Morningside Care Ltd

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Inspection report

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Ratings

Overall rating for this service	Requires Improvement

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

Summary of findings

Overall summary

This was an announced comprehensive inspection which took place on 15 and 16 January 2018.

This service is a domiciliary care agency. It provides the regulated activity personal care to people living in their own houses and flats in the community. It provides a service to older adults. At the time of our inspection there were 9 people using the service.

Not everyone being supported by Morningside Care Ltd receives a regulated activity; CQC only inspects the 'personal care' service being received by people; which includes help with tasks related to personal hygiene and eating. Where they do we also take into account any wider social care provided.

The service was inspected in April 2016 when we found two breaches of the Health and Social Care Act 2008 (Regulated Activities) regulations 2014. These were in relation to poor recruitment practices and the lack of quality assurance systems to monitor and review the quality of the service. The overall rating for the service at that time was requires improvement. Following the inspection we asked the provider to complete an improvement plan to show what they would do and by when to improve the key questions; is the service safe, effective and well led to at least good.

We undertook another comprehensive inspection in February 2017 when we checked if the required improvements had been made. We found that some improvements had been made and one of the requirement actions had been met. However we found two breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, including a continued breach because systems for recruitment of staff were not safe and staff did not receive all the training they needed to enable them to carry out their duties effectively. We issued a warning notice and a requirement action. We also made two recommendations relating to governance systems and business emergency planning. The service was rated requires improvement overall for the second time. Following the inspection we asked the provider to complete an improvement plan to show what they would do and by when to improve the key questions, is the service safe, effective and well-led to at least good.

During this inspection we found that some of the required improvements from the last inspection had been met, however we identified two new breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 and a breach that was a repeat of one found in April 2016. You can see what action we have told the provider to take at the back of the full version of the report. We are currently considering our options in relation to enforcement in response to some of the breaches of regulations identified. We will update the section at the back of the inspection report once any enforcement work has concluded. We also made two recommendations.

Medicines were not managed safely. Records for the administration of medicines were incomplete and audits of medicines administration were not robust.

Assessments were used to develop care records which provided information and guidance to staff on the support people needed. Potential risks to people's health and well-being had been identified and management plans had been put in place to help minimise potential harm or injury to people. However care records had not always been reviewed or updated when people's needs changed.

Systems in place to seek people's feedback about the service or assess, monitor and improve the quality and safety of the service provided were not robust.

People did not always know which staff were going to be arriving to provide their support. We have recommended the service reviews the way they involve and inform people about staffing arrangements.

Some people told us they had difficulty communicating with some of the staff and that this was affecting the quality of the experience of the service provided. We recommend the provider discuss any communication problems with people who use the service.

There was a safe system of recruitment in place which helped protect people who used the service from unsuitable staff.

There were sufficient staff to meet people's needs and staff received the induction, training, support and supervision they required to carry out their roles effectively. Staff we spoke with liked working for the service and told us they felt supported in their work.

Staff we spoke with were aware of safeguarding and how to protect vulnerable people. Staff were confident the registered manager would deal with any issues they raised. There were systems in place to protect people's security and their property.

Accidents and incidents were appropriately recorded. Risk assessments were in place for the general environment.

People who used the service told us they were consulted about the care provided and staff always sought their consent before providing support. Where people were unable to consent to their care and treatment the principles of the MCA had been followed

Suitable arrangements were in place to help ensure people's health and nutritional needs were met.

People told us they were supported by staff who were caring and kind. They told us staff were respectful.

A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run. People who used the service and staff we spoke with were positive about the registered manager. Staff told us the enjoyed working for the service.

The service had notified CQC of any accidents, serious incidents, and safeguarding allegations as they are required to do. The provider had displayed the CQC rating and report from the last inspection on their website and in the home.

The rating in the Well-led domain for this service is 'Inadequate.' Services that are rated as inadequate in one domain will be inspected again within six months. The expectation is that providers found to have been

providing inadequate care should have made significant improvements within this timeframe. If not enough improvement is made within this timeframe so that there is still a rating of inadequate for any key question or overall, we will take action in line with our enforcement procedures and the service will be placed in special measures.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement

The service was not always safe.

Medicines were not managed effectively.

Risks to people were identified but risk assessments were not always updated when people's needs changed.

The recruitment of staff was safe and there were sufficient staff to provide the support people needed.

Is the service effective?

Good

The service was effective.

Staff had received the induction, training and supervision they required to ensure they were able to carry out their roles effectively.

People's rights and choices were respected.

The provider was meeting the requirements of the Mental Capacity Act 2005 (MCA).

Is the service caring?

Requires Improvement

The service was not always caring.

People told us staff were caring, kind and respectful.

Some people told us they couldn't always understand what some of the staff were saying and this affected their ability communicate their needs.

People's records were stored securely so that people's privacy and confidentiality was maintained.

Is the service responsive?

Requires Improvement

The service was not always responsive.

Care records were not always reviewed, accurate or updated when people's needs changed.

Detailed daily records of care provided were kept.

There was a suitable complaints procedure for people to voice their concerns.

Is the service well-led?

Inadequate

The service was not well-led.

The systems in place to assess, monitor and improve the quality and safety of the service provided were not sufficiently robust.

The service had a manager who was registered with the Care Quality Commission. Everyone said the registered manager was caring.

Morningside Care Ltd

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 15 and 16 January 2018 and was announced. We gave the service 48 hours' notice of the inspection visit because it is small service and the manager is often out of the office supporting staff or providing care. We needed to be sure that the manager would be available. The first day of the inspection involved telephone discussions with people who used the service and their relatives about their views of the service and the quality of the support they received. We visited the office location on 16 January 2018 to see the manager and office staff; and to review care records and policies and procedures.

The inspection team comprised of one adult social care inspector, an assistant inspector and an expert by experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Prior to the inspection we reviewed information we held about the service and provider, including notifications the provider had sent us. A notification is information about important events which the provider is required to send us by law. We used this information to help us plan the inspection. We also asked the local authority and Healthwatch Bury for their views on the service. We received information about errors in medicines administration. These were subject to an on-going safeguarding investigation by the local authority we did not look at the specific incidents but used the information to guide our the inspection.

During this inspection we spoke by telephone with three people who used the service and the relatives of two people to seek their views about the service provided. With their permission we also visited one person who used the service in their own homes to gather their opinions about the service. In addition, we spoke with the registered manager, the service care coordinator, the deputy manager and four care staff.

We looked at three care records, a range of documents relating to how the service was managed including

medication records, four staff personnel files, staff training records, duty rotas, policies and procedures and quality assurance audits.

Requires Improvement

Is the service safe?

Our findings

At the comprehensive inspections of the service in April 2016, we found there was a breach of Regulation 19 (2) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. The safety of people who used the service was placed at risk as the recruitment system was not robust enough to protect them from being cared for by unsuitable staff. Following the inspection we asked the provider to complete an improvement action plan to show what they would do to meet the regulation. At our inspection in February 2017 we found there was a continued breach of this regulation and we issued a warning notice. The overall rating for this key question at both inspections was requires improvement.

Following the inspection in February 2017 we asked the provider to write to us to show what they would do and by when to improve the key question to at least good.

During this inspection we found the required improvements had been made. We found there was a safe system of staff recruitment in place. We reviewed four staff personnel files. We noted that all the staff personnel files contained an application form where any gaps in employment could be investigated. The staff files we looked at contained at least two appropriate written references and copies of documents to confirm the identity of the person, including a photograph. We saw that checks had been carried out with the Disclosure and Barring Service (DBS). The DBS identifies people who are barred from working with children and vulnerable adults and informs the service provider of any criminal convictions noted against the applicant. These checks help ensure people are protected from the risk of unsuitable staff being employed.

We saw the service had policies and procedures to guide staff on staff recruitment, equal opportunities, sickness and disciplinary matters. These processes helped staff to know and understand what was expected of them in their roles.

Prior to this inspection we had been made aware by the local authority of concerns in relation to the management and administration of people's prescribed medicines.

People we spoke with told us they usually get their medicines as prescribed. One person who used the service said, "I always get my medication on time, they help me with this. [Registered manager] has chased the pharmacy when they have been late." We found medicines management policies and procedures were in place. These gave guidance to staff about the storage, administration and disposal of medicines.

We looked to see if there were safe systems in place for managing people's medicines. We found that systems in place were not sufficiently robust to ensure that people got their medicines as prescribed.

One person did not have a care plan related to medicines administration. Guidance for best practise indicates that where medicines are being administered by staff a care plan and risk assessment should be in place to guide staff on what they need to do and what support the person needs.

The registered manager told us that all MAR were collected at the end of each month and taken to the office for audit. We asked for the last three months medicines administration records (MAR) for the two people who were supported by staff with their medicines. The registered manager told us all the records we requested were not available.

At our inspection in February 2017 we found that one MAR that had not been pre-printed by the pharmacist had a hand written entry that was only signed by one staff member. Good practise is that handwritten MAR is counter signed by a second staff member to indicate the entry has been checked against the prescription and is correct. At that inspection the registered manager told us that two staff always checked and counter signed when the MAR was not pre-printed by the pharmacy. They told us that this had been an error and would ensure that double signatures were always in place in future. At this inspection when we reviewed the MARs made available to us, we found that where they were not pre-printed by a pharmacist; the deputy manager typed the MAR instructions. However we saw that these were not double signed. Although they were not hand written they had still been transcribed by a staff member of the service and good practise indicated that two staff should be checking the entries are correct against the prescription. We discussed this with the registered manager and deputy who told us they would ensure MAR typed by staff at the service were double checked against the prescription and signed by two staff.

On review on one person's records we found gaps in the recording of the person's medicines administration and it was unclear why. The service had no records to show that these incidents had been investigated or that staffs failure to complete medicines administration records had been discussed with the staff concerned.

The training matrix and records we saw showed that staff had been trained in the safe administration of medicines and had their competency to administer medicines regularly checked. However there was no evidence that following staffs failure to follow correct procedures for administration of medicines their competency had been rechecked or that retraining had been given.

Because of this lack of record keeping we could not be sure people had received their medicines as prescribed. We found this was in breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Safe care and treatment. Medicines were not managed effectively.

We looked to see what arrangements were in place in the event of an emergency that could affect the provision of care and how risks were managed.

Continuity plans that give direction to staff in the event of an emergency such as failure of phone and computer system, fire, floods, natural disasters, breakdown of essential equipment, loss of electric and gas and severe weather should be readily available to staff. This helps to ensure staff are able to follow the correct course of action promptly to ensure continuity of service and to keep people safe. At our inspection in April 2016 the service did not have a business continuity or emergency plan, we advised the service to formalise their plans in writing. At our inspection in February 2017 we found a policy had been developed, however whilst it highlighted risks that may disrupt the service it did not detail action staff should take. We recommended the service reviewed its emergency plans to ensure clear guidance was available for staff. During this inspection we were shown a business continuity plan. It did not give staff clear guidance on what to do or who to contact in the event of a major incident or emergency that could put them or the service they received at risk. This meant we could not be sure staff knew what action to take to ensure continuity of service for people and to minimise the risk to people or the service in the event of an incident. We have addressed this in the well-led domain of this report.

We looked at the care records for three people who used the service who had different care and support needs. We saw that risk management plans were in place to guide staff on the action to take to mitigate the identified risks. Risk assessments included; personal care, skin integrity, mobility, falls, moving and handling and nutrition. However we found that risk assessments had not always been updated when people needs changed. We have addressed this in the responsive domain of this report.

Care records also included environmental risk assessments for hazards in people's homes these included; cleaning, control of substance hazardous to health (COSHH), fire, infection control, lighting and home appliances and outside areas such as paving. We noted that there was a lone working risk assessment to guide staff on how to stay safe and that the risks associated with lone working had been discussed at a recent team meeting. These assessments help to minimise risks to people and those providing support so that people were kept safe.

People told us they felt safe using Morningside Care Ltd. People who used the service said, "I feel safe with the staff, I would phone [registered manager] if I didn't, there is a phone number in the book." Other people said, "There is no bullying, no intimidation, they are always nice to me" and "I look forward to them coming they're excellent. I feel safe I've got to know most of them."

We looked to see if arrangements were in place for safeguarding people who used the service from abuse. We found there were policies and procedures for safeguarding people from harm. These provided staff with guidance on identifying and responding to signs and allegations of abuse. We saw that the service had a whistleblowing policy. Staff we spoke with knew how to report concerns. Staff we spoke with and training records we reviewed showed staff had received training in safeguarding people from abuse.

We discussed staffing arrangements with the registered manager, staff and people who used the service. We were told that there had been changes recently, as the local authority was no longer commissioning services from Morningside Care Limited. The registered manager told us that this had resulted in the numbers of service users being supported reducing and that as a result only five staff were needed to cover all the planned visits. One person who used the service told us, "I used to have two girls very good they don't send them anymore I don't know why. Some don't even take their coat off they're that rushed." Another person said, "There was a big mix up with rotas and I didn't get the carers I rang up and they sent two ladies straight away."

We also asked people if they received consistent support from the same carers. Most people we spoke with told us they were not told in advance or until very near the time which staff would be supporting them. One person who used the service said, "I have to tell them what to do. When we get new carers sometimes they get shadowed maybe once or twice then left. So they don't know us we don't know them." People told us, "I used to have two [staff] regular but not anymore haven't had them for weeks", "I don't get a rota I don't know who I'm getting till I see their faces", "They send an invoice, no rota", "I get different staff each time, I never know who is coming, I don't mind that, if I did I would say something" and "I don't know [which staff member is visiting] until I see them." This meant that people were not communicated with effectively about how their care would be delivered.

We recommend the service reviews the way they involve and inform people about staffing arrangements.

Records we looked at showed that some visits were planned 'back to back' meaning that the time one visit finished was the same as the time the next was planned. This did not allow for staff travelling between visits. We discussed this with the deputy manager and registered manager. They said that part of the contract with people was that there was a half hour 'window' allowed for arrival time. We asked if people using the service

were aware of this, as if they were not they may think staff were arriving late. The registered manager told us they would discuss this with people who used the service and also look at how the visits could be more accurately planned. Accurate arrival times also enable people to plan around the visits.

Out of hours 'on-call' support was available for people who used the service and staff in the event of an emergency or issue arising. This was provided by the registered manager and senior members of the care team. People who used the service and staff we spoke with told us they could always get hold of a manager on the on call phone.

We saw that there were systems in place to protect people's security and their property. Where necessary a key safe was in place. This is where keys are kept in a secure locked box outside the person's home and can only be accessed by people with the code. This was confirmed by people and staff we spoke with. We saw that one person had a key safe located at the front door. We observed staff scramble the code when leaving so that the code could not be identified by any unauthorised people. One person who used the service told us, "They always lock my door."

The service had an incident and accident reporting policy to guide staff on the action to take following an accident or incident. The registered manager told us there had only been one accident since our last inspection. Records we looked at showed that the accident had been recorded in a log in the office and there was a record of action taken. We noted that the registered manager did not keep a separate log of incidents or accident to enable them to look for themes or patterns. They told us this was because there were only a small number of people using the service at the time of our inspection and because of that they were aware of all accidents and incidents. We have addressed this in the well-led domain of this report.

The service had an infection control policy; this gave staff guidance on preventing, detecting and controlling the spread of infection; this included hand washing, the use of personal protective equipment (PPE) including disposable gloves and aprons. People who used the service told us PPE was always available and used. People told us, "They always wear they're uniform and look smart", "They always wear gloves and aprons" and "They wear gloves and aprons." This helped to protect people from the risk of cross infection.

The offices were on the ground floor of a modern office building. The building was owned by a landlord. There was a fire alarm, extinguishers and emergency lighting to use in the event of a fire. The alarms and emergency lighting were tested frequently by the landlord to ensure they were in good working order.

Good

Is the service effective?

Our findings

At our last comprehensive inspection in February 2017 we found there was a breach of regulation 18(2) (a) of the Health and Social Care Act 2008 (Regulated Activities) Regulations. This was because staff had not had all the training necessary to enable them to carry out their duties effectively. The overall rating for this key question was requires improvement.

Following the last inspection we asked the provider to complete an improvement action plan to show what they would do and by when to improve the key questions to at least good. At this inspection we found the required improvements had been made.

We looked to see if staff received the induction, training, supervisions and support they needed to carry out their roles effectively.

Staff we spoke with and records we reviewed showed that staff received an induction when they started to work for the service. The registered manager told us it included completing training, an introduction to people who used the service and shadow-working alongside experienced staff. Staff received training in health & safety, infection control, basic food hygiene, medicines administration, moving and handling, dementia awareness, basic life support, nutrition and safeguarding. We noted that of the nine staff, only three staff had completed fire safety, but that a course for the other staff was booked for shortly after our inspection. All staff had received manual handling theory training but five support staff had not completed manual handling practical training. Following our inspection the registered manager told us this was planned for two weeks after our inspection. One person told us, "They are trained to use the hoist and they know what they are doing".

We asked people who used the service and their relatives if they felt staff had the knowledge and skills needed to deliver effective care and the support they needed. People told us, "They do everything absolutely acceptable we are just comfy." A relative of someone who used the service told us, "They are kind, trustworthy and they do what I ask them to do. When they helping [person] wash or shower they always cover [person] and ask if it's ok to help [person] and ask what [person] wants them to do."

We saw staff had individual supervisions and monthly team meetings were held. Staff we spoke with told us they felt supported. Staff told us, "Yes I did all my training and I get supervisions" and "The senior works alongside us, I am always in contact with them [managers]."

We checked whether the service was working within the principles of the Mental Capacity Act (MCA) 2005. The MCA provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty so that they can receive care and treatment when this is in their

best interests and legally authorised under the MCA. However, people cared for in their own homes are not usually subject to Deprivation of Liberty Safeguards (DoLS).

Care records we looked at contained evidence the service had identified whether a person could consent to their care and had been signed by the person to indicate they agreed to the planned care. People we spoke with also confirmed staff sought their consent when supporting them.

Records we reviewed showed that staff had received training in MCA and DoLS. All the staff we spoke with during the inspection demonstrated their understanding of the principles of this legislation and the need to gain consent from people before they provided any care. One staff member said, "I always get verbal consent and knock on doors before going in."

Care records we reviewed included detailed daily logs of care and support provided. Staff told us they read the daily logs to update themselves with how the person was or if any important event shad happened.

We looked to see if people were supported to maintain a healthy diet. People lived in their own homes or with family support and could eat what they wanted. Records we looked at showed that a nutritional risk assessment was completed for each person who used the service.

Care records contained information about people's health needs and showed that people had access to a range of health care professionals including G.P's and district nurses. People we spoke with said that the service worked with the health care professionals involved in their care.
One relative told us, "They are observant if [person who used the service] got a rash they will tell me." This helped to ensure people's healthcare needs were met.

Requires Improvement

Is the service caring?

Our findings

People who used the service and their relatives told us staff were kind and caring. One person said, "Staff are very kind, they are nice to me, they always introduce themselves when they come in. They listen to me, they don't rush me." Other people said, "They go gently [when supporting with personal care] they are caring and kind they always keep me covered of course. "Once the carer was late and I was worried they weren't coming, so I phoned [registered manager] she said she would come out to me but the carer turned up then. That was a one off, they're usually right on time, they've never missed a visit, they always stay for the full time, and sometimes they just stay for a chat if I don't need anything." A relative we spoke with said, "They chat sometimes about football [person who used the service] likes that."

We asked people about how staff communicated with them and if staff listened to them and talked to them appropriately. One relative said, "If I wasn't there and [person who used the service] was poorly they'd contact me or my daughter."

All the people we spoke with were positive about the staff, but some people we spoke with told us they sometimes had trouble understanding what some of the staff were saying. One person who used the service said, "Sometimes I don't understand them [some staff]." Other people said, "Sometimes I don't know what they're saying, I don't get the support I want. It's not what I thought carers would be when I started" and "The only thing is that there are some that I can't understand what they are saying, the one today is good, she's lovely and I can understand her, she is very good I think they are kind caring and compassionate the problem is the language barrier." One relative said, "I think they are kind caring and compassionate the problem is the language barrier. I asked one carer to pass me the pink face cloth [staff member] didn't know what it was."

We discussed with the registered manager the communication difficulties people had raised and that it was affecting the quality of the experience service users had. The registered manager said that some of the staff did not have English as their first language but that they had not been aware that people had concerns.

We recommend the provider discuss any communication problems with people who use the service.

People who used the service told us staff respected their privacy and maintained their dignity. One person said, "They help me wash and use the commode they close the blinds. They strip wash me and always keep me covered and ask permission to help me."

During our inspection we observed staff interact pleasantly with a person who used the service. Staff offered choices and respected the person's choices. Staff we spoke with knew people well and spoke about them in respectful and affectionate terms. One staff member said, "Person centred care is us meeting their needs that are right for them, they don't fit in with us, we fit in with them."

People told us staff helped them to remain as independent as possible. One person who used the service said, "They encourage me to help myself to be as independent as I can be. I can make my own meals so they

don't help me with this. I don't choose who helps me but I do like them all really. They do respect my choices; they don't force me to do anything. I choose when to get up, when to go to bed, what I eat, what I wear, what I watch on telly.

We saw staff had received information about handling confidential information and on keeping people's personal information safe. All care records that were in the office were stored securely to maintain people's confidentiality.

Requires Improvement

Is the service responsive?

Our findings

Before people started to use Morningside Care Ltd an assessment of their needs was completed by a manager of the service. We saw the assessment identified the support people required and how the service planned to provide it. The assessment process ensured the service could meet people's needs and staff knew about people's needs and goals before they started to use the service. We saw that the assessments were used to develop care plans and risk assessments.

People told us they were involved in developing their care records. A person who used the service told us, "[Care coordinator name] has meetings with me and my [relative] to talk about things that are important to me, or see if I need anything else." A relative of someone who used the service told us, "We feel involved we discuss thing together about [person who used the service] care."

Care records we reviewed included support plans and risk assessments detailing information about medical conditions, personal care and dressing, nutrition, hydration, mobility, moving and handling and communication.

We found that whilst care records provided information and guidance to staff on the support people needed, they had not always been reviewed or updated when people's needs changed.

We found one person's risk assessment document included a scoring table that when completed indicated to staff the level of risk for the person in each area. This had not been completed and the document was not dated or signed to say when it had been completed or who by. The person had separate risk assessments in place for manual handing and bathing but these were not referred to on this overall risk assessment.

We also found that support plans and risk assessments for two people had not been regularly reviewed and had not been updated when the people's needs had changed.

One person's care records identified that they were receiving support from staff with a bath twice each week. The person's care records contained reviews completed by the local authority and showed that the person's support needs around bathing had changed twice during 2017. The person bathing risk assessment completed by the service had not been updated to reflect any of these changes. It had last been reviewed in December 2016. Daily records we reviewed showed that the person had not been supported to have a bath for the last 2 months. Staff where providing the person with a full body wash, this was not reflected in their support plans or risk assessments.

Records we saw showed one person who used the service had been reviewed by the local authority in July 2017. This review showed that the person's mobility had improved and that they no longer required two staff to use hoisting equipment to move them. It indicated the person was able to mobilise with only reassurance from staff. The person had requested the reduction to one staff member to promote their independence. The service had been instructed by the local authority to update the person's risk assessments. This person's manual handling risk assessment still stated that the person; 'needs 2 carers to support' and that

they were' unable to walk.'
Records we saw indicated that a manager of the service had conducted a review for another person who used the service in September 2017. The review was recorded and identified that changes had been made to the care provided. However the care records and risk assessments we reviewed had not been updated to reflect the changes. The last date of review on the care records was indicated as April 2017.

Three staff we spoke with were able to tell us accurately the current support people needed. However, this lack of accurate updates to care records meant people were at risk of not being supported appropriately and having their independence and choice restricted. The provider did not have systems in place to ensure care records reflected decisions taken about peoples care.

We found this was a breach of Regulation 17 HSCA RA Regulations 2014 Good governance. Accurate and complete records of care were not consistently maintained.
We found detailed records were made in daily logs by staff after each visit. Staff told us that if people's needs changed they wrote in daily logs, reported to the office and managers would update care records. A staff member told us, "[Care coordinator] tells us if the care plan is updated, we do have time to read them and write in the daily log."

People we spoke with told us the service was responsive to meeting their needs. People who used the service told us, "I'm very happy to see them the help me get washed or shower, get dressed and do my breakfast and lunch" and "They do extra things for me like move those boxes that were delivered before, I could trip on them but I can't carry them upstairs, I don't need to ask, they offer, they're good."

We saw the service had an equality and human rights policy and procedure. This gave staff information on the risks to people's human rights in health and social care provision. It guided staff on action to take when planning and delivering care and support. It included how risk to people's human rights should be included when planning care.

We looked to see how the service dealt with complaints. We found the service had a policy and procedure which told people how they could complain and what the service would do about their complaint. It also gave contact details for other organisations that could be contacted if people were not happy with how a complaint had been dealt with. Copies of the complaints procedure were provided in each person's personal file which was kept in their own homes.

Records we saw showed that there was a system for recording complaints and concerns. This included a record of responses made and any action taken. We noted that one complainant had not been responded to in writing; we were told this was because the meeting to discuss the action that had been taken by the service had only been held a few days before our inspection. We were told by the registered manager that a letter confirming the outcome of the meeting would be sent to the complainant. People we spoke with told us they knew how to make a complaint. One person told us, "If I wanted to make a complaint I would phone [registered manager], it says it in the book. I've never made one but I did phone up when a carer was late and [registered manager] was very helpful." Relatives we spoke with said, "If I needed to complain I'd ring the manager" and "I'd talk to the manager if I had concerns"

The registered manager told us they were not currently supporting anyone with end of life care. We saw the service had a policy and procedure detailing how the service would ensure people's wishes about their care was respected if they were at the end of their lives. This would help staff understand how they could best support people and ensure peoples end of life wishes were respected

Inadequate

Is the service well-led?

Our findings

At our inspection in April 2016 we found that systems in place for monitoring and reviewing the service were not sufficiently robust. Records were not kept of spot checks or quality audits of care records, staff performance, supervisions or team meetings. A requirement action was made. Following the inspection we asked the provider to complete an improvement action plan to show what they would do to meet the regulation. At our last inspection in February 2017 we found some improvements had been made but systems were not sufficiently robust. We recommended the service reviewed its monitoring and auditing systems to ensure they were sufficiently robust. The overall rating for this key question at both inspections was requires improvement.

During this inspection we looked at the arrangements in place for quality assurance and governance. Quality assurance and governance processes are systems that help registered providers to assess the safety and quality of their services. This ensures the service provides people with a good service and are meeting appropriate quality standards and legal obligations.

During this inspection we found there was a lack of effective systems to monitor, review and improve the quality of the service provided.

We found that systems in place for reviewing the service provided were not sufficiently robust and had not identified the concerns raised with us, including people's concerns about staff communication and that people did not know in advance which staff would be visiting them. We saw that a 'quality review' form had been sent to people who use the service in December 2017. This was asking people who used the service about the satisfaction with the service provided. One person who used the service said, "I got a questionnaire last night, none before that." At the time of our inspection the results had not been analysed by the service.

We saw some records were available of spot checks completed on staff. However, there was little evidence of any other on-going checks or audits being completed. As with previous inspections, we found the systems in place had failed to identify or address the issues we found during this inspection.

We found the required improvements, identified at our last two inspections, had not been made to contingency plans to guide staff in the event of an incident or emergency that could put people or the service they received at risk.

We saw that records were kept of accidents and incidents, safeguarding's and complaints. We found the registered manager still did not have systems in place to help identify themes or lessons learned. We had raised this at the previous inspection with the registered manager.

There were no systems in place for the registered manager to audit the quality and accuracy of care records or risk assessments to ensure they were accurate. Care plans and risk assessments we reviewed did not always reflect people's current support needs.

The registered manager did not have a system in place to ensure that reviews had taken place or to ensure records were updated when people's needs changed.

Records of reviews of the support provided were not always available. We were shown a matrix of dates of 'assessment reviews'. We were told these indicated that a manager from the service had reviewed the care provided to all service users in September 2017. We saw that some records of these reviews were available however, we requested copies of the reviews for two people who used the service as the care records in the office did not evidence any review in September 2017. The registered manager told us they could not find the documents. The registered manager did not know what the results of the reviews had been and was not able to tell us if any changes to the support provided had been identified.

We were told by the registered manager that medicines administration was monitored monthly. There were no records of these audits or any evidence of monitoring. There was also no record of any action taken when errors such as not signing MAR were found.

We found this was a breach of regulation 17 (1) (2) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Systems were not in place to assess, monitor and improve the quality and safety of the service provided.

The service is required to have a registered manager in place. A registered manager is a person who has registered with the Care Quality Commission (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 service had a registered manager, who is also one of the providers. The registered manager has been in post since October 2015.

People who used the service were positive about the registered manager. They said, "The office is easy to contact. There was a conflict about a bill payment I rang the manager and it was sorted out quickly. The manager pops in", "[registered managers name] is the manager, she is very good. I know I can go to her or [care coordinators name] if I need to. I would feel very confident to make a complaint yes, but I haven't needed to", "I can talk to the manager I talked to her yesterday. She used to have a one to one but she hasn't for 12 months now" and "The managers been [to the persons house] she's easy to talk to."

Staff spoke positively about the registered manager. One said, "She is fair; we can approach her about anything."

Staff told us they enjoyed working for Morningside Care Ltd. They told us, "We do get positive feedback, I am carer of the month", "Its good working with them" and "We have meetings every month, we put ideas and suggestions forward, we are always listened to." Records we reviewed showed that staff meeting were held each month and that detailed notes were kept of these meetings and included updates from last meeting, what areas were discussed, any issues or concerns and agreed actions.

Before our inspection we checked the records we held about the service. The service had notified CQC of incidents and events they are required to. Notifications enable us to see if appropriate action has been taken by the service to ensure people have been kept safe.

We saw there was a service user handbook and statement of purpose. These documents gave people who used the service the details of the services provided by Morningside Care Ltd. These also explained the service's aims, values, objectives and services provided. Copies of these documents were in people's

individual files in their own homes. These documents helped to ensure people knew what to expect when they used this service.

It is a requirement that CQC inspection ratings are displayed. The provider had displayed the CQC rating and report from the last inspection in the office and the rating was displayed on the provider's website, with a link to the last CQC inspection report.

This section is primarily information for the provider

Enforcement actions

The table below shows where regulations were not being met and we have taken enforcement action.

Regulated activity	Regulation
Personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment Medicines were not managed effectively.

The enforcement action we took:

Notice of decision to impose conditions

Regulated activity	Regulation
Personal care	Regulation 17 HSCA RA Regulations 2014 Good governance Accurate and complete records of care were not consistently maintained. Systems were not in place to assess, monitor and improve the quality and safety of the service provided.

The enforcement action we took:

Notice of decision to impose conditions