

Sevacare (UK) Limited

Mayfair Homecare - Islington

Inspection report

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Requires Improvement 

Is the service caring?

Good 

Is the service responsive?

Requires Improvement 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

This inspection took place on 7 and 8 March 2018 and was announced.

Mayfair Homecare - Islington is a domiciliary care agency. The provider for the agency is Sevacare (UK) Limited. The agency provides personal care to people living in their own houses and flats in the community. It provides a service to people living with dementia, learning disabilities or autistic spectrum conditions as well as physical disability and sensory impairment. The age group of people using the service varied from younger adults to older people. There were approximately 258 people using the service at the time of our inspection. The registered manager told us that 241 people were currently receiving personal care. The provision of personal care is regulated by the Care Quality Commission.

There were two registered managers in post 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 and associated Regulations about how the service is run. We found that both registered managers had experience and training to be able to carry out the regulated activity. The registered managers were supported by a team of three team leaders, three care co-ordinators and two administration workers.

During our last inspection, in January 2017, we identified two breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. These were related to the lack of sufficient risk assessment to health and wellbeing of people who used the service and person centred care planning. Following the last inspection, the provider had submitted an action plan to show what they would do to improve the service in these areas.

During this inspection, we found the agency had not fully addressed issues around assessment of risks to health and wellbeing of people using the service. Consequently, staff had still not had sufficient information on management of these risks and people could receive support that was not safe.

We found that the agency had made improvement in relation to person centred care planning. People's care plans included personalised information of their life histories and backgrounds, health needs and personal likes and dislikes. Further improvements were needed to reflect how people would like to receive their personal care.

We found other shortfalls in the provision of the service. We found numerous issues related to medicines management. The agency's systems for the management of accidents and incidents were not always followed and there was a risk that the same accidents and incidents could happen again. The agency did not always work within the principles of the Mental Capacity Act 2005 (MCA) and there was a risk that decisions related to people's everyday care were not made in their best interest or with their consent.

Quality monitoring systems used by the agency were carried out regularly. However, they had not been effective in identifying issues found by us during this inspection.

We found that some areas of the service provision were managed adequately, however, they would benefit from further improvements. For example, staff received regular supervision and appraisal of their skills. However, not all staff understood the purpose of supervision and the documentation relevant to staff yearly appraisals was not always available in staff file for review of staff progress and audit purposes. In another example, the agency had dealt with complaints received from people and people said it was done to their satisfaction. However, some improvements were needed to ensure all members of the management team had good awareness of the agency's complaints procedures.

We also found many positive things about the service provided by the agency. There were safeguarding procedures in place and staff understood their role and responsibility around protecting people from abuse. The provider had appropriate recruitment procedures in place to ensure only suitable staff were appointed to work with people who used the service. People told us they felt safe with staff who supported them.

The majority of people thought the agency was well managed. They spoke positively about staff who supported them and they were satisfied with care provided. People described staff as kind and caring and they said staff knew and understood people's individual needs and preferences. People and their relatives thought staff were well trained and they knew what they were doing.

Staff supported people to have enough food and drink and have a diet that suited their nutritional needs and personal preferences. People were supported to have access to appropriate external health services when required. People trusted that staff would take action if they felt unwell. Staff asked people for their permission before providing any support and people felt involved in decisions about their day-to-day care.

When possible, people were supported by the same staff to allow continuity of care and development of positive relationships between people and staff who cared for them. People felt involved in their care planning and they thought staff provided care and support that reflected their needs.

There was good communication between care staff and the management team. Staff were encouraged to attend team meetings and newsletters and memos were produced by the management team to ensure staff were up to date with developments within the service and best care practice. Staff felt supported by their managers.

We found three breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. We issued the warning notice about the Regulation 12.

We made four recommendations that were related to providing supervision and appraisal to staff, managing the service provision during the regular staff absence, person centred care and managing complaints.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was not always safe.

Risk to people's health and wellbeing had not been assessed fully and staff did not have sufficient guidelines of how to keep people safe.

The agency did not manage medicines safely and people were at risk of receiving their medicines not as intended by a prescriber.

The system for managing incidents and accidents was not always followed and there was a risk that the same accidents and incidents would reoccur.

Staff helped to protect people from abuse from others. People said they felt safe and comfortable with staff who supported them.

The agency followed safe recruitment procedures and people were protected from unsuitable staff.

Sufficient infection control measures were in place to protect people from avoidable infection.□

Requires Improvement ●

Is the service effective?

The service was not always effective.

The agency did not always work within the principles of the Mental Capacity Act 2005 (MCA).

Staff received regular supervision and yearly appraisal. However, the provision of staff appraisals was not always consistent and appraisal documentation was not always available in staff files.

Staff received regular training, and people felt staff were skilled and conducted their professional duties well.

People's care needs had been assessed prior to receiving care from the agency.

The agency supported people to have enough food and drink

Requires Improvement ●

and with prompt access to external health professionals.□

Is the service caring?

Good ●

The service was caring.

People thought staff who supported them were kind and caring and considered their individual needs when providing care.

People's care plans included information on people's individual language and cultural preferences as well as communication and other needs related to people's individual circumstances.

When possible, people were supported by the same staff to allow continuity of care and development of positive relationships between people and staff who cared for them.

Staff respected people's privacy and dignity when providing personal care.

Is the service responsive?

Requires Improvement ●

The service was not always responsive.

People's care plans included information on their personal histories and their likes and dislikes. However, improvements were needed to reflect how people would like to receive their personal care.

People were aware of their care plans and the majority of them said they were fully involved in the care planning and reviewing process.

People were informed on how to make complaints. Improvements were needed as to how the agency evidenced the management of complaints and what lessons they learned from the complaints received.

Is the service well-led?

Requires Improvement ●

Improvements were needed in relation to personalised risk assessment, monitoring of accidents and incidents, medicines management and supporting people who lacked capacity to make decisions about their own care and treatment.

There were no improvement plans in place following people's quality surveys. We could not say if issues raised by people were addressed.

Quality monitoring systems were not effective in identifying issues and improving the quality of care provided to people who used the service.

Staff felt supported by their managers and there was good communication between care staff and the management team.

The overall feedback from people about the service provided by the agency was positive.

Mayfair Homecare - Islington

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.

This was the first inspection of this service since the provider moved the office to Islington.

This inspection was undertaken on 7 and 8 of March 2018. We gave the provider one days' notice that we would be visiting their head office. We gave the provider notice as we wanted to make sure the registered manager was available on the day of our inspection.

This inspection was carried out by one inspector, two specialist advisors, one medicines specialist advisor and four Experts 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. Before and after our visit to the head office, we spoke with 30 people who use the service and six relatives.

Before the inspection, we asked the provider to complete a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We reviewed the completed PIR and previous inspection reports before the inspection. We reviewed other information we had about the provider, including notifications of any safeguarding concerns or other incidents affecting the safety and wellbeing of people.

During the inspection, we spoke with the manager and the deputy manager who were also registered managers for the service, a team leader, two care coordinators and a member of the administration team. We also spoke with five staff who supported people with personal care.

During the inspection we reviewed 14 people's care records, which included care plans, risk assessments and Medicines Records Charts (MRC). We also looked at 20 staff files, complaints and quality monitoring and audit information.

Following the inspection, we called more care staff employed by the agency and we received feedback from five of them. We also contacted a number of health and social care professionals who worked regularly with the agency. However, we did not receive feedback on this occasion.

Is the service safe?

Our findings

At our previous inspection, we found that risk assessments and risk management plans were often generic. The advice to staff was generally the same in each risk management plan and did not always look specifically at how risks were to be mitigated for particular individuals. At this inspection we found that the agency had not fully addressed this matter. Some improvement had been made but we found that more improvements were needed.

Following our previous inspection the service had submitted an action plan in which they stated the registered manager would personally check all the risk assessments and risk management plans to ensure these documents were person centred and reflected risks identified for individual people. At this inspection, the registered manager confirmed that they personally reviewed all risk assessments. They also cross-referenced them with documents provided by the local authority to ensure all information was included and staff had sufficient knowledge on how to keep people safe. An updated risk assessment document was introduced in January 2018 to ensure information on risk and risk management measures was completed. We saw examples of risk assessments related to infection control, self-neglect, nutrition and fluid intake, incontinence management and the environment people lived in. Staff also received risk assessment training and they said it was helpful in understanding how to assess and reduce risk.

However, we still found issues in managing risk to the health and wellbeing of people who used the service. We saw that not all risk had been assessed therefore there were no appropriate risk reduction management plans in place to inform staff on how to help to keep people safe. For example, one person suffered from a health condition that caused them to become occasionally unresponsive for a few minutes. There was no risk assessment and risk management plan in place to inform staff on what to do if such situation happened. There were other health conditions identified for this person, which also were not risk assessed and staff were not provided with guidelines on how to support the person safely.

In another example, a person had been identified as having a behaviour that could challenge the service. This had not been risk assessed and risk reduction measures were not put in place to ensure care staff and the person were safe. Further examples included five people who were mobilising with help of a walking aid. However, there was no evidence that appropriate falls risk assessments had been carried out and that staff had guidelines on how to help people to reduce the risk.

This is a continuous breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

There were systems in place for the management of accidents and incidents, however, it was not always followed. The registered manager informed us that there were only two accidents and incidents that had taken place in the past 12 months. However, while reviewing various care records, including people's daily care logs and information stored on the agency's online system, we came across a number of incidents that had occurred but had not been documented as required by the agency's accidents and incidents procedure. These included medicines errors and one recent incident when a person using the service threatened to

harm a staff member. Care staff we spoke with understood their responsibility to report any accidents and incidents to the agency's office. Records showed that staff had done it. However, we found, the staff in the office receiving this information had not always documented these accidents and incidents appropriately. Consequently, appropriate records were not completed and we could not assess if appropriate action was taken to reduce the possibility of these accidents and incidents reoccurring.

There was a central accident and incidents register, however it was not completed. This meant there was no managerial overview to ensure accidents and incidents had been monitored and analysed for possible themes and patterns. Consequently, people and staff were not protected as there was a risk that the same accidents and incidents could happen again.

This is a further breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We found that the agency had not managed people's medicines safely and there was a risk that people would receive their medicines not as intended by the prescriber.

The registered manager informed us that care staff supported people with their medicines by prompting [reminding] them to take their medicines from pre-prepared dosette boxes. The dosette boxes were prepared by the dispensing pharmacist. Other medicines such as eye drops, inhalers, and acute medicines (prescribed temporarily, in addition to usually taken medicines) were to be given by district nurses. However, records showed, and staff confirmed, they administered medicines to people by physically dispensing them from dosette boxes and recorded their actions on the agency's Medicines Records Charts (MRC). This type of support required that appropriate medicine management policies and procedures were followed to ensure medicines were administered safely. The agency had a medicines management policy in place. We found the policy was not always adhered to and it did not have all necessary guidelines to help staff to manage medicines safely.

Staff recorded medicines administration on a MRC. The MRC charts were pre-populated and audited by the agency's team leaders. We found that the provider's own medicines policies did not have guidelines on how to transcribe information about medicines onto the MRC. The registered manager explained that team leaders were trained by the provider's internal trainer on how to write the MRC. However, during our inspection we found multiple issues with information recorded on MRC. We also found that at times care staff wrote the MRC for people they supported. Staff told us, "Sometimes team leaders write the MRC in the office or if not I write it." Consequently, we were not confident that staff transcribing information onto the MRC had sufficient knowledge on how to do it correctly.

We could not say if the information about medicines on the MRC was up to date. There was a risk that if the medicines prescribed changed, this would not be reflected on the MRC. On the day of the inspection the agency could not always evidence current medication lists for the people reviewed. On request, we were provided with examples of three dosette inserts labels. One of them had no date recorded and we could not say if the information was current. The registered manager explained these were only provided when there was a change to medicines and the majority of the people were on repeat prescribed medicines. However, we found examples of further two dosette box labels for two separate people which were months old. There was discrepancy in the dose and administration times between these labels and the current MRC used by care staff.

We found that the MRC did not have clear guidelines on the required frequency of medicines administration. Instead, the MRC produced recorded the medicines dispensed in a dosette box as bulk entries.

Consequently, there was a risk people would not receive their medicines at the correct frequency. For one person the lists of medicines recorded on MRC included medicines such as Alendronic Acid 70mg given once weekly and Furosemide 80mg for one person given at morning and lunch on alternate days both were recorded by staff as prompted every day.

We found that there was no record of warning labels for each medicine telling the staff about various side effects. From the reviewed records it was also not clear how partial refusals of medicines doses would be recorded or managed.

We found that cream administration was not recorded on the MRC as per current guidelines and as per the provider's own policy. This meant there was no clear guidelines for staff on the purpose of the creams application and when, where and how they ought to be applied. Records showed and staff confirmed, they regularly applied creams to people, however, they had not recorded it on the MRC.

We looked at how care staff recorded medicines administration. We found there were discrepancies between information recorded on people's daily care records and respective MRC. Therefore, we could not say if the records were accurate and reflected medicines administration as it happened. The MRC for one person on two separate occasions had been recorded as prompted [meaning given by staff] and then overwritten later or rubbed out. Corresponding daily care records stated that on the first occasion the person refused their medicines therefore they were left out for the relative to give to the person. On the second occasion records said, "[Relative] will give medicines." Another person's MRC stated the person was prompted to take their medicines, however it was then crossed out and changed to reflect the fact the person was in hospital. In another example MRC had not been completed by staff at all for nine days. Daily care records stated, "A family member would do it." It was not clear, how this arrangement had been achieved and if the person had received their medicines.

We found examples when care staff had correctly identified errors in medicines management. They alerted the agency about it, however, this had not always been acted upon to ensure the errors were rectified. This meant there was a risk these errors would reoccur and people would not be protected from incorrect medicines administration. A staff member reported that a person did not have their night time medicines in their blister pack. This was recorded on the agency's electronic communication log and in the person's daily care records. However, there was no evidence to show that this incident had been investigated and there was no evidence that this error had been reported through the agencies incident reporting process. In another example, a staff reported that incorrect medicine was delivered to a person's flat. This was a hazardous situation as the person lived with dementia and could mistake medicines for their own. This was also not investigated and reported through the agencies incident reporting process.

The agency had a comprehensive assessment of needs document which included a medicines risk assessment pack and medicines agreement. These were found to be in all viewed people's folders. However, we found the quality of information did not always reflect or cross referenced with what was recorded in other documentation or on people's MRC.

Some medicine management practice was unsafe and people were at risk of serious harm. This was especially apparent when people were assessed as having reduced capacity to make decisions. One person was assessed as living with dementia, not being able to retain information and being at risk of overdose. However, staff had been instructed to second dispense medicines by preparing it in advance in a labelled pot for a family member to administer later. This meant the person was at risk of taking pre-prepared medicines and accidentally overdosing it.

We saw that the team leaders carried out regular MRC audits. However due to the lack of clear guidelines on how the information should be recorded on the MRC viewed by us audits had not identified issues found by us. As such, the audits were not effective in identifying incorrect medicines administration practice and could not be used to inform any improvements.

The above is a further breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Record showed that staff had received training in medicines administration.

The agency helped to protect people from abuse. All people we spoke with said they felt safe and comfortable with staff who supported them. Some of their comments included, "I do feel safe and comfortable due to the relationship of trust they have built with me" and "I am very safe with the care workers. They talk to me, they make me feel comfortable." Family members told us, "My relative is certainly happy and safe with the care workers. They have built a really good relationship between themselves. They talk and they laugh with each other."

There was a safeguarding policy in place and records showed staff had received training in safeguarding adults. The majority of staff we spoke with had good understanding of the principles of safeguarding and they knew what to do to protect people. Three staff members had less understanding of the principles of safeguarding people from harm from other. However, they understood their role in ensuring people were safe.

We saw that the agency had dealt with identified safeguarding concerns by informing the local authority and working alongside with them to investigate each concern. We saw that appropriate actions were taken to ensure people were safe. We noted that 50% of safeguarding referrals to the local authority had been made by an e-mail rather than by an official local authorities' referral form. Therefore, there was a risk that the correct process would not take place and there would be delay in dealing with raised concerns. We discussed this with the registered manager and they assured us that appropriate pathways would be used from now on.

The provider had robust recruitment procedures in place to ensure only suitable staff were appointed to work with people who used the service. We looked at the files for 20 staff members and we saw that appropriate recruitment checks were in place. These included previous employer's references, proof of identity and the right to work in the UK. All staff had up to date criminal records checks completed.

There were sufficient staff numbers deployed to support people. The majority of people we spoke with told us staff had very rarely missed a call and they were on time. The agency contacted people or their family members when staff were running late. People's comment included, "They are always on time. They have never missed a call. They do everything I need them to do. They do not certainly rush off" and "The care workers do come on time. They only come late on odd occasions. This is due to an emergency and they do call me (to let me know they are running late). They have never missed a call." Family members told us, "They are relatively reliable for timing. They do ring if they are late and there is an emergency. They have missed calls 3 times in the last 6 months. This was due to staff falling sick. They did call to let us know." Two family members told us they would like the agency to provide them with rota in advance so they would know which staff were allocated to attend visits. The register manager told us that staff were allocated to calls according to specific geographical areas. This was to ensure reduced travel time and staff lateness. The agency had an online rota and staff allocation system. The system allowed an assigned office staff to monitor all visits in the real time and take action, such as call a staff or a person, to enquire why the visit had

not started on time. Additionally, the registered manager told us the agency operated "zero tolerance" for missed calls policy. In case staff missed a visit, they would be required to attend a supervision and sign a missed call policy to show that they were aware of the rules around missed visits. We saw the policy being displayed in the agency's training room for staff information.

Staff were trained in infection control procedures and used appropriate personal protective equipment (PPE) to prevent the spread of infection. Guidelines on use of appropriate PPE were also included in people's care plans. We saw that pictorial posters and information on how to use PPE and other aspects of effective infection control were available in the staff training room in the office. The registered manager explained, that by providing staff with pictorial information they wanted to increase staff awareness about effective infection control as well as support those staff for whom English was not their first language.

Is the service effective?

Our findings

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 checked whether the service was working within the principles of the MCA.

The provider had a MCA policy, which was comprehensive and gave staff and the management team at the agency guidelines on how to follow the principles of the Act. However, we saw that these principles had not always been followed. We looked at files for five people using the service who were identified by the agency as not having capacity to make decisions. We found that the agency had carried out mental capacity assessments, however, the information gathered in these assessments was not comprehensive. We saw that there was not always information on what people's difficulties with capacity were and why the assessment had been carried out. When people were assessed as not having capacity, there was no information on what decisions people could make, or needed help with and what decisions needed to be made on their behalf. In people's files, there was little evidence of best interest decisions made when planning people's care. Additionally, we saw only one example of a care file with information on who had been legally appointed to make decisions on the person's behalf. The lack of this information meant, there was a risk that decisions related to people's everyday care were not made in line with people's own abilities, in their best interest and by the people who were legally appointed to do so.

When people had been assessed as not having capacity, this had not always been considered when planning their care. For example, due to dementia two people could present confused behaviour. Both people received support from staff with taking their medicines. Their care plan stated that their medicines were kept on their living room table. There was no evidence that protective measures had been put in place, such as storing medicines in a safety box, to protect those people from accidentally overdosing their medicines when going through an episode of confusion.

The above is evidence of a breach of Regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Records showed that staff had received training in the MCA and they had a general understanding of the Act. Staff we spoke with knew how to apply the principles of the act while caring for people who used the service.

All people we spoke with told us staff asked for their permission before providing any care. Some of their comments included, "Yeah, the staff ask for my permission and involve me in anything they do" and "I know them well so they just get on with it. I tell them what I want and they do ask". When people had capacity to make decisions we saw in their files signed consents to their care and treatment. When people were not able to sign, due to their health condition, this was explained and a note was made explaining how people could

communicate their consent, for example, by verbalising it.

The agency had systems in place to provide staff with on-going support. These included formal supervision, team meetings and unannounced spot checks of staff who work with people who used the service.

Staff told us, and records confirmed, they received regular one to one support from their managers. We saw that the registered manager maintained a supervision matrix, which indicated when staff should have their next one to one meetings. In staff files, we saw records of supervision meetings for all but three staff members. The majority of staff told us they did not know the purpose of the supervision, but they found it useful as they discussed topics related to work and care duties. Two staff said their one to one meetings did not provide them with new knowledge and they did not find them beneficial. One staff member told us their supervision was not always confidential as it was conducted in the open plan office.

Records showed that the agency carried out yearly appraisals of staff skills. The quarterly quality monitoring document submitted by the agency to the local authority in quarter three of 2017 stated that 95% of staff had received their appraisal. However, following our audit of 20 staff files we found that only eight consisted of completed yearly appraisal documents. Two out of ten staff we spoke with told us they had not received their yearly appraisal. This suggested that the provision of staff appraisal was not always consistent. The lack of completed appraisal documents in staff files meant the agency had not always kept relevant documentation for an audit trail and for further review of staff skills to assess and support their professional development.

We recommend that the agency seek further guidelines from the reputable source on providing supervision and skills appraisal to staff.

The agency carried out unannounced spot checks of staff working with people and carrying out personal care. This was to ensure staff carried out their duties safely and as required. Records showed that these took place regularly and any issues identified during these meetings were addressed with staff in their supervision. Staff were also supported via regular staff team meetings.

People using the service were happy with the skills and knowledge of staff who supported them. Some of their comments included, "Oh definitely yes, they are competent. I don't have to tell them anything. They know" and "Oh yes, they do all the jobs properly. They are trained and very skilled. They do not rush the work. I am happy with how they carry out the tasks." A family member told us, "The care workers are very skilled and trained."

Each new staff member undertook an induction that consisted of the training the provider considered mandatory. The training included a range of topics related to manual handling, safeguarding of adults and medicine administration. New staff also completed three or more days of shadowing of a more experienced colleague. This helped staff to get better understanding of their role and duties and gain a better insight into people's needs, their personality and the support they needed. Staff we spoke with confirmed they received induction and they said it was helpful.

Other staff received yearly refresher training to ensure their knowledge and skills were up to date. Records showed, and all staff we spoke with confirmed, staff had completed their yearly training as required.

The agency had carried out assessments of people's care needs and preferences before they started using the service. The topics covered in the assessment included basic information about people, their preferred name, personal history, hobbies and personal likes and dislikes what was important to people's life and the

treatment they wish to receive. The information also included basic health and wellbeing details, such as, do not resuscitate (DNAR) status and the level of capacity to make decisions about their care and treatment. The majority of people we spoke with confirmed they were consulted about their needs prior receiving support from the agency. They told us, "Yes the office came out. In fact, they're coming back out [shortly] to do my risk assessment", "Yes someone did find out what my care needs were" and "Yes they asked us a lot [questions.]" Some people did not remember the assessment taking place, however, all people we spoke with felt staff knew their needs and they were happy with the support they received.

Staff supported people to have a nutritious diet that met their needs and personal preferences. People told us they were happy with the support they received. Some of their comments included, "Staff make me a lovely breakfast", "Staff always ask me what I fancy to eat and I tell them" and "The care workers do give me meals. It is my choice and they prepare it to my liking".

People's dietary needs and preferences had been discussed at the point of assessment. We saw that these had been recorded in people's care plans and staff had sufficient information on what people liked to eat. Risk assessments viewed relating to food and nutrition reminded care staff about the importance of ensuring people received appropriate levels of food and drink. Staff we spoke with understood the immediate action needed to be taken if they noticed a person was not eating or drinking enough.

Staff supported people to have access to relevant health professionals when required. People felt confident that if their health deteriorated staff would take action to support them. People told us, "If I do feel under the weather staff do call the GP for me", "Yes they know if I'm not well that I like to be left alone, they know, but they would call the GP if I needed one" and "I've been unwell a few times and they have had to call 999. They always wait until the ambulance arrives and don't leave."

Is the service caring?

Our findings

People using the service and their relatives spoke positively about staff who provided care. They told us staff were caring and kind and considerate to people's individual care needs and preferences. Some of their comments included, "Staff are wonderful. They are always kind, respectful. I am so lucky", "Staff are always really compassionate towards me. I could not do without them" and "Staff are lovely. I do get different ones sometimes, but they are all nice. I'm relaxed. I'm not on edge with them." Family members told us, "They are wonderful with my relative, kind, patient and very caring. They are a credit to the company" and "The regular staff treats my relative at all times with respect and dignity, they build a relationship up."

People's care plans described their individual care requirements. These included language and cultural preferences as well as communication and other needs related to people's individual circumstances. This ensured staff who supported them knew people well because they were provided with the necessary information. People confirmed that their usual staff knew their needs well. Staff took into consideration people's individual needs and preferences when supporting them. One person told us how staff supported them with reading documents, as English was not their first language. Another person, who had a visual impairment, described staff efforts to read documents and ensured that they were fully aware and understood care provided to them.

When possible, people were supported by the same staff. This allowed continuity of care and development of positive relationships between people and staff who cared for them. People told us, "My three regular carers are brilliant. I couldn't ask for better" and "It was terrible before and I got all different ones but now I have the same two staff and I've had them for ages." The agency matched people using the service and care staff based on certain criteria, for example, a language spoken or cultural background. However, we also noted that a number of people told us that a temporary and replacement staff did not always know their needs well and people would not always be informed who would replace their usual carers. They said, "They just turn up. I mostly have a regular during the week but not at the weekends. That's the only problem I have" and "I wasn't happy when [usual staff] was off. The replacement carer just stood around until it was time to go."

We recommend that the agency seek guidelines and support from a reputable source on how to manage staff provision during absence of the regular care staff.

All people we spoke with said staff respected their privacy and dignity at all times. They said, "They knock before they come in. They don't just walk in" and "They don't look at or touch any of my stuff. They just do their job. I do like respect". Staff also respected people's dignity when providing personal care. People could choose if a female or male worker supported them. This was discussed during the initial assessment meeting and people's preferences were recorded in their care files. People told us they felt comfortable with staff when receiving personal care. They told us, "They are extremely friendly, kind and always treat me with respect and dignity. They always keep me covered [when providing personal care]", "Wonderful care workers. They respect me when they shower me. Always treat me with dignity." Staff told us protecting people's privacy and dignity was important to them. They all said they would cover people when providing

personal care and they would close the door and draw curtains to avoid unnecessary exposing to possible visitors. One staff member told us, "You have to tell people what you are doing. If they do not want personal care you need to respect their choice and try to encourage them later."

Is the service responsive?

Our findings

At our previous inspection on 10 and 11 January 2017, we found that people's care plans were not always focused on the individual and some contained inaccurate and inconsistent information about people's care requirements. At this inspection, we found that improvement had been made, however, we saw that further improvements were needed.

The registered manager informed us that the agency had introduced a new care plan format in order to better reflect specific needs of people who used the service and to demonstrate people's involvement in the care planning process. The feedback from people about their involvement in the formulation of their care plan varied. Some people did not remember if this had been discussed with them or they said they had not read it. However, the majority of people we spoke with said they were aware of their care plans and they were fully involved in the care planning process. Their comments included, "I know most of my care plan and I signed it as well" and "I always get a couple of visits a year to do my risk assessment and check the books. I have a care plan in place and I am fully involved with care planning and decision-making. All people we spoke with said they were satisfied with the care provide to them. They stated the regular staff who visited them were aware of their needs and they knew how to support them effectively.

We looked at a sample of 14 randomly selected care plans. Each of them included information on people's earlier life, their previous occupation, family connections and likes and dislikes. It also included information on people's health history, their medical condition and their known allergies. The level of information in individual documents varied depending on a person and the member of staff who was responsible for writing the care plan. However, we noted general improvement in the completeness of information about people in their care plans. We also noted the information was provided in an easy to follow, descriptive way creating a person-centred picture of a person who used the service.

However, we found that more improvements were needed to ensure care plans were fully personalised and reflected how people wanted their care to be provided. Each care plan had a section describing tasks that staff needed to complete when visiting a person. However, we noted that none of the care plans reflected people's voice on how they would like these tasks to be completed. Therefore, we could not say if guidelines given to staff were in line with people's individual preferences. For example, one care plan stated that care staff were to encourage a person to do "as much as possible to help themselves" when receiving personal care. It did not say what the person could do and how exactly they would like staff to support them. In another example, a care plan instructed staff to support a person with oral and hair care. Again, it did not specify what the person's preferences was in relation to this area of care. In one care plan, we saw that two different names were used for a person when describing their personal care tasks. Therefore, we could not say if all information in this care plan related to the same person.

We recommend that the provider seeks further support and guidelines on formulation of person centred and individualised care plans for people who used the service.

We saw that staff recorded details of care provided to people in people's daily care notes. These were

completed regularly with a good level of information about people's wellbeing, food and drinks consumed, personal care received, medicines support and other support or issues identified during visits. Therefore, there was an audit trail of care and support that had been provided to people.

There was a complaints policy in place and people were aware of it. The majority of people we spoke with said they were happy with the service and they had never made a complaint. They said they felt comfortable with approaching the agency in case of any concerns. The majority of people trusted the agency would deal with their concerns appropriately. Some people we spoke with had made complaints in the past and they were happy with how the agency dealt with them. They told us, "I did complain in the past after different carers kept coming out at all different times. It was a hard road but it turned out ok in the end" and "Yes I have complained in the past and it was dealt with". We looked at the sample of complaints received by the agency since our last inspection. We saw that these were dealt with in good time and according to the provider's policy.

Although there was positive feedback from people, we noted that some members of the management team were not fully aware of how to use the available complaints policy and procedure. Records we viewed did not always have sufficient documentation to show how the agency had dealt with received complaints. Consequently, we could not say how the outcomes of the complaints received were achieved, what lessons were learnt and improvements introduced to avoid similar complaints from recurring.

We recommend that the service seek advice and guidance from a reputable source, about the management of and learning from complaints and embed that in their practice.

At the time of our inspection, the service had not provided end of life care to any person who used the service.

Is the service well-led?

Our findings

Following our previous inspection, the agency had taken action to address shortfalls identified by us during our previous visit in January 2017. We saw that improvements had been made in relation to person centred care planning. Care plans we saw had more details of who people were and what was important to them. We noted that further improvements were required to reflect better how people would like to receive their care.

However, further improvement were needed to fully meet the Regulation 17 in the four areas of the service provision. These were related to person centred care planning, assessment and management of risk, management of medicines, management of accidents and incidents and taking action following findings from service users' satisfaction surveys.

During this inspection, we found that the agency had not fully addressed issues related to assessment and management of risks that were specific to people using the service. We also saw further shortfalls related to providing safe care and treatment. These were related to management of people's medicines, monitoring of accidents and incidents, and supporting people who did not have capacity to make decisions. This indicated the agency had not taken all reasonable steps to ensure people received safe care and treatment.

The majority of people we spoke with said the agency asked them what they thought about the quality of the service provided. They said, "Yes I had a survey sent through a couple of weeks ago. Sometimes they ask me questions anyway and I tell them" and "I've not been asked for feedback before but I got a survey through recently. First time". One person told us "We have filled in questionnaires in the past. They are never acted upon. I have never had any feedback or comments from the manager."

The provider had carried out annual service users' satisfaction surveys. The last one took place in December 2017. 80 people were sent satisfaction survey questionnaires and 22 people responded. The agency had also completed own branch three-monthly service satisfaction questionnaire. We saw that general feedback from both surveys was positive and overall people were happy with the service they received. We found that at the time of our inspection there was no action or improvement plans formulated following these surveys. Therefore, we could not say if any concerns raised by people using the service during these surveys were analysed and used to initiate improvements to the quality and safety of the service.

The agency had an auditing and monitoring systems in place, however, it was not always effective. We found, that medicines audits and people's care file audits had been carried out regularly. However, these audits had not analysed effectively the quality and the information in people's care documents. Consequently, they had not identified shortfalls in the delivery of care found by us during this inspection. We were also told that the provider's quality monitoring audits were last carried out in November 2016, which was prior to our previous inspection in January 2017. This meant there was no additional quality monitoring carried out by the provider to support the registered managers and their team in ensuring quality, safety and effectiveness of the service provision. □

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

We also saw good examples of monitoring systems. These included computer based supervision, spot check and care plan review matrix. These helped the registered manager to ensure all staff received formal support when required and all care plans had been reviewed regularly. This information had also been recorded on the agency's information board in the office. The members of the management team who were responsible for providing formal support to staff and care reviews had easy access to this information. They could use it to inform their supervision and spot check planning. Other information boards in the main office included details on staff absences, important professionals' and emergency numbers as well as basic information on people's daily care. The registered manager explained gathering this information in one place helped to run the service efficiently and to make appropriate rota arrangements so that care was provided as agreed.

Care staff spoke positively about the support received from the management team and they thought the service was well led. Staff comments included, "There are no problems with pay and the management is very responsive" and "Yes the communication with management is good, they are very supportive and this is important to me." One staff member suggested that the management team should visit people who used the service more often to better understand tasks and needs of care staff supporting people.

There were systems in place to ensure effective communication between care staff and the management team. The agency carried out regular staff team meetings. The registered manager told us, and records confirmed, on the day of a team meeting the agency organised four meetings in four time slots. This was to ensure all staff could attend and participate in these meetings. Staff confirmed they knew about the meetings and they attended them. We also saw examples of staff newsletters and memos sent to staff to keep them up to date with various developments within the service and best care practice. The topics covered in staff team meeting, newsletters and memos included rota distribution, the importance of client's confidentiality, effective communication with various stakeholders and safety measures during adverse weather conditions.

In general, people thought the agency was well managed. The majority of people were able to name team leaders and care coordinators responsible for reviewing their care and addressing any arising issues. People confirmed they were visited at least once a year to discuss care and support provided. People's comments included, "I am happy with the care and service. The care workers are wonderful. The management does listen when we have issues", "Management are good – they ring me- they stay in touch with me by telephone and also they have sent a questionnaire in the past..." and "I think overall I can't complain about 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	<p>Regulation 11 HSCA RA Regulations 2014 Need for consent</p> <p>The registered person had not always acted in accordance with the Mental Capacity Act 2005.</p> <p>Regulation 11 (1) (3)</p>
Regulated activity	Regulation
Personal care	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>The registered person did not operate effective systems to:</p> <p>Assess, monitor and improve the quality of the service.</p> <p>Regulation 17 (2) (a)</p> <p>Assess, monitor and mitigate the risks relating to health, safety and welfare of service users.</p> <p>Regulation 17 (2) (b)</p> <p>Analyse feedback received from people using the service and use it to drive improvements to the quality and safety of service and the experience of engaging with the provider.</p> <p>Regulation 17 (2) (e)</p>

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	<p>Regulation 12 HSCA RA Regulations 2014 Safe care and treatment</p> <p>The registered person did not ensure care was provided in a safe way for service users because:</p> <p>They did not do all that was reasonably practical to assess and mitigate risks to care and treatment of people who used the service.</p> <p>Regulation 12 (2) (a) (b)</p> <p>They had not ensured the safe and proper management of medicines.</p> <p>Regulation 12 (2) (g)</p>

The enforcement action we took:

We took enforcement action under regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. We told the registered person to make the necessary improvements by 12 June 2018.