Cephas Care Limited

Cephas Care Ltd Domiciliary Care Agency

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

Summary of findings

Overall summary

Cephas Care Ltd Domiciliary Care Agency provides personal care and support to people living in their own homes.

This was an announced inspection. On the first day of our inspection on 13 December 2016 the registered manager told us there were 198 people using the personal care service. The service provided a support to live at home service and a supported living service to approximately 77 people in 19 supported living services ranging from people living alone to larger group living. The service had recently undergone some change, including taking on more commissioned care packages from other support to live at home services.

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

There were inconsistencies of quality in care planning between the support to live at home service and the supported living services. The registered manager was aware of the shortfalls in the way that people's needs were assessed and planned for in the support to live at home service and they were in the process of reviewing the care records.

Improvements were needed in the way that people were supported with their medicines and how this was recorded and monitored. The service had identified the shortfalls and were taking action to address them.

People and care workers in the supported living service told us that they felt that there were sufficient numbers of care workers to meet people's needs. However, feedback received from people using the support to live at home service gave varied comments about missed and late visits. The systems in place to monitor and use incidents of missed and late visits were not robust enough to analyse these issues and use them to improve the service.

Care workers were trained to meet the needs of the people who used the service. Improvements were needed in how care workers were provided with supervision to ensure that their work practice was robustly monitored.

People were involved in making decisions about their care and support and people received care and support which was planned and delivered to meet their specific needs. However, people's capacity to make decisions was not clearly identified in care records to ensure that the service was acting in accordance with the Mental Capacity Act 2005 at all times. Therefore there were risks that people were not supported to have maximum choice and control of their lives.

A complaints procedure was in place. Improvements were needed in the way that records were maintained

regarding complaints and the service's response.

The service had a quality assurance system, however this was not robust enough to ensure all people are provided with good quality care at all times. Improvements were being made but these were not yet fully implemented and embedded in practice.

There were systems in place which provided guidance for care workers on how to safeguard the people who used the service from the potential risk of abuse. Care workers understood their roles and responsibilities in keeping people safe. There were procedures and processes in place to ensure the safety of the people who used the service. These included risk assessments which identified how the risks to people were minimised.

Care workers had good relationships with people who used the service.

Where people required assistance with their dietary needs, there were systems in place to provide this support safely. Where required, people were provided support to access health care professionals.

We have identified breaches in the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Please see the full report for the actions we have asked the provider to take to improve the service.

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.

Improvements were needed to ensure that there were sufficient numbers of care workers deployed to reduce the risks of people receiving late and missed visits.

Improvements were needed in how people are provided with their medicines. This had been identified by the service and actions were ongoing to address the shortfalls.

Care workers understood how to keep people safe from abuse and what action to take if they were concerned that people were being abused.

Is the service effective?

Requires Improvement

The service was not consistently effective.

Improvements were needed in how people's capacity to make their own decisions was recorded and how any decisions made on their behalf was in their best interests.

Care workers were trained to meet the needs of the people who used the service. Improvements were being made to ensure that all care workers received supervision.

People were supported to maintain good health and had access to appropriate services which ensured they received ongoing healthcare support. Where people requires assistance with their dietary needs, systems were in place to meet theses.

Is the service caring?

Requires Improvement

The service was not consistently caring.

The service needed to make improvements overall to ensure that all people were provided with a caring service at all times.

People had good relationships with care workers and people were treated with respect and kindness.

People and their relatives were involved in making decisions about their care and these were respected.

Is the service responsive?

Requires Improvement

The service was not consistently responsive.

The quality of how people's care was assessed, planned, delivered and reviewed differed between the support to live at home and the supported living services. The care records of the people using the support to live at home service were not detailed enough to guide care workers on how their needs were met. Improvements were in the process of being made.

There was a complaints procedure in place and people knew how to raise concerns. However, records of complaints and how they were addressed were not complete. There was not a system in place to analyse and use complaints to improve the service.

Is the service well-led?

Requires Improvement

The service was not consistently well-led.

There were quality assurance systems in place and improvements were being made. However, this system was not yet robust enough and embedded in practice. Where the quality assurance systems had identified shortfalls swift action had not been taken to ensure people were provided with a good quality service at all times.

People were asked for their views about the service.

Cephas Care Ltd Domiciliary Care Agency

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 announced inspection took place on 13 and 15 December 2016 and 10 January 2017. The provider was given 48 hours' notice because the location provides a domiciliary care service and we needed to be sure that someone would be available. The inspection was undertaken by two inspectors.

We reviewed information we held about the service, such as notifications and information sent to us from other stakeholders for example the local authority and members of the public. We took action, where required, such as making safeguarding with the local authority who are responsible for investigating concerns.

On the first day of our inspection we visited the service's office. We spoke with the registered manager and four members of staff, including the learning disability manager and staff responsible for auditing the supported living services and training. We reviewed the records in relation to 15 people's care. We also looked at records relating to the management of the service, systems for monitoring the quality of the service and 11 care worker's personnel files including information relating to recruitment, training, and support.

To gain the views of the service provided, we visited two supported living services where we met 10 people who used the service and spoke with seven of these people about their experiences of the service. We spoke with one person's relative and seven staff members including team leaders and care workers. We observed the interactions between people and care workers, including with people who may not verbally be able to communicate their views with us. We reviewed the care records for five people and the medicines records

for eight people.

We also spoke with 16 people who used the service, one relative and four care workers on the telephone.

Requires Improvement

Is the service safe?

Our findings

Whilst some people who used the support to live at home service told us that there were no instances of missed visits and that care workers were not often late, others told us about the problems they had with missed calls, care worker punctuality and inconsistency of care workers. One person said, "Twice they didn't come. The first time they did phone me from the office. The other one just didn't come at all." Another person said, "I have had some [care workers] not turn up. My [relative] has had to get on to them." Another commented, "They [staff] mostly come on time except if something crops up. They usually stay until they get things done then it's time to go. I have lots of different ones [care workers] I don't really mind. There is a paper which says who is supposed to come but it isn't always what it says. Just once (had someone not turn up). We rang the office. They said, sorry, someone will be with you but no one came." Another person said, "Sometimes late. Once they were over an hour late and I had heard nothing. I rang the office and they said the carers car had broken down. Nobody told me though. That's the only time that has happened though. Someone else arrived eventually."

Not all people felt safe in the knowledge that their care workers would arrive for their care visits and that they would know who was going to visit them. One person said, "I never really know who is going to come through my front door." They added that they were not told is there were going to be changes of care workers, "The only time they ring me is when they can't get someone to me." They also commented, "Sometimes they are very very late." Another commented, "I do [feel safe] but I worry when new carers visit that I don't know, just in case I let someone who isn't a carer in by accident. But they have ID [identification] I suppose so I can check that." Another person said, "I have regular carers and I always know who is coming. If it is someone different they [office] let me know. Other than minor lateness on a couple of occasions it is generally been alright. They've always turned up. They do always seem under a lot of pressure." Another told us, "They come uniformed and with badges. I don't have regulars at the moment because some of mine left. I hope to have regulars soon, the office telephoned me and said they had new staff starting soon and would be able to start me off with regular [care workers] again. The manager was apologetic and said they would come round to introduce them." With regards to if there were enough staff the person said, "Not at the moment no. But I am confident they are working on it. It has been explained to me why I don't have regular people. Occasional tardiness but I'm not going to mark them down for that. They have a tough job."

Care workers told us how they often felt under pressure to ensure that all care visits were completed in a timely manner. One care worker said, "We are always pushed for time. We get behind quickly, there isn't enough time to travel between the calls and you can't cut people short. By the end of the day I am way behind." Another care worker commented, "It is quite tight. Staffing is a bit low but they are recruiting." Another told us, "We are all pushed and they are always calling you up asking for you to cover more shifts." Another said, "Most of the time [there were enough care workers] unless someone goes sick last minute. They are recruiting more staff apparently which will make it easier."

Inconsistent times of visits impacted some people because of their needs relating to medicines. For example the morning visits being late and the lunchtime visit as planned leading medicines being taken too close together. One person told us, "They are never on time. I phone my [relative] and say I haven't had my tablets

yet. [Relative] says 'but it's nearly lunchtime.' I have to have my [medicine] I have had a funny turn [when tablets have not been given soon enough]. I have to have a couple of biscuits or porridge before I have it."

Quality assurance questionnaires completed in 2016 and an audit from August 2016 included concerns that care workers did not always stay for the allotted visit times, visits not being completed at the agreed times. For example too late in the morning and too early at bedtime, and the rota did not match the times and care workers arriving for their visits. Dissatisfaction regarding visit times and late and missed visits were identified in some complaints received by the service. The service reported missed visits to the local authority as a part of their contract, in addition there was an action plan in place identifying how recruitment was ongoing. Whilst people had raised concerns about the capacity and numbers of staff, the service they had not taken a robust approach to addressing this and had also compounded the situation by had continuing to take on new care packages whilst they did not have robust systems in place to ensure that the existing visits were completed as planned.

This is a breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

In comparison to the support to live at home service, care workers in the supported living services that we visited told us that they felt that there were sufficient care worker numbers to meet people's needs. In addition people were supported by a regular group of care workers to ensure they were provided with a consistent service.

In the support to live at home service where people required assistance with their medicines, their comments varied. One person told us, "I am happy for the staff to help me with them [medicines]. I don't have to worry about them." Another commented, "They remind me to take them and give them to me. I'm happy with this, have had no issues." However, one person said, "Some [care workers] are really good. Some are in a hurry. They put the cream on my legs but it would be better not to put it on at all the way they do it. It's not going in the skin."

Not all people had protocols in place for when medicines that were prescribed to be administered (PRN) should be considered. There was a PRN policy in place but this was generic and did not identify the specific signs and indicators that a person displayed to warrant use of the medicine.

Audits had identified shortfalls, such as MAR not being completed appropriately, which we had also identified, and action plans were in place to address them. Care workers told us that they had been provided with training in medicines and had competency observations. However, as part of their planned improvements the registered manager told us that care workers were being called in to update their medicines training to ensure that shortfalls were addressed. This had not yet been actioned and improvements made had not yet been embedded in practice.

This is a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Medicines had not always been managed safely in the supported living service. However, shortfalls had been identified and actions were being taken to address them. One team leader working in a supported living service told us that they had identified issues with people's medicines since being in post, this included where care workers had used medicines from the next cycle of medicines when the current ones were not available. This had been happening for some time and therefore each cycle was not accurate. They had spoken with people's doctors and the supplying pharmacist. This was to gain medicines to make up the

shortfall and to prevent the actions of them being taken from the next cycle. They told us how they had improved the quality monitoring of the medicines which included checks on medicines administration records (MAR) by people's key workers and then checks by the team leader. This showed that actions had been taken to ensure that the medicines management was safe in this supported living service. The MAR in another supported living service were appropriately completed and showed that people received their medicines as prescribed.

People were protected by the service's recruitment procedures which checked that care workers were of good character and were able to care for the people who used the service. Records showed that all care workers received a disclosure and barring service check and two references before they started working for the service.

One person using a supported living service told us that they felt safe living in the service, they showed us their intercom for access to the environment, "If anybody rings the bell I can see who it is." One person's relative who used the supported living service told us that they felt that the person was safe.

Despite comments we received from people using the support to live at home service about their concerns about their visits, other people said that they felt safe with regards to care workers securing their homes when they left. One person commented, "They [care workers] lock up when they leave." Another told us, "They check doors are locked and if I need any windows closing before they finish."

One care worker said, "People are definitely safe, if I had any concerns I would report it." Care workers understood their roles and responsibilities, including taking appropriate action if they thought that people were not safe, for example if they could not gain access to their home for an arranged visit.

People were protected from abuse. Care workers were provided with training in safeguarding people from abuse and understood their roles and responsibilities regarding safeguarding, including how to report concerns. One care worker said, "I have read the policy [safeguarding] and they made me sign it to say I read it. I had training last year and on induction when I started. I know what to do if I was worried about someone. I would call the office straight away." Another care worker said, "I know how to report concerns to the manager. I had training on induction and I did an e-learning." Another commented, "I would report to the manager. Or you can report to Suffolk safeguarding. I had training update earlier this year." Both team leaders spoken with told us that they had received safeguarding training and were aware of their responsibilities in reporting concerns. One team leader said that they had made safeguarding referrals to the local authority, who were responsible for investigating safeguarding concerns, and had been involved in completing internal investigations when required by the local authority. The care records of people who used the supported living service included a safeguarding protection plan which identified how care workers were to support the person to remain safe.

The care records of people who used the supported living service included risk assessments which guided staff on actions they should take to minimise the risks in their daily living. This included risks associated with moving and handling, when using service in the community and issues relating to their specific conditions, such as diabetes and epilepsy. Care records for those using the support to live at home service included risk assessments and guidance for care workers on the actions that they should take to minimise the risks. These included risk assessments associated with moving and handling and risks that may arise in people's own homes.

One team leader told us that the director was due to meet with the fire service to discuss issues in one supported living service. This was because there were concerns about the ability of one person evacuating

the service in case of an emergency.

Records of incidents and accidents in one supported living service were detailed and gave a clear picture of what had happened, what action had been taken and how this was used to prevent similar issues from happening in the future. We could see from these records that the care workers knew the people living in the service well and had identified changes in their wellbeing and taken swift action to support them.

Requires Improvement

Is the service effective?

Our findings

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

Care records did not clearly identify people's capacity for making their own decisions. There were no assessments in place which showed how people's capacity was considered. Where we had been told by staff that people may not have capacity there was no guidance in place for how they were supported to make decisions. There was a lack of information of how decisions had been made in people's best interests and the MCA complied with. Records did include information about who made decisions on behalf of a person, for example with their finances, but there was no information to demonstrate if they had authority to do so. For example, if applications had been made and granted by the Court of Protection and whether other professionals had been involved. The registered manager told us that new care plan formats would reflect this. However, this was not in place at the time of our inspection. Where they were able people had signed their care records to show that they had consented to their planned care and terms and conditions of using the service.

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

Care workers were provided with training in MCA. One team leader understood the MCA and advised that the people they worked with had capacity to make their own decisions. Care workers understood why it was important to gain people's consent. One care worker said, "I had training on it. It's about people having capacity or not to make decisions. Sometimes people have capacity and some people don't but you still have to give them choices. They might be able to make some decisions so we were told to always ask if things are OK with people." Another commented, "MCA is about people's choices and control over their own life. I always ask people what they want when I go in and ask again before I do anything so I make sure it's what they want. You don't want to do anything what they don't want."

We observed during visits to supported living services that people's consent was sought before any care and treatment was provided and the care workers acted on their wishes.

One person using the support to live at home service said, "They say, 'what do you want us to do?'" Another person commented, "I don't remember being asked to consent to a care plan. The carers do ask me before they start doing things. When they come they'll ask me what I want doing." Another told us, "I don't think I was asked for consent but the care plan was read through with me. The [care workers] ask what I want help with." Another person said, "I have consented to everything they do for me. No one has ever done anything I haven't given the say so to." Another person commented, "I put my signature on my care plan and there is a copy here. They always ask my permission before doing anything."

Audits showed where actions were needed to ensure that supervisions were kept up to date. Not all care workers had received up to date supervision meetings to ensure that they were provided with the opportunity to discuss the way that they were working and to receive feedback on their practice. For example, one supported housing service had not had a team leader in place and there had been no interim arrangements to ensure continued staff supervision. A team leader told us that this was now being addressed and all care workers would receive one by the end January 2017, some had already been provided. This was confirmed by care workers. Another team leader told us that they were working to ensure that all supervisions were up to date and some care workers had received these.

One care worker said, "We have observations of our practice twice a year. We are supposed to have a meeting with the manager twice a year too but that doesn't really happen to be honest." Another care worker commented, "I haven't had one since I got signed off probation period." Another told us, "Supervisions don't happen a lot. We get observations. They are supportive when you need them." Another said, "I haven't had a supervision." This meant that the care workers had not been provided with the opportunity to receive feedback on how they could improve their practice. Improvements in this area was ongoing.

People told us that they felt the care workers had the skills and knowledge to meet their needs. One person's relative told us that they felt that the care workers worked well together as a team and knew how to care for their relative. One person commented, "They seem to be well trained. One of them I've not had very long. [They are] very good, knows how to do everything. When they first come they have a look in the book [care plan] at what they need to do. After that they know what they are doing and don't need to look." Another said, "I have no complaints about how they conduct themselves." Another told us, "I'm very happy with how they perform. Very professional and they get the job done, whatever it is I ask of them." Another said, "They are well trained and have a knowledge of how to look after people. They are compassionate." Another said, "Once I had a different member of staff because one of my regulars was on training. I asked them how it was when they next came and they said it was good."

Care workers told us that they felt that they were provided with good quality training which supported them in their work role. One team leader said that they got the training that they needed to meet people's needs effectively, this training was also provided to care workers. Training in first aid, moving and handling, Mental Capacity Act 2005 (MCA), medicines and mental health was booked for February 2017. One care worker said that they had been provided with training in medicines management, epilepsy had been provided in their induction and they were waiting for training to be booked in autism. They also commented that they had discussed an interest in effective communication for people who used a communication method other than verbal, which was being looked into. Another care worker said, "I have had all the training, even using the hoist and no one uses the hoist here [in the supported living service]."

Other care workers said, about the training provided, "Food, safeguarding, health and safety, MCA, whistleblowing, dementia. Medicines too. I think it's been enough. I've done the care certificate here too," and, "I'm doing the care certificate now and on induction I did moving and handling, medicines, my food hygiene certificate, dementia, MCA, fire safety, health and safety."

The training included an induction before they started working in the service and mandatory training such as moving and handling and safeguarding. The staff member who oversaw the training provided told us that care workers were provided with the opportunity to undertake the care certificate (a recognised induction qualification) during their induction, this included a competency test which was signed off by the staff member they shadowed. They also told us about how training had been identified and provided to ensure that care workers received training on the specific needs of the people they cared for, such as mental health,

learning disabilities and dementia. They also told us about how they monitored that care workers were undertaking the training as planned and when this was to be updated.

Care workers told us that they completed shadow shifts as part of their induction. One care worker said, "I started with shadow shifts and then if there was anything I wasn't sure about I continued shadowing until I was ready to go on my own. I had shadow shifts when I started and I have done the care certificate." Another said, "I had an induction with all my training and then went on shifts with other carers for a week. I haven't done the care certificate but I've done my NVQ 3."

Records showed that care workers were provided with training in subjects including safeguarding, moving and handling, infection control, fire safety, nutrition and dignity in care. Training in people's diverse needs also was provided including epilepsy awareness, diabetes, dementia, mental health, learning disability and training regarding a specific medicine and the use of an epi-pen. This demonstrated that the service had systems in place to ensure that care workers were provided with training and knowledge to meet the needs of the people they cared for.

Care workers were provided with a handbook which included information about the terms and conditions of working for the service, how to keep themselves and people safe and what to do if people raised complaints.

Where people required assistance, they were supported to eat and drink enough and maintain a balanced diet. The relative of one person who used the supported living service told us that they had been listened to regarding their relative's diet and a healthy eating programme had been introduced with the person's consent. A care worker told us how the people living together planned their weekly menu each Friday and shopped for the items on Saturday.

The care plans for people who used the supported living service identified the support they needed with their diet. We saw that people chose what they wanted to eat and drink and were supported in these choices with advice about healthy living. Where required, for their safety, records of monitoring what people had to eat and drink each day were in place. Two people showed us their flat, which included a kitchen where they could shop for and prepare their own meals. One team leader told us how they were supporting a person with healthy eating.

Audits on supported living services reviewed people's dietary needs and how these were met. For example, in one people had their own facilities in their flats to prepare their own meals. These audits identified that some improvements were needed to advise and support people with maintaining a healthy diet, for example after noting that one person had eaten several take away meals.

In one supported living service the team leader told us that two people were at risk of choking, which was identified in their care records. The team leader had asked the people's doctor to make a referral to the speech and language team with a view to assess these people to help support them to be safe and manage the risks effectively.

A person using the support to live at home service said, "They'll prepare me a sandwich for later and make sure I have had breakfast ok. They do drinks and make sure I have snacks nearby." Another person commented, "Yes I have help with my meals. They make my lunch and evening meal and then they get my cereal ready for a morning so I just have to add milk and it's ready." Another told us, "I have my meals made by the staff. They get things ready for the other meals when they don't have a visit so I don't have to do anything." Another said, "I have all my meals done for me. Some of them are not the best cooks but I don't

need anything complicated. They know the basics."

People were supported to maintain good health and have access to healthcare services. Care workers understood what actions they were required to take when they were concerned about people's wellbeing.

Records showed that where concerns in people's wellbeing were identified, health professionals were contacted with the consent of people. When treatment or feedback had been received this was reflected in people's care records to ensure that other professional's guidance and advice was followed to meet people's needs in a consistent manner. Records showed where people required support with ongoing care and treatment from health professionals and the support they required with this. For example, appointments with mental health professionals.

The care records for people who used the supported living service included health action plans identifying how their health care needs were met.

Requires Improvement

Is the service caring?

Our findings

People had positive and caring relationships with the care workers who supported them. People told us that the care workers always treated them with respect and kindness. However, the service needed to make improvements overall to ensure that their systems ensured that people were provided with a caring service at all times, this included making sure that all care visits were completed and in a timely manner and that people were provided with consistent care workers. This is identified in the safe section of the report.

One person who used the supported living service said, "Staff are nice." Another said, "They [care workers] are great." One person who used the support to live at home said, "The [care workers] are very nice. I can't find any fault. If I did I'd soon tell them. I know them very well, we have a laugh." Another commented, "The care is very good. They are wonderful, the carers." Another told us that the care workers were, "Kind and accommodating people, they always know what to do and say." Another said, "They're lovely, very kind and respectful. I'm never made to feel embarrassed." Another commented, "Yes, they respect that this is my house and my rules. If they were not respectful they would not be welcome in my home."

We saw that care workers were polite and caring in their interactions. They spoke with people in a respectful manner. We observed one person speaking with a team leader about an issue which concerned them. The team leader was supportive and caring, they listened to what the person had to say and allowed them time to consider what they could do to improve the situation. They advised the person that they could speak with them at any time of they had any concerns. We could see that the interaction had a positive effect on the person because they smiled and said they would speak with them again if they were worried. Another person was upset and care workers quickly responded by supporting the person.

People's independence was promoted and respected. One person who used the supported living service told us that they felt that their independence was respected and that the care workers did not take over tasks that they could do themselves. We saw one person who used the supported living service choose their breakfast and they were provided with equipment which allowed them to eat their meal independently. In one supported living service we spoke with a team leader who gave examples of how they encouraged people's independence. For example, one person had started taking responsibility for their own medicines, an alarm had been set on their mobile telephone as a reminder that it was time to take their medicines. There were systems in place to check that this was being done safely whilst promoting the person's independence. The care records of people who used the supported living service showed where they were supported to increase their independence.

Care workers supported people using the support to live at home service to maintain their independence. One said, "They can see what I can't do. I can help myself a little. When they see I need help they help me out." Another person commented, "I feel dignified and still independent. I do what I can for myself and anything else is done by the carers. Sometimes they help with other things if I can't do it that day. They respect this is my home." Another person told us, "I am independent still so I like to feel like I do as much as possible. I get asked what they can help with when they arrive. I don't always need as much help." People's care records identified the areas of their care that they could attend to independently and how this was

encouraged and supported.

Care workers understood why it was important to respect people's privacy, dignity and independence, one said, "Treating people so they don't feel embarrassed, keeping them covered up during personal care and making sure curtains are closed and stuff. Doors closed. Letting them do the things they can do and asking what they want help with."

People told us that they felt that their views and comments were listened to and acted on. People's care records identified their preferences, including what was important to them, how they wanted to be addressed and cared for. One person told us, "When they first started up someone came to visit me and we drew up a document so they know what I want help with." Another commented, "Me and my family had a meeting with the manager before I started having care. They drew up some plans for what they will help me with." People also told us that their choices regarding the gender of care workers visiting them was always respected and provided. One person showed us their care records, which included a healthcare plan. The person told us, "I wrote it myself and the staff helped me." One team leader told us how they were improving the ways that people and their representatives, where appropriate, were involved in their care planning. They had commenced with making arrangements for people and their representatives, for example, their families to meet with them to ensure that all of the care records and plans reflected people's preferences accurately.

Requires Improvement

Is the service responsive?

Our findings

All of the people we visited in the supported living service had a care plan in their personal space. Most people using the support to live at home service said that they had a care plan in their home. However, one person told us, "It's all changed and two people came to redo paperwork. They took the paperwork away and now there is no information here. If a new [care worker] came they wouldn't have a clue. I can tell them but that's not the point really is it. If I had a fall or something and wasn't able to say." They said that this had happened a, "Few months ago," and that there was no care plan in their home since and said that there were daily notes which care workers wrote in. We reported this to the registered manager in feedback so they could investigate.

Care records for people who were supported to live at home did not have enough information relating to their diverse conditions, including warning signs and indicators that staff needed to be aware of if a person was becoming ill relating to their condition. For example, one person's front sheet of their care records stated that they had diabetes, in another section it stated that a community health professional supported with monitoring sugar levels, however, there was no detailed information to guide care workers of what warning signs they should be aware of and what action they would need to take if a person was becoming unwell. Another care plan for a person who lived with dementia, did not detail how their condition affected them in their daily living. This person also had diabetes, their care records stated that they needed to be prompted with snacks and they liked jam and toast. There was no detail about what snacks the care workers were to prompt and the suitability of a diabetic diet. For those who took medicines to thin their blood, there was no detailed information about what areas of care that the care workers should be aware of, such as if they had a wound, other than to contact a community health professional.

The registered manager showed us a template of a support plan which was to be used for people who were supported to live at home. However, these had not yet been implemented.

The daily records for people who were supported to live at home were task focussed, with a record of what care had been provided but limited information about the person's wellbeing.

There was a difference in how people were provided with a flexible service between the supported living and support to live at home services. In one supported living service an audit noted that people were provided with a flexible service. This included a policy which allowed people to change their support times, with one week notice, to ensure that staffing could be arranged. In addition if people did not want to be supported by a care worker this could be organised. During our visit we saw that one person discussed their visit times with the team leader and their comments and request for a change was listened to and arranged. However, people using the support to live at home were not always provided with this choice and flexibility. For example, one person said, "I'd like a later time. They say we'll be with you at 10.30 would that be better? Then they turn up at 8."

This was a breach of Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Complaints records were not complete and did not provide a clear audit trail of complaints received and actions taken to address them. Some records included the response but no detail of what the complaint was. Some records included a monitoring for the stage of the complaint but no record of the response provided to the complainant. One record did not include the name of the person making the complaint. This meant that there was a lack of cohesive system to show how complaints were managed from the initial complaint, responses, actions and how they were used to improve the service.

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

Despite the shortfalls in records people across the service told us they knew how to make a complaint and felt that they were listened to. One person told us that if they were worried about anything, "I would speak to [team leader], [team leader] listens to me." Another person said, "I do feel listened to. If I'm not happy about something the carers take it on board and don't get offended. I've occasionally complained to the carers about something but it never happens again." Another person said, "I have no complaints about the service at the moment. There's a folder with some forms in it about complaints." Another commented, "I got sent a copy of the complaints form in the post. There is a pack here with something about complaints. I would tell one of the staff if I wasn't happy, I don't feel like it would be ignored." One relative said that the team leader acted on comments that they made.

The records of a monitoring visit in November 2016 showed that the cluster manager had met with a person's relative to discuss and address their concerns. This showed that actions were taken to address concerns, such as reviewing care records in line with their requests. In the supported living services we visited people could attend meetings where they could discuss their views of the service. The minutes from meetings in one service showed that people were always asked if they had any complaints or concerns that they wanted to share. Records of spot check monitoring visits showed that people discussed their care plans and made changes where required. This demonstrated that people's views were sought and their comments were listened to and respected. Records showed that where required people used the service of advocates.

People using the support to live at home said that they were provided with the opportunity to share their views about their care. One person said, "I feel listened to but I don't know about contribution. They do a review so that's a time when we can sit down and talk about how things are going and if I want to change it. I'm happy that it is up to me." Another person told us, "I have had reviews and they have called to ask questions. I think I've had a questionnaire too." Another commented, "You get the odd phone call a couple of times a year and they ask you questions then. I also got a paper quiz sent through early this year asking what I thought. I feel like if I had anything bad to say they would do something about it."

People told us that their needs were met by the service. One person who had recently moved into a supported living service said, "I like it here, it is better. I am very happy." Another person commented, "This company is brilliant. They are really good. So helpful. I have no complaints, they are absolutely brilliant." Another person said that the service were provided with, "Meets my needs perfectly." Another told us, "I feel like I'm living a bit more now and I don't have to worry when I'm having a bad day because I know someone is going to come and help." The relative of one person told us that they felt that the service cared well for the person and that they would give them, "10 out of 10."

Despite the shortfalls we had identified in the care records for people using the support to live at home service, in contrast the records for people who received the supported living service detailed care that they required and preferred to meet their needs. This included the specific support required with their individual needs and conditions; the signs and indictors that a person may becoming unwell associated with their

diabetes and epilepsy, and triggers and support needed for behaviours that may challenge others. The daily records of people using the supported living service detailed people's wellbeing, how they had made their choices about their day and the support they had been provided with. People kept their care plans in their own personal space and we saw that people had decorated the cover of their care plans.

We saw how care workers appropriately responded to people's needs and preferences. One person, who communicated by signs and gestures, who used the supported living service chose the time that they wanted to get up. We saw that the care worker allocated to support the person responded to their choices by observing their body language. The care worker knew the person well and when we reviewed the person's care records we saw that the methods of communicating that the person used were appropriately responded to by the care worker as set out in their care records. One person's relative told us how the care workers understood what was important to the person. For example, the team leader had drawn up a chart which identified when their relative was visiting, they felt that this was positive. In addition the care workers supported the person to maintain contact with their relative by an electronic device.

The care records of people who used the supported living service included details of their interests and how they were supported to maintain these. People living in the supported living services told us and our observations showed that they were provided with the opportunity to participate in meaningful activities which interested them. One person showed us photographs of a recent holiday they had been on and of a visit to a television talent show. Where people required assistance to reduce the risks of them becoming lonely or isolated, this was reflected in their care records.

Requires Improvement

Is the service well-led?

Our findings

Although the service had quality assurance systems in place to check the quality of the service provided to people. They were not robust enough to independently identify shortfalls and address them to ensure that people were provided with a good quality service at all times.

There were audits undertaken on supported living services. These audits used the five key questions safe, effective, caring, responsive and well-led. Each of the five key areas were rated and actions were identified for improvement. These included the strengths for each service, such as promoting independence and areas for further development, such as daily records. The areas for improvement for each service were identified for action and an action plan for the supported living service was completed.

There were similar audit systems in place for the people using the support to live at home service. However, we had found that whilst these were in place the improvements made had not been swift enough to provide a good quality service at all times. For example, concerns about visits had been raised in an audit in August 2016. People felt that care workers were late, no telephone call to advise them was received and the rota did not match the times and care workers arriving for their visits. These issues were still happening as identified in the Safe section of this report and the service had not developed a robust system to monitor and reduce risks to people.

This was also the case for the process used to receive people's comments about the service in satisfaction questionnaires. We saw the outcomes from questionnaires completed in 2016. These included concerns that care workers did not always stay for the allotted visit times and visits not being completed at the agreed times, for example too late in the morning and too early at bedtime. This was still happening, as identified in the Safe section of this report. This meant that whilst the shortfalls were being identified, their action plan to improve had not been effective. Despite this the service had taken on increased care packages.

The service was working with the local authority as part of the commissioner's contract management plan. An action plan was in place to address improvements required in the service. This included in areas such as care records and care worker recruitment. Further improvements were being made but these were not fully implemented and embedded in practice to improve the service. This included with medicines management and care worker supervision.

There was a quality monitoring team in place who were responsible for monitoring the actions identified in the commissioner's action plan. The registered manager told us that a full company report would be completed in April 2017. They advised that they were aware that improvements were needed in analysing trends in concerns and complaints and safeguarding reports. They were also in the process of improving their systems, from January 2017 weekly reports were being introduced to be completed by each department to report on any issues. Improvements were needed to bring together the quality reports, action plans, satisfaction questionnaires and spot checks to develop an overall service action plan for improvement to ensure that all people were provided with a good quality service at all times. This was because we had found varying quality between the supported living and support to live at home services.

Whilst improvements were made in response to shortfalls in individual services, this learning had not been rolled out across the whole service.

An audit showed that people felt that communication between them and the office was poor, with telephone calls not always being returned. Our inspection found that people's views had not changed. A person's relative contacted us during our inspection regarding problems they had with contacting the service. One person told us, "Everybody seems to have trouble with the office. They don't seem to pass on any messages. The office is a dead loss."

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

People told us that they knew who the registered manager was and were positive about them. One person said, "I'm aware of who the manager is and I have met them before. They came round once with one of the [care workers] and spoke to me. They seem nice. I haven't had any problems so I assume they're doing a good job." Another commented, "I have met the manager once, they seem nice enough. I am happy with the help I get."

The people in one supported living service were complimentary about the team leader, who had recently taken over the role. One person said, "[Team leader] is the best manager we have had." This was confirmed by care workers, one commented about the improvements made since the team leader had started. This was also what we found in another supported living service where there was a new team leader in post. One person's relative commented how the service had improved. One care worker said, "Any problems [team leader] sorts it out."

Care workers understood their roles and responsibilities. One care worker said, "I think it's fairly well run but it would be nice to see more of the managers sometimes because it's easy to feel on your own when you are out all the time. I wish they would sort out the time between calls as it has been said to them by a lot of us." They understood their responsibility regarding whistleblowing, "I haven't ever done it though. If there was a problem I would tell them straight. I think we are listened to but it's not always like anything's done with it. Like I said about the calls." Another said, "It is well run and the manager is really good. [Registered manager] is really supportive of me."

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 People's care records did not contain sufficient detail to guide care workers in how people's individual needs were met. Regulation 9 (1) (b) (3) (a) (b).

Regulated activity	Regulation
Personal care	Regulation 11 HSCA RA Regulations 2014 Need for consent People's capacity to consent was not assessed in their care records and there was a lack of information of how decisions had been made in people's best interests and the MCA complied with. Regulation 11 (1) (2) (3).

Regulated activity	Regulation
Personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment The service's processes for managing medicines and ensuring people were provided with them as prescribed was not robust. Regulation 12 (1) (2) (g).

Regulated activity	Regulation
Personal care	Regulation 17 HSCA RA Regulations 2014 Good governance

	The service did not have a robust quality assurance system which ensured that people were provided with a good quality service at all times. Regulation 17 (1) (2) (a) (b) (e) (f).

Regulated activity	Regulation
Personal care	Regulation 18 HSCA RA Regulations 2014 Staffing There were not sufficient care workers deployed to reduce the risks of people receiving later and missed visits. Regulation 18 (1).