

Consummate Care (UK) Ltd

# Consummate Care (UK) Ltd

## Inspection report

312a Charter Avenue  
Coventry  
West Midlands  
CV4 8DA

Tel: 02476638339  
Website: [www.consummatecare.org.uk](http://www.consummatecare.org.uk)

Date of inspection visit:  
27 April 2017

Date of publication:  
26 May 2017

## 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

Consummate Care (UK) is a domiciliary care agency which is registered to provide personal care support to people in their own homes. At the time of our visit the agency supported 50 people with personal care and employed 39 care workers.

Before our visit we had been informed by the provider they had moved the provider's address and the location address from which the service was operating. However, our records showed the provider had not completed the necessary forms to add the new location to their registration. This meant the provider was in breach of the condition of registration that allows them to operate from a specific location. We contacted the provider who took immediate action to submit the required applications to us.

Consummate Care was last inspected on 7 June 2016 when we found the provider was not meeting the required standards. We identified a breach in the legal requirements and regulations associated with the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Fit and proper persons employed. This was because the provider had not ensured the required pre-employment checks were completed before allowing care workers to work unsupervised in people's homes.

We gave the home an overall rating of requires improvement and asked the provider to send us a report, to tell us how improvements were going to be made. The provider sent us their action plan which detailed the actions they were taking to improve the service. The provider told us these actions would be completed by July 2016.

At this inspection on 27 April 2017 we checked to see if the actions identified by the provider had been implemented and if they were effective. We found sufficient action had been taken and there was no longer a breach of Regulation of the Health and Social Care Act 2008. However, we identified other areas where improvement was required.

A requirement of the provider's registration is that they have 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. At the time of our inspection there was a registered manager at the service.

The provider had not established effective systems and procedures to check and monitor the quality and safety of the service people received. This meant the provider was not aware of potential poor practice and areas where improvement was necessary. People told us they were not given opportunities to share their experiences of using the service and to make suggestions to improve the quality of the service provided.

People's care plans were not always up to date, contained conflicting information and lacked the detail needed to inform staff how people preferred their care and support to be provided. However, overall staff

had a good understanding of the needs and preferences of the people they supported. People and relatives were involved in planning and reviewing their care.

Known risks associated with people's care were not always assessed. Risk assessments did not clearly inform care workers how to keep people and themselves safe. People who used the service told us they felt safe with care workers. Staff understood how to protect people from abuse.

Systems to monitor medicines were being managed and administered safely were not effective. People who required support had enough to eat and drink and were assisted to manage their health needs.

Some people did not always receive care and support at the agreed time. People received care and support at their pace, mostly from staff they knew. Care workers stayed the agreed length of time at care calls.

Care workers received training the provider considered essential to meet people's needs safely and effectively. However, the provider had not assured them self of the quality of some of the training provided. Most people told us care workers had the right skills and knowledge to provide the care and support required.

There were enough care workers to provide planned care and support to people. The provider conducted employment checks prior to staff starting work, to ensure their suitability to support people in their own homes. Staff completed an induction when they joined the service and had their practice regularly checked by a member of the management team. Staff felt valued and supported by the management team.

The registered manager had an understanding of the principles of the Mental Capacity Act 2005 and their responsibilities under the act. Care workers had the information they needed to understand which decisions people could make and those they needed support with. Care workers sought people's consent before care was provided.

People told us their regular care workers were caring and friendly and understood how people wanted their care and support to be provided. Care workers respected and promoted people's privacy and dignity. People were encouraged to maintain their independence, where possible.

Complaints were managed in line with the provider's policy and procedure. Informal complaints (concerns) were not always recorded.

We found two breaches of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. 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?

The service was not consistently safe.

Risks associated with people's care were not always managed well to ensure people and care workers were protected from the risk of harm. People felt safe with their regular care workers. Staff were recruited safely and there were enough care workers to provide people's planned care calls, although people did not receive care at the agreed times. Staff were aware of safeguarding procedures and knew what action to take if they suspected abuse. The management and administration of medicines required improvement.

**Requires Improvement** ●

### Is the service effective?

The service was not consistently effective.

Staff had completed training on a range of topics the provider considered essential to ensure they had the knowledge and skills to deliver safe and effective care to people. However, the provider had not assured themselves of the quality of some of the training delivered and was taking action to address this. The registered manager understood their responsibilities under the Mental Capacity Act 2005. Care workers gained people's consent before care was provided. People were supported with their nutritional needs and were supported to access healthcare services when required.

**Requires Improvement** ●

### Is the service caring?

The service was caring.

People spoke positively about the care and support they received from their regular care workers who they described as friendly and caring. Staff supported people to maintain their independence and understood how to promote people's rights to dignity and privacy. People were able to make everyday choices which were respected by staff.

**Good** ●

### Is the service responsive?

The service was not consistently responsive.

**Requires Improvement** ●

People did not always receive visits from care workers at the agreed times. Some people's care plans contained out of date and conflicting information and did not inform care workers how people wanted their care and support to be provided. However, people were, mostly, supported by care workers they knew and who understood their individual needs. People and relatives were involved in planning care needs and knew how to make a complaint. Complaints were managed in line with the provider's procedure.

**Is the service well-led?**

The service was not consistently well led.

The provider had not ensured effective quality assurance procedures were in place to assess, monitor and improve the quality and safety of the service people received. People and relatives were not invited to share their views about the service. The provider and registered manager did not consistently meet their responsibilities and the requirements of their registration. Care workers felt supported by the management team.

**Requires Improvement** 

# Consummate Care (UK) 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.

Before our visit we looked at the 'Report of Actions' the provider sent to us after our last inspection in June 2016. This detailed the actions the provider was taking to improve the service.

We looked at information received from statutory notifications the provider had sent to us, and contacted commissioners of the service. A statutory notification is information about important events which the provider is required to send to us by law. Commissioners are people who work to find appropriate care and support services which are paid for by the local authority or the NHS. They had no further information to tell us that we were not already aware of.

We conducted telephone interviews with ten people and six relatives to obtain their views of the service they received.

This inspection took place on 27 April 2017 and was announced. The provider was given 48 hours' notice of our visit. The notice period ensured we were able to meet with the registered manager and staff during our visit.

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

During our office visit we spoke with the provider, a director, the registered manager, the care coordinator, two senior care workers, two care workers and the human resources recruitment officer.

We reviewed four people's care records to see how their care and support was planned and delivered. We looked at eight staff files to check whether staff had been recruited safely and were trained to deliver the care and support people required. We looked at other supplementary records which related to people's care

and how the service operated. This included checks management completed to assure themselves that people received a good quality service including the service's quality assurance checks and records of complaints.

# Is the service safe?

## Our findings

During our last inspection we identified some care workers had not been recruited safely. The provider had breached Regulation 19 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Fit and proper persons employed. This was because the provider had not requested the required pre-employment checks with the Disclosure and Barring Service (DBS) before care workers started working, unsupervised, in people's homes. The DBS is a national agency that assists employers make safer recruitment decisions by checking people's backgrounds. This meant there was a risk people could be supported by staff who were not of a suitable character.

The provider took immediate action to address this by removing these care workers from the staff rota until DBS checks had been completed.

At this inspection we found improvements had been maintained and the provider was no longer in breach of the regulation. We reviewed DBS checks for eight staff. All checks had been completed before care workers were allowed to provide care and support to people in their own homes without supervision.

Previously, we identified some risk assessments associated with people's care had not been completed. This meant care workers did not have the information needed to minimise and manage identified risks.

At this inspection we identified the required improvement had not been made. We reviewed all the risk assessments for four people using the service. We found some known risks had not been assessed and completed risk assessments did not provide staff with clear guidance on how to manage or reduce the risks. This meant care workers did not have all the information need to keep people and themselves safe.

For example, one person was reliant on staff to provide all of their drinks. We were made aware during our visit that the person's skin had been scalded by a hot drink in February 2016. This had resulted in the person being admitted to hospital on two occasions to receive medical treatment for their injuries. The risk of scalding had not been assessed or measures to reduce a reoccurrence identified. An accident form could not be located during our office visit and we had not been notified about the injury that had been sustained.

Another person was at a high risk of falls due to a health condition which made them unsteady when they walked. On 12 April 2017 a senior care worker had identified a 'falls risk assessment' to manage this risk was not in place. On the day of our visit, sixteen days later, the assessment had not been completed. We spoke with a senior care worker who assured us they would complete the risk assessment immediately.

A third person had a catheter. (A catheter is a medical tube that is used to drain urine from the bladder.) Whilst district nurses had overall responsibility for managing the catheter, care workers were required to provide assistance with catheter care, on a daily basis. We found a risk assessment had not been completed and there was no detailed care plan in place to inform staff how to provide daily support. For example, the person's care record stated 'Attach my catheter night bag and ensure that it is connected correctly.' We discussed this with the registered manager. They acknowledged more detailed information was needed to

ensure staff knew how to provide assistance.

Care workers told us they knew about the risks associated with people's care who they visited regularly, and how these were to be managed. Care workers told us they read people's care records which gave them the information they needed. A senior care worker told us risk assessments were completed with people when the service started. They said, "It's my job to keep all the records in the service users [people's] home up to date so the girls [care workers] have all the information." However, this conflicted with some of our findings during the inspection.

The provider had not kept accurate records of accidents and incidents or analysed information to identify any patterns or trends to help prevent any reoccurrence. For example, the provider informed us in April 2017 of an incident in a person's home which resulted in the person being admitted to hospital. This incident had not been documented on an incident form. Additionally, individual accidents and incidents records were not available on the day of our visit. One of the directors told us this was because, "...we are still unpacking after our office move. The accident book is somewhere in one of the boxes." They told us the office move had taken place on 23 and 24 February 2017. This was eight weeks prior to our visit.

We looked at how medicines were managed by the service. People and relatives told us care workers supported them to take their medicines if this was part of their care package. One person said, "They check I've taken my meds ... it's the most important thing." A relative described how care workers always waited and watched to make sure their family member had taken their medicine.

Care workers told us they had completed training in the management and administration of medicines. One care worker said, "Medicines training is part of the induction and we get checked (observed) by the seniors. If we haven't done the training we can't give out medication." Records confirmed senior care workers checked care workers competency to manage and administer medicines safely. One senior care worker told us, "If we observe staff make an error then they have a one to one meeting and have to do more training." They added, "Doing anything with medication is deferred until they have completed the extra training."

We looked MARs for four people. All records contained unexplained gaps. For example, one record dated February 2017 showed staff had not recorded if the person had received their medicines on ten separate occasions. The registered manager and care co-ordinator were unable to explain why the gaps had not been identified. This meant we could not be sure people were receiving all of the medicines they needed.

Records showed monthly medicine audits had not been consistently completed in line with the provider's procedure. Only three MARs had been checked during February and no records were available for checks during March 2017. The care coordinator said, "Records have not yet been audited. We rely on the carers to bring completed charts back into the office. I know I should have chased it up." They acknowledged if checks had taken place the gaps would have been identified.

Some people were prescribed creams because they were at risk of developing sore skin. Creams were applied by care workers, but the plans in place to ensure these were applied as prescribed were not sufficient. This was because plans did not detail how much or where the cream needed to be applied. We spoke with a senior care worker who did know where the creams needed to be applied to the person's body. They told us they would make sure clear instructions were added to MAR charts immediately after our visit.

This was a breach of Regulation 12 (2) (a) (b) The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Safe care and treatment.

Previously, people and relatives told us they had concerns about staffing levels and the lack of continuity of care provided to people. The registered manager told us this was due to challenges the service experienced recruiting and retaining staff. They said this was being addressed through on-going recruitment and by allocating people regular care workers.

At this inspection, when we asked people if there were enough staff and if they received their care calls from staff they knew we received mixed comments including, "Mostly it's the same ones. I prefer that ... you get to know each other.", "No, I have a few different ones.", "There are a lot leaving [care workers] ... I did have the same ones before." And, "Yes, they [family member] have regular carers." However, most people told us there had been a recent improvement in the consistency of their care calls.

The care coordinator told us there were enough staff to allocate all planned care calls. Care workers told us and we saw staff rotas were prepared in advance to ensure planned and unexpected absences were covered. One care worker said, "If someone [care worker] is off sick we do our best to cover for each other. If we can't then an agency worker will do it." The care coordinator told us the service 'occasionally' used agency workers to cover care calls. They added, "We use the same agency member of staff because they know the service users. Continuity is very important."

People told us they felt safe with their regular care workers. One person said, "I feel perfectly safe." Another person said, "They [care workers] do everything I need. So yes, I feel safe...they are really good carers." Relatives agreed. One told us their family member 'felt safe' with care workers because they offered 'reassurance' whilst providing support with personal care.

Staff received training in safeguarding and were confident about their role in keeping people safe from avoidable harm. Staff knew what to do if they thought someone was at risk of abuse and were confident the registered manager would take appropriate action if they did report any concerns. One care worker told us, "I have been actively involved with reporting an issue. The office dealt with it and got in touch with the safeguarding team (local authority). The response was immediate." They added, "If nothing was been done I'd use our whistleblowing [procedure]." Whistleblowing is when an employee raises a concern about a wrongdoing in their workplace which harms, or creates a risk of harm, to people who use the service, colleagues or the wider public.

## Is the service effective?

### Our findings

Previously, we identified the provider could not be sure new care workers were being given up to date information about how to move people safely. This was because 'practical' moving and handling training, for new care workers, was delivered by staff whose own training was not up to date.

At this inspection, the registered manager told us they delivered moving and handling training to staff themselves. We asked the registered manager about the training they had completed to enable them to deliver this. They told us they had a 'train the trainer' qualification. Records showed the registered manager had completed this in December 2005. The registered manager confirmed they had not attended any refresher training since this time. They added, "I'm not sure if it is a requirement to do refresher training but if it is there will be a cost and I would have to speak to [provider] about that." This meant we could not be assured the registered manager had the necessary up to date knowledge to deliver this training effectively.

The registered manager also told us they provided care workers with training in 'tissue viability and catheter care'. However, they were not able to tell us what training or qualifications they had completed to demonstrate their competency to deliver training in these areas. We were concerned this meant the registered manager did not have the relevant knowledge and skills needed to train staff in specialist areas of care.

We asked the provider how they assured themselves the registered manager was competent to deliver training. They told us they had 'assumed' everything was up to date. The provider gave assurance they would take action to clarify and address this. Since our inspection, the provider has informed us they had been unable to confirm the registered manager status to deliver some training, so they had commissioned and agreed dates for an external provider to train staff.

People and relatives had mixed views about whether care workers had the skills and knowledge needed to support them effectively. Comments made included, "'They seem to know what they're doing.", "The only trouble I get is a new one (carer) ... they don't know what to do.", "My carer does everything I ask for ... she must be (trained)." And, "I don't think all the carers know so much."

At our last inspection we found training for most staff was not up to date.

At this inspection records showed staff had completed training in a range of topics the provider considered essential to meet the needs of people who used the service. Staff spoke positively about the training they received. One said, "I think the training was really helpful." They explained this was their first job as a care worker. They added, "I had no idea but I learnt lots."

Care workers said training was also linked to people's specific needs which enabled them to support people effectively. One care worker told us they had attended 'diabetes' training which had enabled them to understand the condition. They said, "Now I know what to look out for. Like a person may appear drunk but it could be a sign their blood sugar is too low or too high." Staff told us the provider also invested in their

personal development, as they were supported to achieve nationally recognised qualifications.

Staff told us they had been inducted into the organisation when they first started work. One care worker said, "Even though I have worked in care for many years I found my induction here [consummate care] very useful because we looked at lots of different things." Another told us they had valued the opportunity to spend time with experienced care workers during their induction. They explained, "I watched how they [care workers] did things and how they interacted with the service users [people]. I learnt a lot."

The provider's induction included working towards the Care Certificate which assesses staff against a specific set of standards. Staff have to demonstrate they have the skills, knowledge and behaviours to ensure they provide compassionate and high quality care and support. One care worker said, "As soon as I started I joined up to do the Care Certificate. It's interesting." Staff told us in addition to completing the induction programme; they had a probationary period to check they had the right skills and attitudes to work with the people they supported.

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. Where people lack mental capacity to take particular decisions, any decisions made must be in their best interests and in the least restrictive way 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. The application procedures for this are called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA and whether any conditions on authorisations to deprive a person of their liberty were being met. The registered manager understood the relevant requirements of the Mental Capacity Act (2005). They confirmed no one using the service at the time of our visit, required a DoLS authorisation, however they were aware of when this may be applicable for people.

Care records detailed people's capacity to make everyday decisions. Where people had been assessed as not having capacity to make complex decisions, records showed who had the legal authority to make decisions in the person's best interests.

Care workers had received training to help them understand the principles of the MCA. One care worker said, "It's about making sure someone is of sound mind to make decisions without having any restrictions. If they [people] can't then there are guidelines and rules to follow about who makes decisions." Another told us, "Everyone has the right to make their own decisions. Even if we think the decision isn't right." They added, "If we thought the person was confused we could tell the manager so they could think about a DoLS."

People told us care workers obtained their consent before assisting with care and support. One person said, "They don't do anything behind our backs." Another told us, "They [care workers] always tell me what they're about to do ... or they say, what about this now, or that?" When discussing consent with care workers one told us, "You must always ask first. Even when you know the routine inside and out because they [person] may change their mind."

People's nutritional needs were met by care workers if this was part of their planned care. One person explained they had a specific medical condition which limited the types of food they could eat. They said, "Still they [care workers] try to make sure I am offered different choices." Another person told us, "When the carers leave, there is always something to drink left for me." The person told us this was important because

they had difficulty carrying drinks independently. A relative told us, "If they want a sandwich, the carers do it. Mum and Dad would always say what they wanted. I don't worry about them choosing." Care workers confirmed they ensured people who required assistance with meal preparation were always offered choice.

People told us they managed, or were supported by a family member to manage, their day to day healthcare. One person told us they didn't need any assistance but were confident care workers would help them to make an appointment or telephone their GP if needed. Care workers said they informed people's relatives or the registered manager if a person was unwell and needed a visit from the GP. Records showed the service involved other health professionals with people's care when required including doctors and district nurses.

## Is the service caring?

### Our findings

People spoke positively about their regular care workers. Comments made included, "They're very friendly ... they just do whatever I ask of them." "Brilliant." And, "...if I could afford it, I'd like them full-time ... they go out of their way to do silly little things for us." Another person described how their care worker soaked the person's feet which helped with the pain they experienced. They said, "It's very caring."

Relative's agreed. One said, "From what I've seen, I'd say they're very caring. The way they do things is caring too." Another told us, "They're [care workers] absolutely caring...they treat [person] like he's their own."

We asked staff what being 'caring' meant for them. A senior care worker told us, "It's anything to do with making that person feel comfortable and happy." One care worker said, "Treating people how you would want to be treated, being respectful, not doing things in a way that they [people] feel degraded." One care worker described placing a hot water bottle in a person's bed during a tea time care call. They said, "I do it because I know [person's name] feels the cold. When I go back to do the night time call the bed is lovely and warm for her."

People told us their regular care workers knew about their care needs and supported them in the way they preferred. One person told us, "This lot [regular care workers] definitely know what they're doing. They know I love my tea." Another person told us their care workers, "...know me inside out ... they know what I like best." A relative described how care workers had developed an understanding of their family member's likes and dislikes enabling them to develop a set a routine which was important to the person because of a specific medical condition.

Care workers had a good understanding of people's care and support needs. They told us this was because they, mostly, visited the same people. One care worker told us, "Visiting the same service users [people] means we can develop relationships with them. They learn to trust you and you get to know them, the things they like and can pick up straightaway if something is wrong." A senior care worker told us, "My staff have regular calls and everyone [people] has a 'primary carer' (regular care worker). Consistency is brilliant. They can build friendships and confidence with the people they support."

People's privacy and dignity was respected by care workers. One person said, "They're very good in that sense ... they have every respect for me." A relative described how, even though their family member's home had limited space, staff protected the person's privacy and dignity. They explained, "They shut the door; when washing [person], so there is no way he can be seen...especially as the front door is opposite the living room. They really do preserve his dignity."

People and relatives told us they were involved in making decisions about and reviewing their care. Comments made included, "My son does it mostly ... but I like to have my say too.", "I make all my own decisions about my care ... it's not a problem." And, "Someone from the office came to check I was happy with everything." Care workers told us they respected people's decisions. One said, "We are there to do what people want us to. That's our job. We know it's up to them [people]."

People were supported, where possible, to maintain their independence and the support they received was flexible to their needs. One person explained they had recently experienced a number of falls whilst walking. They said, "They [care workers] let me walk as I want to do ... they don't say, I'll do it for you." The person added, "Of course they help if I need it. But it's good for me to do it myself." Care workers understood the importance of the person completing this task for themselves. One told us, "[person's name] feels better doing things without help. We just make sure we are there in case they are unsteady. We don't take over." A relative told us that, due to the care and support from care workers, their family member was able to continue living independently in their own home.

People told us their regular care workers were allocated sufficient time to carry out their calls without having to rush. One person said, "[Care worker] never leaves before everything I need is done." Another told us, "I can't say I feel rushed."

Care workers told us they had sufficient time allocated for each care call and had flexibility to stay longer if required. One care worker told us, "I think we have enough time. If something happens and the person needs you to stay we do. I would never leave if a service user needed me to do something. It wouldn't be right."

Records in the office that contained personal information were secured and kept confidential. Care workers told us they understood the importance of maintaining people's confidentiality. One told us, "I know we are never allowed to give out service users details and we must never speak about a service user in front of a family member." They added, "If something needs discussing or I need to call the office I go outside."

## Is the service responsive?

### Our findings

During our last inspection people told us care workers were regularly late arriving to provide their care call which caused them concern.

At this inspection some people told us inconsistency of call times continued to be a concern. One person told us, "It happens quite often that they're late...they're supposed to be here at 12:30 pm. Yesterday they didn't come till 2 pm." Another person told us, "This morning, one [care worker] came quite a way from where I live. She was unduly late but she can't be in two places at the same time."

In contrast, other people told us they had recently experienced improvement in the timing of their calls. One person said, "Thankfully my carers arrive on time or thereabouts. They [management team] group people who live fairly close together which I think helps." Another person told us since having regular care workers their call time was consistent. Relatives agreed. One told us their family member had a regular care worker who arrived at the expected time. They said, "'She's excellent, really good."

People and relatives told us their regular care workers stayed long enough to complete all the tasks required. Comments made included, "'They do stay the proper time we've agreed.'", "They take longer sometimes." And, "They do everything I want them to."

Staff told us they were able to make 'most' care calls at the allocated time because they had a set rota. One told us, "As long as I'm not picking up a call in another area I can get there on time. It's only a problem if you have to travel a long way in between calls." A senior carer said, "They [care workers] know if they are held up or are going to be late they should let us know. If needed I go out and do the call so service users don't have to wait."

We discussed people's concerns about call times with the care coordinator. They told us, "Often the problem is caused by staff seeing a gap on their rota and moving a visit to fill the gap." They added, "If this happens we call the carer in and discuss the importance of following their rota."

We looked at the care call records for seven people who used the service over a three week period. Whilst these showed people had received their care visits from regular care workers as planned, other information was not accurate because some staff had not followed the provider's procedure to log in and out at each visit. This meant we could not be sure staff had arrived and left at the planned times. For example, one person had received seventy two calls but only fifty calls had been logged. We spoke with the provider about this. They told us because some staff forgot to log in and out of calls. The provider said they had met with staff to remind them of the importance of following the correct procedure.

Previously, we identified some care plans had not been completed, contained out of date information and did not reflect recommendations made by health care professionals. We were concerned this meant care workers did not have the information they needed to respond to people's needs.

The provider's 'action plan' informed us they had audited and updated all care files. They told us this action was completed on 17 June 2016.

During this inspection we reviewed the care plans for four people. We found the required improvements had not been made. We found the actions the provider told us they would take had not been effective.

Care plans we sampled did not contain sufficient detail to enable care workers to deliver person centred care. For example, one person was living with dementia and due to their condition became anxious when receiving planned support with personal care. The person's care plan did not inform staff what they needed to do to reduce the person's anxieties. Another person's plan informed staff they needed to 'use the correct settings' on equipment to assist the person to move safely. However, the plan did not contain information to advise care workers what the correct settings were.

We found some care plans continued to contain contradictory information. For example, one person's care plan stated their relative was responsible for supporting the person with food and drink. However, another section instructed care workers to assist the person to eat. We discussed this with a senior care worker who told us, "Sometimes we help them [person] to eat and other times we don't. It depends." They acknowledged the information was not clear and could be confusing for the staff. They told us they would update the information to ensure it was accurate.

Some people's care plans did not contain up to date information to enable staff to provide care in accordance with their wishes. For example, in November 2016 it was recorded one person no longer wanted to have a shower. The person was unable to tell staff of their preference and this information was not included in their care plan. Whilst regular carer workers told us knew about the change and now assisted the person to have a full body wash, other staff had not.

Records showed people had been involved in reviewing their care in the three months prior to our visit. However, we identified the information gathered during the reviews had not always been used to update people's care plans to ensure they received safe care in-line with their preferences.

We discussed our concerns with the registered manager. They said, "I am very disappointed because I expected all care plans to be up to date." They gave assurance action would be taken to address this.

People and relatives told us they knew how to complain and felt able to raise any concerns with the management team, or care workers if they needed to. One person said, "I have no difficulties making a complaint if I had to. I'd ring the office." A relative told us their complaint had been effectively managed. They said, "They fully investigated it ... Mum had a full apology from them. They acted very swiftly and Mum was kept aware of the process." Care workers understood how to support people if they wanted to complain. One said, "If I can't help by sorting it I tell them [people] I am going to refer it to the management and they will sort things."

Previously, the number of recorded complaints recorded by consummate care was not consistent with what some people had told us about their experience of using the service. The registered manager told this was because a person who no longer worked for the service had not shared complaint information. The registered manager said a new system for recording and reporting complaints had been introduced.

During this visit records showed four formal complaints had been received and managed in line with the provider's policy during 2017. The registered manager told us 'informal concerns or comments' from people and relatives about call care times for example, were logged on the person's 'webroster' (electronic

recording system). However, concerns regarding call times which people told us they had shared with the office, had not been logged. For example, one person said they had contacted the office on 17 April 2017 because their care worker was due at 5:30 but had not arrived by 6.30. Another person told us they had telephoned the office at 1.30pm because their care worker was at 12:30pm and had not arrived. We asked the staff member 'on call' on this date why these concerns had not been logged. They told us, "I haven't spoken to any one recently about problems with call times."

## Is the service well-led?

### Our findings

At our previous inspection we identified checks to monitor the quality and safety of the service provided were not always effective. Audits completed by the service had not identified shortfalls we found during our inspection, such as the accuracy of records related to people's care.

During this visit we found the required improvements had not been made.

Audits to assess and monitor the quality of the service had not always been completed. For example, no medicine audits had been completed for the month of March 2017. Omissions in MAR records we identified had not been identified or addressed. We could not be assured people were receiving their medicines as prescribed. This meant the provider had not assured themselves that people consistently received high quality care that was safe, effective and responsive to their individual needs.

The provider had not ensured records related to people's care were accurate and up to date. Risk assessments and care plans contained conflicting information and did not reflect people's current needs. The registered manager told us 'full' care plan audits were last completed in June 2016. They added, "All care plans were reviewed after the last inspection so we have not done any more audits." This meant staff did not have accurate information about people's needs and wishes to enable them to provide care safely.

Effective systems were not in place to enable people to share their experience of the service provided and areas where improvement could be made. One person told us, "I haven't been asked for my opinion and I haven't had a questionnaire." Another person told us, "I think I had a questionnaire a few years back but nothing recently." The registered manager confirmed 'service user satisfaction' questionnaires were last issued in December 2015. They said, "It's on a very long list of things to do but we haven't got round to it yet."

The provider and registered manager did not consistently meet their responsibilities and the requirements of their registration. For example, the provider had not assured themselves the registered manager held appropriate qualifications to deliver some training to staff employed at the service. Therefore, systems were not in place to ensure care workers had the correct skills, knowledge and experience for the work they are required to perform. The registered manager had not always submitted statutory notifications to inform us about important events and incidents that occurred. For example, we had not been informed a person had been admitted to hospital having sustained a serious injury and the registered manager had not ensured the incident was recorded in the services incident log book.

The lack of effective systems and auditing procedures meant the provider was not identifying areas where improvements needed to be made, and was not ensuring the service was safe and continuously improved.

This was a breach of Regulation 17 of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Good Governance.

People and relatives had varied opinions about whether Consummate care was well managed. Comments made included, "I think they manage us very well.", "I've never met the manager. I don't know." And, "When you ring up, they're always pretty friendly and try and help. It seems pretty well organised."

People and relatives told us they were satisfied with the service they received when their regular care workers visited. One person told us, "I'd be very unhappy if they took me off their books." Another person explained they were 'happy' with the service from their regular care worker but were not always satisfied when they received support from other care workers.

At our previous inspection the provider told us they were planning to increase the support available to the registered manager by strengthening the management team.  
At this inspection we found this action had been completed.

The provider had recruited a care manager who was responsible for the day to day management of the service in the absence of the registered manager. The management team at Consummate Care now consisted of the provider, a director, the registered manager, a care manager, a human resources recruitment officer and a care co-ordinator. The registered manager told us they felt supported by the provider with whom they had daily contact.

Staff described Consummate Care as a good place to work. One care worker told us, "I like it because everyone gets on. It's a big team." A senior care worker explained they had developed a 'good relationship' with the management team which helped them achieve 'job satisfaction'. They added, "What I also like is we get to meet up as a team and talk about things. It makes you feel valued."

Staff spoke positively about the support they received from the management team. Comments included, "They [management team] are very approachable.", "You can ring up or pop into the office at any time and there is someone to chat with." And, "You always feel like you can get advice and support when you need it. It's called team work." Care workers told us the management team were available to support them outside 'normal' office hours. One told us, "I've never had to ring for help but I know a carer who has and they got a good response."

Previously, records showed one to one meetings with staff (supervision) and observations of staff practice were not up to date. At this visit staff told us improvements had been made. One care worker said, "In my meeting (supervision) I can talk about anything and we learn if we are doing our job well. It good." They added, "I have supervision regularly." A senior carer told us, "One of my responsibilities is to observe the carers to make sure they are doing things as they should. We plan the visits in advance but the carer doesn't know we are going out." Records confirmed this.

The provider was not operating within the conditions of their registration. Before our visit we had been informed by the provider they had moved the provider's address and the location address from which the service was operating. However, our records showed the provider had not completed the necessary forms to add the new location to their registration. This meant the provider was in breach of the condition of registration that allows them to operate from a specific location. The provider told us they had submitted an application to add and remove locations but had not realised this had been rejected because it was incomplete. The provider took immediate action to submit the required applications to us.

Providers are legally required to display the ratings we give them. The provider had added the rating and a link to the latest inspection report to their website. However, Consummate Care's rating from our previous inspection was not displayed in the office. We discussed this with the provider. They told us the 'rating

poster' had not been displayed because of the office move. They told us they would take action to address 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      | <p>Regulation 12 HSCA RA Regulations 2014 Safe care and treatment</p> <p>12 (2) (a) The provider had not ensured risk assessments associated with people's care and support were completed.</p> <p>12 (2) (b) The provider had not ensured known risks were mitigated.</p> <p>12 (2) (b) The provider had not always ensured people had been supported to take their medicines as prescribed.</p> <p>12 (2) (b) Incidents that effect the health, safety and welfare of people using the service had not reported.</p>                                                                       |
| Regulated activity | Regulation                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |
| Personal care      | <p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>17 (1) The provider had not established and was not operating effective systems to ensure they assessed and monitored their service.</p> <p>17 (2) (a) The provider did not have effective systems in place to assess, monitor and improve the quality and safety of the service provided.</p> <p>17 (2) (b) The provider had not taken appropriate action to minimise identified risks and to minimise the impact of risk on people who lived used the service.</p> <p>17 (2) (c) The provider had not ensured records</p> |

relating to the care and treatment for each person who used the service were complete, accurate and up to date.

17 (2) (e) The provider had not actively encouraged feedback about the quality of the service provided to support the service to make continuous improvement.