My Homecare (Durham) Ltd

My Homecare (Durham)

Inspection report

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Ratings

Overall rating for this service	Good

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

Summary of findings

Overall summary

The inspection took place on 7, 8 and 13 February 2017 and was announced. This meant we gave the provider 48 hours' notice of our intended visit to ensure someone would be available in the office to meet us.

The service was last inspected on 16 and 19 November 2015, at which time the service was in breach of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At the inspection of November 2015 we identified the following breaches:

Regulation 17 (good governance)
Regulation 18 (staffing)
Regulation 19 (fit and proper persons employed)

During our inspection of 11 and 16 November 2015 we found staff were providing care for people without appropriate training, such as infection control and basic food hygiene. We also found staff had not received a thorough induction. At this inspection we found staff had received appropriate training to deliver care to people, and had undertaken an induction as described in company literature. The service was therefore no longer in breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

During our inspection of 11 and 16 November 2015 we also found the provider failed to adhere to its own recruitment, induction and supervision policies in order to ensure employees were fit and proper persons. We found during this inspection that staff supervisions had taken place, that pre-employment checks occurred consistently and that gaps in employment were explored by the registered manager. This meant the service was no longer in breach of Regulation 19 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Whilst we found improvements had been made in relation to ensuring care records were accurate, complete and contemporaneous, we found the provider had not implemented significant improvements to their quality assurance systems and they remained in breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, good governance.

My Homecare (Durham) is a domiciliary care provider based in Durham providing personal care and support to people in their own homes. There were 35 people using the service at the time of our inspection.

The service had a registered manager in place. 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.

There were sufficient numbers of staff deployed at appropriate times in order to meet the needs of people who used the service.

Staff underwent pre-employment checks with the Disclosure and Barring Service (DBS) and were clear about their safeguarding responsibilities. Other pre-employment checks were in place, including requests for references, ID checks and checks of gaps in employment. We saw that staff recruitment file audits had not taken place, despite being outlined as an action to be taken by the registered provider in an action plan sent to CQC after the previous inspection of November 2015.

We found that risks were managed and mitigated through pre-assessment and ongoing assessment. People using the service told us they felt safe and we saw that the service operated an out-of-hours phone line in case of unforeseen circumstances.

We saw that no medicines errors had been made on the Medication Administration Records (MAR) we viewed and medicines administration training was in place. Medicines audits were not consistent in their content or how regularly they occurred, meaning the registered manager would not be able to identify trends or patterns regarding medicines administration.

New staff received an induction which included introductions to safeguarding, dementia awareness, diabetes awareness, health and safety, fire safety, infection control and food hygiene. Additional mandatory training included safeguarding refreshers, dementia awareness, medicines management and infection control.

Staff files reviewed contained completed supervision documentation and staff we spoke with confirmed they received ad hoc and more formal support. We saw staff meetings happened intermittently. Auditing of staff supervisions and meetings had not taken place.

People were supported to meet their nutritional needs and preferences by staff who understood their preferences. People consistently told us staff helped them to choose their preferred meals and drinks.

People told us staff were on time, considerate and helpful. External professionals also told us that they considered the care provided to be to a good standard and staff we spoke with demonstrated a good knowledge of people's individualities.

People contributed to their own care planning and were involved in reviews, with family members similarly involved. Where people's needs changed, external professionals told us that staff worked with them to identify solutions and to ensure people's needs could be met. People told us the service was accommodating to changes to visit times.

Personal sensitive information was stored securely and spot checks of staff undertaken checked to ensure they carried their identification badge with them.

People's hobbies and interests were supported and encouraged through care plans that were person-centred to a degree. The registered manager agreed to improve the content of care plans to include more about people's life histories, likes and dislikes, so that new staff would have a better idea of a person before visiting.

People we spoke with and staff confirmed they were introduced to their care worker in advance, and continuity of care was a positive theme from all people and relatives we spoke with.

The service had a complaints policy in place. People who used the service were made aware of the complaints procedure and told us they knew how to complain and who to, should the need arise. Complaints were responded to individually although auditing of complaints had ceased in July 2016, with the last Quality Assurance meeting between the registered manager and the business development manager.

People who used the service and staff told us the registered manager was approachable and supportive.

The service was in breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. You can read more about the action we told the provider to take at the back of the full version of this report.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good

The service was safe.

Pre-employment checks had been undertaken, including Disclosure and Barring Service (DBS) checks and additional questions about gaps in staff member's previous employment.

Staff received infection control training as part of the induction and were also booked to attend advanced infection control training.

Staff knowledge of safeguarding was sound and in line with company policy and wider principles.

Is the service effective?

Good

The service was effective.

A two day induction gave new starters an introduction to relevant topics and ongoing training was planned and booked.

People's healthcare needs were met through liaison with external healthcare professionals.

People confirmed they were supported to eat healthily and were encouraged to choose.

Is the service caring?

Good

The service was caring.

People who used the service and their relatives gave positive feedback about the attitudes of staff and the relationships they had built.

People were involved in their care planning through initial and ongoing review.

People generally received good levels of continuity of care and were introduced to the staff member who would care for them.

Is the service responsive?

Good

The service was responsive.

People's care needs were reviewed and external support sought where required to ensured people's needs could be met.

People's hobbies and interests were respected, with care staff demonstrating an awareness of these.

The service had a clear complaints process in place that people knew how to use, and complaints were responded to by the registered manager.

Is the service well-led?

Requires Improvement

The service was not always well-led.

Not all actions the provider committed to undertaking had been taken following the previous CQC inspection.

Auditing systems in place were not consistent and quality meetings had ceased to happen.

People who used the service and their relatives were generally complimentary about the levels of communication they received from the management of the service and office staff.

My Homecare (Durham)

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.

The inspection took place on 7, 8 and 13 February 2017 and was announced. This meant we gave the provider 48 hours' notice of our intended visit to ensure someone would be available in the office to meet us.

The inspection team consisted of two adult social care inspectors and one expert by experience. An expert by experience is a person who has relevant experience of this type of care service. The expert in this case had experience in domiciliary care for older people.

During the inspection we reviewed four people's care files, looked at six staff records and reviewed a range of policies and procedures. We contacted six people who used the service and five relatives. We also spoke with eight members of staff: the registered manager, the business development manager (who was also the nominated individual), one trainer, one member of administrative staff and four care staff. We also spoke with two external social care professionals and one dietitian.

Before our inspection we reviewed all the information we held about the service. We also examined notifications received by the Care Quality Commission and previous inspection information. We spoke with professionals in local authority commissioning, safeguarding teams and Healthwatch. Healthwatch are a consumer group who champion the rights of people using healthcare services.

We also reviewed responses to questionnaires CQC sent to people who used the service, relatives, staff and community professionals. We used these results to inform our inspection.

Before the inspection we asked the provider to complete a Provider Information Return (PIR). This is a document wherein the provider is required to give some key information about the service, what the service does well, the challenges it faces and any improvements they plan to make. This document had been

completed and we used this information to inform our inspection.

Good

Is the service safe?

Our findings

People who used the service were confident in the ability of staff to keep them safe, mostly through their familiarity with their care needs. One person said, "We have regular staff and yes we do feel safe with them." Another said, "They come on time. I have had them for years so of course I feel safe with them." Thirteen out of thirteen respondents to CQC questionnaires, and three out of three relatives who responded, agreed or strongly agreed with the statement, 'I feel safe from abuse or harm.' External professionals we spoke with raised no concerns about the way in which the service generally or staff individually were able to keep people safe from the risks of abuse or other harms.

We saw the registered manager made an environmental risk assessment when visiting people who may choose to use the service. This included assessment of fire risks, trip hazards and any risks pertaining to the control of substances hazardous to health (COSHH). When we spoke with staff they demonstrated a knowledge of the particular risks people faced, for example tripping or suffering anxieties, and how they could help to minimise the risks of these things happening. We saw a range of risk assessments dependant on the person's individual's needs. This meant that people's needs as well as their environment were considered in order to identify and manage risks.

We saw staff had received safeguarding training. Their knowledge of what to do should they have any concerns regarding the safety of people who used the service was good and in line with company literature and wider safeguarding principles. We reviewed the presentations used as part of the induction for new staff and found the safeguarding content to be current and in line with the local authority's procedures. This meant that staff had been trained to understand safeguarding principles, and were comfortable applying them, in order to keep people who used the service safe.

We saw there had been no recent safeguarding concerns raised, either by staff or by people who used the service. There had been an incident a year previously whereby a care staff member had not completed medication records accurately. We saw the registered manager had put in place additional unannounced spot checks of the staff member and regularly liaised with family members and external professionals to ensure the person who used the service remained safe.

We saw all care staff were subject to these unannounced spot checks, although the planning of these spot checks could be improved as, currently, they happened, "As and when" the registered manager had the time. We reviewed a sample of these checks and found they included whether staff arrived on time, were dressed and equipped appropriately, communicated effectively and completed tasks as per care plans. Where this was not the case, for example, where a staff member had forgotten their ID card, we saw the registered manager documented the advice they gave staff.

At the last CQC inspection in November 2015 we raised concerns about the provider's failure to explore gaps in employment history. During this inspection we reviewed the recruitment files of three new staff and saw gaps in employment had been addressed by the registered manager and a record kept of the reasons for these gaps in employment. We also saw other pre-employment checks were in place, such as Disclosure

and Barring Service (DBS) checks, requests for references and ID checks. Where one reference had not been forthcoming we saw the registered manager had sought an alternative.

All staff we spoke with felt staffing levels were appropriate, as did people who used the service, who told us staff were punctual and reliable. People who used the service told us, "We usually have the same person except when they're on holiday and they turn up on time." There was a consensus of opinion that timekeeping was good. In questionnaires returned to CQC, twelve out of thirteen respondents and all three relative respondents agreed or strongly agreed that care workers arrived on time. This meant that people had not been placed at risk of neglect through missed calls.

The service operated an out of hours telephone line in case people needed to be in touch out of office hours. When we spoke with people they confirmed this number had been made available to them and we saw it was in bold print on the front of the service user guide.

We saw the registered manager had adhered to the disciplinary policy on more than one occasion to manage performance that could present a risk to people who used the service. This demonstrated that people who used the service, and staff, could be assured that there were effective policies in place to manage under performance.

We reviewed procedures for the administration of medicines and sampled recent Medication Administration Reports (MARs). There were no errors in the records we reviewed. One person who used the service told us, "they do the medicines and they do those fine." We saw the unannounced staff spot checks included assessing staff practice in relation to administering medicines, and that all staff received medicines administration training. We saw refresher training had also been booked for late February 2017. We reviewed medicines audits and found them to be limited in terms of being an accountable overview of the registered manager's checks of medicines administration. The majority of audits consisted on a list with the names of people who used the service and a qualifying statement such as, "No concerns." We saw the audits had identified where staff signatures needed to be clearer but, when we asked the registered manager what criteria each audit covered, they told us there was not a set checklist in place. They were able to describe the kind of errors they would look for but this was not documented anywhere. They agreed to implement a more formal approach to the auditing of medicines, using an agreed tool with a consistent set of auditing criteria.

With regard to infection control we saw this topic was covered during the staff induction, whilst advanced infection control training had also been planned. We saw this latter move was in response to a concern raised by a person who used the service about the inconsistency of carers' regard for infection control procedures, such as always wearing gloves and an apron when administering medicines or delivering personal care. When we spoke with people who used the service they told us, "They are very clean and tidy," "They wear gloves and aprons," and, "They always have the aprons and gloves when they work." Similarly, all thirteen respondents to CQC questionnaires either agreed or strongly agreed with the statement, 'My care and support workers do all they can to prevent and control infection (for example, by using hand gels, gloves and aprons). This demonstrated the registered manager had acted on a concern and ensured staff adhered to appropriate infection control practices.

Good

Is the service effective?

Our findings

People who used the service we spoke with expressed confidence in staff knowledge, ability and competence. One person told us, "They know how to do everything," whilst another said, "We have a care plan and the staff do everything on it." Another person told us, "They all seem to know what's what," whilst relatives told us, "They are well trained," and, "We can't fault the carers that come in – they do their job well." When we reviewed questionnaire responses returned to CQC we saw all thirteen people had agreed or strongly agreed with the statement, 'My care and support workers have the skills and knowledge to give me the care and support I need,' and, 'My care and support workers complete all of the tasks they should do during each visit.' One relative stated in the questionnaire, "I cannot fault My Homecare. The carers are professional but friendly, efficient and tidy, gentle and aware of the reaction of their client, well trained and able to use the equipment on site as soon as they walked in for the first time."

During the CQC inspection of November 2015 we identified concerns that there was a lack of appropriate training for staff. We also found that staff had not received the induction as set out in company literature. This constituted a breach of the regulations. During this inspection we found improvements had been made and that new staff had attended the induction, which included topics such as safeguarding, infection control, dementia awareness and diabetes awareness. We reviewed samples of these training presentations and found them to give useful and practical introductions to such topics. When we spoke with staff they were able to describe the training they had received and the learning that helped them to care for people.

Other training the provider considered mandatory included moving and handling, medication administration, first aid, fire safety and health and safety. Where people required percutaneous endoscopic gastrostomy (PEG) feeding we saw staff had been appropriately trained in this regard. A PEG is a tube passed into a patient's stomach through the abdominal wall as a means of feeding when oral intake is not possible or adequate. One relative raised concerns about staff abilities with regard to their competence regarding PEG feeding but other relatives and people who used the service expressed confidence and, when we spoke with the external trainer, they were complimentary about staff willingness to listen and their ability to implement the advice given.

We saw training records were held on a training matrix, a spread sheet which kept a record of all staff training completed. This was updated by a full time administrator, whose role was set out in an action plan previously submitted to CQC as a means of improving the planning and delivery of training.

We saw the rota was planned on a weekly basis and factored in travel time on longer journeys to ensure staff were able to attend all care visits in a timely fashion. We saw the rota planned in two carers where a person's needs required this and no people who used the service raised concerns about the planning or timeliness of care visits. Staff we spoke with all told us they felt they had sufficient time to deliver care effectively and to attend care visits.

We reviewed a sample of daily records and found them to be sufficiently detailed, signed and dated, as well as evidencing people being given choices. One person who used the service told us, "We have a care plan

and they fill in the book when they are done." One external professional we spoke with stated the daily records kept by care staff were on a par with other care agencies and that they were sufficiently detailed. Another said, "The daily records are well kept – easy to follow."

At the previous inspection in November 2015 we found staff supervision meetings had not been documented for the majority of staff. A supervision is a meeting between a staff member and their manager to discuss performance and any training needs they may have. At this inspection we saw supervision meetings had occurred regularly in all staff files we reviewed. All staff we spoke with were complimentary about the level of support they received from management. Two stated that they had not received a formal supervision meeting recently but that they received ample ad hoc support from their manager, whilst three confirmed they had had recent supervision meetings. This demonstrated the registered manager had made improvements to the regularity of staff supervisions, although the regularity of these formal meetings could still be improved through better planning.

We also saw staff meetings happened intermittently, were recorded, and evidenced a range of issues being discussed and resolved.

We spoke with a dietitian and social workers who told us staff liaised well with them to ensure people's diverse health needs were met. One told us, "They engaged with the session and they interacted with us – they took on board what we said."

With regard to nutrition, people told us they were supported with their dietary requirements in a calm, unhurried fashion and that their preferences were respected. Staff we spoke with demonstrated a good knowledge of people's dietary preferences. One staff member told us, "I help one person who loves their cup of tea really strong, so you can almost stand a spoon up in it. They like three tea bags". One person who used the service told us, "They do the meals. The main carer, she does the cooking but we do the shopping together. Sometimes I like a ready meal but sometimes I choose fresh – it depends." Another person said, "We go shopping, me and my regular girl, and she looks at things and says 'How about trying this' or 'that looks nice'. She does the veg at lunchtime and I put it on just before she comes, then we make the rest of the meal, it's great." All staff we spoke with were aware of the nutritional preferences of people who used the service and people we spoke with were pleased with the support they received.

This demonstrated that, through involving people, staff encouraged and supported people to maintain a balanced diet. It also demonstrated people were supported to maintain their independence, which we saw was one of the service's main aims. Likewise, when we reviewed the returned questionnaires, all thirteen respondents either agreed or strongly agreed with the statement, 'The support and care I receive helps me to be as independent as I can be.'

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.

We saw people's consent to care was documented in each care plan we reviewed and, when we spoke with people and their relatives, they confirmed they were asked to consent to aspects of care regularly and that staff valued their right to choose. We saw staff received an introduction to the Mental Capacity Act 2005 (MCA) during the induction and staff we spoke with were aware of the principles of, for example, presuming people have capacity unless shown otherwise.

Good

Is the service caring?

Our findings

People who used the service consistently told us their experience of care was positive, friendly and reliable. One person who used the service said, "It is really good and they are so nice to me." Another person told us, "They are very kind, very nice. They have a good chat while they are here." Relatives were, on the whole, pleased with the patience and affection demonstrated by staff, stating, for example, "They are very nice to [Person] and me – they couldn't be kinder." One social worker we spoke with said people they supported, "Always spoke highly" of the care staff.

When we reviewed responses to the CQC questionnaires we again found a strong consensus of satisfaction with the attitudes and caring practices of staff. One response read, "I have had no reason to make any complaints. I have had the same two carers all the time. They are both very kind, always happy, very respectful and caring and trustworthy and do a very good job. For people like us who have never needed this kind of support before, it means a great deal to us."

We found there was a consensus of opinion that the positive relationships formed between people who used the service and staff were in part due to the levels of continuity achieved by the service. The registered manager acknowledged this was easier to do due to having a relatively small number of people to provide care to, as well as a relatively stable group of staff, who knew people's needs well. The registered manager also told us they or a senior member of staff would introduce a carer to a new person using the service to ensure their first care visit was not a surprise for the person who used the service. When we spoke with staff they demonstrated a good understanding of the characteristics that made each person they care for individual. They confirmed they were introduced to people they delivered care to. We also saw that all but one respondents agree or strongly agreed with the statement, 'I am always introduced to my care and support workers before they provide care or support."

We found levels of involvement to be good, with people who used the service telling us, for example, "We did the care plan, it's all written out," and, "I did my care plan with them." This showed people were involved in the planning of their own care.

We saw a range of recent thank-you cards in the service, with comments including, "Just to say a big thank you for your professional care of [Person]," and, "I'd like to thank the staff, who looked after [Person] with such kindness and excellence while they were still at home."

People consistently told us they were treated with dignity and respect by care staff. Relatives and people who used the service confirmed this to be the case, whilst staff were able to describe how they maintained people's dignity in practice. One staff member told us, "If a client is able to wash themselves, I heat the shower and then leave them. I return, knock and support or assist them to dress. Dignity is very important".

Whilst no one using the service was using an advocate, the involvement of relatives meant people were supported by others who knew them best. We saw there was also detailed information about how formal advocacy support could be sought in the Service User Guide provided to people who used the service.

We saw that sensitive personal information was stored securely in locked cabinets and entrance to the service was via a door requiring a security fob. This meant that people's confidential information was stored securely.

Good

Is the service responsive?

Our findings

People who used the service we spoke with were generally pleased with the levels of ongoing review. One person told us, "They used to do my medication but they don't now. They reviewed it and realised I could manage myself." Other people who used the service said, "They come from the office sometimes to check," and, "We did a review last week, no problems there." One relative told us, "[Person] in the office has been very helpful if I've rung up about changing times about, it's been no problem." Another relative confirmed, "We have all the numbers and the office is very good if you ring them." One person told us how they had requested a change to staffing and that this had been accommodated promptly: "There were a couple of girls I just couldn't take to and they have never been back – it's really good." This demonstrated the service was able to respond to people's queries and react on an ad hoc basis to changes in their needs, as well as putting in place regular reviews.

At the last inspection in November 2015 we had concerns that people's views on the service were not routinely sought or acted on. At this inspection we saw people had been sent surveys and that these had been reviewed by the registered manager, with overall analysis produced. We saw the results were broadly positive and, where individual concerns had been raised, we saw the registered manager had contacted people to resolve the issue, for example one person who answered that they didn't know who to contact if they had a problem. We saw the registered manager clarified this with them. We saw no major concerns were raised as a result of these surveys.

We found examples of staff supporting people to achieve the things important to them, such as regular dog walking which enabled the person to live at home with their dog, whilst one person regularly competed in the great north run with the help of staff. We found staff demonstrated a good knowledge of people's care needs but also their likes and dislikes.

People's basic care needs were reflected in their care plans, along with information for staff regarding how best to support people. For example, one person who suffered particularly anxieties had instructions to staff which included, "[Person] can become anxious when alone for periods of time. [Person] enjoys company. Carer to interact with [person] and assist in their activities." We spoke with this person's care worker who described how they supported them to partake in household activities and to chat whilst doing this, meaning they adhered to the plan in place to help the person remain independent and lessen their anxieties.

We found care plans were simple and person-centred to a degree. Person centred means putting people's likes, dislikes, interests and goals at the forefront of care planning. We found that documentation could be improved to better reflect this, as new carers would not gain a comprehensive overview of each person as a rounded individual from the paperwork we reviewed. We spoke with the registered manager about this, who agreed to adapt and incorporate a version of a 'This is Me' document or similar tool into each care plan to improve levels of detail. 'This is Me' is a tool produced by the Alzheimer's Society which lets health and social care professionals know more about people's needs, interests, preferences, likes and dislikes.

The service had a complaints policy in place and we saw the complaints process was made clear in the Service User Guide. There had been no pattern to complaints recently but the registered manager had responded to each. People who used the service we spoke with were clear they knew how to complain and to whom if they needed to.

When we spoke with external professionals there was a consensus that staff and management at My Homecare responded to changes in people's condition and involved them when needed. One professional told us, "They could have come to us a bit sooner so we've re-iterated to ring us up whenever. Generally they are fine and respond to the advice we give. They take on board what we say." Another said, "I find My Homecare an agency who can be relied upon to give informative feedback for reviews and will return any calls promptly where a message has been left." Another said, "If there have been concerns then they involve us. When I contact them I always get a willingness and a response."

Requires Improvement

Is the service well-led?

Our findings

At the time of our inspection, the service had a registered manager in place. A registered manager is a person who has registered with the CQC to manage the service. The registered manager had worked at the service for a number of years and demonstrated a good knowledge of the needs of people who used the service. They had relevant social care experience.

At the previous inspection we found concerns regarding the standard of auditing. At this inspection we found auditing and quality assurance processes had not improved significantly. For example, the business development manager had previously committed to undertake a regular audit of staff recruitment files to ensure policies and procedures were followed, as well as ensuring a pre-employment checklist was included in every staff file. We found this had not happened, with only one of the six staff files we reviewed having one of these checklists in place. Whilst there was no evidence that the service had not employed fit and proper people, there was evidence that the lack of auditing meant the service failed to identify areas of improvement. For example, one member of staff had provided their two most references, which were not related to social care. On reviewing their application we saw they had previous experience at two social care providers. They had not entered anything in the section entitled 'Reason for leaving'. We asked the registered manager why they had not sought additional references from the respective care providers and they acknowledged this would have been appropriate. This oversight could reasonably have been identified by an effective audit of recruitment practices, as the provider claimed they would put in place.

Other areas of auditing had similarly not been maintained. In the action plan sent to CQC after the last inspection in November 2015, the business development manager stated, "Staff supervision, service user reviews, staff meetings, complaints received, service user quality questionnaires will be audited internally every three months." The registered manager confirmed this had not happened. We saw staff meetings were intermittent and a more structured auditing of this process, along with staff supervisions, could have improved their efficiency and regularity.

Medicines audits also lacked a consistent, recognised framework and, whilst the registered manager demonstrated a good knowledge of the types of errors and improvements they would look for when undertaking a medicines audit, they were unable to demonstrate that this had happened consistently recently. We saw medicines audits happened bi-monthly until July 2016. Subsequent to that there was a document entitled, "Intervention sheet and MARs sheet audit", dated August 2016, but this contained no information regarding any audit of people's medicines. The registered manager told us subsequent audits may have fallen out of the file but did not produce further audits during the inspection or afterwards. This meant there was no evidence that people's medicines had been consistently audited in the past six months. This meant the registered manager had failed to maintain and sustain a system of auditing to assess, monitor and improve the quality of the service and that there was as a result a risk of errors being missed.

We saw the service had employed a new quality audit manager but that they were currently absent from work due to unforeseen circumstances. The registered manager acknowledged that quality assurance and auditing were areas the service still needed to improve.

We saw the business development manager's plan also stated, "Quality assurance meetings would take place every 3 months." We saw these had happened in March and July and were documented as being meaningful discussions between the registered manager and the business development manager about any recent complaints or common queries from staff. We saw these meetings provided an opportunity to assess service provision. The last of these meetings was in July 2016, despite that meeting stating the next planned meeting would be in October 2016. This meant the registered manager and the business development manager had not ensured they consistently assessed aspects of the service through quality assurance and auditing processes.

We also found paperwork to be incomplete. For example, all new staff completed an induction and there was an induction checklist, to be signed by the member of staff and the registered manager. None of the induction checklists we saw had been signed, although new staff we spoke with confirmed they had completed the course and were able to speak in detail about the topics covered. Similarly, only one of the six staff files we reviewed contained the employment checklist, a document the registered provider stated should have been on every file to ensure all pre-employment processes were completed in as robust a fashion as possible.

This meant, whilst there had been some improvements to systems since the last CQC inspection, the standard of auditing and accountability still required improvement.

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

People who used the service, relatives and external professionals spoke positively about the attitude of the registered manager and office staff and their ability to work with families and external stakeholders. One relative told us, "They do the job – staff have been helpful and you just ring them up." The majority of people and their relatives told us they had had no cause to contact the registered manager directly as they were satisfied with the service, but that they knew who they were. One external professional told us of the registered manager, "I have found them to be knowledgeable, professional and trust worthy." Another said, "I've found them to be okay."

We saw the registered manager stated in their PIR they planned to introduce letters of thanks to staff who had delivered excellent care. We saw examples of this in place, with one member of staff commended for the feedback received from one person who used the service. This served to encourage the staff member to continue provide care of this standard but also to reflect on the positive outcome for the person.

Staff we spoke with expressed confidence in the registered manager and confirmed they listened to staff suggestions and supported them. One said, "The manager is great – very approachable and very supportive," whilst a newer member of staff said, "The manager also pops in during my calls to see if everything is ok". Whilst the service required improvements with regard to quality assurance and monitoring to ensure it remained sustainable, we found the culture to be one that focussed on meeting people's needs and providing a continuity of care.

At the previous inspection in November 2015 we received mixed feedback regarding the standard of communication from office staff regarding, for example, queries raised by relatives, or changes to visit times. At this inspection we found there was a strong consensus of opinion that communication with the office was a positive, helpful experience. We also saw in questionnaires returned to CQC that people who used the service confirmed information they received from the service was clear and easy to understand, and that they knew how to contact the office if they had any queries.

This section is primarily information for the provider

Action we have told the provider to take

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

Regulated activity	Regulation
Personal care	Regulation 17 HSCA RA Regulations 2014 Good governance The registered provider did not monitor, assess and improve the quality and safety of the services through consistent auditing and quality assurance processes.