Hands of Compassion Care Ltd

Hands of Compassion Care Ltd

Inspection report

7 Henley Close
Chatham
ME5 7SU

Tel: 07506126866
Website: handsofcompassioncareltd.co.uk

Date of inspection visit:
16 November 2020
25 November 2020

Date of publication:
24 December 2020

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

Hands of Compassion Care Ltd is a domiciliary care service providing personal care to people who live in their own home or flats. At the time of the inspection nine people were in receipt of the regulated activity, personal care. Not everyone who used the service received personal care. CQC only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they do, we also consider any wider social care provided.

People's experience of using this service and what we found
Feedback from people and their relatives about the service was positive. Comments included: "They have some wonderful carers.", "I like them all. They are all very kind." And, "They have got to know me well. I am quite happy with everything."

There had been areas of improvement since the last inspection. However, we found there were still areas where further improvement was needed.

Medicines management needed improvement to ensure that medicine administration records provided clearer information for staff. Some risks assessments continued to be missing important information relating to people's needs and health conditions, although staff now had a better understanding of the risks to people. People had not been offered the opportunity to express any preferences about care at the end of their life. We made a recommendation about end of life care planning.

Checks on the quality of the service through auditing had been undertaken. However, these audits had not identified the concerns we found during the inspection.

People were supported to have maximum choice and control of their lives and were supported in the least restrictive way possible and in their best interests. However, the systems in the service did not always support this practice. Care staff understood the principles of the mental capacity act and offered people choices. However, people's records for consent and capacity were not always complete.

Staff had been recruited safely. There was enough staff to support people and missed and late calls were no longer a concern. Staff were provided with appropriate PPE and people told us staff used this when providing them support. A new system to monitor incidents and accidents had been implemented and incidents were reviewed to ensure that actions had been taken and lessons were learnt.

Staff had undertaken training to enable them to provide care to people. Staff competencies had been checked to ensure staff were following the correct procedures for medicines and manual handling. People's needs had been assessed and best practice tools had been introduced to improve assessments. Where people needed support to make meals or drinks this support was provided.

Feedback about the staff was positive and people told us staff were kind to them. Staff supported people to

maintain their dignity when undertaking personal care tasks such as washing. There was clear information in people's care plans on what tasks they could undertake for themselves to promote people's independence. People told us staff listened to them about how they wanted their care to be provided.

Care plans had been improved and were now more person-centred including information on people's likes and preferences. People's communication needs had been assessed and there was information for staff on how to support people with communication when this was needed. People and their relatives knew how to complain. Complaints were responded to in a timely way.

Communication had improved. People, their relatives and staff were positive about communication with the office. Staff surveys and surveys for people had been introduced to provide an opportunity to feedback thoughts and opinions. Staff told us they felt supported in their role. The provider had oversight of staff performance and undertook spot checks to ensure staff were following correct procedures and practices. The provider attended learning events to improve their understanding and knowledge and share best practice.

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

Rating at last inspection and update
The last rating for this service was Inadequate (published 11 August 2020).

As a result of our findings we placed conditions on the providers registration for the breaches of regulation 12 Safe Care and Treatment and regulation 17 Good Governance. The conditions were the provider must not accept any new packages of care without the prior written agreement of the Care Quality Commission. And, the registered provider must a send monthly report to the Care Quality Commission. The report must include the results of audits and actions taken undertaken for the management of medicines, care plans, risk assessments, missed calls and accidents and incidents. The provider has complied with these conditions since the last inspection.

For the breaches of regulations 9, 10, 11, 13, 16, 18 and 19 we issued requirement notices. The provider completed an action plan after the last inspection in relation to the requirement notices to show what they would do and by when to improve.

At this inspection enough improvement had not been made in some areas and the provider was still in breach of regulations 12 Safe Care and Treatment and regulation 17 Good Governance.

This service has been in Special Measures since 06/04/2020. During this inspection the provider demonstrated that enough improvements had been made. The service is no longer rated as Inadequate overall or in any of the key questions. Therefore, this service is no longer in Special Measures.

Why we inspected
This inspection was carried out to follow up on action we told the provider to take at the last inspection.

We have found evidence that the provider needs to make improvement. Please see the Safe, Effective, Responsive and Well-led sections of this full report. You can see what action we have asked the provider to take at the end of this full report.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Hands of Compassion Care Ltd on our website at www.cqc.org.uk.

Enforcement
We are mindful of the impact of the COVID-19 pandemic on our regulatory function. This meant we took account of the exceptional circumstances arising as a result of the COVID-19 pandemic when considering what enforcement action was necessary and proportionate to keep people safe as a result of this inspection. We will continue to discharge our regulatory enforcement functions required to keep people safe and to hold providers to account where it is necessary for us to do so.

We have identified continued breaches in relation to safe care and good governance at this inspection.

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

Follow up
We will request an action plan for the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and local authority to monitor progress. We will return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement

The service was not always safe.

Details are in our safe findings below.

Is the service effective?

Requires Improvement

The service was not always effective.

Details are in our effective findings below.

Is the service caring?

Good

The service was caring.

Details are in our caring findings below.

Is the service responsive?

Requires Improvement

The service was not always responsive.

Details are in our responsive findings below.

Is the service well-led?

Requires Improvement

The service was not always well-led.

Details are in our well-Led findings below.

Hands of Compassion Care Ltd

Detailed findings

Background to this inspection

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

Inspection team
The inspection team was made up of one inspector.

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

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

Notice of inspection
We gave the service 48 hours' notice of the inspection. This was because it is a small service and we needed to be sure that the provider would be available to support the inspection.

What we did before inspection
We reviewed information we had received about the service since the last inspection. We used all of this information to plan our inspection. The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into

account when we inspected the service and made the judgements in this report.

During the inspection
We spoke with two people who used the service and one relative about their experience of the care provided. We also received feedback by email from another relative. We spoke with five members of staff including the provider, who was also the registered manager and care workers.

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

After the inspection
We continued to seek clarification from the provider to validate evidence found. We looked at an updated safeguarding policy and further quality assurance information.

Requires Improvement

Is the service safe?

Our findings

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

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

Using medicines safely

At our last inspection the provider had failed to ensure that medicines were managed safely. The provider had failed to do all that was reasonably possible to assess, manage and mitigate risks to people's health and safety. This was a breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. There were concerns about medicines management, management of risk, infection prevention and control and the management of incidents.

We imposed conditions on the providers registration. The conditions were the provider must not accept any new packages of care without the prior written agreement of the Care Quality Commission. And, the registered provider must a send monthly report to the Care Quality Commission. The report must include the results of audits and actions taken undertaken for the management of medicines, care plans, risk assessments, missed calls and accidents and incidents. The provider has complied with these conditions since the last inspection.

Not enough improvement had been made at this inspection and the provider was still in breach of regulation 12.

- There remained areas for improvement in the management of medicines. People's medicine administration records (MARs) could not always be monitored effectively to ensure people had received their medicines as prescribed. For example, one person had a medicine every other day and the MAR was not marked clearly to show which day this was. The MARs were signed daily and it was not recorded when the medicines were given.
- MARs continued to record administration times as AM and PM rather than specific times. This meant staff had no information on what times medicines were administered. There was a potential risk that some medicines such as paracetamol could be given more frequently than advisable. For example, if the morning call ran late and the person was given their medicine later than usual.
- The dose and frequency of people's medicines was included on the MARs for most medicines but the frequency of one person's eye drops was not recorded on the MARs for lunch time calls. There was a risk that staff would not know when the medicine was to be administered. The MARs for October was complete but there were two days in September were the person's eye drops were not marked as given in the afternoon.

Medicines administration needed to be improved. This was a continued breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

● Some people took 'as and when' medicines and there was now information for staff on the protocols for administering these. For example, when the person might require them and how many doses could be given within 24 hours. Where people were supported with pain patches there were now body maps in place to show staff where to apply these. Where these creams were emollients there was a fire risk assessment in place. This is because emollients can be flammable and lead to increased risk of serious injury in the event of a fire.
● MARs now included people's basic information such as their name and any allergies they may have. Feedback from people was positive about the support they received with their medicines. One person said, "They help with my medication, I always get it on time. They are very good with that".

Assessing risk, safety monitoring and management
● Risk assessments had improved in some areas but continued to need more improvement. For example, where people were at risk from pressure sores there were now body maps in place to guide staff on where to apply barrier creams to prevent sores from occurring. However, there continued to be a lack of information for staff on what signs to look out for that a pressure sore was developing and what other actions to take if they had concerns.
● Where people had diabetes there continued to be a lack of information on the signs and symptoms that the person was becoming unwell. There was no information on how often the person became unwell from their diabetes.
● There was a potential risk that staff would not identify concerns or take the right actions if concerns arose. Information on people's risks from health conditions continued to need improvement. For example, one person had a condition that made them prone to infections and there was limited information on this.

The provider had failed to do all that was reasonably possible to manage and mitigate risks to people. This placed people at risk of harm. This was a continued breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

● Since the last inspection staff knowledge on people's risks had improved. Staff had completed training in diabetes and pressure area care and were able to tell us how they would support people with these risks. For example, the staff we spoke with were able to tell us what would make them concerned about the one person's diabetes and what action they would take. Feedback from people was positive. One person told us, "Oh yes I feel safe and confident with the staff."
● Risk assessments for manual handling had been improved and there was now information for staff to follow.

Preventing and controlling infection
● At the last inspection we found that the provider did not provide disposable aprons for staff. Aprons are worn by staff to reduce the risk of infection transferring from person to person. At this inspection staff had access to appropriate personal protect equipment (PPE) including aprons. People and their relatives confirmed that staff wore PPE during visits.
● Staff had undertaken updated training in infection control. Competency checks had been completed to ensure that staff were wearing PPE and putting it on/ taking it off correctly.
● There was COVID-19 specific guidance for staff. A COVID-19 risk assessment had been completed including looking at risks related to people's individual circumstances. For example, if people had other agencies working in their home and that people were aware of COVID-19 guidance.

Learning lessons when things go wrong
● The management of incidents had improved. Incident reports now included sufficient detail including

incidents that occurred when staff were not present such as falls during the night.
● Action was taken to address concerns and reduce the risk of incidents from occurring again. For example, people were supported to move or remove furniture that increased the risk of a fall.
● Incidents were reviewed to ensure that actions had been taken and lessons were learnt.

Systems and processes to safeguard people from the risk of abuse

At our last inspection the provider had failed to ensure that systems and processes were operated effectively to prevent the risk of abuse. This was a breach of regulation 13 (Safeguarding service users from abuse and improper treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 13.

● There was a safeguarding policy in place. The safeguarding policy had been updated since the last inspection and included information on the local area protocols.
● There had been no safeguarding concerns recorded or reported by the service. The provider knew how to report concerns if they arose.
● Staff had now completed safeguarding training and knew how to identify and report concerns. People told us they had no concerns about safety. One person said, "I think I am very lucky and feel safe with them."

Staffing and recruitment

At our last inspection the provider had failed to ensure safe recruitment practice. This was a breach of regulation 19 (Fit and proper persons employed) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 19.

● Recruitment processes had improved. Safe employment checks had now been completed. For example, appropriate references were sought and Disclosure and Barring service (DBS) checks had been completed which helped prevent unsuitable staff from working with people who could be vulnerable.
● There were enough staff to provide support to people to remain safe. We did not identify any missed calls. Most calls were on time and staff stayed the full length of the call. If staff were running unavoidably late people told us staff let them know where possible.
● At the last inspection feedback from people and relatives had not always been positive about staff attendance at calls. At this inspection feedback was positive. Comments from people and relatives included, "They are always on time and stay as long as they should be.", "Staff do stay for the full length of the call and arrive within an acceptable window of the scheduled appointment start time."

Requires Improvement

Is the service effective?

Our findings

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

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

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

At our last inspection the provider had failed to ensure that the principles of the Mental Capacity Act 2005 had been complied with. This was a breach of regulation 11 (Need for consent) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 11.

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

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty.

We checked whether the service was working within the principles of the MCA.

- The provider's understanding of the principles of the MCA continued to need improvement. For example, one relative had made a complaint about an unwise decision a person had made. The provider's response to the complaint had demonstrated they were not fully aware that staff should support the person to make their own decision where possible. Immediately after the inspection the provider informed us that they were arranging to attend a Mental Capacity Act for managers training in January to improve their understanding of the MCA.
- Most people were able to make all decisions for themselves. However, where people were living with a condition such as dementia it was not recorded how consent to personal care had been agreed. There was no information on whether people could make this decision for themselves or not. There were no record to show that the decision had been made in the persons best interests. The provider was not aware if any relatives had appropriate power of attorney for people and were legally able to make decisions on people's

behalf.
● Care staff's understanding of the MCA had improved. Staff understood and supported people to make day to day choices. Where people had capacity, staff understood they had the right to make unwise decisions. One staff said, "When someone has capacity, I would advise them to not do some things, but I can't stop them from doing them." People told us they were offered choices and staff listened to their decisions.

Staff support: induction, training, skills and experience

At our last inspection the provider had failed to ensure that staff had the training and induction they needed to support people effectively. This was a breach of regulation 18 (Staffing) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 18.

● Staff, including new staff, undertook the Care Certificate. The Care Certificate is an identified set of standards which social care workers must adhere to in their daily working life. Staff also completed risk specific training such as diabetes awareness and pressure area care. Staff feedback about training was more positive. One staff said, "This year we have done a lot of extra training. We have been updated on Covid too. I think the training we have done this year has been valuable and helps me make sure I do what needs to be done."
● Staff had now all completed training in administering medicines. Staff competency checks had been undertaken to ensure staff knew how to administer medicines safely. Feedback from people and their relatives was positive about staff skills. One person told us, "I think they are well trained and know what they are doing."
● Staff undertook an induction and a period of shadowing more experienced staff to learn about people's support needs. New staff were now positive about this. One staff said, "The shadowing was really good and they asked me if I wanted more before I worked alone. On the last day I did everything and they watched. I felt ready for the role."
● Staff now had regular supervision including during their probation. One staff said, "I have felt supported in my role. I have felt that I can ask for help when I need it."

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

At our last inspection the provider had failed to do all that was reasonably possible manage and mitigate risks to people's health and safety. This was a breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Improvement had been made in relation to people's health needs, the provider remained in breach of regulation 12 in other areas.

● At the last inspection we found the provider was not aware of recommendations made by health professionals about people's health and risks. At this inspection we found that this had improved. Where people had assessments from specialists such as occupational therapists and dieticians the provider was aware of this and information was shared with staff.
● People using the service continued to arrange their own healthcare or had the support of relatives. Where people needed relatives support staff contacted relatives to let them know if there were concerns. One

relative said, "They let me know if there are any issues, straight away they are on the phone." Another person said, "I arrange all my own doctors and nurses' appointments. If I did need them to help, they would. They know what to do."

● The support people needed to maintain their dental health had been assessed. Where people needed staff support of promoting with brushing their teeth this was provided.

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

At our last inspection the provider had failed to sufficiently assess people's needs. This was a breach of regulation 9 (Person-centred care) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 9.

● No new people had joined the service since the last inspection. However, best practice assessment tools had been introduced to assess some risks. For example, a tool to identify the risk to people's skin integrity had been completed for people where appropriate.

● Assessments of people's needs were more detailed. Where people had bed rails there was now a risk assessment in place to reduce the risk of the person's limbs being trapped in the rails. However, there were still areas where risk assessments needed more detail. For example, where people had health conditions such as diabetes.

● Assessments also looked at needs relating to people's protected characteristics under the Equality Act 2010, such as religious and cultural needs.

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

● The support people needed with their eating and drinking had been assessed. People who used the service were able to eat and drink independently without staff support.

● Where people received support with making drinks and meals feedback was positive. Records showed that staff made regular drinks for people and people confirmed this. One person said, "They always leave me with a drink."

Good

Is the service caring?

Our findings

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

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

At our last inspection the provider had failed to ensure people with treated with dignity and respect. This was a breach of regulation 10 (Dignity and respect) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 10.

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

- Since the last inspection staff had completed training in dignity in care. The language used to describe people's support in their daily notes was now appropriate. Spot checks of staff practice were now undertaken by the provider. These included checking that staff were supporting people to maintain their dignity and no concerns were found during these checks.
- People and their relatives told us staff were kind and caring. Comments included, "It's lovely to have someone to help me. They are very patient." And, "They have a friendly helpful attitude, they are considerate, relaxed and happy."
- People were asked if they had any support needs under the Equality Act 2010. The Act makes it against the law to discriminate against a person because of a protected characteristic, which includes their age, disability, sexual orientation, or religion. Staff had completed training in equality and diversity and provided good support to people where this was assessed and needed and wanted. For example, where people used hearing aids there were clear instructions on how to support people with these.

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

- Since the last inspection the provider had introduced regular reviews of people's care plans and people's needs. People and their relatives were involved in making decisions about their care and reviewing care plans as appropriate. Relatives said, "We were involved in the planning. If there are any changes, we let them know and they are made." And, "They make the changes that we need." One person said, "They talk to me before they do things and listen to me. They don't do anything I don't want."
- Staff told us they now had time to sit with people and listen to them. Staff said, "I have time to stop and talk with people which is what I like about the job." One person said, "They help me and they talk to me and it's good company."

Respecting and promoting people's privacy, dignity and independence

- There was now information in people's care plans on how to support people with their dignity. For

example, when people were supported to shower. Staff said, "I always close the door and make sure that other people don't come in. I use a towel or a gown to cover the person up. I always make sure people are covered up and warm." People confirmed they were provided with this support.

● Care plans now included information on what people could do for themselves to support people to maintain their independence. People told us, "They ask my permission and they let me help myself when I can, that is good. They help me keep my independence." And, "They let me do the things I can do myself, they do the bits I can't do."

● People's personal information was protected. For example, electronic messaging was used by staff to maintain communication during COVID-19. This was discussed at team meetings were staff were reminded of privacy rules and told not to share personal or sensitive information such as people's names.

Requires Improvement

Is the service responsive?

Our findings

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

At the last inspection this key question was rated as Inadequate. At this inspection this key question has now improved to Requires Improvement. This meant people's needs were not always met.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences; End of life care and support

At our last inspection the provider had failed to ensure people's care was person centred. This was a breach of regulation 9 (Person-centred care) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 9.

● The provider had not offered people the opportunity to express any preferences for their care should they need end of life care. People using the service had family support and no one was receiving end of life care. However, the provider still had not discussed what support people might want from the service at the end of their life.

We recommend the provider consider current best practice guidance on care planning for people at the end of their life.

● At the last inspection feedback from people had not always been positive about person centred care. At this inspection feedback had improved. Comments from people included, "They listen to me. I have my own way and they do it the way I wants things done." And "I think they know me well enough, they take time to talk to me and I like the company." One relative said, "They have got to know my relative well".
● Since the last inspection care plans had been improved to be more person centred and include more information about people as individuals. For example, there was now information on people's likes and preferences such as how they wanted to be supported with washing and how they liked their food prepared. Staff said, "I like a bit more history in care plans, there is more of this in the new care plans. It means I know more about the person and what they like and don't like."

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.
● People's communication needs had been assessed. There was now information in place for staff about

people's communication needs. For example, one person used written information and pictures to communication and there was information for staff about this. This included how the person would let staff know if they were in pain.
● The provider had improved their understanding of the AIS. Information such as the service user hand book and care plans were available in other formats if this was required. For example, they could be provided in larger print.

Improving care quality in response to complaints or concerns

At our last inspection the provider had failed to operate an effective accessible system for receiving, recording, handling and responding to complaints. This was a breach of regulation 16 (Complaints) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 16.

● Information on how to complain had been shared with people and relatives. People and their relatives told us they knew how to complain if they needed to do so. One relative said, "I have not complained but I would call them if I needed to do so." Another said, "I know how to complain and I have the phone number of the manager."
● There was now a complaints log in place to enable the provider to review complaints for trends. This included information on what the complaint was, how the complaint was resolved and the timeline between the complaint and resolution. Complaints had been responded to quickly. One person said, "I complained once when they came very early. They sorted my complaint out and let me know."

Requires Improvement

Is the service well-led?

Our findings

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

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

At our last inspection the provider had failed to ensure that systems or processes were established and operated effectively to assess, monitor and improve the quality and safety of the services. The provider failed to seek and act on feedback from relevant persons. This was a breach of regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. We imposed conditions on the providers registration. The conditions were the provider must not accept any new packages of care without the prior written agreement of the Care Quality Commission. And, the registered provider must a send monthly report to the Care Quality Commission. The report must include the results of audits and actions taken undertaken for the management of medicines, care plans, risk assessments, missed calls and accidents and incidents. The provider has complied with these conditions since the last inspection.

Not enough improvement had been made at this inspection and the provider was still in breach of regulation 17.

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

- Audits had been put in place since the last inspection to check the quality and safety of the service. However, some auditing needed to be improved to ensure they were effectively used to assess and improve the quality and safety of the service. The provider had sent us a monthly report of audits as part of the conditions applied after the last inspection. However, these audits had not identified the concerns we found at this inspection. For example, audits had not identified that risk assessments were missing information about people's health needs. Medicines audits had also not identified some gaps in medicines administration records. Staff had recorded in the daily notes that medicines had been given, however, this should have been checked in the audit process to monitor staff practice and ensure people had received their prescribed medicines.
- Improvements were needed to the completeness and accuracy of people's records. There were inconsistencies between documents which could be confusing for staff or lead to something being missed. For example, one person's falls assessment stated the equipment used to reduce the risk of pressure sores had been changed. However, this change was not reflected in the manual handling plan or relevant sections of the care plan where equipment was not mentioned.
- People's records relating to the Mental Capacity Act 2005 (MCA) were incomplete. There was a lack of

records relating to what support people needed to make decisions. There were no record to show that decisions had been made in the person's best interests. The provider had not established and recorded where relatives had power of attorney and were legally able to make decisions on people's behalf.

The provider had failed to ensure systems or processes were operated effectively to assess and improve the quality and safety of the service. The provider had failed to maintain securely a complete and contemporaneous record in respect of each service user. This was a continued breach of Regulation 17 of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

● Checks on late and missed calls had led to improvement. Late calls were no longer occurring frequently. Where staff were late people told us they were informed. One relative told us, "On the very rare occasions that [my relatives] visit has been unavoidably delayed I have been contacted with revised arrangements for that visit which I have never had problems with."
● Staff told us they felt better supported and that communication with the office staff had improved. One staff said, "I feel supported in my role. We have a [instant message] group so we keep in touch with each other. I can speak to other care staff if I need to."
● Oversight on staff performance had improved. Competency assessments for medicine administration and manual handling had been undertaken. Spot checks of staff practice were undertaken by the provider. These included areas such as checking that staff were supporting people to maintain their dignity and following infection control guidelines.
● There were now systems in place to monitor incidents and record actions taken to enable to provider to identify and respond appropriately to duty of candour incidents. A duty of candour incident is where an unintended or unexpected incident occurs which result in the death of a service user, severe or moderate physical harm or prolonged psychological harm. When there is a duty of candour event the provider must act in an open and transparent way and apologise for the incident. The provider understood their responsibilities under duty of candour. There had been no incidents at the service which qualified as duty of candour incidents.
● The provider understood their responsibility to submit notifications to CQC as required by law. The rating was on display at the agency office as required and could been viewed by people and their relatives. The rating was displayed on the services website as required.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Continuous learning and improving care; Working in partnership with others
● The provider had attended some learning to improve their understanding and knowledge in some areas of care. The provider had started to engage with other services to learn best practice and share information. For example, they participated in electronic forums run by Skills for Care. This learning was reflected in the improvements we had found at the service. However, further improvements were still needed in some areas such as risk assessments and medicines.
● The provider had introduced surveys for people and staff to enable them to feedback their views on their support and how well the service was run. Feedback was mainly positive. Comments included, "The staff are extremely kind and caring." And, "The office team have worked with me to agree action if problems arise."
● Staff meetings were now held monthly. At these meetings staff discussed areas such as the support they provided to people, training and infection control procedures. Staff told us they felt listened to when they made suggested improvements. One staff said, "The manager is really good and they do listen and they do take advice, when I suggested things."
● Partnership working had improved and the provider was now aware of health assessments completed by health care professionals for people.

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 12 HSCA RA Regulations 2014 Safe care and treatment Medicines administration needed to be improved. The provider had failed to do all that was reasonably possible to manage and mitigate risks to people.

Regulated activity	Regulation
Personal care	Regulation 17 HSCA RA Regulations 2014 Good governance The provider had failed to ensure systems or processes were operated effectively to assess and improve the quality and safety of the service. The provider had failed to maintain securely a complete and contemporaneous record in respect of each service user.