

Capital Homecare (UK) Limited

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## Inspection report

77A Woolwich New Road  
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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 was carried out on 27 February and 01 March 2017 and was announced. Capital Homecare (UK) Limited is a domiciliary care provider located in the Royal Borough of Greenwich providing care and support to approximately 350 people across a number of London Boroughs.

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 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.

We inspected the service three times during 2016: in February, June and October 2016. We found breaches of legal requirements at all three of these inspections which placed people at risk of unsafe and poor quality care. Medicines were not managed safely, risks to people had not always been adequately assessed and the provider's systems for monitoring and improving the quality and safety of the service were not effective. Records were not always accurate and the provider had not always obtained consent from people or their representatives in line with the requirements of the Mental Capacity Act 2005 (MCA). We also found the provider did not have an effective system in place for recording and responding to complaints.

These concerns were so significant following the February 2016 inspection that we also imposed a condition on the provider's registration, restricting them from taking on any new service users without prior agreement from CQC. Following the June 2016 inspection we also took urgent enforcement action, placing a condition on the provider's registration, requiring them to submit medicines audits and any actions taken as a result of audit findings to CQC on a regular basis.

At this inspection on 27 February and 01 March 2017 we found the provider had made improvements in addressing the most significant concerns we had previously identified. The improvements made in the management of medicines meant we could remove the condition on the provider's registration requiring them to submit medicines audits and any actions taken as a result of audit findings to CQC on a regular basis.

However we also identified continued breaches of regulations because records were not always accurate or complete. The provider's systems for monitoring the quality and safety of the service had improved, but had not always identified issues or driven improvements. Insufficient action had been taken to ensure the service complied with the requirements of the Mental Capacity Act 2005 (MCA), although staff confirmed they only supported people with their consent and in their best interests in consultation with relatives.

We also found a breach of regulations because the provider had not sought and maintained a record of each staff members' full employment history to help demonstrate that staff were of good character. We therefore decided not to remove the condition on the provider's registration, preventing them from taking on any new service users without prior agreement from the Commission.

Despite these issues, we found on-going improvements had been made in the majority of areas we reviewed in the time since our last inspection. Risks to people had been assessed and staff were aware of how to manage risks safely. People told us they received their medicines as prescribed, and the provider had implemented an effective process for receiving and addressing complaints.

There were sufficient staff deployed by the service to meet people's needs and staff received safeguarding adults training. However improvement was required to ensure people were consistently protected from abuse because whilst most staff we spoke demonstrated a good understanding of safeguarding practices, two staff members were not aware of the different types of abuse that could occur.

People were supported by staff who had the skills and training to effectively meet their needs. They also received support to maintain a balanced diet where this was part of their care plan and were supported by staff to access healthcare services where required.

People and relatives told us they had been consulted about their care needs and were involved in day to day decisions about their care and treatment. They told us staff treated them with kindness and compassion, and respected their privacy. People had care plans in place which were reviewed periodically, in line with the provider's policy, although improvement was required to the accuracy in the details of some people's care planning.

Staff received regular supervision and an annual appraisal of their performance. They told us they felt well supported by senior staff and worked well as a team. People and relatives spoke positively about the attitude and management of the service. The provider sought the views of people through regular telephone monitoring checks and visits to people's homes, and the outcome of this monitoring showed that people experienced positive outcomes from the care they received.

This service has been in Special Measures. Services that are in Special Measures are kept under review and inspected again within six months. We expect services to make significant improvements within this timeframe. During this inspection the service demonstrated to us that improvements have been made and is no longer rated as inadequate overall or in any of the key questions. Therefore, this service is now out of Special Measures.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

The service was not always safe, although improvements had been made.

Records relating to people's medicines were not always accurate or complete, although people told us they received their medicines as prescribed.

The provider had put in place appropriate recruitment practices but had not maintained a record of staff members' full employment histories to demonstrate they were of good character. There were sufficient staff deployed by the service to safely meet people's needs.

Staff received training in safeguarding adults. However improvement was required to ensure all staff were aware of the different types of abuse and the signs to look for which may suggest abuse had occurred.

Risks to people had been assessed and guidance was in place for staff on how to support people safely.

**Requires Improvement** 

### Is the service effective?

The service was not always effective.

Staff sought consent from the people they supported. However the provider's current processes failed to ensure the service complied with the requirements of the Mental Capacity Act 2005 (MCA) where people lacked the capacity to make specific decisions.

Staff were supported in their roles through training, supervision and an annual appraisal of their performance.

People were supported to maintain a balanced diet and to access healthcare services where required.

People had access to a GP and other healthcare professionals when they needed them.

**Requires Improvement** 

### Is the service caring?

**Good** 

The service was caring.

People were treated with kindness and compassion.

People were involved in decisions about their care and treatment.

Staff respected people's privacy and treated them with dignity.

People received support with regards to their race, religion, disability, sexual orientation and gender.

### **Is the service responsive?**

The service was not always responsive.

People received support which met their individual needs and preferences. However people's care plans were not always accurate although we found improvements in this area.

People were supported to maintain their independence.

People were aware of how to complain. The provider maintained a record of complaints which included details of any investigations undertaken and their response.

**Requires Improvement** ●

### **Is the service well-led?**

The service was not consistently well-led.

The provider had systems in place for monitoring the quality and safety of the service, but these had not always identified issues or driven improvements.

Records relating to people's care and support had not always been comprehensively maintained.

People and staff spoke positively about the management of the service.

The provider sought feedback from people about the quality of the service they received and people confirmed they were happy with the quality of the care provided.

**Requires Improvement** ●

# Capital Homecare (UK) Limited

## **Detailed findings**

### Background to this inspection

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

This inspection took place on 27 February and 01 March 2017 and was announced. The provider was given two working days' notice because the location provides a domiciliary care service and we wanted to make sure the senior staff were available.

The inspection team consisted of an inspector and a pharmacist inspector on the first day and two inspectors on the second day. Two experts by experience also conducted telephone calls to seek feedback from people using the service and their relatives between the two days of the inspection. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Before the inspection we reviewed information we held about the provider, including statutory notifications that the provider had sent to CQC. A notification is information about important events which the service is required to send us by law. We also sought and received feedback about the service from six local authorities who commissioned services from the provider. We used this information to help inform our inspection planning.

During the inspection we spoke with 10 people who used the service, 15 relatives, 14 staff, the nominated individual and an external consultant hired by the provider. We looked at records, including 26 people's care records, the recruitment records of nine staff, staff training and supervision records, and other records relating to the management of the service.

# Is the service safe?

## Our findings

At the previous three inspections of the service conducted in February, June and October 2016 we found serious on-going concerns because people's medicines were not safely managed. Following our inspection on 23 June 2016 we took urgent enforcement action and imposed conditions on the provider's registration, requiring them to send us information on a monthly basis to demonstrate that the service was monitoring, and acting to address, any identified risks to people with regards to the management of their medicines.

At this inspection on 27 February and 01 March 2017 we found improvements to the way in which people's medicines were managed although there remained some concerns in the way in which people's medicines support was recorded.

People had risk assessments in place relating to medicines administration. However there remained some inaccuracies in these assessments about the support people required from staff in this area. For example, one person's risk assessment stated they needed prompting to take their medicines during their visits each day but the person told us that staff administered their medicines rather than prompting them. Whilst this was a concern, the person told us they were able to direct their care and had no concerns about the support they had received with their medicines.

We reviewed a sample of people's medicines administration records (MARs) and found most had been completed appropriately by staff to confirm the support they had provided to people. However we also found one MAR which had been signed by a member of staff to confirm medicines support on days the staff member had not visited the person in question. We raised this issue with the provider and they investigated the issue during our inspection. They established that the staff member had signed the MAR on subsequent visits after they had made checks that the person had received their medicines correctly, because the staff member who had visited on those days, had forgotten to do so. The provider also told us they would arrange for both members of staff to be retrained although we were unable to check on the outcome of this during our inspection. We concluded that medicines were managed appropriately and safely, but there were some issues with accurate recording that needed to be addressed.

We also noted that people's MARs did not always contain additional information about medicines to support staff with administration, such as whether they should only be taken before food which we identified as a requirement with one person's medicines. Whilst staff we spoke with were aware of this requirement, there remained a risk of the person not receiving their medicines safely from staff unfamiliar with their needs. Staff told us they had identified this issue and were planning to add additional information to people's MARs accordingly for the following month, although we were unable to check on the effectiveness of this action at the time of our inspection.

Additionally we found records for application of patches which had been prescribed to people were not always detailed enough to ascertain how these had been applied, and where people had been prescribed variable dose medicines, for example where they had the option to take one or two tablets of a medicine to control pain, staff had not always recorded on the MAR the dose that had been administered.

These recording concerns were a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated activities) Regulations 2014. Following the inspection the provider confirmed they had taken action to ensure details of any variable doses of medicines administered to people by staff were recorded on their MARs.

Despite these issues, people and relatives told us that staff supported them with their medicines safely. One person told us, "They [staff] give me my medicines at exactly at the right time every day." A relative told us, "They give [their loved one] his medication on time. They record it on their medication form." Another relative also told us that they specifically thought that there had been improvements around staff completing their loved one's MAR recently.

Policies were in place to support staff to carry out medicines risk assessments for people and support the medicines administration process. MAR audits were being completed on a monthly basis to help ensure people had received their medicines correctly. Records also showed prescribers or pharmacies had been contacted to resolve issues with people's medicines. An external pharmacist had also visited the service once a month to audit MARs and care plans of people who were receiving medicines support from the service and we noted that a monthly action plan was produced for staff at the service to work towards.

Records demonstrated that staff had completed appropriate medicines training and had been assessed as competent to administer medicines. Quarterly training sessions were completed with staff, which included refresher sessions on various aspects of medicines practice.

At the previous three inspections of the service conducted in February, June and October 2016 we found serious on-going concerns because risks to people had not always been assessed and it was not always clear that identified risks to people had been fully considered to ensure they were managed safely.

At this inspection on 27 February and 01 March 2017 we found that the provider had taken action to address this breach. Risks to people had been assessed in areas including the environment, nutrition, mobility, continence and the use of equipment such as bed rails. People's care plans included guidance for staff on how to support them safely. For example we saw moving and handling guidance which identified the type of support people required to mobilise in different situations. We also saw guidance was in place for staff to refer to, relating to people's medical conditions, such as diabetes, and how these should be managed.

Staff we spoke with were aware of the need to monitor people's conditions. One staff member told us, "I always look out for any signs of redness when helping people to wash as this may be a sign that they could be developing a pressure sore. If I have any concerns I'd report back to the office. I have done this recently for one person and the office staff contacted their GP to request a review." Another staff member demonstrated an awareness of the signs that might demonstrate deterioration in a health condition of a person they supported.

At our last inspection on 05, 06, 07 and 14 October 2016 we found improvement was required to the provider's recruitment process to ensure references provided by staff were from appropriate sources. At this inspection we found that new staff members had provided appropriate references when applying for work at the service. However, we also found that whilst the provider undertook a range of pre-employment checks on new staff, the service had not maintained complete records of the information required by the regulations to demonstrate that staff were of good character.

Staff files contained completed application forms, checks on identification, criminal records checks and checks on staff member's right to work in the UK. However we found that records of staff members' full



employment history and consideration of any gaps in employment had not been maintained. This meant we could not be assured that the provider had taken sufficient action to ensure staff were of good character.

This was a breach of Regulation 19 of the Health and Social Care Act 2008 (Regulated activities) Regulations 2014. The provider told us that they would seek to follow up with all staff to ensure staff files included details of their full employment history and reasons for any gaps in employment following our inspection. We will follow up on this at our next inspection of the service to ensure improvements have been made.

There were sufficient staff deployed by the service to meet people's needs. People told us they received support from staff who were able to meet their needs safely. One person said, "They [staff] always arrive on time and they never leave early." Another person told us, "They are quite good with timekeeping. They always stay for the set time and always ring if they're slightly delayed."

Staff confirmed they were able to complete their scheduled visits in a timely manner, without rushing the people they supported. The majority of staff provided care to only a small number of people which they told us reduced their travel time and office staff confirmed this meant they were able to arrange cover more easily at short notice if required. People spoke positively about the support they received from a consistent team of workers who provided care to them on a regular basis.

Records showed staff had received training in safeguarding adults to help protect people from the risk of abuse. Most staff we spoke with were aware of the different types of abuse or the signs to look out for that may suggest abuse had occurred, and were also aware of the provider's whistle blowing policy. However improvement was required because two staff members were not aware of the different types of abuse that could occur, although they explained they would report any untoward concerns they had to senior staff. We also found that one staff member was not aware that they could escalate concerns to CQC or the local authority safeguarding team if they felt the provider did not take sufficient action to address any concerns they raised.

## Is the service effective?

### Our findings

At our last inspection on 05, 06, 07 and 14 October 2016 we found a breach of regulations because some people's risk assessments contained mental capacity assessments which had not been conducted in line with the Mental Capacity Act 2005 (MCA) Code of Practice because they did not relate to specific decision making areas and there was no record of any best interests decisions having been made. During that inspection, the provider told us they would update their documentation to ensure future assessments complied with the requirements of the MCA.

At this inspection on 27 February and 01 March 2017 we found a further example of a person's care planning and risk assessment documentation identifying them as lacking capacity in general terms, rather than with regard to a specific decision making area. As had previously been identified, there was also no record of any best interests' decisions having been made on behalf of the person in question. We also saw guidance was in place for staff on how to conduct mental capacity assessments which did not conform to the requirements of the MCA Code of Practice. This meant there was an ongoing risk that any capacity assessments conducted by staff may not provide adequate support for people to make their own decisions in line with the requirements of the MCA.

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

Despite this issue, care staff we spoke with told us they sought consent from the people they supported and respected their wishes. One staff member told us, "I always ask what my client wants; it's their choice, not mine that matters." Another staff member said, "I always ask people if they're happy and let them make their own decisions." A third staff member described how they had worked with one person's family in gaining consent to provide them with support with their personal care in their best interests on days where they were initially resistant to help. This was also confirmed by one person's relative who told us, "They always get the go ahead from [their loved one]; whatever she wants or doesn't want. They encourage her and motivate her to [when providing support with personal care]."

People and relatives told us they were supported by staff who had the right skills and knowledge to effectively carry out their roles. One person told us, "Staff have had good training; they know their roles. You can see from the manner in which they work" One relative said, "They know what they are doing. We never hear any complaints [from their loved one]." People also commented positively about staff competence when using equipment. For example, one person told us, "I have to be hoisted and when the hoist was put in place I was quite scared, but they [staff] know what they're doing and I'm used to it now."

Staff confirmed they had an induction when starting work at the service which included time spent familiarising themselves with the provider's policies and procedures, completing training considered mandatory by the provider and a period shadowing more experienced staff. Records showed that staff received training in a range of areas including health and safety, moving and handling, safeguarding, infection control, food hygiene and first aid which was refreshed periodically to ensure they remained up to

date with best practice. One staff member told us, "I'm confident to do this job with the training I've received."

Staff were supported in their roles through regular supervision and an annual appraisal of their performance. Records showed, and staff confirmed that they received both one to one and group supervision on a regular basis. One staff member told us, "I find supervision helpful; I can talk about specific areas of my role to reinforce my training." Records also showed that staff had received an annual appraisal; although not all of the staff we spoke with could remember these having been completed

People were supported to maintain a balanced diet where assistance with meals had been identified as part of the care plan. The provider had completed risk assessments which included an assessment of people's nutritional needs. These assessments considered the level of support people required to eat, whether they required any special dietary requirements and details of any food allergies where known. Where people required mealtime support, we saw relevant information had been included as part of their care plan for staff to follow.

People told us they were happy with the support they received at mealtimes. One person said, "They help me to prepare our meals and then help [their loved one] to eat. They're very good at helping her." Another person told us, "They [staff] always warm the food or make a light meal. I am very happy with the help." Staff we spoke with were aware of the support people required during mealtimes and told us they prepared meals where required, in line with people's preferences.

People were supported to access healthcare services where required. Staff told us they assisted people to access healthcare services if they needed them, for example by contacting a GP if they were unwell, or supporting people to attend hospital appointments. Most people told us they were able to access healthcare support directly when they required it. However one person told us, "They [staff] rang the doctor for me once when I wasn't well." A relative also confirmed staff had supported their loved one to attend a hospital appointment and another relative told us that staff had contacted them to arrange a GP appointment when they had concerns about their loved one's condition.

# Is the service caring?

## Our findings

People and relatives told us that staff treated them with kindness and compassion. One person said, "The carer's are wonderful; they're incredibly kind people and always do what I ask." Another person told us, "I think they're perfect." A relative commented, "You can see in [their loved one's] face, the reaction when the carer arrives. [Their loved one] is very happy. The carer takes time to communicate and [their loved one] looks forward to her visits. Without the carer and the agency, [their loved one] would be depressed. I can't thank them enough."

People also told us they were comfortable in the presence of staff, some of whom had been supporting them for many years. Records showed that people received support from a consistent team of staff who visited them regularly and it was clear from our discussions that this had allowed them to forge strong bonds and trusting relationships.

Staff described how they involved people in day to day decisions about their care and treatment. They told us that they gave people choices in the support they received wherever possible and worked flexibly to meet people's preferences at each visit. People confirmed that staff involved them in decisions about the care they received. For example, one person told us of their care, "It isn't their way; it isn't my way; it's our way." Another person explained, "We have a routine but staff always ask if they can do anything else for me." A third person explained that staff gave them time to make their own decisions, telling us, "Everything is done at my pace." A relative also confirmed, Staff talk to [their loved one] and explain things. They give her time to express her feelings."

People received information about the service in the form of a service user guide which was issued to them when they started receiving support. The service user guide included information about the services they could receive, details of key policies and procedures, information on how to raise a complaint and directions on how to contact the provider if they needed to request any alterations to their service.

Staff treated people with dignity and respected their privacy. They described the ways in which they worked to ensure people's privacy was maintained, for example by closing curtains and doors when providing assistance with personal care. People and relatives confirmed their privacy and dignity were maintained and respected by staff. One person told us, "The personal stuff was a bit daunting at first but I'm more comfortable with them [staff] now. They're very discrete and respectful." Another person said, "We've been together so long; I feel respected. If I had a problem they [staff] would listen." A relative commented, "They [staff] have got empathy. They stay in the hallway, knock on the door and wait. My [loved one] would complain if they invaded his privacy."

People received support in line with their individual needs with regards to their race, religion, disability, sexual orientation and gender. Staff we spoke with told us they were aware of the importance of supporting people's diverse needs and relatives we spoke with confirmed their loved one's needs were met. For example, one relative told us, "[Their loved one] prays on her bed. When staff see her pray they know not to interrupt her and will wait for her to finish." Another relative explained that they had requested support for

their loved one with the same cultural background and this had been arranged.

## Is the service responsive?

### Our findings

At our last inspection on 05, 06, 07 and 14 October 2016 we found a breach of regulations because the provider's system for receiving and responding to complaints was not established and operated effectively. Following that inspection the provider told us the action they would take to address this issue.

At this inspection on 27 February and 01 March 2017 we found that the provider had made suitable improvements to their complaints handling system which had addressed the breach we had previously identified.

The provider had a complaints policy and procedure in place which outlined the process of handling and responding to any concerns received about the service which included details of the timescale in which people could expect a response. Senior staff maintained a log of complaints received by the service which included details of any investigation and a copy of the provider's response.

People and relatives told us they knew how to raise a complaint if they had any concerns about the service and expressed confidence that any issues they raised would be addressed. One person told us, "They'll quickly sort it out. We've had no problems with them." Another person confirmed that an issue they'd raised had been appropriately addressed, telling us, "They always deal with anything straight away."

During our previous inspections on 17 and 19 February 2016, and 23 June 2016 we found a breach of regulations because people's care plans were inaccurate and did not reflect the support they received. At our last inspection on 05, 06, 07 and 14 October 2016 we found that whilst some improvement had been made to the accuracy of the information in people's care plans, sufficient action had not been taken to fully address the regulatory breach because there remained inaccuracies and omissions in people's care planning.

At this inspection on 27 February and 01 March 2017 we found that the provider had made further improvements to accuracy of the information in people's care planning which met the requirements of the regulations. However despite this noted improvement we also found that further improvement was required because there remained occasional inaccuracies in people's care planning. For example, one person's care plan made reference to the need to support them with their catheter but the person told us they did not have a catheter in place. Despite this inaccuracy we found that this did not have a negative impact on the support the person received which they told us met their needs.

Care plans had been developed in conjunction with people based on an assessment of their individual needs and any information shared with the service from local authority commissioners. We saw examples of care plans which included information about people's life histories and the things that were important to them, although these had not been completed consistently by staff. For example the life history section of one person's care plan contained no information about their life history but covered their individual needs. We spoke to the provider about this and they told us they would continue to work to address any minor inconsistencies in the recording of people's care plans, although we were unable to check on the outcome

of this at the time of our inspection.

People's care plans included information for staff on the support they required during each visit as well as details about their preferences in the way they received support. Records showed care plans were reviewed on at least an annual basis or more frequently if people's needs changed, in line with the provider's policy. People and relatives also confirmed that staff had visited them to review their care needs. One person told us, "We had a review in January. They went through everything and re-wrote my care plan." One relative explained, "They came to ask us how things are, and if we were happy with the care. We reduced the care package because their [loved one] is getting better thanks to their support."

Staff told us they encouraged people to maintain their independence wherever possible. One staff member described how the needs of one person fluctuated from day to day due to their medical condition. They told us, "On the days when they are feeling well I encourage them to wash themselves but I'm there to provide support when they don't feel as able." Relatives confirmed that staff promoted their loved one's independence. One relative told us that staff, "Encourage [their loved one] to undertake exercises to improve her mobility." Another relative said, "Staff encourage her to take control; they will tell her they will help her just to do the things she can't do for herself."

People and relatives told us they received care and support which met their needs and preferences. One person told us, "[Staff] follow my care plan but always check and see if there's anything else I would like to have done." A relative told us, "Staff give [their loved one] choices when supporting her, for example in the clothes she wants to wear. They make suggestions but give her options."

Although there have been improvements noted in this key question, we have not changed the rating to Good in line with the characteristics for each rating because although improvements had been made, further improvements were required to meet the characteristics for Good.

# Is the service well-led?

## Our findings

At the previous three inspections of the service conducted in February, June and October 2016 we found a continuing breach of regulations because the systems used by the provider to drive improvements to the quality and safety of the service were not always effective, although some improvement was identified during this period. Following our inspection on 17 and 19 February 2016 we took enforcement action, imposing a condition on the provider's registration, preventing them from taking on any new service users without prior agreement from the Commission.

At this inspection on 27 February and 01 March 2017 we found that further improvements had been made to the provider's quality assurance systems. For example, we found action had been taken to ensure reviews of people's risk assessments had been prioritised based on the level of identified risk. Records also showed that senior staff had taken action to drive improvement where concerns had been found. For example, one staff member had been retrained in medicines administration following an issue around their management of a person's medicines. We also noted that the provider had continued to seek external support in making improvements to the service, which included advice and support from a pharmacist and health and social care consultant. However, despite evidence of continued improvement in these areas, there remained some shortcomings in the provider's quality assurance processes.

The provider monitored the quality of staff performance through spot checks conducted whilst providing care to people. Records showed that staff provided good quality care to the people they supported with positive outcomes being identified in areas including communication, consistency, timekeeping and areas of health and safety. However, we noted that as a result of a spot check on two members of staff a recommendation had been made that they receive additional training. Office staff confirmed that they had not been made aware of this recommendation, and the training had not been arranged at the time of our inspection.

In another example we noted that an audit of people's medicines records had not identified that a staff member had incorrectly signed to confirm the administration of one person's medicines on days when they had not visited the person in question. We also found that whilst we were able to confirm the attendance of a sample of staff visits to people's homes by reviewing electronic call monitoring data or timesheets submitted by staff, timesheets covering all of the visits made to one person could not be located when requested and they had not been logged electronically using the provider's current systems. This meant we were unable to identify from the records provided whether the person in question had received all of their daily visits as identified in their care plan.

We also found that records relating to people's care had not always been completed fully. For example we reviewed a sample of the daily records completed by staff during their visits to people which described the details of the support they provided and found gaps in recording or very brief entries which provided minimal information. This meant we were unable to accurately determine whether people had always received support in line with the requirements of their care planning.



These issues were a continuing breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities Regulations 2014). We therefore decided not to remove the condition on the provider's registration, preventing them from taking on any new service users without prior agreement from the Commission.

During the inspection the provider confirmed they would arrange for training to be provided to the staff identified in the spot check and the staff who had not correctly signed the person's medicines administration record (MAR). Senior staff also explained they were continuing to review options for electronic call monitoring systems that would enable them to monitor the visits to all of the people using the service. We will continue to monitor the provider's action plan and check these improvements have been made at our next inspection.

There was a registered manager in post at the time of our inspection although they were not present at the service at the time of our inspection. The provider told us they took responsibility for the day to day management of the service in the registered manager's absence. People and relatives told us they felt the service was well managed. One person said, "The manager has always been very helpful and accommodating when I've phoned." Another person told us, "I couldn't hope for better care and service." A relative commented, "The manager and the office staff are always very helpful."

Staff told us they were well supported by the management team. One staff member said, "We work well as a team and the management are always prompt to respond if I have any concerns or let them know about people's changing needs." Another staff member told us, "You can call the registered manager at any time if you need support and we receive calls from them to check on how we are getting on." Staff also confirmed they attended regular staff meetings so that they could keep up to date with any developments at the service, share learning and discuss key areas of responsibility.

The provider sought regular feedback from people and relatives on their views about the service. One relative told us, "We've had a service review and telephone monitoring checks to ask for feedback and to see what's happening." Records showed that staff also conducted home visits to people to seek their feedback, in addition to regular telephone monitoring calls. The outcomes of these checks indicated that people experienced positive outcomes in the support they received from the service and this was reflective of the verbal feedback we received from the people and relatives we spoke with during the inspection.

This section is primarily information for the provider

## Action we have told the provider to take

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

Regulated activity	Regulation
Personal care	<p>Regulation 11 HSCA RA Regulations 2014 Need for consent</p> <p>Consent had not been obtained in line with the requirements of the Mental Capacity Act 2005, where required.</p>
Regulated activity	Regulation
Personal care	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>The provider systems for monitoring the quality and safety of the service were not always effective in identifying issues or driving improvements. Accurate and complete records relating to the care and support of people had not always been maintained.</p>
Regulated activity	Regulation
Personal care	<p>Regulation 19 HSCA RA Regulations 2014 Fit and proper persons employed</p> <p>Information was not always available as required to demonstrate staff were of good character.</p>