L&N Services Limited

L & N Services Ltd t/a Bluebird Care (York)

Inspection report

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Date of inspection visit:
19 October 2016
03 November 2016

Date of publication:
30 January 2017

Ratings

Overall rating for this service	Good

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

Summary of findings

Overall summary

This inspection took place on 19 October and 03 November 2016 and was announced. The provider was given 48 hours' notice because the location provides a domiciliary care service and we needed to be sure that someone would be available to speak with us.

At our previous inspection in October and November 2015, we identified a breach of Regulation 12 Safe Care and Treatment under the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. The registered provider had submitted an action plan with information on how they intended to meet the breach. During this inspection, we checked and found the actions implemented meant the registered provider was not in breach of this regulation.

The service provides personal care to people who live in their own homes in and around the city of York. At the time of the inspection there were 75, predominantly older people receiving care and support services from Bluebird Care York.

There was a registered manager in place who was registered with the Care Quality Commission (CQC). A registered manager is a person who has registered with the CQC 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.

The registered provider had implemented a new system and process that electronically managed records for the care and support people received and we saw this was in place in conjunction with paper records for people. We found information in these records was not consistently recorded, accurate, complete or reflective of people's current needs.

The registered provider completed medication audits that were designed to ensure people received their medication in line with their prescription and that information was available that ensured this was done safely. We found that people received their medication safely but medication records for people were not detailed, accurate and consistent. Audits completed were ineffective, as they had not addressed the lack of complete and accurate records that we found.

The registered provider had measures in place to keep people safe from avoidable harm. Care plans included risk assessments for people and their environment but we found there was ineffective monitoring that ensured this information was up to date, accurate and complete. We also found the information did not guide staff on how to mitigate the identified risks.

During our inspection, we found policies and procedures provided for staff were not always up to date. This meant they did not always have access to current guidance.

The above concerns meant that at the time of our inspection systems and processes implemented to assess, monitor and improve the quality and safety of the service had not been fully established and were not always effective. This was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. You can see what action we asked the provider to take at the end of the full version of this report.

People receiving a service were protected from avoidable harm and abuse by staff who had received training in safeguarding. Staff had access to policies and procedures on safeguarding adults from abuse and understood how to raise any concerns.

Sufficient competent and skilled staff were employed and staff deployment was managed electronically. The registered manager told us they recognised the importance for people in receiving care and support from a regular group of caring people and we saw rotas were planned to ensure people had contact with familiar staff who had sufficient time to travel between calls. This ensured people received their care and support at the times they wanted.

The registered provider had completed pre-employment checks on care workers that helped to ensure they were of suitable character to work with vulnerable people. It was clear from staff records that these checks had been undertaken and that the registered provider had received this information prior to the new employees starting work.

Care workers told us they felt supported in their role and there were systems to monitor the quality of the care provided. There were regular spot checks and competency checks of care worker's practice and they were supported to improve and develop in their roles.

Accidents and incidents were managed effectively with systems in place to record actions and outcomes that helped to improve the service and keep people safe.

We checked and found the registered provider was working under the Mental Capacity Act 2005 (MCA) legal framework. People using the service were supported to make decisions and signed consent was sought in line with relevant legislation and guidance. Care workers had completed training in the MCA and encouraged people to make decisions and have choice and control over the support they received.

People were supported to maintain a healthy diet. Care plans included records for people's individual nutrition and hydration requirements. Where people had any food allergies, these were recorded along with information on food that people liked or disliked.

People were supported with their health and wellbeing. We saw care plans contained detailed information about people's medical history as well as contact details of healthcare professionals involved in providing their care and support.

Care workers were observed to be caring and we found the people they supported mattered. People had their privacy and dignity respected by care workers who were considerate of people's individual preferences.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good

The service was safe

Systems and processes were in place to record people's assessed needs and risk assessments were in place that helped prevent avoidable harm, however information was not always consistently recorded.

People received their medication safely as prescribed.

Staff understood how to recognise signs of avoidable harm and abuse. Systems and processes were in place that helped keep people safe.

Accident and incident forms were in place and processes ensured actions and outcomes were recorded to mitigate re-occurrence.

Is the service effective?

Good

The service was effective.

The registered provider adhered to legal framework of the Mental Capacity Act 2005 and people were supported to make decisions.

Care workers were supported to have the required skills and competency to carry out their roles effectively.

People were supported to eat and drink enough and there were systems in place to make sure that people had access to a range of healthcare services.

Is the service caring?

Good

The service was caring.

Care workers were observed to be caring and we found the people they supported mattered.

People had their privacy and dignity respected by care workers who were considerate of people's individual preferences.

People were encouraged to express their wishes and preferences. Where people were unable to express their own views, families and other people close to the person such as health professionals and the local authority were involved in the process.

Is the service responsive?

Good

The service was responsive.

People receiving a service had a care plan and this information was available for staff and others to use in paper and electronic format.

Care plans contained information centred on the person. However, these records were not always accurate complete or up to date.

Information was available for when people needed to transition between services. However, the process for sharing this information with other health professionals was not robust.

Systems and processes were in place to effectively manage compliments concerns and complaints.

Is the service well-led?

Requires Improvement

The service was not always well led

Systems and processes to assess monitor and mitigate risks relating to people's health and safety were not effective as records for people were not always up to date, complete and accurate.

Policies and procedures were available as a point of reference for employees. However, these were not maintained and amended in line with current legislation and guidance.

There was positive feedback about the leadership and management of the service from everybody we spoke with.

The registered provider had systems and processes in place to obtain feedback on the service and this was evaluated with resulting actions implemented.

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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 registered 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.

The inspection was carried out on 19 October and 3 November 2016. The inspection was announced. The registered provider was given 48 hours' notice because the location provides a domiciliary care service and we needed to be sure that someone would be in the location offices when we visited. The inspection team was made up of one Adult Social Care Inspector.

Before our visit we looked at information we held about the service, which included notifications sent to us. Notifications are when registered providers send us information about certain changes, events or incidents that occur.

We did not ask the registered provider to complete a Provider Information Return (PIR) before this inspection. This is a form that asks the registered provider to give some key information about the service, what the service does well and improvements they plan to make.

As part of this inspection, we visited and spoke with three people in their own homes and two family members. We visited the registered provider's office and we spoke with six care workers, a supervisor, the registered manager and the director. We looked at five people's care records, four care worker recruitment and training files and other records used in the running of the domiciliary care service.

Good

Is the service safe?

Our findings

During our previous inspection, we evidenced care workers did not always record information correctly on medication administration records. This increased the risk of medication errors occurring. This was a breach of Regulation 12 (2) (g) of the Health and Social Care Act 2008 (Regulated activities) Regulations 2014. The registered provider submitted an action plan that identified measures they would implement to meet this breach.

The registered provider told us in their action plan that they were introducing an electronic care planning and monitoring system that care workers would be able to access on their phones. The registered provider told us and we saw during the inspection that the new system called, 'open PASS' had been implemented. We saw care workers used the system to administer and record people's medicines. The director told us, "Care workers can see any changes or amendments in people's medicines as soon as they are amended by the GP; we update everybody's medicine records at the main office so all care workers have access to instant information." We saw care workers went through a series of prompts that had to be ticked when completed. Where a prompt was not ticked as completed the care worker was unable to complete the call. This reduced the associated risks with medication errors occurring and meant people received their medication safely as prescribed.

The registered provider had a medication policy and procedure in place dated 2014. This was based on 'The Handling of Medicines in Social Care' guidance from the Royal Pharmaceutical Society of Great Britain. Despite information on principles, handling and procedures for people's medicines, information and guidance had not been updated in the medication policy and procedure for the management and administration of people's medicines using the Open Pass system. We asked the director about this and they told us the policy required updating with this information but they said staff had received training in the open PASS system. Care workers confirmed they had received and understood the training.

The registered provider had implemented the open PASS system, in conjunction with paper medication records for people. We visited three people in their own homes and looked at their records for medicines. We found paper copies had not always been updated and were not reflective of people's current needs. For example, one person's record was dated November 2016. Guidance for care workers advised the person required full support with the administration of their medicines and referenced care workers to the associated paperwork in the person's file. However further information was not available. A care worker showed us the information that was up to date on the open PASS system.

In another person's file, a person was recorded as leaving hospital. The medication care and support plan advised the person should be administered 50mg of Sertraline but the discharge paperwork advised 200mg of Sertraline should be administered. A care worker told us, "The electronic system has been updated but not the paper records." We saw the electronic system advised care workers that 2 x 100mg should be administered. A paper medication care and support plan in another person's home we looked at was not signed, dated or reviewed. The care worker told us the paper records were out of date and they removed them during our inspection.

We observed staff used the open PASS system to record, manage and administer people's medicines. Care workers we spoke with told us the open PASS system did not always reflect the paper system. A care worker said, "It [open PASS] can be useful; if a person has been prescribed antibiotics, the information is updated on the phone so we know to administer it straight away." However, they told us, "Where we administer PRN medicines like Paracetamol, this isn't written down so other people will not know what the person has taken." Another care worker said, "I don't use the paper records, everything is on the open PASS system." We spoke with the director about these concerns and we asked them about the 'old' paperwork that we found in people's files. They told us, 'Anybody who needs access to the open PASS system can have access, we have asked family members if they want access and some have taken that offer up; it's the same for other health professionals." They continued, "We are moving away from paper records and everything will be recorded electronically, we are just maintaining some paper records until we are happy our electronic system is robust."

We looked at records that were maintained to keep people safe from avoidable harm. Care plans included risk assessments but we found the information was not always consistent or robustly recorded. For example, a care plan for one person included an assessment undertaken in October 2016 by the local authority. The information documented areas of risks associated with providing safe care and support. Information documented that the person had fallen and remained at risk of falls, identified the person was a diabetic and required help to manage this and that the person was incontinent and required help from care workers to manage this.

We looked at the electronic open PASS system and saw there was no reference that the person was at risk of falls or that the person required support with their diabetes. Under the section on continence care, a record stated, "I do not require any help with my continence." Under the section for medication, we saw the local authority had documented that the person required help and support with their medication and that they would not drink water with their medication and required a glass of milk. This information was not documented under medication, risk and control measures of the open PASS system. We spoke with a care worker about these concerns and they told us, "We are changing everything to electronic format and the information should be available on open PASS." The information was updated during our inspection. This meant staff did not have access to the information they needed to provide safe care and support that met the people's identified needs.

Although the registered provider had taken action to make the necessary improvements to medicines management, we noted that errors in the management and administration of records associated with people's medicines continued to be made. We have addressed this in the Well-led section of the report.

People we spoke with told us they felt safe. On person said, "I am very fortunate, having care and support in my own home enables me to live as I choose to do and the staff who help me are wonderful; they keep me safe." Another told us, "I love my home and I always feel safe with all the staff that visit me; I have no concerns."

Care workers had received training in safeguarding adults from abuse and harm and the registered provider had an up to date policy and procedure that helped provide care workers with guidance on recognising and reporting any signs of abuse. A care worker said, "I would not hesitate in raising any concerns, they are always documented and investigated." We saw a form used to report safeguarding concerns included outcomes of the investigation, action to be taken and referrals to the local authority where required. The registered manager told us, "We work closely with the local authority and we discuss any concerns to ensure people are safe from harm and that we can learn from any incidents." This meant the registered provider had systems and processes in place that helped keep people safe from avoidable harm and abuse.

The registered provider used an electronic rota management system that helped to ensure sufficient care workers were available to meet people's needs. We saw that the electronic rota system used by the service calculated travel times based on people's postcodes. The registered manager told us, "The system ensures care workers have sufficient time to travel between calls so they arrive on time and people are not left waiting; the system can also be manually updated. Care workers we spoke with told us that they had between five and 30 minutes travel time depending on where they were going and that this was usually enough to get to people's homes on time. People we spoke with were happy with their call times and confirmed that care workers generally arrived on time.

The registered provider had completed pre-employment checks on care workers that helped to ensure they were of suitable character to work with vulnerable people. These checks included two references and Disclosure and Barring Service (DBS) checks. The DBS carry out a criminal record and barring check on individuals who intend to work with children and vulnerable adults. This helps employers make safer recruiting decisions and helps to prevent unsuitable people from working with children and vulnerable adults. It was clear from files that these checks had been undertaken and that the registered provider had received this information prior to the new employees starting work.

The registered provider had a process in place where accidents and incidents were recorded and outcomes were evaluated to mitigate re-occurrence. The process documented the nature of the accident or incident with additional narrative documented where required that included suggested actions with outcomes recorded. For example, where a person had fallen an investigation was completed and the person's risk assessment and support plan had been reviewed and updated. These measures helped to keep people safe from avoidable accidents and incidents.

Good

Is the service effective?

Our findings

The registered manager showed us a copy of a policy that covered the five key principles of the Mental Capacity Act 2005 (MCA). The MCA provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to make particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. For people living in their own home, this would be authorised via an application to the Court of Protection. We checked whether the service was working within the principles of the MCA.

We reviewed five care plans and saw that these had been signed by the person or their representatives. Where the registered provider had concerns regarding peoples' capacity, they had completed a form that provided a documented assessment of the person's behaviour. This included information on the consequences of making or not making the decision, methods of communication with the person and any additional support mechanisms such as a Lasting Power of Attorney (LPA) or best interest meeting.

The MCA created a new form of power of attorney called, 'Lasting Power of Attorney' (LPA), which gives another individual the authority to make decisions for an individual who lacks capacity. A LPA allows people to nominate someone to make decisions if they were to lose capacity in the future. An LPA can cover health and personal welfare and / or property and financial affairs. A valid LPA must include a certificate completed by an independent third party. A best interest decision was not available for a person who had been identified as having a lack of capacity due to dementia. However, the registered provider had made an application for a court of protection to make decisions on the person's behalf. We saw, where an LPA was nominated; they had signed the person's care plan. Where no LPA was in place the registered provider had asked a relative or care worker to sign to agree that care and support would be provided in that person's best interests. Best Interest Decisions are decisions made on a person's behalf where they lack capacity and are governed by the MCA.

Discussions with people who received a service confirmed that staff understood the MCA. One person told us, "They [care workers] always discuss my care and what they are doing; they always ask me if I am happy and if I understand and agree to what they are proposing to do." A care worker told us, "We have to be mindful where people might have fluctuating capacity, due to illness, we record any concerns as it's important they consent to anything we do and we always ask if it's ok." This meant the staff sought consent to provide care and support and that people's rights were protected in line with the MCA. We found that, where they had concerns regarding a person's capacity, they had worked with the local authority and appropriate referrals had been made.

People told us they received care and support from staff who had the appropriate skills and competencies

to carry out their role. One person said, "The care workers come in and know what to do, I let them get on with it; I couldn't manage without them." The director told us, "We put all staff through a three day induction in the office before they go out and meet people to ensure they have the basic skills and information to do their job." They said, "We are a supportive organisation, we don't only support people in their homes but also staff; we [management] get involved with the service, we pick up shifts if required and we are always available for a chat."

We saw that new care workers had three days induction that included training on health and safety, moving and handling, medication management and adult safeguarding. Care workers told us the training was varied and included both theory and practical learning. They said that, for example, training for moving and handling of people included the opportunity to practice what they had learnt to ensure they were competent when in people's homes. As well as areas of training that the registered provider considered essential, care workers were supported to complete additional training that was centred on people's individual needs. We saw from training records this included dementia, end of life and PEG feeding. A PEG (Percutaneous Endoscopic Gastrostomy) is a way of introducing food, fluids and medicines directly into the stomach by passing a thin tube through the skin and into the stomach when people are unable to accept food and fluids through their mouth.

New care workers completed the Care Certificate. The Care Certificate is an identified set of standards that health and social care workers adhere to in their daily working. It assesses the fundamental skills, knowledge and behaviours that are required by staff to provide safe, effective and compassionate care.

Care workers told us they shadowed existing employees before working on their own. One care worker told us, "Shadowing is dependent on experience and there is no real time limit; staff need to be confident and competent before being on their own with people."

Care workers we spoke with discussed their supervisions and appraisals. One care worker told us, "Supervisions are great, we discuss training needs, development, rotas and any problems we are having." They said, "Feedback is provided; it's good to find out if we are doing things right or if not then it's discussed in a positive way and we have the opportunity to complete additional training." We looked at records for five employees. We found monthly supervisions, along with spot checks that had been completed, ensured staff were competent and upheld the caring values of the organisation. Topics observed, discussed and documented with care workers included general job role, infection control, treating people with dignity and respect, confidentiality and administering medication.

This meant care workers were supported in their role and that this support helped them to provide effective care and support that followed best practice and was tailored to the person's individual needs.

People were supported to maintain a healthy diet. Care plans included records for people's individual nutrition and hydration requirements. A care worker told us information on meals was recorded on the electronic open PASS system. They said, "One person lost a lot of weight and we involved a GP; information was put onto PASS. We have to tick a box next to the food and drink that we select dependant on what the person has had during our visit." They continued, "There's not much information in the care plan [paper records] as we can analyse the electronic records a lot faster and involve other health professionals when required." We saw where people had any food allergies that these were recorded along with information on food that people liked or disliked.

People were supported with their health and wellbeing. We saw care plans contained detailed information about people's medical history as well as contact details of healthcare professionals involved in providing

their care and support. This meant the registered provider ensured people were supported holistically to maintain their health from a range of health professionals.

Good

Is the service caring?

Our findings

People told us care workers who visited them were caring and understanding of their needs. They told us, "They [care workers] discuss my care needs and they really do know how to look after me." "Staff are wonderful; they know and care about my needs." "Yes; very caring; the same faces come round, I couldn't live here without them and I love my home." The registered manager told us they recognised the importance for people in receiving care and support from a regular group of caring people. They told us they did not use agency staff and we observed the recruitment of permanent staff was robust and based around the fundamental standards of care. Rotas were structured to ensure people were visited by familiar faces. A care worker told us, "I have been going to the same people's homes for years, we have a mutual trust and understanding and I look after people as though they are part of my family; for some people I might be the only person they see in weeks."

During our visits to people's homes, we observed how care workers interacted with people. We saw they knocked and called out to people before entering the person's home so that people knew who had arrived and we heard people responding positively. Initial contact was reassuring for people; care workers took time to discuss with the person how they were and if they had any concerns or needs. The service did not provide visits of less than half an hour. A care worker told us, "We don't always have as much time to chat as we used to because we have to follow the tasks on the PASS system but I make a point of taking the time; that's why I became a carer."

Care workers understood people's diverse needs. We saw no evidence to suggest that anyone that used the service was discriminated against and no one told us anything to contradict this. A care worker told us, "Its important people are treated as individuals and that they are supported, we aim to keep them in their homes and living independently for as long as possible." People had their privacy and dignity respected by care workers. A care worker said, "I always make sure people are happy with the care I provide and that includes personal care such as bathing." They continued, "I always make sure towels and dressing gowns are available so people can be covered and if it is safe to do so I ask them if they want some privacy and will wait just outside the room."

Care workers were able to discuss how they encouraged people to express their views and how they engaged them in the care and support provided. One person enjoyed having a glass of beer on a sunny afternoon. The person told us they kept the beer in their fridge and when they requested, the care worker helped them to open the bottle. They told us how they had done this for many years and how it brought back fond memories of their married life.

Care workers spoken with people softly and appeared unhurried during the calls we attended. It was clear from our observations that people mattered. We observed a care worker bending down and holding one person's hand whilst discussing the options for their lunch. The person responded positively and advised the care worker their daughter had brought some different food that they wanted to try. The care worker acknowledged the person's preferences and whilst preparing the food continued light-hearted conversation with the person. The person said, "They are like family to me."

Care workers told us they understood how to maintain people's confidentiality and why it was important. A care worker told us "I never discuss people I care for with other people." They continued, "If they raised something that wasn't right, then I would discuss it with them and advise them that I may need to report it, in particular if it was a safeguarding concern."

We did not see that anybody used an advocacy service. Advocates support individuals, particularly those who are most vulnerable in society, to ensure that their voice is heard on issues that are important to them and will make sure the correct procedures are followed by the registered provider and other health professionals. A care worker told us how they involved families and other people close to the person such as health professionals and the local authority where people were unable to express their own views.

This showed us that the service encouraged people to express their views and make decisions about the support they received, whilst comments from people using the service demonstrated that care workers routinely encouraged and listened to people's views when providing care and support.

Good

Is the service responsive?

Our findings

People receiving a care and support service had a care plan in place. The purpose of a care plan was to provide a record of guidance and information so care workers and other people involved with the person's care and support could provide a responsive service that met with the person's individual needs. We looked at five care plans during our inspection. A paper copy was held in the person's home and in the main office. Care workers had access to an electronic copy that had been implemented and the director told us this would be used to replace the paper copies. The electronic system was called 'open PASS'.

We saw care plans in all formats were individualised and centred on the person. We found that care plans were written to maximise people's independence and supported care workers to provide personalised and responsive care. Care plans included people's wishes and preferences. For example a section entitled, 'What is Important to Me' recorded the person's living arrangements, routines, favourite places, social activities and communication preferences.

One person told us, "[Care worker] visits every year and we go through the file [care plan], we update everything, and I can have my say if I want to but I don't want to change anything." A care worker told us, "When people's reviews are due I always go to their home and discuss with the person if they need anything changing; it can be as simple as call times, or a change in diet." They said, "It doesn't matter what it is but it is important that we are providing care and support that meets with people's needs and preferences."

Information in care plans included important contacts, a care and support assessment record and consent by the person or their nominee to provide the agreed documented care and support. Further information focused on associated risks of providing the care and support. This information formed the basis of support plans that provided guidance that helped staff to mitigate the identified risks whilst meeting the person's needs. Information was detailed. However, we found information on medication, risks, personal care and other support for people was not consistently recorded or up dated. This meant that care workers might not always have access to robust and up to date information on people's individual needs. We have addressed this in the Well-led section of the report.

Care workers we spoke with understood the importance of the care plan and they told us they were a very important point of reference that helped them to understand what care and support people needed and the best way to provide this. Care workers we spoke with gave a mixed response on the implementation of the new electronic open PASS system. They told us "If we are covering for a member of staff who is off work, we might not have seen the person for some time and care plans give us that up to date background information." "I always read the care plan, but we are using an electronic system now and a lot of the paper information isn't always as up to date." "The electronic system is ok; we are less likely to miss off tasks as we have to tick boxes now before we leave the call." "It takes time to input notes which are not as comprehensive as they used to be; we read and record the notes to ensure we are aware of any changes in a person's health or needs or other events that might have occurred at a previous call, they are important." "The electronic system is good, it takes some getting used to, I find you can't always go back in to add additional notes once a call is finished."

We spoke with the director about these concerns and they told us staff had received training in the new system, which they acknowledged was a change in the way people's care and support was managed. They told us support and further training was available to all staff if they had any concerns and staff confirmed this. The director told us information available should be consistent and up to date at all points of reference. They told us up to date information was relayed using the electronic system and where necessary staff were informed of urgent changes by telephone. The care worker updated some of the records where we found inaccuracies to reflect the paper records during our inspection.

The above concerns meant that staff and other health professionals did not always have access to accurate up to date records, and that records were not robustly maintained. We have addressed these concerns in the Well-led section of the report.

A care worker told us, "I provide care and support to [Name] who has no dependants to support them, they have good neighbours but without this service they would be very isolated." The registered manager told us they had started customer meetings as a social event. They said they were inviting people to join them at the main office to have a drink and a chat with staff and other people. We were shown a questionnaire that had been sent out to gauge feedback from people on a proposal for day trips out in 2017. The suggestions included day trips to a theatre, seaside, places of interest and a fish and chip restaurant. The director said, "We are trying to ensure we provide an inclusive service and want to provide people with the opportunity to meet up and engage with other similar people to help them avoid social isolation; if that is their choice to do so ."

Hospital passports were included in some of the paper care plans we looked at. These records provided summary information should the person need to transfer between or into another service, for example, a hospital. We saw that hospital passports included important information about that person's allergies, current medication, known medical conditions and contact details for their GP and next of kin. The registered manager told us this information was available as an electronic record but other health professionals would need to have agreed access to view this.

The registered provider showed us a policy and procedure used to provide guidance on the management of compliments, concerns and complaints. Care plans kept in people's homes contained a service user guide, which provided details of how to make a complaint or raise concerns. People using the service told us they felt confident raising concerns or issues if they needed to. One person said, "I would ring the office and speak with [Name] if I had any complaints but I have always been quite happy with everything." Care workers told us, "People do know how to complain and the information is in their file." "We always ask people if they are happy and we encourage them to raise any concerns." We saw a complaint form that included basic information, details of the complaint, the response, further action and agreed resolution. A compliment journal was seen that provided a summary of 22 compliments received so far in 2016. These contained a range of positive comments about the care workers, the service, and the support provided. This meant the registered provider had systems and processes in place to manage and respond to compliments and complaints.

Requires Improvement

Is the service well-led?

Our findings

There was a registered manager in place. The registered manager was on duty and along with the director; they supported us during the inspection.

Management knew about their requirements under their registration with the Care Quality Commission (CQC) and understood the circumstances in which they needed to submit a notification. The Health and Social Care Act 2008 (HSCA) requires providers to notify CQC of certain incidents and events.

Systems and processes in place to assess monitor and mitigate risks relating to the health and safety of service users were not always effective, as the registered provider had failed to identify and respond to the concerns we evidenced during our inspection. We found from our inspection people had a care plan and this was maintained in both paper and electronic format. However, we found information in people's care records was not always consistently recorded and up to date. This meant the registered provider had failed to maintain accurate and complete records in respect of each service user.

The registered manager completed a number of audits to check on the quality of the service. We saw these checks included a customer audit log. The director told us, "The supervisors audit all customers twice a month and the registered manager completes spot checks on five customers a month. We saw that this had led to additional support for people. For example, because of the audit a person had been identified as having irregular eating habits, an email was sent to the care management team at the local authority and further guidance and support was provided to support the person.

The registered provider had implemented a new customer medication audit in October 2016. The audit checked the individual management and administration of people's medicines where the registered provider undertook this activity. The director told us this was undertaken as part of the annual review for people.

Although audits and quality assurance checks were in place, we found they were not always effective in ensuring systems were robust, as they failed to identify the concerns we evidenced during our inspection. These included care records not being accurately maintained and differences in electronic and paper medication records. This meant that people's personal care records were not always reflective of their needs.

Whilst we acknowledged the registered provider was implementing a new way of managing people's records we found record keeping within the service needed to improve. We saw evidence that medicine records, care plans and risk assessments were not always accurate or up to date. This meant that staff did not have access to up to date and complete records in respect of each person using the service, which potentially put people at risk of harm.

The registered provider showed us a file that contained a range of 18 policies and procedures that provided associated guidance involved with the operation of a care service. Examples included safeguarding, fire

safety, MCA and health and safety. We found ten of these documents had not been reviewed and replaced in line with the organisation's documented guidance dated 2014. The registered provider told us that policy and procedures were completed and updated centrally and that these were accessed on line through the intranet. They told us the copies we were provided with might not have been the most up to date available. This meant that policies and procedures that were available as a point of reference for employees were not maintained and amended in line with current legislation and guidance.

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

During our inspection we observed an efficient administrative office with care workers, office staff and management interacting. There was a clear management structure in place and staff appeared to understand their roles and responsibilities. Staff we spoke with provided us with a positive response about leadership and how the service was run. Comments included, "We are a very happy bunch of carers." "The service is well run, management are always available and accommodating; they always try and help and we all have a laugh." "I can always speak to [Managers' name] about any concerns, I really can't fault the people, staff or the job at all." People we spoke with provided similar feedback speaking highly of the service they received and the way the service was managed.

The registered manager showed us their most recent bi-annual customer satisfaction survey. Because of previous feedback, the director told us the survey had been amended to include reflective questions for people to improve the quality of the feedback received. We saw this included a question that asked if there had been any improvement in the service since the last questionnaire. Previous feedback highlighted that 100% of respondents would recommend the service to a friend. It also highlighted that staff were concerned at the length of time available to travel between calls. Because of this feedback, the registered provider had increased travel time and reconfigured the journeys staff made resulting in less miles travelled by staff since the previous survey. Other surveys had been completed with resulting outcomes and actions implemented that helped to improve the service people received based on their feedback.

The registered provider had a length of service awards programme where they gave staff a certificate, flowers and a gift as a thank you and recognition for each full year of service. Staff told us they looked forward to this and other events, which upheld the visons and values of the service. They told us they took part in community linked events for example 'race for life', coffee mornings, and a Macmillan fund raising event.

Staff discussed events that helped them improve the quality of service for people. A care worker told us, "We had a training session from [Name of optician], they brought in special glasses that when we put them on simulated different types of restricted vison that people may have." They said, "It means we can better support people with limited sight and can appreciate what it's like for them." Another member of staff discussed a visit from hospice staff and training they had completed in understanding dementia. The registered manager told us they had three dementia champions who provided this training. These events and actions by the registered provider meant staff were kept up to date with best practice and could improve the quality of care provided to people.

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 17 HSCA RA Regulations 2014 Good governance Records relating to the care and support of each person receiving a service were not always complete, accurate or up to date. Systems and processes used to assess, monitor and mitigate risks were not always effective as records were not always complete, accurate or up to date. Systems and processes including governance and audits were not always effective in their purpose or reviewed to ensure the service was meeting with the requirements of all regulations. Regulation 17 (1) (2)(a)(b)(c