Nestor Primecare Services Limited

Allied Healthcare Newcastle

Inspection report

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Date of inspection visit:
30 November 2016
01 December 2016
05 December 2016
06 December 2016
07 December 2016
08 December 2016

Date of publication:
31 January 2017

Ratings

Overall rating for this service	Inadequate

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

Summary of findings

Overall summary

We carried out a comprehensive inspection of this service on 1, 3 and 10 September 2015. Breaches of legal requirements were found in relation to safe care and treatment, consent to care and treatment and person-centred care.

Following the comprehensive inspection, the provider wrote to us to say what they would do to meet the legal requirements. We undertook a focused inspection on 26 July 2016 to check the service had followed their plan and to establish whether they were meeting the legal requirements. During this inspection we found the provider had failed to meet the assurances set out in their action plan. We found a continued breach of legal requirements in relation to safe care and treatment and a breach of legal requirements in relation to good governance. As a result, we placed the service into special measures.

This inspection took place on 30 November and 1 December 2016 and was announced. The inspection was undertaken to establish whether the provider had made improvements following our previous inspections.

Allied Healthcare Newcastle is a domiciliary care agency registered with the Care Quality Commission (CQC) to provide personal care to people in their own homes. At the time of the inspection the service was supporting approximately 280 people living in Newcastle and North Tyneside.

The service did not have a registered manager. An acting manager had recently been recruited and had applied to become registered with the CQC. 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 a legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

We found that improvements still needed to be made with regard to medicines management. Clear and accurate records were not being kept of medicines administered. It was not possible to determine whether people had received their medicines as prescribed.

Possible risks to the health and safety of people using the service and the staff members who supported them were assessed. Action to mitigate or manage identified risks were built into care plans. However, potential risks to the overall service had not been adequately assessed. Robust plans were not in place to continue the running of the service in the event of an emergency.

The service had taken steps to safeguard people from abuse. Safeguarding and whistleblowing (exposing poor practice) policies were available for staff to refer to. These provided guidance to staff on the appropriate action to take if they suspected abuse or poor practice. Staff received safeguarding training and were aware of their roles and responsibilities in recognising and reporting any signs of abuse.

Recruitment systems were not always robust. The provider's recruitment procedure stated it was acceptable

to employ staff members where only one reference had been obtained. However, we found this was in contradiction of the terms of the contract held with one of the local authorities who commissioned care from the service. Checks were performed prior to taking on new care packages to ensure the service had sufficient staffing availability to cater for people's needs.

With the exception of some of the office staff, we found staff had been provided with the support they needed in terms of training, supervision and appraisal to perform their roles effectively. The care co-ordinators had not received regular supervision to support them to perform their roles effectively.

We found overall the service was now working within the principles of the Mental Capacity Act 2005. New care documentation had now been introduced and implemented for all people using the service. This included a screening tool to look at people's capacity to make decisions about their care and treatment. Information was also captured about any advance decisions people had made about their future care and treatment. Where people had appointed a representative to act on their behalf, the service liaised with them about the person's care. People were also supported to have sufficient to eat and drink and to access other healthcare services

The majority of people we spoke with told us they received care from regular care workers. Overall people were positive about the care and support they received.

Since our previous inspection, action had been undertaken to review and update people's care records. Staff used an electronic system to monitor review dates for people using the service and plan reviews of their care.

The service had a system for receiving and acting on complaints. Records showed action was taken to investigate complaints. The system had built in controls for a senior manager to only close complaints once they were satisfied appropriate action had been taken.

People, relatives and staff we spoke with did not feel the service was always well managed. People and their relatives told us they did not receive a rota, had little involvement with office staff and were not informed when care workers were going to be late. Similar comments had also been raised in the service's annual satisfaction survey conducted earlier this year. This showed any action taken to address the comments had not been fully effective in resolving people's issues.

The service had not had a registered manager in post since 2015. During this time the service had been managed for short periods of time by a number of different people. This had resulted in a lack of consistent management for staff. Office staff in particular had received limited management support during this time. Of the three care co-ordinators employed by the service we found only one had received a formal supervision session during 2016.

The service had a range of systems for monitoring and improving the effectiveness and quality of the service. We found these had not been utilised at the frequency stated in the provider's policy. Documentation did not always clearly record areas for improvement or the remedial action taken. Audits had not also identified all of the shortfalls we highlighted during the inspection.

At the last inspection this provider was placed into special measures by CQC. This inspection found that there was not enough improvement to take the provider out of special measures due to continued breaches in relation to safe care and treatment and good governance.

CQC is now considering the appropriate regulatory response to resolve the problems we found.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Inadequate

The service was not safe.

The service was failing to protect people against the risks associated with the unsafe use and management of medicines.

Staff were given guidance and training on safeguarding people from harm and abuse.

Risks to people and staff had been assessed and action was taken to reduce risks. Specific plans were not in place to continue the service in the event of an emergency situation.

Recruitment systems were not always robust and the service had not always followed its own internal procedures when conducting pre-employment checks.

Is the service effective?

Requires Improvement

The service was not always effective.

The majority of the staff team had received the necessary support in terms of training, supervision and appraisal to perform their roles effectively. However, the care co-ordinators had not received the same level of support as other staff.

The service was now working within the principles of the Mental Capacity Act 2005.

People were supported to have sufficient amounts to eat and drink and to access other healthcare services where required.

Is the service caring?

Good

The service was caring.

Care workers were described positively by people and their relatives. People told us they generally received care from the same staff members and felt they were well cared for.

Staff were aware of the need to respect people's privacy and dignity and promote their independence.

The service had started to take a more proactive approach to involving people in their care and treatment.

Is the service responsive?

Requires Improvement

The service was not always responsive.

People's care plans had been reviewed and updated following our previous inspection. Processes were now in place to ensure reviews of care were carried out with people on a regular basis.

The service had a system for receiving and acting on complaints.

Feedback about the service was requested from people, though the action taken in response was not always effective in resolving issues.

Is the service well-led?

Inadequate

The service was not well-led.

The service had not had a registered manager in post for over a year which meant there had been no consistent management support for staff.

The service's systems for monitoring and improving the quality of the service were not effective. Records were not systematically returned to the office for auditing purposes and audits did not identify all of the issues found during the inspection.

People and relatives we spoke with told us communication from office staff was poor.

Allied Healthcare Newcastle

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 was 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 30 November and 1 December 2016 and was announced. The provider was given two working days' notice because the location provides a domiciliary care service and we needed to make sure the provider's representative was available to assist us with this inspection. We also made telephone calls to staff, people and their relatives on 5, 6, 7 and 8 December 2016.

Part of the inspection included checking whether improvements to meet legal requirements had been made after our two previous inspections of the service.

The inspection was undertaken by two adult social care inspectors, two pharmacy inspectors and an expert by experience, who made telephone calls to people 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 care service.

Before the inspection, the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We reviewed the PIR and other information we held about the service prior to our inspection. This included the notifications we had received from the provider about significant issues such as safeguarding, deaths and serious injuries the provider is legally obliged to send us within required timescales. We also contacted other agencies such as Healthwatch to gain their experiences of the service.

During the inspection we spoke with the acting manager, the care delivery director, three care co-ordinators, a field care supervisor, the regional trainer, the manager from another local branch and four care workers. We reviewed a sample of 19 people's care records, including daily notes and medicine records. We conducted home visits to six people using the service and spoke to a further 11 people and four relatives on the telephone. We also reviewed staff training records, personnel files and other records relating to the management of the service.

Inadequate

Is the service safe?

Our findings

People we spoke with told us they felt safe using the service. Comments included; "I do feel safe, I have a regular care worker" and "Yes, very safe." Relatives also told us they felt their family members were safe; "We do feel that [relative] is safe with the care workers" and "[Relative] is more confident with the girls coming, it gives them structure to their day and gives them security."

At our last inspection we had found the service was failing to protect people from the risks associated with the unsafe use and management of medicines. The provider told us they had put a plan in place to rectify this. This included a review of all people using the service who received assistance with their medicines, refresher training for staff and additional audits of medicine administration records (MARs).

During this inspection, we looked at people's medicine records and visited people in their own homes to check if appropriate arrangements were in place to manage their medicines safely. We spoke with staff about medicines and reviewed the provider's medicine records.

Staff had not accurately documented the level of support that individual people needed in their care plans. For one person whose care plan we looked at, the medicine risk assessment stated they required their medicines to be administered by staff though in other records we saw that on some occasions a medicine was left out for the person to take later. No risk assessment had been completed so that staff could be sure that the person knew when and how to take this 'left out' medicine and that they could manage it safely. Another person was having their medicines crushed before administration. The crushed medicine documentation in place in the care plan stated that it was 'appropriate to crush tablets listed immediately before administering in water thickened with thick and easy'. From the MARs, we saw that on a number of occasions these medicines had been prepared by care staff and then left for the person to take later.

Care workers had not always ensured that the administration of people's prescribed medicines was accurately recorded. The MARs we looked at did not always clearly demonstrate which medicines were administered by staff on each occasion they visited the person. We saw gaps in the records kept for all the people we looked at. These gaps in the MARs had been identified in the audits done by the service. We also found that the medicines recorded on the MARs did not match the medicines that staff administered from the pharmacy supplied medicine compliance aid (MCA). The process of updating the records when changes occurred was not robust. For one person we visited the medicine listed on the MAR was simvastatin 40mg tablets; however, the actual medicine administered by care staff from the MCA was atorvastatin 80mg tablets. For another person we visited the list of medicines in the MCA recorded a different dose to the actual tablet that staff were administering. For two people prescribed short-term antibiotics, it was not clear from the records that these were administered at the dosage prescribed. This meant we could not tell whether medicines had been given correctly.

Two people whose records we looked at had allergies recorded in their care file however on their MARs allergies were recorded as 'none known'.

Several people were prescribed creams and ointments that were applied by care staff. There should have been guidance for care staff in the care plan that described how these preparations should be applied. However, in some of the care plans we looked at this information was missing, or the guidance referred to several creams on the same chart. This meant there was a risk that staff did not have clear information about which creams were prescribed and how, and where on the body to apply them.

One person we visited had been prescribed medicine administered through a transdermal patch. This meant the medicine was applied to their skin and it is absorbed over time. This medicine was prescribed to be applied one daily for a maximum of six hours. There was a handwritten note on the MAR to say that this person's doctor had advised that it could be applied for longer if required. However, we saw no guidance on how long it could be applied for and the records did not clearly show when the patch was applied or removed. The instructions for care workers were not clear regarding the positioning of the patch or removal of previous patches. The manufacturer's instructions for this medicine clearly state that the location should be varied and patches should not be applied to the same area of skin for several days.

One person was prescribed paracetamol tablets for the relief of pain. To avoid paracetamol toxicity the interval between doses should be a minimum of four hours. For this person on a number of occasions the time interval between doses recorded on the medicine administration record was less than four hours.

At our last inspection we had been informed about a person who had their medicines given covertly, disguised in food or drinks. At this visit staff told us the person had not been given their medicines covertly. They explained the person's doctor had discontinued most of their medicines and prescribed a pain relief medicine in liquid form which they took willingly. We queried entries in log books that indicated staff routinely gave the person this liquid medicine in with a prescribed nutritional supplement drink. A senior care worker explored this with staff and was told nurses involved in the person's care had given the instruction to do so. However, there were no details included in the person's care plan and it remained unclear why this method was used. We also saw from the person's medicine records that they had been prescribed antibiotics sometime between the end of September and October 2016. There were no records made of the date the course had started, the amount prescribed or of any records to confirm that staff had administered this medicine.

The manager told us that care workers had completed additional medicines training since our last visit and staff we spoke with confirmed this. Checks of the medicines administration records were completed when they were returned to the office, however these had not picked up all of the issues we identified at our visit. Where checks identified that staff were not completing records accurately we saw evidence that the manager sent a letter of concern to the member of staff asking them to take more care with record keeping.

These issues were a breach of Regulation 12 of the Health and Social Care Act (Regulated Activities) Regulations 2014.

We looked at how the service identified and managed risks. We reviewed the provider's business continuity policy which stated; 'Each branch, service or department will:
•□Risk assess potential threats or events that may lead to business disruption
•□Use this assessment to create a business continuity plan for the branch, service or department using the business continuity planning form'
We asked to see the service's business continuity plan and business continuity planning form. We were provided with a copy of the business continuity plan but found this was a generic document which provided general information about the process to follow in the event of an emergency situation. For example, it noted that a recovery location should be identified but did not provide details of what the recovery location

was for the service. We therefore asked to see the business continuity planning form. We were advised one had not been completed for the service. This meant the service did not have clear plans in place for how to continue the running of the service in the event of an emergency.

People's care records showed an initial assessment was completed to establish whether the service would be able to care for a person safely. As part of this process potential risks were identified. When people joined the service, a more detailed risk assessment was then completed in relation to areas such as the environment, manual handling, medication and finances, where applicable. The assessments identified risks to both people using the service and the staff members supporting them. In the majority of the care records we reviewed we saw where a risk was identified action was taken to manage or mitigate the risk. For example, the step into one person's shower was identified as an environmental risk. Care workers were advised to 'Ensure [name] takes their time and talk them through stepping in'. The person's care plan also reminded care workers about the step and the need to ensure the person was supported when entering the shower. However, for another person, there was no risk assessment associated with their diabetes. There had been an incident involving the person in August 2016, but no updated advice was subsequently provided for staff on what to do in the event of similar emergency situations.

These issues were a breach of Regulation 17 of the Health and Social Care Act (Regulated Activities) Regulations 2014.

The provider had a policy for protecting adults at risk of abuse, which was available for staff to refer to. This provided information about the different types of abuse people may suffer, the potential signs they may display and the responsibilities for recognising and reporting concerns. Staff we spoke with confirmed they had received safeguarding training and were aware of the importance of looking out for and reporting any potential signs of abuse. Safeguarding and in particular, staff members understanding of this was discussed during the completion of spot checks. For example, a care worker had commented that they would look out for changes in the person's mood when asked about safeguarding procedures.

Safeguarding incidents were recorded on the service's complaints, incidents and accidents management system (CIAMS). We were provided with a report from this system which showed 13 closed safeguarding incidents during the previous 12 months. There was evidence incidents had been reported to other agencies such as the police and local authority safeguarding adults' team, as well internal investigations being conducted. At the time of the inspection we found a recent safeguarding incident reported to the Care Quality Commission (CQC) by the local authority had not been recorded on CIAMS. This meant it was not clear what action the provider had taken in response to this incident. We highlighted this to the manager for them to take action in ensuring this incident was recorded and a notification submitted to CQC outlining the action the service had taken as a result.

The service had a whistleblowing (exposing poor practice) policy. This provided information to staff about their responsibility for raising concerns about poor practice and the process for doing this. Although staff were encouraged to raise concerns directly with their line manager, the provider also had a dedicated whistleblowing team that staff could use as an alternative contact. Staff we spoke with were aware of this policy and told us if they had any concerns they would report them immediately. Staff members understanding of this process was also discussed during spot checks.

We looked at the staffing arrangements for the service. When the service was approached about a new package of care, the care co-ordinators checked their existing schedules and staffing availability to determine whether they would be able to accommodate the person's needs. Where possible, we were advised the service tried to allocate people regular care workers to ensure they received continuity of care.

People and relatives we spoke with confirmed the majority of the time care was provided by the same group of regular care workers.

The service used an electronic rostering system. Each person using the service had a weekly template recorded on this system showing the days, times and duration of their calls. All of the care workers also had a record on the system which recorded their requested hours, contracted hours and their allocated hours. The care co-ordinators used this system to ensure scheduled visits to people using the service were allocated to care workers.

Rotas were produced on a weekly basis. These started on a Monday and were sent to staff on the Thursday of the previous week to ensure they received them in sufficient time. Staff we spoke with told us they received a rota on a weekly basis. We were informed copies of rotas were only sent to people using the service where they had specifically requested them. The majority of people and relatives we spoke with told us they did not receive a weekly rota. They told us this sometimes meant they did not know who was coming or at what time but people told us they always received a visit. A number of people and relatives we spoke with told us they would like to receive a rota. We fed this back to the management who confirmed rotas were always available to people upon request.

We found the service had quite a high staff turnover. We spoke to the care delivery director about this. They confirmed this to be the case and informed us that in order to mitigate this, the service recruited on an on-going basis. We were also advised the provider had introduced a number of benefits to improve their ability to attract new staff members and retain existing ones.

We reviewed the recruitment files for five staff members who had been recruited in the last 12 months to determine whether appropriate systems were in place for the recruitment of new staff. All potential staff members were asked to complete an application form, although we found this had not always requested their full employment history. We discussed this with the care delivery director. We were informed the provider had already received feedback in relation to this and application forms had been amended accordingly. The more recent recruitment records we reviewed confirmed this to be the case as staff were now asked to provide their full employment history.

Checks were performed with the Disclosure and Barring Service to determine whether or not staff members had a criminal record or were barred from working in a social care service. References were also sought to verify the information supplied in application forms and to assess the character and experience of potential staff members. Although staff recruitment files were audited by the branch manager we found discrepancies were not always identified. This is discussed in further detail within the well-led section of this report.

We asked the acting manager about the support provided to people to manage their finances. They told us where a person required assistance with their finances this was generally only for small items purchased on their behalf, such as groceries and clothing. Personalised financial arrangement plans and financial risk assessments were completed where people received support with their finances.

We were informed that none of the people using the service currently in receipt of personal care were also receiving assistance with their finances. However during the course of the inspection we found at least one person using the service was. We reviewed the financial records for this person. These consisted of a paper record of monies spent and receipts for purchases which were kept in the person's care file. We found this record included the date, the amount of money provided, the amount spent and any change given. The record also had space for both the person and the staff member to sign. We checked a selection of receipts against the record and these tallied.

Requires Improvement

Is the service effective?

Our findings

People and relatives we spoke with told us they felt the service was effective overall. Some people told us they preferred the "The older ones," referring to staff who had worked for the service for a while, although they felt overall staff were trained. One person commented, "They know what they are doing." People and their relatives told us they normally received care from the same staff members; "Various ones come and are very helpful they are more or less regular" and "[Relative] has regular ones most of the time."

Records confirmed that new staff were given induction training to prepare them for their caring roles. The regional trainer told us this was aligned to the Care Certificate, a standardised approach to training for new staff working in health and social care. The induction also covered practical aspects of safely caring for people, including demonstrations and role play of how to carry out different areas of personal care. New staff were set tests, given homework and were only allowed to begin work once they had completed all necessary training. Thereafter, a 12 week period of 'care coaching' was undertaken. This involved on-going contact with their supervisor and observing the staff member delivering care, to ensure they were competent and confident in their role.

We were told a welcome pack had been developed for new staff and was being introduced. At present, staff received a handbook that made them aware of the provider's key policies, procedures and the standards they were expected to work to.

Staff were given mandatory training in safe working practices that was updated every three years, with the exception of moving and handling training which was refreshed annually. Face-to-face and e-learning training was also provided on topics related to care such as awareness of dementia, diabetes, strokes, falls, care planning and the principles of mental capacity law. All staff had access to the provider's online portal for learning and some courses could be completed in staged modules. Further training was made available to senior staff, relevant to their responsibilities, including leadership and management and supervising workers. 35 of the staff team had achieved qualifications in care and seven staff were currently studying for diplomas in health and social care.

The regional trainer was very enthusiastic about their role and told us, "I love seeing new care workers thrive." They said they always explained and made sure new staff fully understood the nature of the work they would be expected to undertake. They told us trainers' roles were being extended to include spot checking staff records to ensure the care coaching process had been appropriately completed.

The care co-ordinators showed us there was a system for them to monitor the mandatory training undertaken by the care workers they supervised. This entailed running weekly reports and booking courses in advance of training elapsing. Reports were also run which monitored support for staff through two spot checks of performance, two individual supervisions and attendance at quarterly team meetings each year. These systems fed directly into rostering, preventing any staff whose training or supervision was overdue from being allocated to work with people using the service.

The frequency of training and support for care workers, as set by the provider, was on track to be met. Supervision records showed a good level of discussion about personal development and any further training or support needed. Spot checks were also thorough, with supervisors observing and commenting on the ways care workers carried out their duties and interacted with people. This was followed up with meaningful discussion about the worker's understanding of the person's needs and how they promoted their dignity and welfare.

However, we found support for the care co-ordinators was variable and mainly focused on performance management. Only one of the three co-ordinators had any records of supervision having been carried out during 2016.

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 our last inspection we had found people's care and treatment was not always given with the consent of the relevant person. The provider told us they had put a plan in place for reviewing and updating care plans that would include assessing mental capacity and ensuring consent was obtained.

Care records showed that mental capacity screening had been carried out. This included determining if people could make day-to-day decisions about their care and prompted a multi-disciplinary approach to assessing capacity, where applicable, for more significant decisions. Checks were made as to whether the person was diagnosed with dementia, had any memory issues and if they might need decisions made in their best interests. Care plans were then devised which set out the individual's needs and abilities with regard to decision-making. For example, one person's plan stated they may be a little confused at times, needed care workers to be patient with them, and that they responded to verbal prompts. Another person's care plan informed staff they could make everyday choices such as what to wear.

Consent forms had been implemented which were signed by people, authorising the care and support as detailed in their care plans to be given. In most instances, staff had checked whether representatives had power of attorney, to be able to sign on the person's behalf.

Where people needed assistance in meeting their nutritional needs, we saw care plans guided staff about the individual's food and drink preferences and specific areas of support. For example, one person's care plan included the provision of a nutritional supplement and for the consistency of their meals and drinks to be pureed and thickened due to a risk of choking. Another person, who received overnight care, had a care plan that incorporated what they liked and for a snack and drink to be offered if they woke during the night.

Information had been gathered to make staff aware of people's health care needs. This included medical history, current health conditions, medicines, any allergies and whether future decisions were in place about resuscitation. A checklist was also completed which gave an overview of health issues and prompted support with care planning to be sought from the provider's clinical team. For example, if a person was identified as needing input with specialist feeding techniques, pressure ulcers or catheter care. Where applicable, staff worked in conjunction with healthcare professionals such as the district nursing service. A system was in place to maintain contact with hospital staff when a person had been admitted, to ensure their care services could be properly co-ordinated when they were due to return home.

There was evidence that care workers were vigilant and responded to concerns about people's health needs. For example, a worker had noted a person no longer wanted to leave their home because of a problem with their legs. They had reported this through the service's 'early warning system' and the concern had been followed up by a care co-ordinator. The person had agreed the co-ordinator could telephone their doctor which had led to them receiving appropriate medical treatment. We were told about other instances when care workers had reacted to life-threatening circumstances. These included a worker applying a first aid technique when a person was choking and another worker following instructions to administer an emergency rescue medicine.

Good

Is the service caring?

Our findings

People and relatives we spoke with were positive about the service and the care they received from staff. Comments included; "They're very nice and very pleasant," "We're friendly because it is not like a stranger coming in," "They're all very friendly" and "[Relative] gets on well with the chaps, they are all polite."

Care records showed people had been asked about what was important to them and the outcomes they wished to achieve from their care service. Direct comments were documented, such as 'I want to be respected in my own home' and 'I would like care worker to make sure my personal hygiene is maintained and assist me to dress daily.' Records contained information about people's background and history as well as details of their immediate support network and any other assistance they were already receiving, for example from family members. There was also some evidence of feedback being sought from people during care plan reviews. For example, a person had responded positively to questions about care workers punctuality, experience, continuity and being treated with dignity and respect.

Staff we spoke with confirmed there was generally a care plan in people's homes. We were informed the only exception to this was when people first joined the service and their care plan was still being written. Staff told us where this was the case they were able to ring the office to obtain details of the care and support the person required. We were informed care plans were usually created and put into people's homes quickly. One of the staff members we spoke with talked positively about the new care documentation the service had introduced. They told us this was much easier for staff to use and included a summary outlining the care the person required during each call. All of the staff members we spoke with told us people's care records provided them with sufficient information about people's needs and the support they required.

The care delivery director told us the service was not prepared to economise on the time taken to provide care. They had recently reviewed people who were contracted to receive 15 minute visits and followed up with commissioners where staff did not have enough time to meet people's needs. Staff we spoke with told us they felt they were generally allocated sufficient time to provide people with the support they required. One staff member also told us if they felt they were not allocated sufficient time they were able to refer this to the office for them to decide whether or not the person's needs should be re-assessed.

People we spoke with told us staff stayed for the full length of their scheduled call, though we received numerous comments from people and their relatives about staff being late for calls. Although people and their relatives were understanding about this, with one person saying; "They (staff) get held up, it is difficult for them, it's not their fault." We were however told that people were not usually informed by the office staff if their care workers were going to be late. Comments included, "The care worker asked the office to say they were going to be late but the office does not keep you informed" and "Nobody has ever rung me from the office to say there is a hold up." Staff we spoke with told us they were not always allocated time to travel between calls and this meant they were not always able to keep to time. Although staff told us they would contact the office to inform them of this they confirmed what people had told us about these messages not always being passed on.

The service was aware of the need to respect people's preferences. A care co-ordinator showed us how details about people's preferences for the gender of care worker could be entered into the electronic system for allocating visits. They told us this would be changed if at any time a person changed their mind.

Care plans were generally written in the first person although we received mixed feedback from people and their relatives about their involvement in their care planning. Information was however captured in these records about any assistance people required in order to communicate their needs. Flexibility was built into care plans to take account of people's fluctuating abilities. For instance, one person's plan gave guidance to staff about encouraging them, when able, to be independent with personal hygiene tasks.

Staff we spoke with were aware of the importance of involving people in their care and treatment. They told us when providing care to people they would first explain what they planned to do and seek the person's permission. Staff told us they would then promote people's independence by encouraging them to do things for themselves where they were able.

Some people's care records showed they had confirmed receipt of information from the service. This included the provider's statement of purpose and, if applicable, the terms and costs of their care services.

Staff received training around professional boundaries and the handling of sensitive information. People were asked if they agreed to their personal information being shared with other professionals and signed statements to this effect.

Staff we spoke with were aware of the importance of respecting people's privacy and dignity and were able to give examples of how they did this. Staff also explained the importance of maintaining confidentiality.

Requires Improvement

Is the service responsive?

Our findings

At our last inspection we had found many people's care had not been routinely reviewed. Care plans did not reflect changes in needs and the extent of services that people received. The provider told us they had put a plan in place for reviewing and updating care plans. The care delivery director informed us the reviews had been prioritised according to people's vulnerabilities, were monitored on a weekly basis, and were now all up to date.

The care records we examined confirmed that staff had carried out the reviews with people and their relatives. New care documentation had been completed with assessments of needs and risks, care plans and the support required at each visit. This gave staff sufficient information about the ways to meet the person's needs and their preferred routines. The care plans were individualised and addressed a range of needs including support with personal care, mobility, continence, nutrition, medicines and communication. They were often sensitively recorded, for example, specifying how to ensure the comfort of people. Comprehensive, detailed care plans were in place for a person with complex needs. Their care was mainly provided by another of the provider's services and supplemented by care workers from the branch.

The service was rarely commissioned for the sole purpose of supporting people with their leisure interests and to access their community. Some elements of social inclusion were at times incorporated into people's planned care. For example, one person's care plan stated if they chose to go shopping, care workers would accompany them and arrange taxis which had been adapted for wheelchair use.

Staff, people using the service, and relatives were able to telephone the office during the day or the on-call system that was operated outside of office hours. This enabled the manager or senior staff to respond promptly to any queries or concerns. An on-call log was kept that showed the actions taken when contact was made. This included arranging cover for visits when staff took sick leave, responding to calls about care workers being late, and staff reporting on people's welfare.

We were informed the provider's policy was to review people's care on an at least an annual basis and more frequently, if people required this. Review dates were captured on the provider's customer compliance reporting tool (CCRT). Office staff were able to access the CCRT to extract information about when reviews were due. We saw a colour coded system was used. Red indicated overdue reviews, amber was for reviews which were coming up and green for those which were compliant. Office staff had started to use this information to plan reviews in advance of when they were required. At the time of the inspection the CCRT did not show any reviews as being overdue.

17 complaints had been logged about the service in the past year. These were recorded electronically with the nature of the complaint, the investigation findings and root causes. Themes of complaints were identified and actions taken in response included reinforcing with staff the need for improved communication. The complaints system prompted safeguarding concerns to be notified to the Care Quality Commission and local safeguarding authority. All complaints were assigned to the Care Delivery Director to check and approve before being closed off as resolved.

People we spoke with told us they were happy with the overall care they received and as such they did not have any complaints. However people confirmed if they did feel the need to complain they would, "Tell one of the girls (care workers)" or contact the office.

A number of 'thank you' cards were displayed in the office, most of which were from people's relatives praising care workers. Further compliments were logged about care workers being helpful and caring and one had led to a worker being named 'carer of the month'.

We found the provider issued an annual satisfaction survey to people using the service and were informed that quarterly surveys were conducted to obtain feedback from care staff. The care delivery director advised the results from both of these surveys were compiled by head office before feedback was provided to the branch. We reviewed the feedback from the latest satisfaction survey which had been undertaken with people using the service during June and July 2016. We found a number of the comments received from people were similar to the feedback we had received. This included the lack of a rota, which meant people did not always know who was coming to support them, poor communication from the office and care workers not arriving on time. People also commented that they felt issues raised with the service had not been resolved. The fact we received similar comments from people and their relatives at the time of this inspection showed any actions undertaken by the provider following completion of this survey had not been effective in resolving these issues.

Inadequate

Is the service well-led?

Our findings

People and relatives we spoke with told us they did not have much involvement with the office staff who were responsible for managing and co-ordinating the service. People told us they only contacted the office if they needed to and we received mixed feedback about the level of communication they received when they did. Although one person told us, "The office is fine," others felt messages were not passed onto care staff and vice versa. For example, one person told us "The problem is they don't communicate with each other. I've cancelled but they come anyway. They (office staff) don't pass it on to the care worker." Another person said, "They (care workers) are not always on time, but the office do not let me know" and another person said they felt care workers did not always pass messages onto the management. In addition to this, we found some of the people and relatives we spoke with had not provided feedback to the office where they were unhappy or required changes to their care. For example, a relative informed us staff had turned up unannounced to complete a review of their family member's care and treatment. The relative felt this was inappropriate but told us they had not contacted the office, stating "I didn't raise it as I didn't want to cause any problems."

The service's registration includes a condition to have a registered manager in post. The service had not had a registered manager in post since June 2015. Since the last registered manager left, the provider had appointed an acting manager, however we were informed they had left at the start of 2016 prior to gaining their registration. At the time of our previous inspection, the registered manager from another local branch was providing management support by attending the office two days per week. The care delivery director was also assisting in overseeing the service and attended the office on a regular basis to support staff. At the time of this inspection a new manager had been appointed and was in the process of applying for their registration with the Care Quality Commission. We were informed when they first started they had been provided with support by another registered manager and had spent time at another branch to get a better understanding of what their role involved.

The care delivery director told us there were regular meetings held where the management and care co-ordinators discussed the business and running of the service. However, there was no documentary evidence of these, other than one meeting held in September 2016 between the care delivery director, the acting manager at that time, and the care co-ordinators.

We found that office staff had not always received the support they required to perform their roles effectively. The three care co-oridnators had received limited support in terms of supervision and appraisal. Although we saw evidence of quarterly meetings for all staff took place, we found regular meetings were not held with office staff to discuss the day to day management of the service. The manager told us this was something they were already aware of and that they planned to introduce these going forward.

At our previous inspection in July 2016 we found appropriate arrangements were not in place for the safe management of medicines. We found governance measures in place at this time were ineffective in mitigating risks to people's safety and welfare and improving the quality of the service. Although audits were undertaken of people's medicine administration records (MARs) we found these were not fully effective at

identifying and resolving discrepancies. As a result we found the service was still in breach of the regulations regarding safe care and treatment.

During this inspection we found some improvements had been made to the governance measures. Audits of MARs were taking place on a more regular basis and records revealed these identified more than just gaps which is what had been found during the previous inspection. Although we saw evidence action was taken to address issues identified with staff members, there was no evidence discrepancies were investigated to establish whether people had received their medicines as prescribed. In addition to this, we found the service did not have a sequential system in place for ensuring people's MARs were being returned to the office. For at least one of the people whose records we reviewed we found a MAR to be missing. This meant the service did not have a complete record of the care and treatment provided to this person.

We asked about the systems used to monitor and improve the effectiveness and quality of the service. We were informed the service had a range of electronic systems which could be used to monitor the service. These included the compliance reporting tool (CRT), customer compliance reporting tool (CCRT) and the scheduling key performance indicators system (SKPI). CRT provided information about staff compliance in relation to training and we found where staff training lapsed it was not possible to allocate them to complete calls to people using the service until this had been rectified. CCRT provided information to staff about the people using the service. This included when they were due for their next review as well as the frequency at which their log books and MARs were being audited. We were informed the CCRT system was used by office staff to plan work that needed to be completed for the following month. SKPI provided information about the overall performance of the branch and could be used to track calls that still needed to be allocated

The branch manager was responsible for completing monthly audits. This involved a review of at least two staff files and two care records each month. However we found the records held in relation to these audits was limited. As part of this process the branch manager completed a spreadsheet which posed a series of questions about each record being audited. Three rating options were available of met, partially met or not met. For each question examples were provided of why a particular rating would be selected. However we found the audit tool did not capture details of the specific reasons why a rating had been selected. Nor did it provide details of the specific actions taken where either a partially met or not met rating was awarded.

Audits had not always been conducted at the frequency outlined in the provider's standard operating procedures. For example, we found log books for six people using the service had not been audited for a period in excess of one year. The provider's standard operating procedure noted 'Every customer must have at least one log book audit and one MAR chart audit every six months.' We found where issues had been identified as a result of the completion of these audits, the management had not always been able to address these as some of the staff had since left the service. However, we found the service had subsequently taken action to schedule audits for people using the service and at the time of the inspection we found the service was up to date for the completion of all audits

Overall, we found that auditing systems, to check and validate the care people received, were not well organised. Records, including log books of visits and medicine administration records were not being returned to the office systematically for auditing purposes. The quality of some audits was also questionable, as they had failed to highlight concerns we found during the inspection. For example in one of the recruitment records we reviewed we found discrepancies between the staff recruitment file and the provider's standard operating procedure had not been identified during the audit. The service's standard operating procedure for collecting references stated that whilst two references would be sought and attempts made to obtain these, where this was not possible the provider would accept potential staff

members with one reference. This was on the condition that the reference was from the previous employer and where this would not be in contradiction of specific contractual requirements. However, in this particular record, although the reference was from the previous employer it was completed by a colleague and only covered the dates between which the person had been employed. Although the audit tool specifically stated where only one reference was present; 'Reference must be from a superior' this had not been identified during the audit. The provider's standard operating procedure allowing them to accept a potential staff member with only one reference was also in contradiction to the specific contractual requirements of one of the local authorities who commissioned care from the service on people's behalf. This had also not been identified by the service.

Feedback was requested from people using the service through the use of satisfaction surveys. However we could not conclude that action taken in response to feedback provided by people was effective in terms of improving the service. This was based on the fact people and their relatives raised similar comments during the inspection to those raised during the most recent survey completed in June and July 2016.

These issues were a breach of Regulation 17 of the Health and Social Care Act (Regulated Activities) Regulations 2014.

We found that the management and senior staff did not have a clear understanding of the 'duty of candour' regulation. This duty requires providers to be open, honest and transparent with people about their care and treatment and the actions they must take when things go wrong. No policy was place, though the care delivery director told us the duty was to some extent built into other policies such as whistleblowing.

At our previous inspection in July 2016 we found although new care documentation had been developed, this had only been introduced for around 50% of the people using the service. We also found annual reviews of people's care and treatment had not been conducted and care plans did not always accurately reflect people's needs. In addition to this, there was no robust plan in place for completing the new care documentation for the rest of the people using the service.

During this inspection we found all of the people using the service had now received a review of their care and treatment. New care documentation had been introduced by the provider which was less onerous for staff to complete. The service used an electronic system to monitor review dates for people's care records. We were informed this system was checked on a regular basis and used by the care co-ordinators and field care supervisors to schedule reviews in with people using the service.

The provider had an award scheme whereby staff were nominated to receive a gift voucher in recognition of good practice. The latest nomination was for a care worker who had been praised by a person's family for the way they had dealt with an emergency situation.

A staff member spoke highly of the support they had received during and following a period of ill health. They told us adjustments to their role and flexible working hours had been accommodated by the provider.