Care Solution Bureau CIC

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Inspection report

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Ratings

Overall rating for this service	Requires Improvement

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

Summary of findings

Overall summary

This inspection took place on 31 October, 1 and 2 November 2017 and was announced. The provider was given 48 hours' notice because the location provides a domiciliary care service and we needed to be sure that the people we needed to speak with would be available.

At the last inspection on 6 September 2016 we found breaches in relation to safe care and treatment, the employment of fit and proper persons and good governance. We made three recommendations in relation to staff training, care planning and the recording and monitoring of people's medicines. The service was rated Requires Improvement overall. At this inspection, despite some improvements, we found that not all improvements had been made.

Care Solution Bureau CIC is a domiciliary care agency which provides personal care and support to people in their own homes. At the time of our previous inspection the service was providing support to eight people in the London Borough of Tower Hamlets, however only two people were receiving personal care. At this inspection they were supporting approximately 160 people who were all funded by the London Borough of Tower Hamlets. Since the last inspection, the provider had been successful in securing a contract with the local authority as an approved provider, which was the reason why the number of people the provider was supporting had increased dramatically within a relatively short period of time.

There was a registered manager in post at the time of our inspection. A registered manager is a person who has registered with the Care Quality Commission (CQC) 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.

People who lived with specific health conditions did not always have the risks associated with these conditions assessed and care plans were not always developed from these to ensure their safety and welfare. Control measures in place for people's nutritional assessments were not being followed. Risk assessments did not always provide staff with guidance on how to minimise risk.

The provider did not have appropriate policies and procedures in place to ensure that people received their medicines safely and effectively. People's records were not always clear as to what support they received with their medicines and were not being checked to ensure they received them safely.

Care workers understood how to protect people from abuse and were confident that any concerns would be investigated and dealt with. Staff had received training in safeguarding adults from abuse and had a good understanding of how to identify and report any concerns, with regular reminders being sent out to care workers. However, the provider's policies and procedures were not always followed.

The provider had improved their staff recruitment and initial interview assessment process to ensure staff were suitable to work with people using the service.

Staff did not have a clear understanding of the principles of the Mental Capacity Act 2005 (MCA). Where family members had signed to consent to the care and support of their family member, the provider was unable to demonstrate that the relative had the legal authority to do so and was therefore not working in line with the MCA.

A new training programme had been implemented since the last inspection and a system had been put in place to ensure it was refreshed on a regular basis. Staff received regular supervision and these were now being documented.

Care workers supported people to have a balanced diet and were aware of people's dietary needs, but this information was not always recorded in people's care plans. Care workers told us they notified the office if they had any concerns about people's health and we saw records to show that it was followed up. We also saw people were supported to maintain their health and well-being through access to health and social care professionals.

People and their relatives told us care workers were kind and caring and knew how to provide the care and support they required. Care workers knew the people they supported and the provider had worked closely with both parties when care packages had been transferred.

Staff respected people's privacy and dignity, respected their wishes and promoted their independence. There was evidence that language and cultural requirements were considered when carrying out the assessments and allocating care workers to people using the service.

The provider had taken on a large number of packages since the last inspection due to a local authority restructure and they were currently in the process of completing all their assessments and reviews for people who had been transferred over from other care agencies. Care plans were more person centred since the last inspection but there were inconsistencies in all the files we viewed. We were unable to review a number of people's daily logs so we could not always be assured the care people received reflected their wishes.

People and their relatives knew how to make a complaint and were comfortable approaching staff if they needed to.

The provider did not meet the CQC registration requirements regarding the submission of notifications about serious incidents, for which they have a legal obligation to do so.

We could see that improvements had been made since the last inspection and the provider had made progress in documenting how they monitored the quality of the service. However, there was not an effective system in place to check the records of the care and treatment that people received, which was acknowledged by the provider.

The service promoted an open and honest culture and staff spoke positively about the warm and welcoming environment. Staff felt well supported by the director and registered manager and said that the transfer process had been managed well.

We made one recommendation in relation to consent.

We found a continuing breach of regulations in relation to safe care and treatment. There was also a breach of the regulations relating to notifiable incidents. You can see what action we told the provider to take at the

end of the full version of this 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 always safe.

Risk assessments were in place but lacked detail and action needed to reduce the likelihood of people coming to harm. Control measures in the nutritional assessment were not being followed.

Appropriate policies and procedures were not in place to ensure people received their medicines safely and effectively.

Staff had a good understanding of how to recognise and report any signs of abuse and protect people from harm however the provider's policies and procedures were not always followed.

Staff recruitment procedures had been improved since the last inspection to minimise the risk of unsuitable staff being employed.

Is the service effective?

Requires Improvement

The service was not always effective.

Staff did not have a clear understanding of the principles of the Mental Capacity Act 2005 (MCA) and people's consent to care and support was not always recorded accurately.

People were supported to have a balanced diet, which took into account their preferences as well as their medical and cultural needs. Where people were supported with shopping, information was not always available.

The training programme available for staff had improved since the last inspection and a system was now in place for it to be reviewed on a regular basis. Staff spoke positively about the training and supervision they received.

Staff were aware of people's health and well-being and responded if their needs changed. Health and social care professionals were confident referrals would be made if people's needs changed.

Is the service caring?

Good

The service was caring.

People and their relatives were happy with the care and support they received. Care workers knew the people they worked with and there was evidence that care workers were assigned to people to communicate with them in their own language.

The provider had worked closely with people who had been transferred to them to make sure they were able to keep their regular care workers.

Care workers promoted people's independence, respected their dignity and maintained their privacy. People were treated with respect and kindness and spoke positively about the care they received.

Is the service responsive?

Requires Improvement

The service was not always responsive.

Care plans had been improved as more person centred information had been included. However we were unable to review a number people's daily logs so could not always be assured the care people received reflected their wishes.

There was evidence that people's cultural and religious needs were being supported.

People and their relatives knew how to make complaints and said they would feel comfortable doing so. People were confident that their concerns would be dealt with.

Is the service well-led?

Requires Improvement

The service was not always well-led.

The provider failed to meet their legal requirements to inform the Care Quality Commission of notifiable incidents.

We could see that improvements had been made since the last inspection. The provider had made progress in documenting how they monitored the quality of the service. However, there was not an effective system in place to check the records of the care and treatment that people received.

People and their relatives thought that the service was well managed and felt supported during the transfer process. Staff

spoke highly of the working environment and the support they received to help them carry out their responsibilities.

Care Solution Bureau CIC

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, and to check that improvements to meet legal requirements planned by the provider after our inspection on 6 September 2016 had been made. We looked at the overall quality of the service to provide a new rating for the service under the Care Act 2014; prior to this inspection, the rating for the service was Requires Improvement.

The inspection took place on 31 October, 1 and 2 November and was announced. The provider was given 48 hours' notice because we needed to ensure somebody would be available to assist us with the inspection.

The inspection team consisted of two inspectors and a member of the finance team. It also included two experts by experience who were responsible for contacting people during and after the inspection to find out about their experiences of using the service. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of service.

Before the inspection we reviewed the information the Care Quality Commission (CQC) held about the service. This included notifications of significant incidents reported to the CQC and the previous inspection report. We contacted the local authority contracts monitoring team and used their comments to support our planning of the inspection. The provider also submitted a provider information return (PIR). This is a form that asks the provider to give us some key information about the service, what the service does well and improvements they plan to make.

We called 43 people using the service and managed to speak with 18 of them. We also spoke with four relatives and 20 staff members. This included the director, the registered manager, the operational lead, two care coordinators, the human resources administrator, the finance manager and 13 care workers. We looked at 21 people's care plans, 15 staff recruitment files, staff training files, staff supervision records and audits and records related to the management of the service.

Before, during and after the inspection we spoke with four health and social care professionals who worked with people using the service for their views and feedback.

Requires Improvement

Is the service safe?

Our findings

At our last comprehensive inspection of the service we found that people's safety was at risk. During this inspection we found that the provider had not taken sufficient action to address the concerns and had not made sufficient improvements to ensure people's safety.

Our previous inspection identified that risk assessments were in place but lacked detail and action needed to reduce the likelihood of people coming to harm. We also found that people's medicines were not always recorded appropriately. At this inspection we found that these issues had not been fully addressed.

At the time of the inspection, the provider was in the process of completing assessments and reviews for people who had been transferred over from other care agencies. The provider had a matrix in place which showed the current status and how many people were in need of an assessment. The registered manager told us that they were hoping to have it completed by the end of November, beginning of December 2017.

Initial assessments were completed to identify any potential risks associated with providing people's care and support. Their risk assessment covered areas which included people's mobility, finances, nutrition, medicines and specific health conditions. They also carried out a home risk assessment to ensure their premises were suitable for care to be carried out. The assessment covered security, appliances, mobility equipment and general levels of cleanliness. Even though risk assessments were in place and more information had been provided since the last inspection, they still lacked detail and there were inconsistencies in the records we reviewed. People's records did not always reflect the current level of care being provided.

Where we saw people were at risk of falls there was limited information about what measures were in place to minimise the risk and no falls risk assessments were in place. For one person, it highlighted that they were unable to weight bear and information in their daily logs showed that a physiotherapist had been involved in assisting them with transfers. There was no information in their care plan about how they were to be supported and the moving and handling assessment had not been completed. For another person, their physical abilities were recorded as 'poor' and they had had a recent fall, however there was no further information recorded and a falls risk assessment was not in place. There was no information for care workers on how they should support this person safely. A third person had limited mobility and a complex package of care was in place, where they received support from up to four care workers to ensure safe transfers. There was evidence to show that the provider had worked closely with health and social care professionals to observe how transfers were done, including positive feedback from an occupational therapist on how the first visit went. However, the moving and handling risk assessment had not been completed and did not include practical guidance on the use of the hoist straps that had been supplied. A care coordinator told us that this was a new package that had been transferred over and they were still in the process of getting further information.

We saw four people were highlighted as diabetic but there were no risk management plans in place or information for care workers to follow, including possible symptoms to look out for if they were unwell or

what action they needed to take. For one person, records showed that they were at risk of malnutrition and were not managing their medicines, but their care plan only recorded that they should not have sugar.

In all the files we viewed we saw that a nutritional risk assessment was in place but had not been completed accurately and control measures that were put in place were not being followed. For example, one person had been assessed as being at risk of malnutrition and had recently lost weight. The nutritional risk assessment did not include this information and they had been rated as 'low risk'. Their assessment stated that they should be weighed monthly but this was not taking place. Another person had been rated as 'medium risk' and control measures were to record food and fluid input for three days but these measures were not being followed. We spoke to the registered manager and director about the suitability of their assessment form and they acknowledged that they were not carrying out these actions and would review their form as soon as possible.

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

During the inspection we could not be assured that people received their medicines safely. The provider's medicines policy stated that at the assessment they must establish and record what medicines people are taking, including prescription and over the counter medicines and complete an appropriate risk assessment. However we found that the provider was not following their own policies and procedures as a number of records did not include information about the medicines people were taking. One person's medicines risk assessment said they were assisted with their medicines, but it was unclear what this meant. A care coordinator told us that the person was in full control but was unable to take their medicines out from the blister pack. Their list of medicines had not been recorded and we were unable to see any medicine administration record (MAR) charts. For another person, there was conflicting information about the support they received with their medicines. A medicine declaration form stated they took full responsibility however their risk assessment stated they were unable to remember to take their medicines or understand the right time to take them.

We looked through the daily logs for one person and we saw that care workers were supporting this person with PRN medicines, which are medicines to be taken 'when required'. There was no information recorded in the care plan about this level of support or the name and dose of the medicine given. The provider's medicines policy states that care workers are not authorised to help people take medicines that have not been prescribed by the GP or are not listed in their care plan. This person's daily logs also showed that care workers were supporting them to use a cream to prevent pressure sores but it had also not been recorded in their care plan, along with any information about them being at risk of pressure sores.

Since the last inspection the provider had introduced MAR charts for care workers to record the medicines that they supported people with. However, MAR charts were not available for all the records we reviewed so we could not be assured that people had received their correct medicines, at the correct time. For the records we were able to view, we found a number of concerns with how they had been recorded. We saw a number of gaps when medicines had not been recorded but no further information to explain the reason why they had not been given. For one person, there were gaps in signing from 8 to 14 July 2017 and 22 to 26 July 2017 for two high risk medicines. There was no evidence that this had been checked or followed up. For four people, we saw that some records had been completed by the same care worker for prolonged periods of time. For one person, we saw one care worker had signed for every medicine for three months. We checked the rota with the operational lead and saw that this care worker had not worked on 10 of these dates. Another person's records had been signed by the same care worker for two months during May and June 2017. During May 2017, they had only worked nine days but had signed for every visit for the whole

month. We raised this issue with the registered manager and director who acknowledged the oversight and said they would look to investigate the findings right away. The director told us that they had a member of staff who was responsible for checking MAR charts and following up on any concerns and acknowledged that this had not been done. On the third morning of the inspection the director told us that member of staff had resigned.

There was no oversight of MAR charts with potential high risks not detected or addressed and evidence of fraudulent record keeping, which the provider apologised for. They explained that they were in the process of making sure all records were returned on a monthly basis to be audited but this had not yet been fully implemented.

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

During our last inspection we found that robust staff recruitment procedures were not always followed to minimise the risk of unsuitable staff being employed. During this inspection we found that the provider had taken action and made sufficient improvements to address the concerns.

The provider had recruited a human resources administrator since the last inspection to make sure that all the necessary checks had been completed before care workers started working with people. We spoke with the human resources administrator who explained that new applicants must complete a literacy assessment before completing an application form. For care workers who had transferred over from another agency, we saw that the provider had requested all the relevant documentation from the previous employer and checked that people were happy to have the same care worker when they changed agencies. Staff files showed that there were appropriate references in place with photo identification and proof of address. A system for monitoring Disclosure and Barring Service (DBS) checks was now in place and all were up to date. The DBS provides information on people's background, including convictions, in order to help providers make safer recruitment decisions. If new applicants did not have a current DBS then an application was made. The provider was aware that it was good practice to review DBS records every three years.

Since the last inspection we found that the provider had started to make sure that safeguarding training was reviewed annually to ensure that staff knowledge was kept up to date. New staff had received safeguarding training and care workers who had been transferred over from other agencies were scheduled onto refresher training, even if they had completed it with their previous employer. Staff we spoke with had a good understanding of their responsibilities and understood the types of abuse people could be at risk of and what they would do if they had any concerns. One care worker said, "I know I have a duty of care and if I see anything, even if it might not be big, I will report it. We've been told that we shouldn't be afraid to report anything." Another care worker said, "They are always telling us to keep recording everything as safeguarding is very important." There was an appropriate safeguarding policy in place and we saw evidence that robust investigations had been carried out when concerns had been raised, with the appropriate disciplinary processes being followed. All of the staff we spoke with were confident that any concerns reported would be dealt with immediately by the registered manager.

However, we did find two examples where policies and procedures were not being followed which could have put people at risk of abuse. The provider's policy for managing people's money stated that senior staff should ensure that safeguards are in place at all times to protect people's financial interests. For one person, we saw records that showed a member of staff was collecting their pension on their behalf by using their bank card, which had not been authorised and had not been recorded in the care plan. This was not in line with the provider's own policy and procedure. The provider acknowledged that they were unaware of

this and dealt with the incident right away. We saw that they had informed the person's social worker about the incident and requested a review, along with inviting the member of staff in to get further information.

People we spoke with told us that they felt safe when receiving care. Comments included, "Yes, I'd say it's very safe and they are very nice", "I feel OK with them" and "Yes I feel very safe with the carers they are so good and stop and have a chat." A relative said, "We think it is very safe."

At the time of our inspection the provider had approximately 130 care workers employed in the service. This was because between March and October 2017, the local authority had transferred over approximately 108 packages of care as part of their home care restructure. This also included people's care workers who were TUPE transferred over as part of the contract to ensure people received consistent care. TUPE is the Transfer of Undertakings (Protection of Employment) Regulations. They preserve employees' terms and conditions when a business or undertaking, or part of one, is transferred to a new employer. People who used the service and their relatives told us that they were generally happy with the continuity of care and time keeping was not an issue. Comments from people included, "I get the same staff, it's alright", "They come roughly around the same time every week and I know I can trust them" and "Sometimes they are a bit late, but nothing drastic. They do sometimes call to tell me if they are running late." One relative said, "They are hardly ever late and I haven't had to call to ask yet."

Care workers told us their rotas were scheduled to allow time to get to calls. Comments included, "All of my calls are in the same area and I have enough time to get to them" and "The timings and rota is manageable. All are in the same area and it is easy for me to get to within the time." The office team were responsible for covering the out of hours' service and were available 24 hours a day, seven days a week. We reviewed the on call report for the past six weeks and saw incidents that were reported had been followed up. Care workers told us they were happy with the support provided and that calls would always be answered. One care worker said, "If we call they pick up straight away. If they can't, they always get back to us. They are very good with that." Electronic call monitoring (ECM) was not being used at the time of the inspection but was waiting to go live with authorisation from the local authority. All information was in the process of being transferred onto the ECM system but the registered manager was unsure when the ECM would start.

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.

At the last inspection we saw that there were no people using the service who lacked capacity but staff understood the main principles of the MCA. Care workers we spoke with knew to contact the office if they had any concerns about people's capacity and the director was aware of the health and social care professionals that would need to be involved if concerns were raised. However, during this inspection we found that the provider did not always accurately record that people had consented to their care and we saw inconsistencies with people signing care plans. One person's assessment had been signed by a relative and there was no capacity assessment to confirm that the person was unable to do this themselves. A care coordinator told us that the person had full capacity but there was no information within the care plan to explain why a relative had signed on their behalf. Another person's assessment had been signed by their relative and there was no reason to doubt the person had capacity as they were managing their own medicines. There was no explanation why they had not signed their own care plan. A third person's care plan stated that they had 'some capacity to make decisions', however there was no further information and the care plan had been signed by one relative and their assessment had been signed by a different relative. For another person, we saw that they had signed their care plan and it was recorded that they were able to understand and cooperate, however we saw that this person's financial transaction logs recorded that they were unable to sign, with no reason to explain why. We spoke with a care coordinator about their responsibilities and they were unable to explain how they were able to evidence consent to care in line with the MCA. The registered manager acknowledged that the records we reviewed did not have any information to explain why relatives had signed on their behalf. We recommend the provider seeks advice and guidance from a reputable source about their responsibilities around the MCA and how they seek people's consent.

People we spoke with told us that they were happy with the care they received and care workers communicated well with them to make sure they were able to meet their needs. Comments included, "They do the right thing. I have the same regular girl and she knows what to do", "They always ask me if I want this or that and they are alright at what they do" and "They turn up and do the best they can. I'm pleased with the service they give me." One relative told us that they felt the care worker they had worked well with their family member. They added, "[Care worker] handles my [family member] pretty good and doesn't rush, always takes her time. My [family member] likes that." One health and social care professional told us that they felt staff had a good understanding of people and were able to meet their needs.

Once applicants had been successful at their interview, they completed an induction and training programme during a probationary three month period, where they would then sign a contract if they had been successful. They also had shadowing opportunities to work with more experienced care workers and get introduced to people they would be working with. Care workers spoke positively about their induction

and the support they received when they first started. One care worker said, "We discussed policies and procedures and signed to say that we had read them. We also had training in medicines and safeguarding." Another care worker said, "You get to learn a lot about people and what needs to be done by shadowing, but we still know to ask people what kind of choices they want." Induction checklists were in place but we saw that not all of them had been signed to confirm they had been completed. The provider also held a specific induction for care workers who had been transferred over to them from other agencies. We saw a copy of the induction where the provider gave an overview of the organisation, discussed their mission statement, their aims and objectives along with information related to the role of the care worker. This included what systems were currently in place, training and supervision, a review of policies and procedures and information about electronic monitoring and log sheets. Care workers who had transferred over spoke extremely positively about how the transfer process was handled. Comments included, "The transfer went well and kept us updated throughout. Even though it was a stressful process, they made it easy for us" and "They managed it really well and I got a lot of support, I still do. If I'm worried about anything I know that I can call them."

The operational lead told us that they were in the process of making sure all care workers completed their mandatory training, including care workers who had been transferred over. They had prioritised four modules and training was being carried out twice a week, with the aim for all care workers to have been refreshed by the end of December or beginning of January 2018. Training included safeguarding, medicines, dementia and the MCA. A training matrix was in place to keep a record of their progress and when all refresher training had been completed. One care worker said, "I have just had the training. It is very useful and the refresher course keeps us up to date." The provider had also supported 66 care workers to sign up for vocational qualifications in health and social care. These are work based awards that are achieved through assessment and training. To achieve these qualifications, candidates must prove that they have the ability and knowledge to carry out their job to the required standard. We met with the training providers during the inspection who were starting the introduction to the qualification framework and the first module. One care worker said, "They are happy to support us to update and improve our skills." In addition to this, we saw records that the provider had accessed a two day basic awareness training course for some care workers that had been arranged by the local authority. Certificates showed that nine training topics were covered which included infection control, fluids and nutrition, health and safety, equality and diversity and person centred care. We also saw correspondence from the provider where they had made contact with the local authority and other health and social care professionals to request training in moving and handling and stoma care.

We saw records that showed the majority of care workers had regular supervision and staff we spoke with confirmed this. Supervision records highlighted that staff were able to discuss their role and responsibilities and bring up any areas of concern. One care worker said, "I have it every few months and get to discuss a number of issues, I learn something from it every time." Office staff also had supervision and spoke positively about how the sessions were conducted and what had been discussed. We did not see any appraisal records as the majority of care workers, including those who had been transferred over had worked for the provider for less than a year.

People's assessments covered the level of support people required during mealtimes and we saw that more information had been included compared to the previous inspection. It also highlighted if relatives were involved and they level of support they offered. One person said, "My family make my meals. They just need to heat it up in the microwave but as the carer is here they can help me if needed." Another person told us that their care worker was aware of their preferences and any specific foods to avoid. They added, "We sat down and explained our allergies. They do make sure there is nothing with dairy in." Care plans made reference to people's preferences and daily records showed people were offered food they liked. One

person's care plan recorded specific supplements that had been recommended by their GP and staff were aware of the importance of encouraging the person to take them. Due to one person's reduced mobility, their care plan highlighted that it was important for care workers to leave a jug of water next to them at the end of each visit, which we could see was regularly done by reviewing the person's daily logs. However, two people were supported with their shopping but there was no information within their care plan to highlight this or what items should be purchased. We spoke to the provider about this who said they would update their records to highlight this.

We saw people were supported to maintain their health and concerns were raised with health and social care professionals if their health deteriorated. Health and social care professionals we spoke with confirmed this and told us that staff were quick to pick up issues and notify them if there were any concerns, including out of hours. Comments from people included, "They always ask me if I'm alright and if it's bad, will call the doctor" and "If I've had a bad night they ask me if I want them to call me a doctor." We saw records for one person where an occupational therapist had been contacted due to concerns that had been raised by a care worker. We spoke with the care worker who said, "Once I reported the concerns, they took action straight away and they came out to do an assessment. The office always do everything that they say they will do." We saw failed visits were reported to the local authority in line with their own policies and procedures, for example when people were not home or could not be found when a care worker attended a visit. We saw evidence in the on call reports where care workers had reported concerns to the office that action had been taken. In one record, we saw that a care worker had reported to the office that a person had fallen and they had contacted an ambulance. We saw the provider had made contact with the local authority to highlight this concern and when they were due to be discharged from hospital, requested a temporary increase in their care package to make sure their needs were met. Care workers were aware of what to do in emergency situations and that if they called an ambulance they were to stay with the person to reassure them and notify the office.

Good

Is the service caring?

Our findings

People we spoke with told us they felt well supported by the service and thought the staff were respectful and caring. Comments from people included, "They are very respectful, very kind and always come in and say hello and ask me how I am", "I look forward to having a chat with my carer as it is nice to sit and talk with someone", "I can tell when someone is nice and polite and my carers are" and "When they come into my house, they ask me how I like things doing, how I would do them. I'm really happy." One relative told us that care workers always greeted their family member, would talk with them and find out how they were feeling. They added, "I know [he/she] is happy." One health and social care professional told us that they felt the service put people at the front of everything and talked positively about the positive interactions they had seen with care workers when they were working with people.

People were assigned a designated care worker but the registered manager told us that they always tried to make sure people had consistent care workers when regular care workers were not available. We saw the provider had recruited a number of care workers to make sure that people who had been transferred over from another agency were able to keep their regular care worker. One person told us that during this transfer process the registered manager visited them to discuss the process, and understood their need for having their same care worker. Care workers spoke positively about how they were able to keep working with people they had worked with for long periods of time. One care worker said, "I was able to keep working with my regular clients which was really good as they wanted this, it put them at ease as they had been stressed about having to change companies." Due to this, care workers knew the people they were working with and were able to communicate with them in their own language. People using the service and their relatives told us that wherever possible care workers would sit and talk to them which helped to build up a relationship and develop trust.

We saw the provider had sent memos out to all care workers to remind them about specific weather conditions, along with useful advice. For example, one memo reminded care workers about a recent hot spell of weather and requested they made sure people had plenty of fluids during and after the visit and appropriate clothing to be worn if they were being supported in the community.

The registered manager told us that due to the background of the office team and a number of care workers, there had been times when they would be able to communicate with health and social care professionals on behalf of people using the service and their relatives due to language difficulties.

People told us that staff respected their privacy and dignity and always tried to encourage their independence. We received a number of positive comments about how care workers would talk through procedures so that people felt comfortable and reassured. One person said, "In the shower, they always let me know when the water is coming and only intervenes when needed." Another person told us their care worker always reminded them about their abilities and supported them to do a lot of tasks by themselves. One relative told us that the care worker for her family member always talked through everything and would use touch to explain what was going on. They added how important this was as their family member had a visual impairment. We reviewed a compliment from one relative who explained that since they had

transferred to the service, the care workers had inspired their family member to walk along the corridor independently, which had not been done before.

Care plans encouraged people to be independent and highlighted that it was always important to give people a choice. Care workers had a good understanding of the need to ensure they respected people's privacy and dignity. One person said, "I get help with my shower and dressing and my carer does it nicely and I don't feel embarrassed. One care worker explained in detail how they ensured they respected people during personal care and tried to make them feel at ease. Another care worker told us that they received reminders about ensuring they respected people's privacy and dignity and that it was also highlighted in the provider's code of practice.

We saw records that showed people using the service and their relatives were involved in making decisions about their care and support. The registered manager told us they always made sure, where appropriate, a relative or health and social care professional was present with the person to ensure they had the support they required during an initial assessment or review. We saw that people had been consulted about their transfer process during the local authority restructure. Where people had been unsure about the process we saw that relatives had been involved and people told us they were happy that it had been discussed with their family members.

Requires Improvement

Is the service responsive?

Our findings

People and their relatives told us they were happy with the care and support they received from staff and that they felt listened to. Comments included, "I can still do things and I like being able to try. It's good that my carer knows this and watches me to see how much I can do before supporting me", "Someone from Care Solutions came to visit me and explained the service and asked me questions" and "I do get involved in my care plan. I want to know everything that goes in there and I usually agree with everything." Relatives commented that they were always involved in the care and reviews of their family members. One relative told us that the provider would keep them updated if there were any changes. Health and social care professionals we spoke with told us they had regular contact with the provider and they always tried to accommodate packages of care. They also added they would be flexible with care plans to make sure they could meet people's needs.

As the provider had taken on a large number of packages since the last inspection they were currently in the process of completing all their assessments and reviews for people who had been transferred over from other care agencies. The provider was aware of how many people were in need of their own assessment and told us they hoped to have them all completed by the end of November, beginning of December 2017.

At the last inspection in September 2016 we found inconsistencies between both files we viewed. Care plans lacked person centred information, did not contain important medical information about the person or had not been completed in full. From the information that was made available to us, we could not be assured people were receiving the care they required as their needs had not been identified in sufficient detail. At this inspection, although we found the provider had made some improvements, we continued to find inconsistencies throughout all the files we reviewed.

When the provider received a referral from the local authority or a transferred package, they were responsible for carrying out their own assessment to see what care and support people needed and whether they would be able to meet their needs. They would then discuss people's specific preferences, which included visit times and gender of care workers. Each person had an individual care folder which included an initial assessment from the local authority with an overview of people's care and support needs, along with their own care plan, risk assessments and other documents related to the care and support they received. Care plans contained a profile of the person, their next of kin or emergency contact and other health and social care professionals involved in their welfare. Care plans highlighted details of the service delivery, which included visit times, the tasks to be carried out and any further instructions for care workers. It identified the areas of support needed which included people's medicines, mobility, personal care, access in the community, finances, nutrition and daily living skills. One care worker said, "If we get a new client, we always get an explanation about the person, they explain the visit and the tasks that need to be done."

We saw some care plans had improved and there was evidence of more person centred information available which highlighted people's preferences about how they wanted to be cared for. For example, one person had detailed information about how they liked their personal care to be carried out. Another person had detailed information on their likes, interests, how they preferred their cup of tea and breakfast and their

favourite football team. One health and social care professional spoke positively about how the provider had worked very hard to find a care worker that would be able to engage with a person that displayed behaviour that challenged the service, and highlighted that it had been important in trying to help them meet the person's needs. However, not all records had the same level of information. One person was supported with shopping but there was no further information in place. For another person, their daily logs recorded that they were supported with shopping but this information was not recorded in their care plan, along with any guidelines or procedures for the care workers to follow. For a third person, it was recorded that they had dementia but there was no further information provided about how their health condition affected their day to day abilities, or what support staff needed to provide. The local authority assessment had recorded hearing difficulties but this had not been highlighted in the care plan or any further information on how staff would manage this.

We were unable to check whether care was being delivered as planned for all the files we reviewed as not all daily logs were available during the inspection. One person had started using the service in February 2017 but there were no daily logs available. Another person had started in June 2017 and there was no evidence that daily logs had been returned or checked. We spoke to the registered manager about this who told us that they were in the process of making sure all records were returned on a regular basis to be checked but acknowledged it was not currently in place.

There was evidence that the provider listened to people's preferences with regard to how they wanted staff to support them with their cultural or religious needs. A number of people and relatives had highlighted, for cultural reasons, the need to have only a male or female care worker, or care workers who could speak their own language. One person said, "Yes, my carer is of the same religion and speaks the same language so things can easily be explained." Another person said, "At the beginning, it was almost like a given that I would have a female carer. I wasn't made to feel I would have to ask for it." One relative confirmed that they had a care worker who was from the same culture and could communicate in the same language. One care worker said, "Two of my clients are Bengali and I can communicate with them and understand their culture." We saw the provider had sent out memos to care workers about religious festivals and the need to work together as a community to ensure people were supported, but also to ensure care workers were able to observe the same festival and spend time with their families.

People using the service and their relatives said they had been given contact details when they started and who to call if they had any concerns about the service. One person said, "I don't think I'd need to complain as they look after me really well." Another person said, "I've never made a complaint, I've got nothing to complain about." Where people and their relatives brought up issues during the inspection, we discussed this with the registered manager who was proactive and made contact with people to get further information to resolve the problem.

There was an accessible complaints procedure in place and a copy was given to people when they started using the service. It stated that minor complaints would be dealt with verbally at first, then by the registered manager. If people were still unhappy it would be dealt with by the director. At the time of the inspection, the provider had not received any complaints through their formal process since the last inspection.

Requires Improvement

Is the service well-led?

Our findings

At the time of our inspection there was a registered manager in place. Our records showed he had been formally registered with the Care Quality Commission (CQC) in April 2017. He was present each day and assisted with the inspection, along with the director and office team.

The registered provider is required by law to notify the CQC of important events which occur within the service. At the last inspection the provider was not fully aware of all the notifications that they had to submit to us. We referred them to the guidance for providers about incidents notifiable to the CQC and gave them a list of statutory notifications they were responsible for submitting to us. Whilst they had submitted one statutory notification since the last inspection, we found two safeguarding incidents that had been investigated and dealt with that had not been notified to us. We spoke to the registered manager about this and they acknowledged it as an oversight and had failed to inform us about them.

This was a breach of Regulation 18 of the Care Quality Commission (Registration) Regulations 2009.

At the last inspection we found that there was a lack of effective governance in place as the provider did not always ensure there were systems in place to keep accurate records of the care and treatment provided to people or keep written documents of records relating to team meetings, supervisions, spot checks and home visits. Whilst we found some improvements in this area during this inspection, we still found some areas where sufficient improvement had not been made. There was evidence that this was partly due to the large number of care packages the service had acquired within a short space of time and how this had been managed and we saw that the provider was attempting to implement systems to improve this. We have written to the provider to request information about how they are going to effectively monitor and improve the service.

Staff meetings were now being documented and we reviewed the last six months meeting minutes. We saw that issues within the service were discussed and concerns raised were addressed. This included the on call system, rotas, spot checks, training, safeguarding and medicines management. The minutes for the August 2017 meeting showed that the number of issues with rotas had reduced. One member of staff said, "They are very positive and we learn and share information of concern." We saw a sample of memos that had been introduced and were sent out to care workers on a weekly basis. It included information reminding staff of the importance to record and report any concerns, with an example scenario about what the outcome could be if a visit was not recorded. One care worker said, "They always send us reminders in memos or group texts. They reminded me about the clocks going back which was really helpful." The provider also contracted an external agency to review their recruitment processes and produce employee handbooks and health and safety booklets for all staff.

Spot checks had also started to be documented and we saw action had been taken if any issues had been found. For example, we saw staff members had been spoken to about their punctuality and the topic had been discussed at a team meeting and a reminder of the provider's policy sent out in a weekly memo. Care workers we spoke with confirmed this, especially when people had recently been transferred over. One care

worker added, "They are always around for a spot check, checking up on us. I had one a few weeks ago." However spot check records were not available in all the files we reviewed. The director explained that spot checks should be carried out at least every three months and they were in the process of getting around to see everybody once all their assessments from transferred packages had been completed.

At the time of the inspection the auditing of people's daily logs, medicine administration record (MAR) charts and financial records was not always being done to make sure staff were following the provider's own policies and procedures. Where MAR charts had been returned, we found that they had not been audited so issues that we found had not been picked up. Where people were being supported with their finances, we saw that financial transaction records were not always being completed and not all receipts were available. For one person we found two transactions that had not been recorded. For another person, the financial log had recorded the person was unable to sign to confirm the transaction, but there was no reason as to why they could not sign and it had not been highlighted in their care plan. For some of the daily logs that we were able to view, we saw that they had not been checked to ensure the correct level of care was being carried out. In one person's daily logs, a recording in August 2017 stated the person might have a pressure sore but there was no evidence to show that this had been followed up. We spoke to the registered manager about this who acknowledged that not all records had been checked or were in the process of being returned regularly, but this was in the process of being implemented on a monthly basis once all transferred packages had been reviewed. Another member of staff said, "Despite this issue, I feel we have really good potential. We've had to implement a lot of procedures and are still learning. I believe in a few months with the right training it will be in place."

People using the service and their relatives spoke positively about how the service was managed and the support they received, especially when they had been transferred over to the provider. Comments included, "'When handing over from the previous agency the manager came personally to discuss specific things with me", "Overall, I'm happy with the care, which takes a lot. I have someone who understands and adapts really well with my situation and the agency is open and understands", "My social worker didn't send the necessary papers so the agency were contacting and updating me. I felt included, it was a positive experience especially as I had a previous poor experience with another service" and "The [registered] manager who came out, he's a nice bloke." One relative told us that they felt reassured with the service their family member received. They added, "I feel they are approachable but I've got no reason to speak to them as we are all happy with the service." Health and social care professionals we spoke with were positive about the working relationship they had built up with the provider and were confident that concerns would be dealt with right way.

All of the staff we spoke with told us they felt well supported in their roles and we received many positive comments from all staff about the management of the service, how the transfer process had been handled and how warm and friendly the office environment was. Comments included, "I like working here, we are all treated the same and if we have any issues they always get back to us", "I'm really happy working here and have no concerns. They are nice people and I'm pleased I moved agencies, it has worked out well", "They are always there for us, even if they are busy they give us time and understand our needs" and "I'm happy I moved here, it is so friendly. They understand that we need support and they give it to us, it is like a big family." Staff also spoke positively about the support they received from the registered manager and director. Comments included, "The manager is a good guy, we can always talk to him and he always greets us and creates a good environment" and "[The director] is lovely and I have confidence to open up and discuss anything. There is great teamwork and the support I've had has really boosted my self-esteem."

At the time of the inspection the director told us that they had not carried out an annual survey since the last inspection. They explained that it was because they were still in the process of receiving transferred

packages, and some people had only been with the service for a few months. The survey form had been completed and was planned to be sent out in January 2018. We saw a copy of the proposed survey which had 11 questions for people to answer about the care they received with an opportunity to provide additional comments about how the service could be improved.

The director explained that they were aware of the challenges they faced due to increasing in size over a relatively short period of time. We saw correspondence that showed they had been proactive and with agreement from the local authority, had signed up to a pilot study that was funded by the Department of Health. The provider would be eligible to receive support to help them implement workplace development changes after their last CQC inspection rated them as 'Requires Improvement'. The provider also told us that they were in the process of creating 'champions' in the office and their role would make them the responsible person for that designated area. We saw there were 14 champion roles which included safeguarding, medicines, training, quality control and equality, diversity and inclusion.

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 18 Registration Regulations 2009 Notifications of other incidents The registered provider had not notified the Commission without delay about serious incidents in relation to service users. Regulation 18 (1), (2) (a) (ii) (iii) (b) (e)

This section is primarily information for the provider

Enforcement actions

The table below shows where regulations were not being met and we have taken enforcement action.

Regulated activity	Regulation
Personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment The provider did not ensure that risks to the health and safety of service users were regularly assessed and did not do all that was practicable to mitigate any such risks. Regulation 12(1)(2)(a),(b) The provider did not ensure that care and treatment was provided in a safe way as systems for the proper and safe management of medicines were not operated effectively. Regulation 12(1),(2)(g)

The enforcement action we took:

We served a warning notice.