

Nestor Primecare Services Limited

Allied Healthcare Keighley

Inspection report

Suite 22a, 2nd Floor, Orchard House
Aire Valley Business Centre
Keighley
West Yorkshire
BD21 3DU

Tel: 01535608010

Website: www.nestor-healthcare.co.uk/

Date of inspection visit:

08 March 2018

13 March 2018

14 March 2018

Date of publication:

12 October 2018

Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Good 

Is the service caring?

Good 

Is the service responsive?

Requires Improvement 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

We carried out the inspection between 8 and 14 March 2018. The inspection was announced at short notice.

This service is a domiciliary care agency. It provides personal care to people living in their own houses and flats in the community. It provides a service to older adults, younger disabled adults and children.

The last inspection was carried out in February 2017; the report was published in September 2017. At that time the service was rated 'requires improvement' overall. The provider was in breach of three regulations relating to person centred care, (Regulation 9) staff training, (Regulation 18) and good governance, (Regulation 17). It was the second time the provider had been in breach of the regulations relating to person centred care and good governance and we took enforcement action. The provider sent us an action improvement plan and submitted regular updates on the progress they were making in bringing about the required improvements. During this inspection we found some improvements had been made however found further improvements were needed and the overall rating remained 'requires improvement'. This was the third consecutive inspection when the overall rating was 'requires improvement'. However, it was the first 'requires improvement' rating since the introduction of our new approach to inspecting services that are repeatedly 'requires improvement.'

The service did not have a registered manager at the time of our inspection. 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.

Over the past three years, the service has had three changes of manager. The previous registered manager left approximately six months before this inspection. The provider had appointed a new manager but they told us they were leaving at the end of April 2018. We were concerned the lack of consistent leadership was preventing the service from fully implementing and sustained the required improvements.

People told us they felt safe and comfortable with the care workers who provided their support. Staff knew how to recognise and report concerns about people's safety and welfare. When concerns were raised the service worked with other agencies in an open and transparent way to make sure they were dealt with properly.

All the required checks were done before new staff started work. This helped to protect people from the risk of receiving care and support from staff unsuitable to work with vulnerable people. We found improvements had been made to the way staff training was provided and most people told us they were satisfied staff had the skills they needed to carry out their duties properly.

Risks to people's safety and welfare were not always properly assessed. This created a risk people would not

always receive the right care and support. People's care records were not always up to date or detailed enough to make sure staff had the information they needed to deliver appropriate care and support.

Overall, we found people were getting the support they needed with their medicines. However, further improvements were needed to ensure people consistently received the right support with prescribed creams and lotions and that records were clear and accurate.

The service had changed the way they organised and allocated staff since the last inspection. Most people told us this had improved the service they received in terms of both the timing of calls and the continuity of staff. The provider had further improvements planned including putting an electronic call logging system in place later in 2018.

People told us staff were caring and treated them with respect and dignity. We saw people were supported to make decisions about their care and treatment. When people were not able to give informed consent decisions taken in their best interests were recorded.

People knew how to make a complaint and the majority of people we spoke with felt their concerns were dealt with properly.

There were systems in place to monitor the quality and safety of the service but they were not always operating effectively. There were processes in place to seek the views of people who used the service. We received mixed feedback from people about how well the provider used their feedback to make improvements to the service.

During this inspection we found two breaches of regulation. These were related to safe care and treatment, (Regulation 12) and governance and record keeping, (Regulation 17). This was the third consecutive inspection where we found the provider in breach of Regulation 17. We are considering the appropriate regulatory response to our findings.

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 consistently safe.

Risk assessments were not always up to date or detailed enough. This created a risk people would not consistently receive safe care and treatment.

Overall people received the support they needed with medicines; however, this was not always reflected in their care records.

People who used the service told us they felt safe. Staff knew how to recognise and report concerns about people's safety. All the required checks were done before new staff started work and this helped to protect people.

Most people told us there had been improvements in the timeliness and consistency of the service since our last inspection.

Accidents and incidents were monitored and information was shared across the organisation. This helped to ensure lessons were learned when things went wrong.

Is the service effective?

Good 

The service was effective.

People's needs were assessed before they started to use the service.

Staff were trained and supported to meet people's needs.

People's consent to their care and treatment was recorded. When decisions were made in people's best interests this was clearly recorded.

People were happy with the support they received with eating and drinking.

The service worked with other health and social care professionals to help make sure people received the support they needed to maintain their health and well-being.

Is the service caring?

Good ●

The service was caring.

People's privacy and dignity were respected.

People told us most staff were kind and caring and they had formed good relationships with staff who supported them.

People were supported to make decisions about how they wanted their care and support to be delivered.

Staff knew and understood people's individual care and support needs and preferences.

Is the service responsive?

Requires Improvement ●

The service was not consistently responsive.

People's care plans did not always have enough detail and were not always up to date. This created a risk people would not always receive care and support that reflected their needs and preferences.

People were aware of how to make a complaint and the majority of people we spoke with felt the provider listened and acted on their concerns

Is the service well-led?

Requires Improvement ●

The service was not consistently well led.

There was no registered manager in post.

There were systems in place to monitor the quality of the services provided but they were not always operated effectively.

People's care records were not always up to date and this meant there was a risk they would not always receive the right support.

The service lacked the consistent leadership needed to continue to implement and sustain improvements.

Allied Healthcare Keighley

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 checked whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

We carried out this inspection between the 8 and 14 March 2018. We announced the visit with short notice to make sure the manager would be available.

The inspection team consisted of three adult social care inspectors and an expert by experience. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service. This case our expert's area of expertise was in the care of older people.

Inspection activity started on 8 March 2018 when the expert by experience carried out telephone interviews with people who used the service. We spoke with eight people who used the service and three relatives of people who used the service.

On 13 March 2018, two adult social care inspectors visited the location office. We spoke with the branch manager, the operational support manager the field care supervisor and care coordinators. We looked at a variety of records, which included the care records of five people who used the service, staff recruitment and training files, meeting notes, surveys, complaints and quality assurance records.

On 14 March 2018, an adult social care inspector carried out telephone interviews with 12 care workers.

Prior to the inspection, we spoke with both the local authority commissioning and safeguarding teams. We reviewed information held about the provider; for example, notifications sent to us by the provider. On this occasion we did not ask the provider to complete a Provider Information Return (PIR). The PIR is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make.

Is the service safe?

Our findings

Risks to people's health and safety were not always appropriately assessed. Where risks to people's health and wellbeing were identified some risk assessments had been developed. However, most assessments we looked at were not up-to-date and not been regularly reviewed. For example, one person was identified as being a high risk of developing pressure sores. Despite this high level of risk, their pressure care assessment had not been reviewed and updated since 21 July 2017.

We saw examples of identified risks not being thoroughly assessed. For example, one person lived with epilepsy. This was highlighted in the person's medical history. However, there was no risk assessment or care plan in place to identify what this condition meant for the person and the care and treatment they received. This meant there was no information about what the person's seizures looked like to enable staff to identify if they were having one. In addition, there were no details of what actions they should take if the person had a seizure. In January 2018, the person's relative had told the manager they felt staff could have more knowledge about epilepsy. The manager had booked additional epilepsy training for their regular staff but this had not been completed at the time of our inspection. We told the manager we were concerned staff would not have the relevant personalised information to keep this person safe if they had a seizure. The manager agreed and sent us a new care plan which they had implemented immediately following our inspection.

We found that where people's needs changed or there was a particular incident, their care records were not always reviewed and appropriate risk assessments developed. For example, staff told us about two people who had recently had a number of falls. The accident and incident records showed the service had taken action to manage the risk. However, when we looked at the individuals care records we found in both cases there was no falls risk assessments in place.

We saw another person was at risk of abuse. The service had made a referral to the relevant safeguarding authority in relation to this matter. They had involved other agencies and worked with them to put measures in place to mitigate the risk. However, there was no plan or assessment in place to guide staff about how to monitor and manage this risk.

These examples demonstrated a shortfall in the assessment of risk. Although action was being taken to manage risks this was not always reflected in people's care records. This created a risk people would not always experience safe care and treatment. This was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Medicines records were not always clear, complete and accurate. This put people at risk of not receiving appropriate support and meant we could not always confirm that people received their medicines as prescribed.

During our last inspection, we identified appropriate records were not being completed where staff were supporting people with topical medicines such as creams and lotions. During this inspection, we saw topical

medicines administration records (TMARs) were being completed. However, we found some inconsistencies in the way these records were being maintained. In one case, we found information on a body map which indicated the person had been prescribed a topical cream. However, their medicines care plan had not been updated since March 2017. It stated the person received no support with any medicines, including external medicines such as creams. We found two body maps which provided different instructions to staff about how frequently to administer the cream. One body map dated 16 January 2018 stated the cream should be applied to the affected area four times daily or after a bowel movement. Another undated body map said the cream should be applied 'at both visits'. This meant we were unclear about when the cream had been prescribed and how frequently staff should apply it. Our review of a sample of the person's TMARs showed there were inconsistencies in how frequently staff administered this cream. This demonstrated that staff did not always have the appropriate information to ensure they consistently administered topical medicines.

We identified other shortfalls in the record keeping relating to the management of medicines. Each person had an individualised medication care plan and risk assessment. This included key information such as a list of prescribed medicines, any known allergies, the type of support the person needed and how they preferred to receive their medicines. These assessments were not always comprehensive and kept fully up to date. For example, where people required their medicines at a particular time this was not always clearly stated in the person's plan of care. However, this information was documented on the Medicines Administration Records (MARs).

We saw an audit of the TMAR for one person's newly prescribed cream completed in January 2018. The audit identified some staff were not recording the times they had applied the cream and there were not appropriate instructions about how much cream should be applied. The Field Care Supervisor contacted the relevant nurses and arranged for the TMAR to be updated with specific guidance about how much cream staff should apply. They also spoke with the staff concerned and reminded them about the importance of recording the time they administered all medicines. We checked a sample of TMARs for the following month and saw improvements had been made and staff were now consistently recording the time of administration.

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

We reviewed a random sample of MARs relating to non-topical medicines and saw that overall, these were well completed. This demonstrated people received these medicines as prescribed.

We saw one person received their medicines through a specialist tube attached to their stomach. We found step-by-step instructions were given to guide staff on how to safely give this person each of their medicines. We saw staff who supporting this person with medicines had an assessment every year to make sure they were following the correct procedures.

We looked at a sample of MARs for one person who required their medicines at particular times of the day. Records showed that they received their medicines at consistent and appropriate times.

We found the provider had systems in place to safeguard people from abuse. People who used the service told us they felt safe. Comments included, "Yes I do feel reasonably safe, I am not subjected to any harm or abuse, they make me feel comfortable." "Yes I am comfortable with my regular care workers; they do make me feel safe." "No issues with safety, I have some really pleasant ladies that come to see me." "I am totally safe now before there were issues but this has improved a lot, the care workers are building a relationship with me, this is so different two months ago." "I am totally safe, totally reliant and comfortable with my care

workers." "Oh yes I am certainly safe, the care workers speak to me, they make me comfortable." "I am certainly safe, I have a laugh and joke with my care workers, they are great."

We received similar comments from relatives. One said, "In the past my relative has not been made to feel comfortable, since this new company has taken over, [relative] is safe and comfortable." "My relative is safe, [relative] is very independent so would tell the care worker if [relative] was not happy."

The provider had policies and procedures in place to help protect people from harm. Staff knew how to recognise and report abuse and were aware of providers whistleblowing procedures. All the staff we spoke with were confident the management team would deal with any concerns. At the last inspection we were concerned staff working in the office did not always recognise safeguarding concerns. During this inspection, we found this had been dealt with.

There had been some safeguarding concerns since the last inspection. The provider co-operated with the local authorities to ensure these concerns were fully investigated. Where appropriate action was taken to reduce the risk of recurrence and this provided assurance the service learned lessons when things went wrong.

The service supported some people with shopping which meant care workers were dealing with people's money. Care workers were required to fill in financial transaction sheets and get receipts for any money spent on people's behalf. The field care supervisor told us they had recently changed the system to make sure the financial transaction sheets were returned to the office every month and were checked at least every three months. This helped to protect people from the risk of financial abuse.

Robust recruitment procedures were in place to help ensure staff were suitable and safe to work with vulnerable people. The manager told us staff were not allowed to work until they had received a contract of employment and this was not issued until all the required checks were completed. The records we looked at confirmed this. We spoke with one member of staff who had recently joined the agency. They told us their recruitment process had gone smoothly and said they had been kept informed throughout the process.

The manager told us there were enough staff employed to ensure people received the care and support the agency was contracted to provide. The agency had an embargo in place at the time of our inspection, which meant they were not taking on any new packages of care. The manager told us they were continuing to recruit staff in order to make sure they had enough staff in post when the embargo was lifted.

The agency supported people in Keighley, Bradford, Silsden, Ilkley and Skipton. The care packages were organised into 'runs' for different areas. Since the last inspection, the agency had introduced templates for the different 'runs' with the aim of improving the timeliness of calls and the continuity of staff.

Most of the people we spoke with told us they had seen improvements. Comments included, "The care workers are always on time and they have never missed a call, if on odd occasions they are late due to an emergency they will call me, the only issue I have is with the rotas, sometimes changes are made without telling me." "They are always on time and if on rare occasions late they will call me. They have never missed a call, they are great." "The care workers are now usually on time, if they are late like it was snowing then they will call me, they have never missed a call, they do not rush now, they are really good."

Relatives of people who used the service also told us they had noted improvements. One relative said, "The care workers do come between certain times, it is important they come between this time as my relative takes medication. Weekends were a great problem for me, since the new manager has come this is getting better." Another relative said, "The timing has certainly improved, the regular care workers are brilliant, if

they are late they will call, they have never missed a call, we are very settled with the timings but some staff do rush off, even if the care plan specifies things, they are still rushing."

Two people who used the service told us the care workers had never missed a call but sometimes could be up to 20 minutes late. They said, "They still come late, say 20 minutes, I have double ups, the care workers do come together, they have never missed a call. We do get a rota and once they are here they do not rush." We discussed this with the operational support manager they told us the agency had 30 minutes leeway around call times. However, it was not clear how this information was shared with people. It was not included in the 'rota' letters sent to people with details of their call times and allocated care workers. The operational support manager told us they would ensure this information was made available to people.

The provider used a computerised system to record and monitor accidents, incidents and complaints. This included missed calls. The operational support manager told us the service had recorded five late calls and four missed calls in the three months prior to our inspection. The records showed people who used the service had not suffered any harm because of the late or missed calls.

The operational support manager told us the provider was rolling out an electronic call monitoring system. They expected this to be implemented in the Keighley branch during the summer of 2018. This would help the provider to ensure people were receiving their care and support at the right time and staff were spending the right amount of time with people.

The provider has processes in place to ensure lessons were learned and improvements made when things went wrong. For example, a central quality team monitored accidents and incidents. Information about trends or changes to practice because of this analysis was shared with service managers by way of national and regional health and safety panels and managers meetings.

People who used the service told us they had no concerns about care workers hygiene practices. They said care workers used gloves and aprons appropriately. This helped to protect people from the risk of cross infection.

Is the service effective?

Our findings

At the last inspection in February 2017, we found the provider was in breach of Regulation 18. The training records were not up to date and the provider was unable to demonstrate staff had received the training they needed to meet people's needs safely. During this inspection, we found the provider had made improvements. Most people told us they were satisfied staff had received training and had the right skills to meet their needs.

Comments from people who used the service included: "They are great, up to my standards, it is my domain, they respect that, I respect them, they ask my consent, it is a truly two way dialogue." "The care workers are very skilled and trained, they ask my consent kindly when they do things; they complete the task." "The care workers are fantastic, they do the changing with care, they do the physio correctly, the calls are in the night and they do not disturb me or alarm me when they come in." "Yes, the care workers are well trained."

One relative told us, "They [care workers] are trained properly." The relatives of two other people who used the service told us the regular care workers were "excellent" but said there were sometimes issues with new staff. These issues related in the main to people whose needs and behaviours changed from day to day. One relative said they had recently spoken with the manager about this and was starting to see an improvement. One relative had raised a concern that staff were not adequately trained to support people with epilepsy. We saw the manager was dealing with this.

Staff told us they received the training they needed to carry out their roles. They confirmed training was updated regularly, usually once a year and the field care supervisor observed them at work to make sure they were working safely. Staff told us they also received on the job coaching which they found helpful as it gave them the opportunity to talk through situations as they arose.

Newly recruited staff were required to complete a three day induction programme. Training was delivered face to face and by e-learning covering topics such as fire safety, infection control, health and safety, safeguarding, food and nutrition, record keeping and communication. Following successful completion of the induction programme staff were allocated a coach. They worked with the coach shadowing for at least one week or until they were signed off as competent to work on their own. New staff were monitored and supported by the field care supervisor who carried out spot checks and one to one supervisions at set intervals during the probationary period.

Two people told us they had no issues with their regular care workers but did not like it when a third member of staff was shadowing. They said they particularly disliked this when the third member of staff was not going to be part of their core staff team.

The agency had an electronic staff allocation system which had a 'key skills' feature. This meant staff could not be allocated to provide care and support unless they had completed key skills training. At the inspection last year, we found this function had been disabled. During this inspection, we found the function was working and this helped to make sure people only received care and support from staff that had

completed the required training.

We found people's needs were assessed prior to commencing the service. The initial assessment included details such as the person's medical history and capacity. The service also spoke with either the person or their relative to gain further personalised information. This initial information was used to develop care plans in key areas such as nutrition, mobility, washing and dressing, medication, continence and skin integrity.

Where it was included in the package of care staff provided support to ensure people had an appropriate diet and had enough to drink. People had nutritional care plans in place which detailed their needs and preferences. Daily notes showed staff encouraged people to have as much independence as possible by assisting in choosing and helping to prepare their meals. The daily notes provided evidence people were offered a range of food and drinks at visits in line with their needs and preferences. Staff we spoke with understood the importance of making sure people had enough to eat and drink.

People who used the service did not raise any issues about the support provided with food and drink. Comments included, "They provide me with my microwave food, and they warm it up properly." "They prepare dinner for me, I do get the choice, I am happy with the meals." "I have microwave food, the care workers do clean out my freezer when the dates have expired." One person received their nutrition through a specialist tube which was attached to their stomach. There were detailed care plans in place to guide staff through the process for administering a nutritional pack through the tube and ensuring the site was appropriately flushed and kept clean. Staff who supported this person also received additional training and practical observation from a qualified nurse on an annual basis. This helped to ensure they had the skills to provide this person with effective support.

We saw the service worked well with other health and social care agencies to ensure people received effective care and support. For example, where people had been in hospital we saw staff completed a hospital discharge form by either visiting or telephoning the ward. This included obtaining information about key changes to the person's needs such as new and changed medicines, changes to the person's mobility, new equipment and whether there had been any incidents such as falls whilst in hospital. Any changes were then made to the person's care delivery and support plans. This helped to ensure a multi-agency approach to the delivery of effective care.

People's care records contained capacity assessments. The assessments included information about what decisions they could make for themselves, the circumstances in which they might need additional support and if appropriate, how that support should be provided. For example, we saw one person had their tablets crushed to make them easier to swallow. We saw the person, their relative, the pharmacist and their GP had all been consulted to ensure this decision was taken in the person's best interest.

Where 'step-by-step' care plans were in place the first action listed for staff to complete was to ensure they explained the task and gained the person's consent before proceeding. There was evidence in the daily care records to show staff were consulting people about various aspects of their care. This was supported by comments from people who used the service. One person said, "The majority of the care workers are excellent, they seek my permission before they do anything, they are respectful, kind and do give me dignity at all times, they speak to me as well." Another person said, "10 out of 10 for care and kindness, they are very respectful to me, always asking my permission before they do anything."

We saw examples where staff had respected people's decisions about how they wanted their care and support delivered. For example, one person had said they did not want a shower because the weather was

too cold and staff had supported the person to have a wash instead.

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

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. Within domiciliary care services, applications to deprive people of their liberty must be made to the Court of Protection.

The manager and operational support manager told us that no one who used the service had a court order in place at the time of our inspection.

Is the service caring?

Our findings

At the last inspection in February 2017, we found improvements were needed to the way the agency took account of people's individual and diverse needs and we rated this domain 'requires improvement'. During this inspection, we found the provider had made improvements.

People who used the service told us staff treated them with kindness, respect and compassion. Comments included, "Absolutely, they are respectful, kind and caring at all times. We have mutual respect for each other, our relationship is brilliant." "My care worker is always welcoming and happy, I do look forward to seeing her, she is pleasant, kind and very caring towards me. I am given full dignity and respect." "Extremely happy with the care and kindness given to me, always acknowledging and giving me that respect, it is nice to have care workers who put me first, they speak to me and involve me." "Absolutely wonderful care workers, they are kind, caring and so considerate."

People told us staff respected their privacy and dignity. Comments included, "They do give me dignity when they are taking me to the shower." "There is a great difference now, for the past two months the manager has made an effort to get good care workers, they are kind, respectful and always now give me dignity and respect." "They respect me whilst I am sleeping during the night"

We received similar feedback from relatives of people who used the service. Comments included, "Yes, the regular care workers do give respect and dignity to my relative, they engage with [name] and when [name] knows the care worker [name] is able to build a relationship up which is kind and caring." "The regular care workers are absolutely wonderful, they are like a family friend, they understand my relative, they work with [name. They are so caring and understanding, they have such respect between each other, this gives me such reassurance." "Extremely caring and kind towards my relative, always given respect and dignity."

At the last inspection, some people who used the service told us they were unhappy because they no longer received rotas. This meant they did not know which staff members would be providing their support. During this inspection, the care coordinator told us rotas were now sent to people who used the service every week. This was confirmed by people who used the service. One person said, "I have a rota and I know who exactly is coming."

Staff we spoke with understood the importance of respecting people's privacy and dignity. They were able to give us examples of how they did this in practice. For example, by making sure they closed doors and curtains before supporting people with personal care. Staff told the field care supervisor carried out spot checks, which included looking at how staff were maintaining people's dignity.

Staff understood the importance of recognising people's diverse and individual needs. For example, one staff member who supported many different clients told us, "Everyone is different with their own needs and values. We have to adapt to each and every one." Another staff member told us information about people's religious and cultural needs was included in their care plans.

The manager told us the service supported a culturally diverse client group. The service employed a culturally diverse staff team and this helped to ensure people received the support they needed to make decisions about their care and treatment.

Our review of records demonstrated staff regularly involved people in making decisions about their care. We saw many examples of staff involving people in making decisions such as what they wanted to eat and drink what clothes they wanted to wear and how people chose to spend their time. One person who used the service told us, "I do not have any issues about the tasks, they do ask my permission when they are carrying out tasks, they do try and make me independent where I can, I am very grateful." This showed us staff supported people to express their views about how they wanted their day-to-day care delivered.

We found no evidence of discrimination during our inspection on the grounds of age, disability, gender, gender reassignment, marital status, pregnancy and maternity status and race. No-one expressed any concerns during our telephone interviews.

Is the service responsive?

Our findings

At the last two inspections, we found the provider was in breach of Regulation 9. We found people were not consistently receiving care, which was appropriate, met their needs and reflected their preferences. During this inspection, we found the provider had made improvements and was no longer in breach of Regulation 9. However, more needed to be done to ensure the service was consistently responsive to people's needs.

Most of the people who used the service told us they felt it was improving. One person said, "Management are good, we speak to each other, we have face to face meetings, we have discussed my care plan, the office staff are very polite when I contact them." Another person said, "I have met the management when they went through the care plan with me, they are really approachable, I was concerned because it was during the night the care workers come, previous companies disturbed me, this company is so respectful and considerate towards me." A third person said, "The management has improved a lot recently, in the past it was not good, I have been through the care plan with them, they do ask what I want and get me involved."

Feedback from relatives of people who used the service was mixed indicating there had been some improvements but more needed to be done. One relative said, "There were a lot of problems in the past, this new manager is really trying to sort things out, my bugbear was Saturday's, this was my time, the care workers would not turn up. Now this has is so much better, I have time for myself due to the management. However, I am concerned on one had been out to discuss the care plan for over a year." Another relative said, "The management are good, they keep the communication going, we have been through the care plan, they let me know if someone does not turn up, any concerns they talk this through with me." A third relative said, "The new manager is really trying to improve things, the service has definitely improved in the last couple of weeks, I have had a meeting about the care plan, the lady went through this with me, but care workers do not follow it."

We found some good examples of personalised care plans which demonstrated that people and their relatives had been involved in developing their plans of care. For example, one person liked to attend an exercise class. There was specific information in their mealtime plan to prompt staff to encourage the person to choose a lighter snack, rather than a heavy meal, on the days they attended their class. However, the quality of personalised information within care records was variable.

People had communication plans in place but the quality of information within them was inconsistent. One person was registered blind and had a highly detailed communication plan in place. For example, the plan stated, 'I need carers to tell me what food I have available and the 'use by' dates so that I can choose what I want to eat and avoid products going past their 'use by' date.' However, another person who was also registered blind had no information within their care plan about how this sensory impairment affected their care and support needs. A third person's communication plan had information for staff about their speech impairment and how best to support them in relation to this. However, the person wore four different pairs of glasses depending on their levels of medication throughout the day. There was no further information to guide staff about what glasses should be worn and when. This created a risk staff who did not know people well might not have the information they needed to support people to express their views.

Care plans were not always up to date and this created a risk care and support would not be delivered to people in a way met their needs and preferences. For example, one person's care plans had not been reviewed and updated since November 2016. This created a risk staff would not have the most up to date information about the person's needs. The person had experienced a number of falls whilst walking. However, their mobility care plan had not been reviewed or updated and there was no falls risk assessment in place.

Visit summaries were in place which documented what support people required on each visit. This was helpful to enable staff to gain an overview of the person's needs for each visit. However, where people's needs changed we found that these visit summaries and care plans were not always reviewed and updated to reflect these changes. For example, we saw emails from the local authority commissioners sent in January 2018 to indicate that a person's care package was being extended for the second time. They had already received an increase in calls in September 2017. However, the person's care records had not been updated since March 2017 and therefore did not reflect either of these changes. This meant the information contained within the visit summaries and support plans was out of date.

We also concluded that whilst staff often took appropriate action to respond to change and protect people from risk, care records were not always updated to demonstrate this. This was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The daily care records showed call times were mostly consistent from day to day and care workers stayed close to the required amount of time. Most people who used the service told us there had been improvements in relation to the consistency of staff. Comments included, "I have two great care workers." "I have a team of care workers who attend me." "I have a good set of care workers now, I am really settled now." However, one person said, "There is inconsistency in care workers which needs to improve; they do not let me know when another care worker is coming who is not on the rota."

Relatives of two people who used the service told us consistency of staff had improved. One relative said, "There was a lot of inconsistency previously, now things are good." Another relative said, "There is some sort of consistency now, before especially on a weekend it was dreadful." However, one relative told us they still had concerns about this. They said, "There is the lack of continuity with the staff, this is very hard for my [relative], if [relative] does not know the person [relatives] behaviour is hard to control, they keep sending new care workers who do not know what they are doing."

Our review of daily records showed staff spent time supporting people to do activities which were important to them. For example, we saw staff supported one person to go out and walk their dog. For other people we saw staff supported people to listen to their favourite music and watch their preferred films and television shows.

We spoke with staff about the arrangements in place to support people at the end of their life. They provided us with some recent examples where they had worked together with other agencies to support people receiving end of life care in their own homes. The information they provided led us to conclude that this was managed in a dignified, caring and person centred way.

People who used the service told us they knew how to raise a concern or make a complaint. Most people felt their concerns, complaints were taken seriously, and action was taken to bring about improvements.

Comments included, "I have the detail, never needed to use it." "I have the telephone number; I know the procedure but have had no reason to use it." "Yes I do, but I do not need to make a complaint at all." "Fully

aware of the procedure, had issues in the past, now things have settled." "Not now, maybe two months ago yes, the manager is really making a great effort to improve the services." "I am aware of the complaints procedure, the company do now listen, they take seriously what I have to say, the office is a little slow to act but I suppose I can say this is improving." However, one person who used the service told us they felt their concerns were not taken seriously.

Relatives of people who used the service told us they knew about the complaints procedure. One relative said, "The complaints and issues we raise are listened to, management do come out, they work with me to try to resolve the issues." Another relative said, "We are happy with the company, no need to use this procedure."

We saw complaints were recorded and monitored by the providers head office to make sure they were dealt with within the specified timescales.

Is the service well-led?

Our findings

At the last two inspections, we found the provider was in breach of Regulation 17 (Good governance). Following the last inspection in February 2017, we served a warning notice. The provider has been taking action to improve the service and keeping us informed of their progress by way of monthly action plans. During this inspection, we found some aspects of the service had improved however, we found the provider remained in breach of Regulation 17 and further improvements were needed.

The service did not have a registered manager and we were concerned about a lack of consistent leadership. This was the third inspection of the service since 2015 and there was a different manager in post at each of these inspections. When we visited the office on 13 March 2018 there was a manager in post and they had applied for registration with the Commission. We received positive feedback from people who used the service about the improvements the manager had implemented. However, following the inspection visit the manager told us they had withdrawn their application and would be leaving the service at the end of April 2018. The provider was in the process of recruiting a new manager. We were concerned the service would once again be without a manager and that this could impact on the continued improvement of the service.

The manager told us they carried out an audit every month covering areas such as people's care records, staff files and complaints. We saw some positive examples of the new audits of MARs and daily notes driving improvement. We saw that issues identified during the audits were highlighted with relevant staff and action taken to address them. For example, we saw one occasion where staff had not been recording the times and frequency they had been administering one person's 'as required' medicines. This was identified through an audit of the person's MARs. We looked at a sample of the following month's MARs and saw staff had recorded times for administering this medicine.

However, we also saw some issues identified through the audit systems had not been addressed in a timely manner. For example, a care plan audit had taken place for one person on 2 October 2017. The audit detailed 'Care plan to be updated as soon as possible.' However, at the time of our inspection, five months later, this person's care records had still not been updated. We identified gaps in this person's care records which showed the care records would have benefitted from a comprehensive review. We found another person's pressure care assessment had been incorrectly scored. Although, this did not change the level of risk for the person, this issue had not been identified through the audits of the person's care records. This demonstrated the providers systems for auditing were not being operated effectively.

Whilst the Field Care Supervisor was working hard to review and update all care records we concluded they required more support to complete this task. We found the systems in place were not focused on updating and reviewing care plans where there were specified risks or people's needs had changed. For example, we saw evidence where people had experienced falls and where safeguarding risks had been identified, however their care records had not been reviewed and updated to reflect new risk. We discussed this with the manager and they agreed that they would look to prioritise the review of care records based on risk. This demonstrated the providers systems for managing risk were not being operated effectively.

We found shortfalls in people's care records as detailed within responsive domain of this report. For example, we found people's communication plans were not consistently detailed which created a risk they would not receive the right support to express their views. We also found care plans which were not up to date creating a risk staff would not have up to date information about people's care and support needs.

These issues led us to conclude the provider remained in breach of Regulation 17 of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The manager told us the service regularly sought people's views. This was done through questionnaires sent by the providers head office once a year, regular telephone questionnaire surveys and face to face care review meetings. We saw evidence staff acted on people's views to drive improvements in the quality of care provided. For example, one relative had highlighted that staff would have benefitted to have additional knowledge in a particular health condition which their relative had. We saw the manager had booked training in this area for the person's regular care staff.

We received mixed feedback from people who used the service about the management and the extent to which they were consulted about the service. Some people spoke positively about the management team and told us the service had improved. One person said, "We have a great relationship, I could recommend the company anytime." Another person said, "The company is brilliant, I have given my opinion, I have also given then a questionnaire with my comments. They are approachable and they provide great care workers, I am so relaxed allowing care workers coming into my house during the night, the other firm was a great let down." A third person said, "Things have improved with the management, communication needs to improve a little more, but overall a great improvement from a couple of months ago, they send questionnaires for us to fill in."

However, one person who used the service said, "It needs to improve, no questionnaires about what I feel or think, timings are an issue, they need to get better consistency with staff and staff who are briefed on what they should do."

The feedback we received from relatives about the registered provider was mostly positive. One relative said, "The company are certainly improving, before it was bad but the new manager is trying her best, we have not received any questionnaire but we do communicate any issues directly, the office are good, they do listen to us." Another relative said, "We are extremely happy with the service we are receiving, we can recommend this company."

However, one relative said, "It seems that the company do not listen to their staff, rotas are not brilliant, the new manager is trying her best but it seems like the owners are not supporting her. I have voiced my opinion on questionnaires, I feel I am sometimes putting the effort in but company is not."

The provider had a staff engagement forum which met four times a year and was attended by representatives from all the branches. Suggestion boxes were provided for staff to put forward ideas on how to improve the service and a staff survey was carried out once a year.

The branch manager told us the service was working on developing links with the local community. They were taking part in a 'social value initiative' and collected donations for local food bank.

The agency was working with the local authorities in Bradford and North Yorkshire to bring about improvements to the service.

.

This section is primarily information for the provider

Action we have told the provider to take

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

Regulated activity	Regulation
Personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment
Treatment of disease, disorder or injury	Risks to people's safety and welfare were not always properly assessed. 12(1)(2)(a)

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 17 HSCA RA Regulations 2014 Good governance
Treatment of disease, disorder or injury	Systems and processes to assess, monitor and improve the quality and safety of the services provided were not operated effectively. 17(1)(2)(a) Systems and processes to assess, monitor and mitigate risks to the safety and welfare of people who used the service and others were not operated effectively. 17(1)(2)(b) Accurate and complete records were not always maintained for each person who used the service. 17(1)(2)(c)

The enforcement action we took:

Impose a condition