were detailed and included action points taken to address those complaints. The records also included timescales at each stage of complaint, staff names that carried out action points, investigation details, and outcomes of actions including any staff disciplinary. We found the complaints' related paperwork was filed in complaints folder, people's care file and in staff personnel files making it accessible. People were sent response letters in a timely manner and these letters included updated contact information on local ombudsman, CQC and local authority should people wish to contact them if they were unhappy with the outcome of the complaints process.

The registered manager told us they encouraged people and their relatives to raise concerns and complaints. They encouraged staff to remind people how to raise their dissatisfaction or complaint. Office staff regularly contacted people to seek their feedback on the service delivery and asked them if they had any complaints. Any complaints raised were transferred on to a complaints log and the management followed the complaints procedure. We saw records of quality monitoring that confirmed people were encouraged to raise concerns.

People and their relatives told us their concerns were listened to and addressed quickly. Most people told us they had not raised a formal complaint as the management dealt with matters at the first instance of being told. They further said office staff were easy to speak to and felt comfortable calling the office to raise concerns. One relative commented, "I had an issue once but got addressed straight away, very pleased with the service." Another relative said, "This service is much better than the last one. I don't have any complaints about this service." People's comments included, "If I am not happy with something I will tell them [staff]. I never had to complain", "I will call the office if not happy with the carers. I have never had to make a complaint. I am quite satisfied with the service", "At the last year's care review I raised concern regarding staff being homophobic as I am gay. The supervisor told me she would take it [complaint] back to the manager, since then no problems. The current carer is professional and just gets on with tasks" and "No complaints about the service."

Is the service well-led?

Our findings

At the last inspection, we found the filing systems were disordered and the management were not able to locate important documents. Staff files, care plans, risk assessments, MAR and daily care records were not being regularly audited. The improvement action plan following the service's internal audit had action points that had not been addressed, quality monitoring forms were not regularly completed and spot checks were not regularly carried out.

During this inspection we found the service had made improvements in some areas. The service had a registered manager in post.

Following concerns raised at the last inspection, the provider agreed to have some conditions placed on their registration. We asked the registered manager to submit monthly reports on audits including missed and late visits, complaints. The registered manager submitted monthly reports on the audits. We found the service had implemented actions around auditing systems and processes as per their action plan. The registered manager along with their office team had updated all care plans, risk assessments and staff files. There was a clear process in place where the registered manager was reviewing updated care plans and risk assessments and once they were satisfied with them, they were signed off. We saw that quality monitoring audits, accident and incident forms, safeguarding records, MAR and daily care logs were also audited and approved by the registered manager. We looked at the service's new electronic colour coded tracker system for staff files and care files where if any of the documents were over their review period the system would automatically convert the staff member's name or person's name in red. This system made it easier for staff and the registered manager to pick up on any delays and address them before it was too late. The registered manager was in the middle of developing a similar tracker system for MAR to minimise medicines recording errors.

However, we found that not all audits had identified gaps and errors that were picked up by us during this inspection. For example, some people's daily care logs were still not legible and did not always include arrival and departure time, and how their nutrition and hydration needs were supported. MAR audits did not always pick up on gaps and errors. Although the service was carrying out regular audits, MAR and daily care records had not been audited on a monthly basis as per the service's policy. The service's quality assurance policy stated under their record keeping audits section that a monthly record keeping audits should be carried out on 'daily record sheets, MAR charts, financial transactions and specialist record sheets'.

The service did not have robust and efficient systems and processes to assess, monitor and improve the quality and safety of the care service delivery.

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

People using the service, their relatives, staff, and local authorities' contract monitoring teams told us the service had made improvements since the last inspection and the registered manager was approachable

and responsive. Staff told us the registered manager had brought about changes that were necessary and managed to introduce the changes in an organised way. People and their relatives told us staff were excellent, and they were happy with the service and most people said they would recommend the service. People and their relatives told us they felt comfortable calling the office to raise concerns and their messages and calls were mostly returned on time. One person said, "I am happy with the service and of course, I would recommend it." One relative commented they trusted the management and were "very happy with the service."

Staff told us the registered manager was always available and very approachable. They told us the improvements were good for the service and they supported them. One staff member said, "She [the registered manager] has exceptional managerial skills. She knows how to lead the team. The service is now much better than it was before." Another staff member commented, "I have not got any complaints about the service. When the new manager came things got better, issues are now resolved, things are addressed quickly."

During inspection we saw staff and the management team interacting with each other in a positive and open and inclusive way. We saw some staff at the office attending annual refresher training and catching up with their supervisors. Staff told us they were very well supported, felt comfortable in raising their concerns and making suggestions. One staff member commented, "I am happy to give feedback to the management. I always do that...I enjoy what I do. I know there have been changes but they know what they are doing." The registered manager had weekly informal office staff meetings and was in the process of organising formal meetings on a quarterly basis. They organised meetings for the care staff but said they were not well attended. The registered manager said they kept staff informed of any changes in their role or the service via letters, emails and meetings. They maintained an open door policy and staff confirmed they could just walk in to the registered manager's office if they needed help.

The filing system had improved and there were clear arrangements in place to ensure paperwork was stored securely and in an organised way. The registered manager told us only three staff including themselves had access to the filing room which made it easy to maintain the files. They had introduced a system where staff taking a file out of the filing room had to record the file name, their name, date of when the file was taken and when it was put back in the filing room. This enabled the management to monitor who had access to files in case they went missing. We found files were easy to access, well-organised and easy to follow.

The service was audited in December 2016 by their quality and performance manager following the last inspection and it was rated as requires improvement. We looked at the audit records and report and saw areas of improvement were identified. We looked at the improvement action plan that was created in conjunction with local authority's care team and noticed various action points achieved within deadline.

We saw records of quarterly monitoring telephone calls, quality monitoring visits and outcome monitoring. Most of the feedback received was positive. Staff detailed action points in the quality monitoring forms if any concerns or requests were made by people and their relatives during the quality monitoring process. The service carried out regular spot checks and no issues were identified, records seen confirm this. We saw records of monitoring forms audited by the registered manager.

The registered manager worked with the provider's quality team and local authority's procurement and care quality team to improve the quality of their services. We spoke to the liaison person from the local authority integrated care quality team and they confirmed the service had made steady progress on the improvement action plan.

The registered manager told us they had recruited and trained staff team to assist them in achieving the improvement action plan. They told us the achievements made so far was also because their staff were working very well as one team. They said the communication within the team had improved and they were all working towards the same objective of improving the quality of the service.

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 12 HSCA RA Regulations 2014 Safe care and treatment</p> <p>Care of people was not provided in a consistently safe way. This included failure to: assess the risks to the health and safety of service users of receiving care; doing all that is reasonably practicable to mitigate any such risks and the proper and safe management of medicines.</p> <p>Regulation 12(1)(2)(a)(b)(g)</p>
Regulated activity	Regulation
Personal care	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>The registered persons failed to effectively operate systems to: assess, monitor and improve the quality and safety of the services provided; assess, monitor and mitigate the risks relating to the health, safety and welfare of service users and others; accurately and completely maintain records in respect of each service user.</p> <p>Regulation 17(1)(2)(a)(b)(c)</p>