Regal Home Care Limited

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

Summary of findings

Overall summary

This inspection took place on 8 August 2018 and was announced. Regal Home Care is a domiciliary care agency. It provides personal care to people living in their own houses and flats in the community. It provides a service to older adults, younger disabled adults, adults with mental health conditions and sensory impairments.
There were 77 people receiving a service at the time of the inspection. People were living with a range of needs including, sensory loss, Parkinson's disease, diabetes, arthritis, dementia and mental health needs.

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

At the last inspection on 6 July 2016 we found one breach of regulations and other areas of practice that needed to improve. This was because there was a lack of appropriate support and training for the staff.

Following the last inspection, we asked the provider to complete an action plan to show what they would do, and by when, to improve the key question of, is the service effective? to at least good. At this inspection on 8 August 2018 we found that they had followed their action plan and made the necessary improvements to address the breach of regulations. However, we found three other breaches of the regulations.

Safeguarding alerts had not always been sent to the local authority in line with local safeguarding practice. This was identified as a breach of regulations.

Risks were identified but assessments and care plans lacked detail. This meant that staff did not always have the information they needed to provide safe care. Complaints were not always resolved and used to make improvements to the service. Management systems were not always effective in identifying and managing risks, ensuring accurate records and making improvements to the quality of the service. This was identified as a breach of regulations.

Care plans lacked detail and did not always provide staff with information about what was important to people. This meant that staff did not always have the information they needed to provide care in a person-centred way. People told us that their regular care staff knew them well but they were not always sure who would be coming. The times of care visits were not always consistent with people's needs and preferences. This was identified as a breach of regulations.

Staff had received the training and support they needed to be effective in their roles. One staff member told us, "Training is very thorough and informative." Staff understood the importance of seeking consent from people and had received training in the Mental Capacity Act 2005.

People were supported to have enough to eat and drink. Staff supported people to access the health care services they needed. People's needs and choices had been assessed in a holistic way to take account of people's physical and mental health and their social needs.

People told us that they were happy with the support provided by their regular care staff and said that they had developed positive relationships with them. One person said, "I have a team of regular carers who know me well and understand what I need." Staff supported people with their medicines safely. There were enough staff to cover all the visits that people needed. There were safe systems in place for the recruitment of staff.

People, and where appropriate their relatives, were involved in planning their care and support. A relative told us, "The care plan has been checked to make sure it meets my relation's requirements." Staff supported people to remain as independent as possible. People's privacy and dignity were respected.

There was a clear management structure and staff understood their roles and responsibilities. Staff described effective communication and had developed working relationships with local partners including GPs, the local authority and other health care professionals.

We identified three breaches of the regulations. This is the second consecutive time that the service has been rated Requires Improvement. You can see what action we told the provider to take at the back of the full version of the report.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement

The service was not consistently safe.

Safeguarding alerts were not always made in line with safe practice. Risk assessments and care plans were not sufficiently detailed to guide staff in how to provide care safely.

Recruitment procedures were safe and there were enough staff employed to cover all the visits to people.

People were receiving their medicines safely.

Is the service effective?

Good

The service was effective.

Staff had received the training and support they needed to be effective in their roles. They understood their responsibilities with regard to gaining consent from people.

Assessments were holistic with identified outcomes for people. People were supported to have enough to eat and drink.

People were supported to access health care services they needed.

Is the service caring?

Good

The service was caring.

Staff had developed positive relationships with people and knew them well.

People were supported to express their views about their care and support.

Staff supported people to remain as independent as possible and respected their confidentiality.

Is the service responsive?

Requires Improvement

The service was not consistently responsive.

People were not always supported in a person-centred way and care visits were not consistent and punctual.

People knew how to make complaints and felt comfortable to raise any concerns.

Staff were supporting people's diverse needs. People's communication needs were identified and supported.

Is the service well-led?

Requires Improvement 

The service was not consistently well-led.

Management systems were not always effective in identifying risks, ensuring accurate records and improving the quality of the service.

Staff understood their roles and responsibilities and there was a clear management structure.

Staff described positive working relationships and clear communication systems.

Regal Home Care Limited

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 8 August 2018 and was announced. We gave the service 48 hours notice of the inspection visit because it is small and the manager is sometimes out of the office supporting staff or providing care. We needed to be sure that they would be in and that staff would be available to talk with us.

We visited the office location to see the manager, to interview staff and to review care records and policies and procedures. The inspection team consisted of two inspectors 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 service. The expert by experience spoke to people and their relatives by telephone to gain their views on the service.

Before the inspection we reviewed the information we held about the service. We considered the information which had been shared with us by the local authority and others, looked at complaints received, safeguarding alerts which had been made and notifications which had been submitted. A notification is information about important events which the provider is required to tell us about by law.

We spoke with eight people and eight relatives on the telephone. We spoke with the registered manager, the provider and six staff members. We looked at a range of documents including policies and procedures, care records for ten people and other documents such as safeguarding, incident and accident records, medication records and quality assurance information. We reviewed four staff records including recruitment, supervision and training information as well as team meeting minutes and we looked at the provider's information systems, including for the allocation of care visits.

Requires Improvement

Is the service safe?

Our findings

At the last inspection on 6 July 2016 the provider was rated as requires improvement in the key question of, is the service safe? This was because there was inconsistent practice in supporting people to receive their medicines safely. At this inspection on 8 August 2018 the provider had improved their systems and staff were receiving the training they needed to administer medicines safely. However we identified other areas of practice that required improvement.

Possible safeguarding incidents were not always identified and reported in line with local safeguarding procedures. Staff had received training in safeguarding people and had identified, recorded and reported concerns. They were able to describe types of abuse and signs that might indicate abuse. Some safeguarding incidents had been reported appropriately however practice was inconsistent. Actions had not always been taken by the registered manager to ensure that appropriate safeguarding alerts were made to the local authority. For example, staff had reported incidents of family conflict and described psychological abuse and potential physical abuse, however safeguarding alerts had not been reported to the local authority in line with local safeguarding procedures. One complaint had included an allegation of theft which had not been recognised as a potential safeguarding incident. Whilst the provider had taken action to address the concerns raised they did not report the matter in line with local safeguarding arrangements. This meant that the provider could not be assured that people were always protected from abuse and improper treatment and that there was transparency and proper scrutiny of the service. This was a breach of Regulation 13 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. We discussed these concerns with the Registered Manager. Following the inspection they provided confirmation that they were attending further training in safeguarding people to update their knowledge.

People were living with a range of needs including sensory loss, Parkinson's disease, diabetes, arthritis and dementia. Risks to people were identified and assessed. Care plans were based on risk assessments. However, not all risk assessments and care plans included detailed guidance for staff. For example, one person was living with diabetes, although this was noted within their care plan there was no guidance for staff about how to support the person with associated risks. There was no detail to guide staff in how to recognise signs or symptoms that might identify a problem with the person's diabetes.

Some people needed support with moving around and staff used equipment such as hoist and sling to support people. Risks associated with manual movement were identified but care plans were not always detailed in how to support the person safely. For example, one person had received an assessment from an Occupational Therapist (OT) which provided a detailed plan in how best to support them. Although this was available in the person's care record the information had not been transferred to the person's care plan to guide staff.

The risk assessments and care plans that we saw lacked detailed guidance, information was basic. For example, one assessment and care plan identified that a person needed to receive all their care on the bed. There was no specific guidance in how to achieve this safely nor details of the person's preferences.

The registered manager explained that staff had all received training in how to provide care safely, including manual movement training. They said that staff would know how to provide care in a personalised way for each person. However, not all staff were familiar with every person that they visited.

Lack of detailed risk assessments and care plans meant that people were at risk of not always receiving their care in a safe way. Failing to maintain complete records and failing to ensure that risks to people were mitigated was identified as a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Incidents and accidents were recorded. An accident book was kept to record any staff accidents and this was monitored by the registered manager who made necessary adjustments to ensure risks to staff were effectively managed. Care staff reported incidents involving service users to the office staff who recorded details within people's individual records together with actions taken to address the incident. For example, staff had reported a problem with a hoist when supporting a person to move. Staff had also recorded the actions that were taken to ensure that the hoist was safe.

Some people needed help to manage their medicines. The provider had made improvements to ensure that people were receiving their medicines safely. Staff had received training in administering medicines and records confirmed that they had been assessed as being competent to administer medicines. We viewed a sample of Medication Administration Record (MAR) charts. There were effective systems in place to monitor the accuracy of records and to address any omissions. Guidance for staff was personalised to ensure that people received their medicines in the way they needed to or preferred. Records included information for staff about where people kept their medicines. We do not inspect how medicines are stored in people's homes.

Staff were consistently recruited through an effective recruitment process that ensured they were safe to work with people. Appropriate checks had been completed which included checks through the Disclosure and Barring Service (DBS). These checks identify if prospective staff had a criminal record or were barred from working with children or vulnerable people. Staff had obtained proof of identity, employment references and employment histories. We saw evidence that staff had been interviewed following the submission of a completed application form. Staff spoke highly of the induction they had received. One staff member said, "Shadowing experienced staff was helpful, it was good to see what I would be doing. They gave me lots of support with medication because I was nervous about it. They gave me the time to make sure I was confident."

There were enough suitable staff to cover all the care visits. The provider used an electronic system to allocate care workers to visits. The system identified any visits that had no scheduled care worker and enabled the care co-ordinator to ensure that care workers were allocated to every visit. The care co-ordinator told us that they tried to maintain continuity for people by allocating regular care workers to the rounds. Staff told us that they had regular visits unless they were covering calls for staff who were absent. The registered manager said that office based senior care workers were able to cover for short notice absence such as sickness to ensure that people always received that care they needed. People told us that they were happy with their regular care workers and reported that their visits were always covered. Staff we spoke with said, "I have never missed a visit, if I am running late I let the office know and if necessary they will arrange for the call to be covered by someone else."

Staff had received training in infection control procedures and told us that personal protective equipment was available for them to use. They gave examples that demonstrated their understanding of infection control measures and explained how they avoided cross contamination between people they visited.

Good

Is the service effective?

Our findings

At the last inspection on 6 July 2016 there was a breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This was because staff had not received training, development and support in line with the provider's policy. The provider sent us an action plan showing how they would meet this breach by 30 October 2016. At this inspection we found that improvements had been made and staff were receiving the training, development and support they needed to be effective in their roles.

The provider's training policy identified the training that was considered essential for all care staff to complete. It also identified additional training to meet specific needs of people who used the service and expectations for staff who were responsible for co-ordination of the service including rostering and use of the electronic system. Staff told us that they had received the training they needed. One staff member said, "Training is very thorough and informative." They described how end of life care training had made them more aware of the stages of grief, saying, "It made me think about the details, and how things play out when someone is grieving." Another staff member told us, " I did a course about diversity. It made me more aware to check things out with people, and make sure we are offering choices. We do look after people with diverse needs, I have never seen any discriminatory abuse but the training made me more aware."

Records confirmed that staff had all completed training that the provider considered to be essential for their roles including manual movement, infection control, medication and safeguarding training. Staff had also completed training specific to the needs of people. For example, one person used equipment to support their breathing and staff had received specific training to support with this. A person needed to have their nutrition, fluids and medicines via an enteral feeding system. This is a flexible tube that enables fluids and liquid foods to be delivered directly into the gut. Staff had received additional training and had been assessed as competent to support the person with this feeding system.

Staff told us that they felt well supported. One staff member said, "If I am not happy about something I can come into the office and talk it through, they are very open, honest and accommodating." Staff told us that they could call the office staff for support between 9 and 5 and that there was an on-call system to support them out of normal office hours. Staff spoke about feeling well treated and looked after by the provider. One staff member described the support they had received when dealing with a difficult situation. They said, "When we report things to the office they do act quickly. If there's a problem they support their staff." Staff were receiving supervision in line with the provider's policy. Supervision is a mechanism for supporting and managing workers. It can be formal or informal but usually involves a meeting where training and support needs are identified. It can also be an opportunity to raise any concerns and discuss practice issues.

People's needs and choices had been assessed in a holistic way to take account of people's physical and mental health and their social needs. Assessments identified clear outcomes that people wanted to achieve. People's diverse needs were identified and risks associated with discrimination were assessed. For example, an assessment had identified that a person was at risk of psychological abuse due to their disability and detailed how staff needed to be aware of this when supporting the person to access the community. Another assessment included details of a person's identified gender and their expressed

preference for male or female care workers. A staff member described how they worked sensitively with this person when supporting them with personal care. Staff we spoke with were knowledgeable of equality, diversity and human rights and told us people's rights would always be protected. They described how training had reinforced their understanding and supported them to deliver effective care in a non-discriminatory way.

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. We checked whether the provider was working within the principles of the MCA.
Staff had received training in MCA and demonstrated an understanding of the principles of the act. One staff member described how they checked with people before providing care and support. Another staff member spoke about a person who had been assessed as lacking capacity to make some decisions. They described how a solicitor now had legal authority to make some decisions on behalf of the person. Another staff member described the importance of respecting people's right to refuse. They explained, "I can usually explain the reasons behind something and then they agree, if they decide they want to stop, then I would stop." Care plans showed that people's capacity to consent to care was considered.

People were supported to access the health care services that they needed. Staff told us that if they had concerns about someone they would report this to the office staff. During the inspection we observed a staff member calling the office to request a visit from a health care professional for one person. Records showed that when staff had a concern about a person's health needs they would check what the person wanted them to do or would talk to the person's family member if appropriate. The registered manager told us that arrangements could be made for staff to support people with a health care appointment if required.

Staff described good communication within the organisation and with other agencies. One staff member described positive working relationships with local GP surgeries. Another staff member told us about how an occupational therapist (OT) had supported staff when new equipment had been prescribed for one person. They said, "It was helpful for us to be able to ask the OT questions directly and to check that we were using the equipment correctly for that person." Staff told us that they were able to raise any concerns they had with the office based staff or the manager. Staff told us that when a person needed the duration of their visit extended or the time of a call changed that the co-ordinators were responsive in trying to arrange these changes where possible.

Some people needed support with food and drink. Staff explained that they would offer people choices depending upon what food and drink the person had available. Staff told us that they used food and fluid charts when there were concerns about people, for example if a person had unplanned weight loss. They said that this enabled them to monitor what people were eating and drinking. One person was living with dementia and had short term memory loss. This meant that they sometimes forgot to buy the food they needed or forgot to eat. Staff supported them to manage their nutritional needs by ensuring that they made a shopping list on a daily basis and by checking what they had eaten. Staff told us that they checked whether people had a drink close at hand before leaving them and would report any concerns about people's nutritional and hydration needs to the office staff. One staff member described a person who had been losing weight because they were not eating well. They said, "We worked out that offering a smaller meal helped because they were more likely to eat it. We are continuing to monitor their weight."

Good

Is the service caring?

Our findings

People and their relatives spoke positively about the caring nature of the staff at Regal Home Care. One person said, "There are some fantastic staff," another person told us, "All the girls are nice." A third person said, "My regular carer is very good." A relative said, "They do make a fuss of my relation." Another relative said, "80% of the carers are ok, a couple are exceptional. Overall they are pretty reasonable."

People told us that they had developed positive relationships with staff who visited regularly. One person said, "I have a team of regular carers who know me well and understand what I need." Another person said, "My usual carer is generally very good." Staff spoke affectionately about the people they cared for. They described people's needs and preferences and spoke about them in a respectful way. Staff demonstrated that they knew people well and could tell us about their life history, their cultural background and their sexual orientation. Staff showed a clear understanding about who and what was important to the person. Care records included details of people's background and personal history.

People's communication needs were identified and staff told us that they sought ways to ensure that barriers to communication were removed. One person with a physical disability was not able to communicate verbally. The care plan included clear guidance for staff about how the person communicated using facial expressions and particular movements and gestures. Another person who had sensory loss. Their care plan included clear guidance for staff in how to support them with use of a hearing aid and ensuring they were speaking clearly and facing the person to enable them to lip read.

People told us that they had been involved with planning their care. One person said, "My care plan was revised recently." A relative told us, "The care plan has been checked to make sure it meets my relation's requirements." Records showed that people were included in making decisions about their care and support. For example, all people who had capacity to do so, had signed their care plan to indicate that they had been involved in the process. People's wishes were visible within care records, for example one person had expressed a desire to be supported to eat more healthily and this was reflected within their care plan. Where people needed support with care planning staff had included appropriate people in the process where appropriate. Some people had legal representatives, others had relatives who they wished to be consulted. Records showed that advocates were supporting some people to express their views.

Staff demonstrated that they had a clear understanding of how to provide care in a compassionate way that protected people's dignity. One staff member said, "I take time to listen to people so that I provide care in the way they want and need." Another staff member said, "I make sure the curtains are closed and the door is shut. I make sure I have everything we need to hand and that the room is warm before the person undresses. I always make sure they are covered as much as possible so they don't feel too exposed." People told us they were satisfied with the way care was provided. One person said, "Generally, the care is good."

Staff described supporting people to remain as independent as possible. One staff member said, "We always encourage people to do as much as they can for themselves." Another staff member told us about a person who needed support and encouragement, saying, "It takes a lot of positive re-enforcement, we have worked

at things slowly, gradually building up their confidence. It's taken a long time to build up their trust."

People's personal information was kept securely and staff demonstrated a clear understanding of their responsibilities with regard to maintaining people's confidentiality. Staff told us how they were careful when recording information in people's homes. One staff member said, "You have to be careful what you disclose to other people, I always check first."

Requires Improvement

Is the service responsive?

Our findings

At the last inspection on 6 July 2016 there had been an inconsistent approach to reviewing people's needs. This meant that the provider could not be assured that people's care plans always remained up to date and accurate. There was also a lack of personalised detail to guide staff in how people would like to receive the care they needed. These areas of practice were identified as needing to improve to ensure that people were receiving a personalised, responsive service. At this inspection care plans had been reviewed and updated, however it remained that there was a lack of detail to guide staff in how to provide person centred care.

Staff described providing care in a personalised way and gave detailed descriptions of how this was achieved. Staff explained the importance of maintaining a consistent approach and building trust. One staff member described a person's preferences for the order that they provided care, another spoke about how they had supported a person to become more independent by building upon their skills and increasing their confidence gradually in a consistent way. However, care plans did not always reflect this level of detail about how people wanted or needed their care to be provided. For example, some care plans identified that staff needed to provide personal care, but there was no detail about what was important for the person, what specific support they needed, how they preferred tasks to be done. This meant that staff who were not familiar with people did not have all the information they needed to provide a personalised service.

Staff told us that they would read the care plan for people who they were not familiar with. They said this provided basic information but usually they would ask people what support they needed. One staff member told us, "We sometimes cover calls when staff are off sick or on leave. People do get a bit frustrated when they have a new carer coming into them. It does happen quite a bit."

People told us that their regular staff were providing care in a personalised way but said that not all staff knew how they liked things to be done. One person told us, "The regular carers are good, the stand-ins are a bit shakey and not as good." Another person told us "When it's not my regular carer I have to help them by explaining what they need to do." A third person said, "Some of the cover staff don't know what they should do."

This showed that the lack of personalised detail in care plans meant that people were not always receiving the person centred care that they should be able to expect.

People and their relatives told us that times of visits were not consistent and this did not always meet people's needs and preferences. Comments included, "They are quite often late, five out of ten times they are late." "Carers at the weekends are very late." "They are a bit unreliable, they don't always come when they say they will. Sometimes an hour or an hour and a half late." A relative told us, "Regal have challenges with timing, if they are going to be very late we usually get a phone call." A person also told us that they received a phone call if the staff member was running late, they said, "If they are very late we usually say don't bother and we have to sort ourselves out." Some people told us the planned time of their call was not suitable for their needs. One person said, "The carers turn up anytime between 7pm and 9pm but it's too early for me." A relative said, "My relation gets up early, by the time carers arrive they have dressed

themselves."

The provider used an electronic planning system to co-ordinate care visits to people. A care co-ordinator was employed to arrange visits and they explained how they used a rota system to ensure people received a visit at their planned time. When there were changes at short notice due to illness, staff leave or when incidents occurred, they acknowledged that it was sometimes difficult to deploy staff without making changes to the planned time of people's visits. They explained that staff would always try and contact people to let them know if the time of their visit was going to be more then 15 minutes different to the expected time.

The registered manager said that maintaining continuity with staff who were familiar with people's needs and retaining the expected times for people's visits was a priority for the service. The provider had recently employed senior carers who would be available to cover calls at short notice. The registered manager said that this should improve both continuity and the punctuality of visits for people but acknowledged that this was not yet embedded within practice.

There was a continued lack of detailed, personalised care plans, poor continuity and inconsistent punctuality meant that people were not always receiving care that was person centred. This was a breach of Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The provider had a complaints system in place. People and their relatives told us that they knew how to make complaints. Three people told us that they had raised complaints. A relative said they had complained about issues with management of medicines and this had been addressed quickly. Two people told us that they had complained about time-keeping. The provider kept a record of complaints received and identified the actions that had been taken to resolve matters, however we did not see complaints about timekeeping included in this log. A member of office based staff told us that they would make necessary changes immediately to deal with concerns about the timing of visits and these issues were not included within the complaints log.

People told us that their complaints about time-keeping were not always fully resolved. Some people said that their complaint had resulted in a short- term improvement. One person said, "It made a difference for a few days, then reverted back to how it was before." Another person said, "When I complained the service did improve but then it goes back to what it was." There was a clear system for receiving and acting upon complaints, however the provider had not ensured that resolutions were sustained. This meant that the provider's system for managing complaints was not consistent in supporting improvements to people's experience of the service. This was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

From 1 August 2016, all providers of NHS care and publicly-funded adult social care must follow the Accessible Information Standard (AIS) in full, in line with section 250 of the Health and Social Care Act 2012. Services must identify record, flag, share and meet people's information and communication needs. The registered manager was aware of AIS and explained that people's communication needs were identified within the assessment and care planning process. We saw examples within care plans that identified people's needs, any equipment that they needed and detailed how they communicated. One staff member explained how a person had very limited vocabulary and described adapting the questions that they asked to aid communication. They described contacting the GP's surgery, with the consent of the person, to pass on information on their behalf.

Staff gave examples of how they had provided support to meet the diverse needs of people using the

service, including those related to disability, gender, ethnicity, faith and sexual orientation. These needs were recorded in care plans and staff we spoke to knew the needs of people that they supported regularly. For example, one staff member described supporting a person with their faith by reading from a prayer book with them. Another staff member told us about how they supported a person whose first language was not English with reading letters. They said, "We have talked a lot about her background and how she has learnt the language." The care co-ordinator described planning care visit times to ensure that one person's prayer times were respected. They also described planning visits to support a person with specific equipment at a certain time of day.

The registered manager told us that end of life care was not being provided for people at the time of the inspection. Care records showed that some people had health conditions that were deteriorating and they were likely to need end of life care in the future. Some staff had received training in end of life care. One person's wishes had been documented and identified their expectations for care at the end of their life. The registered manager said that a specific end of life care plan would be developed with people when it became necessary.

Requires Improvement

Is the service well-led?

Our findings

At the last inspection on 6 July 2016 we identified that there was a lack of quality assurance systems and actions were not always taken in response to those that were in place. These were areas of practice that we identified as needing improvement. At this inspection the pace of planned improvements, in response to identified quality issues, had continued to be slow.

At the last inspection the provider's quality system had identified trends relating to poor punctuality of visit times for people and lack of communication regarding changes to times. The registered manager said that they had reviewed systems to ensure that people would be contacted if their visit time was changed.

People told us that they did usually receive a phone call if their visit time was changed or if the care staff were going to be later then expected. The provider's quality assurance questionnaire identified an improvement in people being informed of changes. However, the underlying trend of poor punctuality had not been addressed. The provider's quality assurance questionnaire asked whether people were informed of changes but did not ask people to rate their experience on the punctuality of their visits. people had commented on what they liked least about the service. This showed a clear theme remained about timing of care visits. People told us their complaints about time-keeping had not always been resolved.

We asked the provider what had been done to address the quality of people's experience of the service. The provider told us that they had reviewed their staffing structure and introduced senior carers. They explained that senior carers would be able to cover for unexpected absences to improve the consistency and punctuality of care visits. This recent change to the staffing structure had only just been implemented and was not yet embedded within practice. The issue of poor time-keeping had been an ongoing concern from before the last inspection.

Following the last inspection on 6 July 2016 the registered manager had created an action plan to identify how improvements would be made to the service. We saw that improvements had been made in identified areas including to address the breach of Regulation 18. However, other areas of practice that had been identified as needing to improve had not been fully addressed and this had led to a further breach of the regulations because care plans did not provide the detailed information that staff needed to provide care in a person-centred way. The lack of detailed care plans meant that there was not always a complete and accurate record of care provided to people.

This shows that the pace of improvement had continued to be slow and as a result people had continued to experience shortfalls in the quality of the service.

Governance arrangements were not always effective in identifying risks. Incidents and accidents were recorded within people's individual care records. The registered manager said that office based staff would report any incidents to them to enable them to review each incident when it happened. A similar approach was used for any complaints that were received. This system had not been effective in recognising when potential safeguarding risks had been reported as incidents and complaints.

There was a lack of systems and processes to provide oversight. For example, the registered manager was not able to identify how many incidents had occurred within a given time frame. There was no analysis to identify possible contributing factors, to identify trends or patterns. This meant that the provider could not be assured that information was being used effectively to drive improvements at the service.

The continued lack of effective governance systems and processes meant that there had been a continued failure to identify and manage risks, maintain accurate records and to act on feedback to improve the quality of the service. This was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

People and their relatives had mixed views on communication with office based staff. Some people told us that staff were "really helpful." One person told us how office based staff had arranged additional visits when they needed extra help, another person said that when they raised any concerns they were dealt with straight away. Other people told us that communication with the office staff was "poor". One person said, "Messages don't always get passed on."

We observed staff taking and recording messages and dealing with issues that people were reporting on the day of the inspection. Office based staff were knowledgeable about people and their needs. Recent compliments recorded positive experiences and one said they would "Recommend the service to anyone." Staff reported feeling well supported by the registered manager and office based staff.

The management structure was clear and staff understood their roles and responsibilities. Staff spoke highly of the registered manager. Comments included, "I feel well supported and fairly treated." "Things have improved a lot, the manager is really on the ball." "I got called into the office when I made a mistake but they were very nice about it, they treated me fairly. I respect them for that."

The registered manager and staff members described positive working relationships with other agencies including the local authority, GP surgeries and other health care professionals.

Staff spoke with pride about Regal Home Care and were able to describe the values of the service. One staff member said, "Keeping people at home, with the best possible care." Another said, "We go above and beyond to provide good care." Staff described being included in developments at the service through team meetings and regular communication updates. One staff member said, "We get regular updates to tell us what's happening."

Staff described an open culture where they were able to discuss problems that arose. One staff member gave an example, saying, "They are good at matching us with people but if it doesn't work or its not a good match they accept that and change things." Another staff member told us about the provider's whistleblowing policy. They said, "It's there if we need it but I can't imagine using it because we can report anything to the office and they deal with it."

This section is primarily information for the provider

Action we have told the provider to take

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

Regulated activity	Regulation
Personal care	Regulation 9 HSCA RA Regulations 2014 Person-centred care There was a continued lack of detailed, personalised care plans, poor continuity and inconsistent punctuality. This meant that people were not always receiving care that was person centred.

Regulated activity	Regulation
Personal care	Regulation 13 HSCA RA Regulations 2014 Safeguarding service users from abuse and improper treatment People were not always protected from abuse and improper treatment.

Regulated activity	Regulation
Personal care	Regulation 17 HSCA RA Regulations 2014 Good governance The continued lack of effective governance systems and processes meant that there had been a continued failure to identify, mitigate and manage risks, maintain complete and accurate records and improve the quality of the service.