Prioritising People's Lives Ltd

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Inspection report

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Ratings

Overall rating for this service	Requires Improvement

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

Summary of findings

Overall summary

This inspection took place on 16 August 2017. This was an announced inspection. We told the provider two days before our visit that we would be inspecting, this was to ensure the manager would be available during our visit.

Prioritising People's Lives Ltd is a domiciliary care service that provides personal care to older people and people with learning and physical disabilities within their own home. It is based in Stockton-on-Tees and provides care and support to people in the Teesside area. At the time of inspection there were 43 people using the service.

The service was last inspected in April 2017 and rated Requires Improvement.

We issued a formal warning telling the provider that by 19 May 2017 they must improve the following area. Regulation 19: Fit and proper persons employed. The registered provider was employing staff without requesting a Disclosure and Barring Check (DBS). The Disclosure and Barring Service carry out a criminal record and barring check on individuals who intend to work with children and vulnerable adults. This helps employers make safer recruiting decisions and minimise the risk of unsuitable people from working with children and vulnerable adults.

We reviewed the action the registered provider had taken to address the above breach of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. We also checked what action had been taken to rectify the breach of regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. The breach was due to training records being unclear and ineffective at monitoring staff training. People's care plans did not always contain detail on what support people needed or wanted and quality assurance checks were not always effective at identifying or resolving issues. The provider sent us an action plan stating they would be compliant by 26 May 2017.

At this inspection we found that all staff had a DBS check in place and training records were now updated with evidence of training in place for all staff. We have made a recommendation around recording of decision making in staff files. However, we found issues with the safe administration of medicines and a lack of risk assessments, which quality assurance checks had not highlighted. Therefore we could not evidence that quality assurance checks were always effective.

The service had a registered manager. 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.

Risks to people arising from their health and support needs were not always assessed, and plans were not in place to minimise them. Risk assessments were not specific to the person. Where staff could be at risk

arising from the premises or the area of the premises were identified but no risk assessments were in place to mitigate the risk.

We could not evidence medicines were administered or recorded safely.

There were enough staff to meet people's needs. We saw from looking at rotas that people received calls from the same staff each week. There was no evidence of missed or unallocated calls.

Staff understood safeguarding issues, and felt confident to raise any concerns they had in order to keep people safe.

Staff were now receiving training to ensure that they could appropriately support people, and the service used the Care Certificate as the framework for its training. The Care Certificate is an identified set of standards that health and social care workers adhere to in their daily working life. Staff had received Mental Capacity Act (2005) and the Deprivation of Liberty Safeguards (DoLS) training, however when asked they could not explain their understanding of the act. Up until and including July 2017 staff received training in up to 14 subjects over one or two days. We have made a recommendation about reviewing the staff's understanding of this training.

Staff received support through supervisions at least five times a year and yearly appraisals. Staff felt confident to raise any issues or support needs they had at these.

The service had a clear complaints policy that was applied when issues arose. People and their relatives knew how to raise any concerns they had.

Care plans provided information to guide the care staff on what was needed at each call. However, we found care plans were not updated in a timely manner when people's needs changed.

Limited feedback was sought from people, relatives, external professionals and staff to assist with assuring the quality of the service.

Staff felt supported by the manager and the provider.

The service had quality assurance systems in place. However, these had not recognised the concerns we raised.

We identified two breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. You can see what action we told the registered provider to take at the back of the full version of the report.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement

The service remains requires improvement

We could not evidence people received their medicines in a safe manner.

Risks to people were not all recorded.

Staff understood safeguarding issues and felt confident to raise any concerns they had.

There were enough staff to meet the needs of the people. Pre-employment checks were completed to minimise the risk of unsuitable staff being employed.

Is the service effective?

Requires Improvement

The service was not always effective.

Staff received training to ensure that they could appropriately support people. However we have made a recommendation on the processes to valid the knowledge learnt from staff training.

Staff were supported through supervisions and appraisals.

Staff had little understanding of their responsibilities under the Mental Capacity Act.

Is the service caring?

Requires Improvement

The service was not always caring.

Staff treated people with dignity, respect and kindness.

People were supported by staff who knew them well and understood their individual needs.

Staff encouraged people to maintain their independence.

The service supported people to access advocacy services when needed.

Is the service responsive?

Requires Improvement

The service was not always responsive.

People's needs had been assessed and care plans outlined their personal preferences and how they should be supported. However the care plans were not updated in a timely manner when people's needs changed.

The service had a complaints policy, and people and their relatives knew how to raise issues. Outcomes to complaints were not recorded.

Is the service well-led?

Requires Improvement

The service remains requires improvement

Checks to monitor and improve the quality of the service were carried out however were not effective in finding the concerns we raised.

Staff felt supported by the provider and manager.

The manager understood their responsibilities in making notifications to the Care Quality Commission.

Prioritising People's Lives Ltd

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 16 August 2017.

The inspection team consisted of one adult social care inspector, one specialist professional advisor (SPA) and one expert by experience. A SPA is someone who has professionalism in this area. 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 service, including the notifications we had received from the provider. Notifications are changes, events or incidents the provider is legally obliged to send us within required timescales.

The provider was asked to complete 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. The provider returned the PIR in a timely manner.

We contacted external healthcare professionals to gain their views of the service.

During the inspection we spoke with four people who lived at the service and five relatives via the telephone. We looked at five care plans, and medicine administration records (MARs). We spoke with four members of staff, including the provider, registered manager, senior support worker and a support worker. We looked at 10 staff files, including recruitment records. Due to staff being busy on calls we sent a questionnaire to all

staff and four were returned.

Requires Improvement

Is the service safe?

Our findings

During our inspection, we looked at the arrangements for the management of medicines. We found medicines were not administered in a safe manner. When a medicine had a change of direction or new medicine was introduced, we could not see the care plan was updated in a timely manner. The medication administration records (MARs) only listed the name of the drug not the strength, dose or any specific instructions such as to take with food.

For two people whose records we looked at staff may not have administered medicines at the appropriate time in terms of drug/food interactions. There was no evidence the medicines were administered at the time they should be or the way they should be. One person was prescribed Alendronic Acid tablets once weekly. This tablet has specific instructions such as take on an empty stomach, with a full glass of plain water and to remain upright for 30 minutes after taking. Alendronic Acid should also never be taken with other medicines. We saw nothing in the care plan or on the MAR stating these instructions. We asked the staff member who administered this medicine, how this medicine was administered along with other medicines as the person only had a 15 minute call. We were told that staff administer it along with all the other medicines and they were not aware of any other instructions. This meant that staff were administering medicines without knowledge of how to do this properly. The services own medicine policy stated that 'specific instructions for giving a medicine must be documented on the MAR along with the name, formulation, strength, how often or time the medicine should be taken and route of medicine.' This meant the provider, manager and staff were not adhering to their own polices or good practice. The provider contacted the person's social worker straight away and arranged an extra earlier 15 minute call for staff to start administering the medicine separately.

Where people were prescribed topical creams or lotions, there was not always specific guidance on where to apply them. We asked a member of staff where a person had their specific creams applied. This member of staff could tell us where they applied the cream but said this was not documented anywhere. This meant that a new staff member or someone who may have to cover the call urgently would not know how to apply the topical medicines. The care plan for one person said apply cream to left leg, then further in the care plan it was recorded that creams needed to be applied to their right leg. We questioned this and were told it was due to the person being sensitive to the catheter bag attachment which could be attached to either the right or left leg. This was not recorded in the care plan. The services policy stated, 'Care plans should detail how the medication is to be administered, including sites for topical medicines. Body maps should be used for each topical medication required.' Due to no body maps being in place the service was not adhering to their own medicine policies or best practice.

Where people were prescribed medicines 'when required' (PRN), there was no guidance on how to administer these medicines. For example, what symptoms were displayed to guide the use of PRN, how long a PRN can be used for and when a PRN can be used. The service's policy stated, 'Prioritising People's Lives Ltd will ensure there is a specific plan for PRN medication and this is written in the Service User's Care Plan and ideally kept with the MAR chart. The Service User's response to the PRN medication will be monitored and if PRN medication is given regularly then a referral to the prescriber will be considered for a re-view of

the Service User's medication, as their medical condition may have changed and the treatment required may need altering.' We saw one person had their PRN medicine administered every day and they had never been referred to the prescriber.

MAR charts were audited on a monthly basis but the checks were mainly for missing signatures. There were no checks to see if people had their medicines as prescribed or when they wanted them. The lack of information in each care plan about people's medicines regimes did not allow for anything other than missing signatures to be checked.

This was a breach of Regulation 12 (Safe care and treatment) of the Health and Social Care Act (Regulated Activities) Regulations 2014.

Risks to people were assessed, however plans were not always put in place to minimise them. One person's care file we looked at stated they were at risk of falls, the risk assessment stated they were at risk of falls but nothing was in place to mitigate this risk such as keep floors clear, check for trip hazards and make sure mobility aids are within reach. The provider implemented a sheet to add to care files to record how to mitigate risks of falling during the inspection.

Where people had key safes, there were no risk assessments in place, even though one person had raised a concern that the key safe was left open at times. Due to other health care professionals entering the house this may not have been the care staff, however the risk was still present. Where people had catheters in place there was no specific plan or risk assessment. One person's catheter had been problematic for example bypassing, but there was no specific guidance on what staff should do if this happens. Another person who could demonstrate challenging behaviour, had no plan or risk assessment in place to support staff with this. Another person who was diabetic had no recorded information on the risk of diabetic complications. The provider said this information was in the file in the person's own home. Care plans should be implemented then a copy goes to the home and a copy stays in the office. They should be a mirror image of each other, therefore if there was one in the person's home we would expect to see the same one in the office.

This was a breach of Regulation 12 (Safe care and treatment) of the Health and Social Care Act (Regulated Activities) Regulations 2014.

We asked people who used the service if they felt safe whilst receiving care from Prioritising People's Lives. People we spoke with said, "Most of the time I do feel safe, but this morning I found my backdoor unlocked, this has frightened me, the care workers should make sure the door is locked." Another person said, "Yes I do feel safe, the care workers are good to me." And a third person said, "I am very happy and safe with my care workers, they are good, I have no complaints at all."

Relatives we spoke with said, "I have no issues at all with safety for my relative." And "My relative always feels safe." And another relative said "Yes my relative does feel safe. There have been many care workers that have changed but safety has never been an issue. "

Staff we spoke to had a good understanding about safeguarding and how to raise a concern if needed. They told us, "Safeguarding ensures that the service user and staff are not at risk." Another staff member said, "I would report it [abuse] immediately and take notes."

Staff we spoke with said they thought there was enough staff on duty and they had time to get to one appointment from another. We saw from looking at rotas that people received calls from the same staff

each week. There was no evidence of missed or unallocated calls. People who used the service said, "I have a rota given to me, they [care workers] are slightly late but they do let me know, I think it is because they are short staffed." Another person said "I am really happy with the carers, they come on time and they deal with all my tasks." And another person said, "I have no problem, the care workers are on time and they complete all the jobs I need them to."

Relatives we spoke with said, "They [care workers] are reasonably on time, I do not get a rota in advance for my relative. We have requested for a change in the timings as we feel that from the first visit to the last visit there is a large gap. We are waiting for the management to come back to us." Another relative said, "The carers are good but there is a problem, we are supposed to have two care workers for my relative and on recent occasions only one carer has turned up. I have to help this recently happened last week on two occasions. Further we have one carer (male) who comes and there is an issue with his competency. We have reported this and my relative does not feel comfortable with him, this has lead for me to be present at all times when he comes. The company have just told us they are short staffed so we have to put up with it. Further we get a rota but the rota is not adhered to it's a total miss match. They say staff shortage, that's why it's changed, otherwise generally the care workers who do turn up are on time or they ring us if they are late." Another relative said, "They are late a few minutes but usually on time. We do have a problem with the carers who come without transport, this is a problem for me, I am expected to drop and pick them up. This does not give me time to do my own things, I am not well myself. The company I have spoken to and I have asked them to send a care worker with transport, they have told me to arrange a taxi I cannot afford this for my relative as I am on benefits."

Two further relatives said, "We have no issues with the timing, the care workers do turn up and they do complete all the tasks." And "Give and take a few minutes late, some care workers do rush off but generally they complete all the works." Another relative said, "The company seem to be suffering a lot due to staff shortage. The biggest problem we feel is with management and administration, the paperwork is wrong, things like recording the allergies have not been noted on the paperwork for my relative, rotas are not adhered to. The owner gives impression they know what is going on and they tell us staff are competent and trained. One care worker we have is certainly not. This does not leave us with confidence in the company." We have passed these comments onto the provider and manager. The provider assured us and we saw evidence of staff training now being undertaken by an external provider. This training was lasting longer and covering more subjects.

At our last inspection in April 2017 we found a breach of regulations. The provider was employing staff without requesting a Disclosure and Barring Check (DBS).

During this inspection we saw recruitment procedures were now in place to ensure suitable staff were employed. Applicants completed an application form in which they set out their experience, skills and employment history. Two references were sought and a Disclosure and Barring Service check was carried out before staff were employed. The Disclosure and Barring Service carry out a criminal record and barring check on individuals who intend to work with children and vulnerable adults. This helps employers make safer recruiting decisions and minimise the risk of unsuitable people from working with children and vulnerable adults. The regional manager said they were requesting a new DBS for all staff, every three years. However, where people had gaps in employment, criminal records or the references were not suitable, there were no records kept of what the service had done about this. The manager could explain what they had done in response and said some details were held on the computer but not in the records. The manager showed us these details. We recommend the manager records evidence of decision making.

Requires Improvement

Is the service effective?

Our findings

At our last inspection in April 2017 we found the provider was not meeting legal requirements as training records were unclear and ineffective at monitoring staff training.

During this inspection we looked at the training records for staff. We could see that up until and including July 2017 staff had received training over one or two days in 14 different subjects. This included moving and handling, safeguarding, health and safety, medication awareness, fire safety, food hygiene, equality and diversity, The Mental Capacity Act (MCA), Deprivation of Liberty Safeguards (DoLS), infection control, catheter care, protecting children and first aid awareness. We asked staff about their understanding of DoLS and MCA and they could not answer. We raised concerns with the provider about the effectiveness of this amount of training in one or two days. The provider said they had now brought in an external company to complete training, which also included dementia, over a week. We saw evidence that this had taken place for new staff in August 2017.

We recommend the provider has a system in place to confirm staff understanding of the training they received.

New staff undertook a twelve week induction programme, covering the service's policies and procedures and using Care Certificate materials to provide basic training. The Care Certificate is an identified set of standards that health and social care workers adhere to in their daily working life. It sets out explicitly the learning outcomes, competences and standards of care that will be expected. The provider explained that all staff were to complete the Care Certificate. Staff also received competency assessments in medication and moving and handling. One staff member said, "My induction was fantastic, I shadowed for two days and had two days in the office for training which was very informative."

We asked people who used the service and their relatives if they thought staff were suitably trained and had the correct skills to do the job. People we spoke with said, "The majority of them [staff] are trained, they do have ones that come and have to be trained, these are the new care workers." Another person said, "Yes the care workers are trained, they are good."

Relatives we spoke with said, "The care workers are generally competent but we have one care worker who is not competent, my relative has lost faith in them and does not feel comfortable with them. There have been mistakes with the inserting of the catheter and placing the sling holes correctly. I have to remain there all the time in their presence. We have told the company but they have just replied they are short of staff." Another relative said "They seem to be fine, sometimes they do the work a little quickly." And a third relative said "Yes they are trained, we have no issues with this."

Staff were supported through supervisions and appraisals. Supervision is a process, usually a meeting, by which an organisation provides guidance and support to staff. We asked staff if they found the supervisions useful. Staff we spoke with said, "I find them really helpful, we talk about how we feel, we get feedback from other staff and service users. We talk about our strengths and things we could improve on." Another staff

member said, "The supervisions are in-depth and very thorough and also very supportive." Supervisions took place five times a year or more if necessary. During supervision staff had the opportunity to discuss their views on the delivery of the service, any concerns and what they wanted from the supervision. Feedback was sought from colleagues and people who used the service which was also discussed at supervision. The yearly appraisal discussed the staff member's personal development and agreed objectives for the upcoming year. This meant that staff were being offered support in their role as well as identifying their individual training needs.

We checked whether the service was working within the principles of The Mental Capacity Act 2005 (MCA). The MCA provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. When questioned staff demonstrated no understanding of MCA and DoLS. We saw no evidence of signed consent in care files. However we were told that the completed signed consent forms were in the persons own home and arranged for copies to be sent into the office for us to look at. We discussed the need to keep the office copy and the home copy exactly the same. The provider agreed to make sure this happened.

Where a need had been identified people were supported to maintain a balanced diet. Staff helped by preparing meals, snacks and drinks. All staff had received food hygiene training. However, one person's care plan stated that the teatime meal was to be prepared at lunch and placed in the fridge. We saw from daily records that staff were preparing the teatime meal at teatime. There was a risk that a staff member coming in at teatime and following the care plan would think the teatime meal had been prepared, therefore they did not need to prepare one and that person would go without. If the staff were now preparing meals at teatime the care plan needed to be updated to reflect this. One relative we spoke with said, "My relative is very fussy with food, the care workers are good and they give them what they want."

We saw evidence in peoples care plans that the service worked with external healthcare professionals such as community nurses and the community mental health team.

Requires Improvement

Is the service caring?

Our findings

People and their relatives told the staff were kind and caring. One person said, "Oh yes they [staff] are extremely friendly, they speak to me and the manager comes to see me when there is a shortage of staff, that is really nice." Another person said, "They [staff] take their time with me, I have used them once and so I am very happy with their attitude." One person said, "The care worker is very nice, but when I have a shower I do not have my hearing aids in and I cannot understand them, that is my only concern." And another person said, "Some care workers are good, some are not, they do not listen to me, they do not do the washing up when they should, I think it is because they get lazy."

Relatives we spoke with said, "They [staff] make my relative giggle, they are very jovial and this is good." Another relative said, "We are generally happy with the care workers, they are very caring, they discuss matters with us and are very considerate." And another relative said, "They [staff] are very nice with my relative."

We asked staff how they supported people's privacy and dignity. Staff we spoke with said, "I always close the door and the curtains." Another staff member said, "We as carers do not discuss service users with anyone else unless its management." And another staff member said, "When assisting with dressing, we ensure that curtains are closed and we allow the service user time to get themselves ready if able."

We asked staff how they promoted people's independence. Staff we spoke with said, "I don't assume they [people] can't do anything, I make sure they do what they can do to the best of their ability." Another staff member said, "We promote independence by encouraging service users to complete tasks they can with minimal help from ourselves. An example of this is, showering, we promote their independence by assisting with their back and lower legs as these tend to be the areas of the body they struggle to reach." Another staff member said, "Support them to carry out any tasks they can still do."

We asked staff what they thought was important in terms of interacting with people and what they thought people valued. Staff we spoke with said, "People value conversation, confidentiality, dignity and care workers listening to them." Another staff member said, "I think the service users value a carer that is out going, soft hearted and that makes time for conversation." And another staff member said, "Key terms of interacting with people are listening to one and another. As well as this, speaking up where it is needed and ensuring that what you say doesn't offend the individual. These are traits that they will value as they feel like you understand them and that you're respecting them."

At the time of inspection nobody at the service was using an advocate. Advocates help to ensure that people's views and preferences are heard.

Requires Improvement

Is the service responsive?

Our findings

During our visit we reviewed the care records of five people. Before people started using the service their support needs were assessed in a number of areas, including medicines, communication, personal care and mobility. Where a support need was identified a care plan was developed setting out how it could be met. Some care plans we looked at contained person-centred information on people's support needs. Person-centred planning is a way of helping someone to plan their life and support, focusing on what's important to the person. However, work needed to be done to make sure all care plans were person-centred and updated to reflect current needs.

One care plan stated the person had poor mobility and now remained downstairs getting a strip wash in the kitchen. A staff member we spoke with explained they had encouraged this person to climb the stairs with their support and have a shower stating, "They love having a shower and are doing so well." However the care plan was not updated to reflect this new ability. The provider said this had only recently happened, though we could not evidence this. Communication plans provided limited information. There was no clear guidance for staff on how to communicate or understand someone who may use nonverbal clues. One person had reverted back to their first spoke language since their dementia had progressed. We could not see evidence documented on how to communicate with the person. However, this person required two members of staff to assist and the service always made sure one member of staff who spoke the language attended the call. A staff member we spoke with said, "I can't speak the language but I am trying to learn certain words so I can communicate." This meant that although records needed to be updated, staff were providing person centred care.

Daily communication notes were kept for each person, which were concise and information was recorded regarding basic care, hygiene, continence, mobility and nutrition. This was necessary to ensure staff had information that was accurate so people could be supported in line with their up to date needs and preferences. We saw that the daily communication sheets were audited on a monthly basis. Where staff had left the sign out time blank this was discussed in supervisions.

Care plans were reviewed annually or as people's needs changed. However we found they still did not reflect people's current needs.

Although staff were providing person centred care, documentation did not reflect this. This was a breach of Regulation 17 Heath and Social Care Act (Good governance) Regulations 2014

We asked staff if they had time to read the care plans and if they thought they were easy to follow with enough information. One staff member said, "I don't get time to read them, sometimes we are only in the call for 15 minutes and we are too busy." Another staff member said, "I think the care plans have an easy structure, I got chance to read them whilst I was shadowing or while the person has their tea." Another staff member said, "The care plans are easy to follow and we know what is important for everyone from their care plan."

Staff showed good knowledge and understanding of people's care, support needs and routines and could describe the care provided for each person. It was clear they knew people and their needs well.

We asked people and their relatives if they were supported by the same regular care workers which would promote person centred care. People we spoke with said, "I have a group of girls that attend me." Another person said, "I have one regular care worker, the rest change. It is hard because some are lazy, some are good. I am glad I have one that is a regular."

Relatives we spoke with said, "The company have lost a lot of good care workers. In the beginning we had consistency, now due to short staff we get new staff all the time. Rotas are given but the person is not the same on the rotas, they say it has changed due to staff shortage." Another relative said, "We do have regular care workers that see my relative."

The provider said they encouraged people to attend day centres and places of worship. They said, "We have supported one person to access a temple after having no contact with the temple for five years." One staff member said, "We provide social calls so people can access the community and do shopping or attend church."

There was a policy in place for managing complaints. This set out what would constitute a complaint, how it would be investigated and the relevant timeframes for doing so. The service had received one complaint since our inspection in April 2017. We saw the complaint had been investigated.

People we spoke with said, "I have no complaints at all." And "I have no complaints whatsoever." However relatives we spoke with said, "I tell them [management] things, such as the transport issue, but they do not listen to me."

Requires Improvement

Is the service well-led?

Our findings

At our last inspection in April 2017 we found the provider was not meeting legal requirements due to training records being unclear, ineffective monitoring of staff training, care files did not always contain detail on the support people needed or wanted and quality assurance checks were not effective at identifying or resolving issues. At this inspection we found that care files still did not contain up to date information on people's current needs and audits were still not effective.

The provider and the manager carried out a number of quality assurance checks to monitor and improve standards at the service. Quality assurance and governance processes are systems that help providers to assess the operation of the service. Audits were carried out in areas including medicines, finance, staff files, care plans and daily records. At this inspection we found audits of medicines and the care files were not effective, as they did not identify the errors in recording that we identified during this inspection. For example the concerns we found with medicines, the lack of risk assessments and care plans not being updated to reflect current needs. We also found information was missing in the care files stored at the office such as signed consent. Information we had to question in staff files was available but not filed correctly.

This was a breach of Regulation 17 Heath and Social Care Act (Good governance) Regulations 2014

The service had a registered manager who had been registered with The Care Quality Commission (CQC) since August 2015.

We asked people and their relatives what they thought of the management. People we spoke with said, "The manager [name] is wonderful, they make the effort with me." Another person said, "The management listen to me, I have no problem at all." And another person said, "I am happy with how the management are with me, totally satisfied." A relative said, "No problem, when I need to speak to someone there is always someone there at the end of the phone." Another relative said, "When the office is closed I do not know what to do. I cannot get through to the office like I used to do before." All comments we received were passed onto the provider.

We asked staff what they thought of the management. Staff we spoke with said, "The manager is educational in the care industry so tells me what I need to know." Another staff member said, "Management are amazing, so supportive no matter how small the query they help you and are there for you."

All the staff we spoke with said they were happy working at the service. One staff member said, "I love it." Another staff member said, "I really enjoy working here, I am new to care."

Relatives we spoke with said, "The company on the whole is okay, but the management should improve communication between us and them. They should contact us and see if we have any issues to raise." Another relative said "Sometimes we do raise issues with management but they forget what issues we raise. I suppose they are doing their best."

We asked the manager how they sought feedback from people, their families and staff. The manager said, "We have tried a different way to get feedback and we are doing surveys on safe, effective, caring, responsive and well led." We saw the survey on safe had been completed in June 2017 and they had received four replies out of a possible 30. Each reply had been reviewed and actioned. For example one person wanted an earlier call time and the manager had arranged this.

A staff survey was completed in July 2017 out of 40 sent they received two back. One staff member had highlighted that risks to staff safety were not supervised or discussed with staff to minimise them. We saw evidence of premises checks in care plans and risks to staff were explored such as poor lighting or slippery surfaces. However, no plans were put in place to mitigate these risks.

The last staff meetings had taken place in July 2017. Topics discussed were the last CQC report, sickness, confidentiality and the social media policy. Staff we spoke to said the meetings were useful. One staff member said, "The meetings provided reassurance to us all and also they vary the times so we can make it to them."

The service had started to develop a monthly newsletter. We saw the May 2017 newsletter which provided information on how to keep well in hot weather, useful telephone numbers, nomination for the British Care Awards, what was happening in the community and a puzzle. They also provided information in people's first language. We asked for further newsletters, but this was the only one they had done. The manager said, "I think we will be doing just a quarterly newsletter instead of monthly."

The provider and/or manager conducted regular spot checks on staff. The provider said, "Spot checks take place quarterly or more often if needed." The spot checks consisted of checking for punctuality, personal appearance, politeness and consideration, respect and privacy to the person in their home, their ability to carry out care and knowledge and skills. Staff confirmed they received spot checks. One staff member said, "My last spot check was done by the field care supervisor is about June/July time. They check my uniform, if my hair is tied up, I have my ID badge, I am not wearing nail varnish, if I wash my hands and if I wear the correct personal protective equipment."

We asked for a variety of records and documents during our inspection. We found these were stored securely. Services that provide health and social care to people are required to inform the CQC of important events that happen in the service. The manager of the service had informed us of significant events in a timely way. This meant we could check that appropriate action had been taken.

We asked staff what they thought the culture of the service was. One staff member said, "The culture is open and honest and the company's values are to be the best you can be."

We asked the provider what their greatest achievement was. They said, "We pride ourselves on making a difference in the community, caring and helping those who need care. We supported one person to turn their life around. This person was neglected and due to numerous interventions and action plans this person now has a well-managed medication system, their home is clean and tidy, they are back in touch with family and doing really well."

This section is primarily information for the provider

Action we have told the provider to take

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

Regulated activity	Regulation
Personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment Risk assessments relating to the health, safety and wellbeing of people were not fully completed and the provider was not doing all that was reasonably practicable to mitigate risks. Medicines were not always administered accurately and in accordance with the prescriber's instructions. The provider and staff were not following the services policies and procedures about managing medicines. 12 (2) (a) (b) (g)

Regulated activity	Regulation
Personal care	Regulation 17 HSCA RA Regulations 2014 Good governance The provider's audits did not identify and assess risks to health, safety and wellbeing. Care plans were not updated in a timely manner to reflect current needs. Care files in the office were not a mirror image of the care files stored in people's homes.17 (2) (a) (b) (c)