Health Care Resourcing Group Limited

CRG Homecare Hackney

Inspection report

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Ratings

Overall rating for this service	Requires Improvement

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

Summary of findings

Overall summary

The inspection took place on the 22 and 23 August 2018 and was announced. This was the services' first comprehensive inspection since they registered with the Care Quality Commission on 15 August 2017.

This service is a domiciliary care agency. It provides personal care to people living in their own houses, specialist housing and flats in the community. It provides a service to older adults. At the time of our inspection 50 people were using the service.

The service had not had registered manager for eight months. There was a branch manager who was currently in the process of becoming 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.

People at the service did not have robust risk assessments as they were not accurate and did not include details about people obtained as part of their needs assessment or initial assessment of need. We found medicine's, falls and nutritional risk assessments incorrectly completed.

Medicines management was not robust. The level of support people received did not always correspond to the assessment of need. Medicine administration records were not always completed accurately and had medicines listed that were no longer prescribed.

Staff knew what abuse was and who to report an allegation of abuse to. However, not all staff were aware of the whistleblowing procedure and where to report concerns outside of the service.

Staff recruitment improved in later files we viewed. Pre – employment checks and references were now verified in all cases and staff had to complete criminal records checks before commencing employment. The service had introduced competency assessments in maths and English for new staff joining the service.

People told us they felt safe in their home with staff at the service but staff did not always arrive on time especially at weekends.

Staff received a full induction which included mandatory training and training in the care certificate. Staff received regular supervision where they were informed about their current performance and areas for improvement.

People received an assessment of needs and people told us they thought staff were good at their jobs.

People were supported with nutrition and hydration if they had been assessed as needing support in this area. Some nutritional support staff provided was outside the remit recorded in the care plan and risk

assessment. We informed the branch manager of this.

People were encouraged to make their own decisions and where people lacked capacity Mental capacity assessments were carried out but in some cases these were not completed correctly. We have made a recommendation about the understanding of the Mental Capacity Act 2005.

People were supported to maintain good health as staff from the service helped them to access health professionals as needed.

People thought staff were kind and caring and respected their privacy and dignity. Relatives were not so positive and had not so good interactions with staff from the service.

People's spiritual and cultural beliefs were respected and supported by staff and the service was inclusive and non-discriminatory.

People's confidentiality was respected and staff did not discuss people outside of the service.

Care plans were person centred and gave information about the person so staff at the service could get to know them. However, care plan reviews did not take place in a timely manner and where reviews did take place information from the reviews was not updated promptly on people's care plan.

Call monitoring records showed that staff were not arriving at the correct times or staying for the duration of the call which meant care was not always responsive to people's needs.

The service responded to complaints and staff supported people to make a complaint if they were unhappy with the service. However, some people and relatives told us they did not always make a complaint when they were dissatisfied with the service. We have made a recommendation about the management of complaints

End of life wishes were not always discussed with people at the service.

Governance was not robust at the service. The provider audited the service and provided them with an action plan to work through. The branch manager had audit tools which were not being used effectively as they did not identify the concerns regarding the quality of documentation, missing information and accessibility of records which we found during our inspection.

People told us they liked the branch manager and thought the service was well led. People and relatives wanted to see an improvement in staff arrival times.

Staff felt supported by management and felt the atmosphere at the branch was welcoming and they appreciated the open-door policy at the branch.

After the inspection the service sent us an action plan with improvements they had made to improve the quality of the service.

We found three breaches of the regulations in relation to safe care and treatment, staffing and good governance. You can see what action we told the 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 was not safe.

Risk assessments were not robust and the service did not fully take into account all of people's current health conditions to mitigate risk.

Medicines were not managed safely as staff were not always completing the MAR chart correctly. Documentation around medicine support was not clear and current medicines people took were not updated after a review.

Recruitment had improved and the service had introduced competency tests in maths and English to assess prospective staff.

Safeguarding procedures were understood by staff but understanding of whistleblowing procedures could be improved.

People told us they felt safe but would like staff to arrive on time to their calls.

Staff wore protective equipment to minimise the risk of infection.

Is the service effective?

Requires Improvement

The service was not consistently effective.

People did receive an initial assessment of their needs from the service.

People told us they received good care when they had familiar staff who understood their needs.

Staff received an induction, mandatory training, training in the care certificate and regular supervision.

People's consent was sought before care commenced. Understanding on how to complete mental capacity assessments needed to improve as some assessments had been completed incorrectly.

People were supported to access healthcare services to maintain good health.

Is the service caring?

Good

The service was not consistently caring.

Majority of people told us they were treated with kindness and respect by staff. However, relatives were not happy with the way staff interacted with their relative.
People's privacy and dignity was respected when personal care was delivered.

People were supported to maintain their cultural and spiritual beliefs and the service was non-discriminatory.

Is the service responsive?

Requires Improvement

The service was not consistently responsive.

Care plans were person centred and the service asked people what they wanted to receive from their care package.

Care reviews did not take place in a timely manner for those identified as high risk.

People expressed their time preferences, but staff were not arriving at the required time or staying for the duration of the call.

People were supported to make complaints. However, relatives were not happy and did not complain to the service.

End of life was not consistently discussed on the files we viewed.

Is the service well-led?

Requires Improvement

The service was not consistently well led.

Governance and quality checks were not robust. The branch received audits from provider level which identified issues. Records were not robust and accurate. MAR charts were out of date and not easily accessible.

People, relatives and staff spoke positively about the manager of the branch and told us it was well led.

Feedback was requested from people, relatives and staff and acted upon.

Staff had team meetings where best practice was shared.	

CRG Homecare Hackney

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.'

We gave the service 48 hours' notice of the inspection visit because it is small and we needed to be sure that somebody would be in to support the inspection.

We visited the office location on 22 and 23 August 2018 to see the manager and office staff; and to review care records and policies and procedures.

The inspection was carried out by two inspectors and an expert-by-experience. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service.

We reviewed information we held about the service which included notifications sent to the CQC and safeguarding concerns. A notification is information about important events which the service is required to send us by law. Before the inspection, we used information the provider sent to us in the 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 viewed five support plans and associated risk assessments and five staff files. We also looked medicine records for two people, minutes of meetings, policies and procedures associated with the service and quality assurance documentation. We spoke to the director of quality care, regional manager, branch manager, two care staff, senior care coordinator, call monitoring office and the staff recruiter. After the inspection we spoke to five people who used the service and six relatives.

Requires Improvement

Is the service safe?

Our findings

The service carried out a number of risk assessments which included personal safety, moving and handling, home risk assessment to check entrance ways and escape routes, security of windows, lighting and nutritional risk assessments. Other risk assessments completed were not always accurate in the information provided or robust. In a care plan a person had informed the service they had type 2 diabetes, however there was no risk assessment about how staff should support this person if they presented as hyperglycaemic or hypoglycaemic. This information was also not transferred on to their nutritional risk assessment along with another diagnosis of acute renal failure. In another example a falls risk assessment had been incorrectly rated, where the service was identifying whether someone was at risk of falls. In this file while the risk would still have been low, there were extra factors the service had been informed of that had not been taken into account which gave an inaccurate assessment of the person's risk such as previous falls and having more than one health diagnosis.

Where people received support with nutrition, the support plan would state whether staff were to prepare meals and to support and record fluid intake. Records did not always state what the person had eaten or had had to drink. In one person's care record it stated the person did not experience difficulties with swallowing or chewing in their risk assessment and they did not require encouragement with nutrition or hydration. We spoke to a member of staff who advised that they had been giving food blended on the advice of a family member which was not in accordance with what had been recorded in the care plan. We made the manager aware of this immediately and they advised they would complete a review. After the inspection the branch manager sent us information to explain only certain food was blended and this was not a result of any swallowing difficulties but due to the person's preference. The person's care plan was updated to reflect this change. Information was in the care plan that if the person did develop swallowing difficulties they would inform the relevant health professionals.

The people we spoke with after the inspection told us they did not receive support with medicines as they didn't take any. Records showed where medicine support was given this was not recorded accurately. Staff were trained in medicine administration however staff understanding of safe practice was not consistent. Staff told us where someone decided not to take a medicine at the specified time they would take their word that they would take it later. However, this caused us concern and posed a risk to people as staff could not be assured they had taken the medicine and the medicine administration record (MAR) would not be completed. We looked at a sample of MAR charts and found unexplained gaps without a code to explain if the medicine had been administered or refused. We brought this to the attention of the senior coordinator who advised the staff member in question had completed training in medicines again. This meant we could not be assured that people received their medicines as prescribed.

Medicines support was not clear, for example we had to seek constant clarification as to whether people needed support with their medicines as the paper work did not match the current position. For example, where medicine assessments said people were prompted with medicine they were having medicine administered instead. The service had documentation to state the reason for prescribed and non prescribed medicines and in one person's care plan this was left blank which meant staff did not know why a medicine

had been prescribed. Records were also not clear about administration by staff where creams were being used for people. For example, we noted a topical cream was not listed as one to be applied by staff and the reason it was needed had not been provided. We spoke to the manager of the service and the director confirmed that the cream should have been listed on the medicine chart and the body chart to explain what it was for.

This person had a care review on 19 January 2018 where it was advised the medicine had changed. This information had not been updated in the support plan and current medication assessment did not reflect the current medicines being taken. The MAR in place was not up to date and had medicines listed that were no longer being taken. We showed this to the senior care coordinator who provided us with an up to date prescription and medication list but this was not reflected in the person's current care package. This put the person at risk of possible harm as medicines were not given as prescribed. The service sent us information to advise they had updated how they manage medicines and have introduced a medicine passport which involved a medicine review for each person.

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

One person said, "Once they didn't come at all and my daughter had to come and help me they didn't phone me and I didn't complain." Another person said, "I don't know at weekend who is coming I recognise most of them but one this weekend I didn't know if she was new to care."

Where people needed two carers to provide support staff told us they tried to arrive at the same time. Where one member of staff did arrive early they would prepare what they needed to start personal care such as toiletries and bowls of water. Staff we spoke to who worked in a pair told us they would never attempt to lift someone on their own as it was not allowed and if the other carer failed to arrive they would call the office. One person said, "Not always on time one or two will arrive late they do usually call me but it depends on the carer. I have spoken to the ones who don't call and are late and it has improved lately." A relative said, "[Person] has two carers and they do usually arrive together and are usually on time it's never a problem."

People we spoke to told us they felt safe with care staff. One person said, "They are honest and trustworthy I don't have to hide anything, I think having the same ones makes me feel safe with them as I've got to know them well, I could leave £1000 on the table and it would still be there when they leave." Another person said, "I have my alarm which makes me feel safe, it goes to the company and to the paramedics." A third person said, "They don't wear a uniform but do have a badge so I suppose that makes me feel safe, I don't really think about it."

People's care files had information on how to keep them safe when staff arrived at the property. This included information on where to locate a key to enter the property. For example, "Staff to check I am safe and comfortable before leaving, lock the door and return key. Staff also told us they would knock on people's doors and give them chance to answer before entering their home, this information was confirmed in records. One person said, "My carers are very diligent, sometimes my medication knocks me out and they can't get me to answer the door, they will call the office who try calling me and if not then they call my next of kin."

The service had a detailed safeguarding policy which gave examples of the different types of abuse and the procedure to follow but this was not on display within the service. The requirement to display the local authority safeguarding policy and procedure was also a requirement after an internal audit of the service. Staff received annual training in safeguarding adults but knowledge was mixed on the different types of

abuse, with one member of staff saying, "Abuse comes in different ways, verbal, monetary and family forcing them to do something they don't want to, it's abuse." Another member of staff said, "sexual abuse, shouting and person doesn't want to be showered." A third member of staff was not able to describe the different types of abuse.

All the staff we spoke to told us they would report incidents and allegations of abuse to the manager. One member of staff said, "The manager would know what to do, they must do something. I'd keep reporting." Another member of staff said, "I'd call my manager, report everything to them." Where the manager was not responding appropriately to an allegation of abuse, staff told us they would report it externally. One member of staff said, "I'd go higher, I might call the CQC, or head office first." Another member of staff said they may call the police, social worker or district nurse." A third member of staff was not sure but advised they would report it to their manager.

Older recruitment files we viewed showed that the reference checking process was not always robust. References were not always being verified when they were sent via an email or on non- letter headed paper. Newer recruitment files had improved and we spoke with the staff member responsible for recruitment who showed us examples of how they contacted references to verify they were who they said they were. Further improvements included the introduction of competency checks in maths and English, records confirmed this. Staff being recruited completed an application form, interview, provided proof of identity, references and completed a criminal records check before they could start work, to ensure they were safe to work with the people they cared for.

The risk of infection was minimised as staff wore personal protective equipment provided by the service. Spot checks we viewed showed they checked to see whether staff were wearing personal protective equipment, staff and records confirmed this.

In the event of an emergency staff advised they would ensure the person was safe contact the emergency services if needed and inform the office. People we spoke to after the inspection advised they were not aware of an out of hours number to call if they needed support from the service but they knew the out of hours number for social services. Records confirmed there was an out of hours number and the senior coordinator confirmed this.

Requires Improvement

Is the service effective?

Our findings

People had an assessment of needs before the service commenced. This included asking people what their current needs were and how the service could meet them, for example; medicine and pain management, communication, mood, well- being, mental health, nutrition and hydration, mobility, manual handling, personal care, skin care, expressing sexuality, social interests, and spiritual and cultural wellbeing.

People told us when they had regular carers they received good care. One person said, "They all seem well trained especially my regular ones." Another person said, "They seem well trained they know what they are doing." A third person said, "Having regular carers means they know what I like for breakfast they know me well and we will discuss what I want in my sandwich for lunch and they make it, in the evening they do me a microwave meal which I choose and if I've got any fresh vegetables they will prepare and cook it for me."

Relatives expressed concern about staff ability during the weekend. A relative said, "Some of the weekend staff are not clear on the rota stand (equipment to allow an assisted transfer from one seated position to another), they all seem to know how to clean the catheter but I have to instruct them on the rota stand."

Staff received training in safeguarding, dementia and mental capacity act, health and safety, fire safety, infection control, fluid and nutrition, moving and assisting safely, basic first aid, life support and medicines. After the inspection the service sent us information advising staff now have medicine competency checks to reinforce understanding. Staff understanding in safeguarding was not clear when it related to contacting outside agencies and weekend staff understanding in use of equipment needed improvement.
We recommend the service seeks guidance and advice in safeguarding and the use of equipment.

Staff received an induction to the service which involved reading policies and procedures, mandatory training and shadowing an experienced member. The duration of shadowing varied depending on experience. Staff also completed the care certificate within three days. The Care Certificate is an agreed set of standards that sets out the knowledge, skills and behaviours expected of specific job roles in the health and social care sectors. It's made up of the 15 minimum standards that should be covered if you are 'new to care' and should form part of a robust induction programme.

Records showed that staff received supervision every three months and this could take place sooner if there were any concerns regarding staff performance. Staff were given the opportunity to discuss their role and any concerns they had. The manager explained supervision was an opportunity to reiterate agreed job expectations from staff and reinforce policies. Staff told us they felt supported in their role. A member of staff said, "yeah I'm supported." Another member of staff said, "Training is good, its from 9:00am – 5:00pm and its for three days, so its good."

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. Where people did lack capacity relevant documentation for lasting power of attorney for health and welfare was held on file.

Consent to care was sought before delivering it to people. There were forms in people's files where they gave written and verbal consent before they used the service. Staff would also ask permission before delivering personal care. Where people were unable to sign the person's representative would sign on their behalf. However, we also viewed in records where people were given the option to consent or refuse to share information with third parties that this had been left blank in two of the files we reviewed. This meant we could not be sure people had been informed of this choice to share information.

We noted inconsistencies in the way mental capacity assessments had been completed. For example, the outcome of an assessment was incorrect where the information provided would indicate someone had capacity but the assessor had said they lacked capacity. We raised this directly with the manager and the director who both confirmed that the form had been incorrectly completed.

We recommend the service seek advice and guidance from a reputable source in relation to the Mental Capacity Act 2005.

People were offered choices and encouraged to be independent in their lives. One person said, "They give me choices about my care, I can take a bath on my own or they will help me with a shower, they will also ask do you want a cup of tea first." A relative said, "[Person] is usually out of bed they [staff] will ask if she wants a wash, or help with dressing they don't use force, she has choices." Care plan records showed that people had stated what they could do for themselves and were to be supported to make their own decisions. For example, in a care plan it said, "I can decide on clothing that I would like to wear and I like to be more independent by creaming my body."

People were supported to attend health appointments with their GP by the service if they required. Where needed the service would support people to have a GP attend at their home or arrange transport for hospital appointments. One person said, "When I'm in excruciating pain they will suggest we call the doctor. If I say no then they write it in the book so the morning carer can see and check on." This meant people were supported to maintain good health. Records showed that people were attended to by the district nurse for pressure and wound care.

Good

Is the service caring?

Our findings

People gave positive feedback about the caring nature of staff and that they felt staff spent time with them. Where people found staff caring one person said, "The girls who come seem happy and jolly, always cheerful". Another person said, "They are all kind and speak to me nicely." A third person said, "They are all cheerful we get along fine." However, some relatives did not always have caring interactions with staff. A relative said, "He [staff] doesn't even say good morning." Another relative said, "Sometimes I will ask them to do something and they say no but maybe it's not in the care plan." The branch manager sent us information after the inspection to show how they have worked well with relatives of people who used the service. They also provided evidence where their staff had been asked to perform duties outside of the care plan which staff had been advised to politely say no. The branch manager also informed us they called people and their relatives to introduce themselves to start building a good relationship.

However, one relative gave an example of how patient staff had been with their relative. The relative said, "When my [relative] was really poorly mentally she would shout at the carers and she would phone and complain about them but it was not justified, it was her mental state at the time. Now she is much improved she still has those carers and they make no judgement on her." This showed the caring nature of staff towards people.

Staff listened to people and understood their emotional needs. Staff would check to see whether people were upset and if they were staff told us they would speak to the person and give them time to talk about what has happened and inform the office. Staff told us the more time they spent with people they got to know them and could tell if they were feeling sad.

People's privacy and dignity was respected by staff and people and relatives gave examples how staff did this. One person said, "They are respectful they will close the door although they don't have to I'm not bothered." Another person said, "I can wash myself and they will cover me with a towel as soon as I get out." A relative said, "They are respectful they will close the door and most of them I hear chatting to [person]."

Staff gave us examples of how they ensured people's privacy was maintained and their dignity respected. A member of staff said, "When I take [person] to the bathroom I close the door and ask are they ok, what they can do (bathing)I let them do that." Another member of staff said, "When I wash [person] in the morning I make sure the door is shut when doing personal care."

Staff respected people's diversity, cultural and religious beliefs when entering their home. For example, a member of staff said, "When I go to someone's house I take off my shoes." Another member of staff said, "I ask them [person] if its ok to wear the shoe covers, some say no, I have to respect what [person] wants, it's their house."

As part of the spiritual and well-being assessment people were asked how they could be supported to achieve this. Records showed some people attended places of worship and if they did not have any spiritual needs this was respected. One person said, "We are Jehovah's Witnesses and they respect this, they will

make sure I am ready to go to any of my meetings."

The service respected people's preferences and part of the assessment process included asking people if they had a preference for a male or female carer and they would try to accommodate this where they could.

Staff maintained people's confidentiality and explained how they did not discuss people they supported with anyone outside of the service. People's data was also kept secure and locked within the main office. A member of staff explained maintaining confidentiality was part of training.

Requires Improvement

Is the service responsive?

Our findings

We reviewed the call monitoring information from the service to check staff arrived on time. The service employed a call monitoring officer who would call staff to check they were arriving at calls on time and inform people if staff were running later. We found where two care staff were required call records showed that staff were not always arriving at the planned time and were not staying for the full allocated time. For example, one person was meant to have care on the 25 July 2018 at 12.30 pm until 13.00 pm, two staff arrived at 9.56 am and stayed for eight minutes for a 30 minute call. On the 28 July 2018 the same person was meant to have care from 15.00 pm until 15.30 pm, two staff arrived 30 minutes after the call was supposed to start and stayed for six minutes. Another person on the 23 July 2018 was due a call at 12.30pm until 13.30 pm. The carer arrived at 12.53pm and stayed for nine minutes. This call involved moving and handling, personal care, meal preparation and to check the person's skin integrity. The duration of the calls was not matching what had been commissioned by the local authority or responsive to people's needs.

Continuity of care at weekends was an issue for people and their relatives. A relative said, "Monday to Saturday I have a really lovely carer who comes regularly and on time but at the weekends it's different, I never know who is coming and one we don't like, he has bad manners." Another relative said, "Sometimes [staff] comes at 12.30pm to help with [person's] breakfast which is too late. The same relative advised that staff were not staying for the full duration of the call. They said, "They are meant to be here for half an hour but sometimes only 15 minutes that could be because [person] already had breakfast." After the inspection the branch manager sent us information to advise people sometimes refused care however, feedback from people's relatives advised that staff were not arriving on time to people's calls.

A relative also told us they had informed the office that their family member did not need care but the service kept sending staff. The relative said, "My husband is in hospital and I have rung the office and told them but they still come every day, it's such a waste as they have to come a long way and I know they are busy." This meant the duration of the calls was not matching what had been commissioned by the local authority and the provider failed to respond to people's needs. After the inspection we were sent information by the service to show they did not suspend services in the event someone was discharged from hospital and would have no care, putting them at risk. Where hospital admissions were confirmed the service waited for confirmation from the local authority to suspend a service, records confirmed this.

The above was a breach of regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

People's care plans were personalised and individual at the initial assessment. The service would visit people in their home and ask them when and what they wanted in their care package. Care plans were written in the first person and provided personal information about the person including the life history, cultural background, likes and dislikes and hobbies and interests people had, which helped staff get to know the person. Information about family members and friends important to people was also captured in the care plan. The service had provided detail on how people wanted to be supported in their care and was measured by peoples desired outcomes. For example, in a care plan it stated, "I would like to be supported

with repositions in the prevention of impaired skin integrity." This showed that people were involved in planning their care. The service also asked people what they were able to do for themselves to always encourage independence.

Staff told us they got to know people so they could respond to their needs by reading the care plan and by talking to people and their relatives. A member of staff said, "When I go there [person's home] for the first time I get information from the family, they may tell me [person] likes strong tea."

People told us staff came to discuss the care plan with them and involved them in the care planning process. One person said, "A senior has been out [visited] since the care was set up to check everything is ok." A relative said, "The social worker and the manager came out recently to check on [person's] care, I was involved."

Care plan reviews did not always take place in a timely manner in particular where people were identified as high risk using the services own risk rating. Where care plan reviews did take place changes to care times or medicines for example were not updated promptly within the care plan, which meant care records and MAR charts did not match the care that should be delivered to people. Another example we identified was where someone received a review on the 19 January 2018 discussing the need for bed rails. This was reported to the district nurse and was to be followed up by the service. There was no further information regarding the outcome of this referral. We raised our concerns to the manager regarding the review for this person being late and they advised a member of staff had gone to perform an up to date review on the 23 August 2018. After the inspection the branch manager sent us information to show they had contacted the social worker regarding the need for bed rails and liaised with them to meet this person's needs.

We looked at the service's record of complaints. Staff explained they gave people information on how to complain about the service if they wished and directed them to the folder kept in people's homes. We saw that the manager had responded to complaints in line with their policy but final responses were not always on file. We raised this with the manager and they placed the outcome of the complaints on file.

People and their relatives knew how to complain if they were dissatisfied with any aspect of the service. With regards to complaints one person said, "I have never had to complain no problems with them. [service]" A relative said, I did once phone to have a carer not come as mum wasn't keen on her, not sure why they did listen I don't think she has been back." However, where people were not satisfied one person said, "A few months ago I asked for a certain carer not to return I have complained but he still comes occasionally." Another person said, "I did speak to someone about the problems we were having regarding poor timings and not turning up but nothing was done." This indicated that people's wishes and preferences were not being listened to by the service.

We recommend that the service seek advice and guidance from a reputable source, about the management of and learning from complaints

People's end of life wishes were not discussed on all files we viewed. Some people had a "do not attempt resuscitation" form within their care plan. After the inspection the service sent us confirmation that staff were to complete training in this area and an end of life care plan has now been implemented.

We recommend the service follow guidance on supporting people with the end of life choices.

Requires Improvement

Is the service well-led?

Our findings

The service did not have a registered manager at the time of the inspection. However, the manager of the branch was in the process of applying to become registered manager with the CQC.

Governance was not robust at the service. The service had audit systems in place to monitor the quality of the service people received but these were not effective as they did not pick up the concerns we identified during inspection. Records at the service were not accurate and documentation could not be accessed easily namely MAR charts. MAR charts could not be easily located and they were not being consistently audited. For example, one person's MAR chart that had been returned to the office had not been audited for three months. As a result we found the medicines listed were not the current prescribed medicines. Within the branch medicine audit tool', there was supposed to be a double signatory to check the MAR had been prepared correctly and that this had been verified. There was only one typed signature in the MAR's we viewed but the audit said there had been a double signature. Care plan information we reviewed was not up to date as we saw evidence of changes not being reflected in care plans, incorrect assessment dates and missing signatures of staff from the service who had completed them.

We saw that care plans contained a number of blank documents this made it difficult to know whether a person had been assessed in this area. For example, where someone was assessed with medicines as not needing help with prescriptions, the paperwork at the service required them to complete a section titled "service user understanding" this section was left blank.

After the inspection we were sent information advising MAR charts would be audited weekly for people with time sensitive medicine. The service had also appointed a new compliance officer, currently in training who would audit the care files.

The above issues were a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The audit officer showed us the management workbook which was devised to track areas in the service that needed monitoring. The service was audited in May 2018 by a quality assurance officer from the provider. There was positive feedback from the service but concerns were identified which included the branch manager to use the management workbook, auditing of files at the branch and timeliness of people's care reviews. An action plan was put in place which the branch were working towards.

People gave positive feedback about the running of the service and of the manager. Only one person we spoke to did not know who the manager was. One person said, "The lady manager I speak to is lovely she will call me if the carers are running late. I feel very well informed of any changes." Another person said, "Yes, I think it is a well led service I am more than happy, I could not manage without them." A third person said, "I've heard so many stories about poor care that is not the case here they are all wonderful I think the organisation is well led as it seems to run smoothly."

Staff also spoke positively about the management of the service and confirmed what the manager had told us about there being an open-door policy at the office for staff. Staff told us the atmosphere in the branch was lovely and they were always made to feel welcome. A member of staff said, "If you have an issue its quickly resolved." Another member of staff said, "I trust my manager, if I have a problem [manager] is always there."

Staff said they had team meetings and shared best practice, records confirmed this. For example, the manager had raised concerns about completion of people's daily log books and how staff needed to document what they did in more detail.

The service asked people for feedback on the quality of the service and this was done through telephone monitoring, spot checks and surveys sent to people who use the service. Records confirmed this.

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 The registered person had not fully assessed the risk to health and safety and ensured the safe management of medicines. 12(1) (a) (g)

Regulated activity	Regulation
Personal care	Regulation 17 HSCA RA Regulations 2014 Good governance The systems and processes to audit the service did not operate effectively to assess, monitor and improve the quality and safety of services. The assessment, monitoring and mitigation of risks to people using the service was not up to effective. The service did not maintain an accurate, complete and contemporaneous record in respect of each person using the service. 17 (1) (2) (a)(b)(c)

Regulated activity	Regulation
Personal care	Regulation 18 HSCA RA Regulations 2014 Staffing Sufficient numbers of suitably qualified, competent, skilled and experienced person were not deployed to meet people's requirements. 18 (1)