

Kumari Care Limited

Kumari Care

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

We undertook an inspection of Kumari Care on 11 and 12 December 2017. The inspection was announced, which meant that the provider knew we would be visiting. This is because we wanted to ensure that the provider, or someone who could act on their behalf, would be available to support the inspection.

At our last comprehensive inspection of Kumari Care in April 2017 we found five breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations and the service was rated inadequate. Following this inspection, we served two Warning Notices for a breach of regulation 17 and 18 of the Health and Social Care Act 2008. This was because we found that staff had not been provided with suitable induction, supervision or training to enable them to be effective within their roles. There were also ineffective systems in place to monitor and review the quality of the service.

We undertook a focused inspection in August 2017 to check the provider was meeting the legal requirements in regards to one of the regulations they had breached and had complied with the Warning Notice. The focused inspection looked at the breach of regulation 18. The induction, supervision and training which staff received. At this inspection, we found the provider had taken action to progress towards meeting the warning notice. However, further elements of the regulation needed to be met.

At this inspection we reviewed the action the service had taken to meet previous breaches in regulation and to ensure the provider was meeting the areas set out in the warning notice in regards to Regulation 17.

You can read the report from our last comprehensive by selecting the, 'All reports' link for 'Kumari Care' on our website at www.cqc.org.uk

Kumari Care provides domiciliary care to people in their own homes in the Bath, Bristol and South Gloucestershire areas. Kumari Care provides a service to approximately 130 people.

There was a registered manager in post. 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.

The service was not safe as medicines were not managed safely. There were widespread shortfalls found relating to the recording and administration of people's medicines. Risk assessments had been reviewed and changed since the last inspection and people's risk were identified. Further guidance to staff was needed. There were no environmental risk assessments in place to keep people and staff safe. Recruitment procedures had been improved although some shortfalls were identified in document verification.

Staff received an induction, training and supervision to support them in their role. Staff were aware how the Mental Capacity Act (MCA) 2005 applied to their role. However, capacity assessments had not been

consistently completed.

Positive feedback was received about the care and support received from staff. Staff were caring and respectful. People's privacy and dignity were upheld.

Care plans were not always person centred as people's background and histories were not consistently completed. Care plans did not always give sufficient detail and guidance into people's support needs around communication, health and food and fluids. People's preferences were not always able to be met around choices of carers.

Improvements had been made into how complaints were recorded, investigated and responded to. Staff knew how to identify and report any safeguarding concerns. Concerns were investigated and responded to appropriately.

Systems to monitor and review the quality of the service had been introduced. However, further improvements were required to ensure identified shortfalls were progressed. Regular meetings had been introduced to staff to promote better communication and information sharing. A monthly newsletter kept people up to date with changes and gave key information. People's opinions were sought through a survey and actions taken to make improvements as a result.

This service has been in Special Measures. Services that are in Special Measures are kept under review and inspected again within six months. We expect services to make significant improvements within this timeframe. During this inspection the service demonstrated to us that improvements have been made and is no longer rated as inadequate overall or in any of the key questions. Therefore, this service is now out of Special Measures.

We found three breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. You can see what action we told the provider to take at the back 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?

The service was not always safe. People's medicines were not managed safely.

Risk assessments were in place for people some required further guidance for staff. Environmental risk assessments were not always completed.

Systems to monitor and improve the scheduling of calls had been introduced. Feedback received showed improvements were still required.

Recruitment procedures had been changed and improved. Further training on document verification was to be arranged by the provider.

Staff were knowledgeable about recognising and reporting safeguarding concerns.

Incidents and accident were recorded and actions taken.

Requires Improvement 

Is the service effective?

The service was not always effective.

Staff received an induction, supervision and training to support them in their role. However, some staff required further medicines training.

Staff had completed training in the Mental Capacity Act 2005. Capacity assessments were not consistently completed in care records.

People told us their health, nutritional and hydration needs were met. Information in people's care records however was limited.

Requires Improvement 

Is the service caring?

The service was caring.

People's experiences of their care had improved.

Good 

People told us staff were kind and caring and treated them with respect.

Staff supported people in a way that upheld their privacy.

Is the service responsive?

The service was not always responsive.

Care plans were not always person centred and did not always contain sufficient detail.

Complaints were investigated and responded to. People were not always confident in the complaints process.

People's preferences were not always able to be met.

Requires Improvement ●

Is the service well-led?

The service was not always well-led.

Systems to monitor and improve the quality of the service had been implemented. However, further improvements were still required.

Mixed feedback was received about how the service communicated with people.

Feedback was sought from people about the service through a survey. Actions were taken as a result to make improvements.

Regular meetings had been introduced to share information with staff.

Requires Improvement ●

Kumari Care

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 was carried out by two inspectors and an expert by experience. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Before the inspection, the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give key information about the service, what the service does well and improvements they plan to make. We reviewed the PIR and other information we had about the service including statutory notifications we had received. Notifications are information about specific events that the service is legally required to send us.

During our inspection we went to the Kumari Care office. We spoke with two staff members, the operations manager, registered manager and nominated individual. Following the inspection we spoke with four staff members. We received feedback from three health and social care professionals. We contacted 11 people by telephone who received care and support from the service. We also spoke to two relatives by telephone.

We looked at seven people's care and support records and six staff personnel files. We also looked at records relating to the management of the service such as incident and accident records, meeting minutes, recruitment and training records, policies, audits and complaints.

Is the service safe?

Our findings

At our last inspection we found the provider had not met the regulations in regards to safe care and treatment. We found that people were at risk due to poor medicines management. Care plans did not give information and guidance on how to support people with their medicines, medicines were not always being given on time, Medicine Administration Records (MARs) were not being completely accurately or being checked by the provider. Following the inspection the provider sent us an action plan to explain how they would meet this regulation. At this inspection we found the provider had not implemented all aspects of their action plan in regards to medicines management. Therefore people were still at risk as the provider had not ensured medicines were managed safely.

We reviewed seven people's MARs, all had not been completed accurately or fully. For example, people's full names, addresses or allergies had not been recorded. If the records became mixed up in transit or removed from a person's home it would not always be possible to identify who the record belonged to. MARs contained gaps where medicines had not been signed for. This meant the provider and health professionals could not be sure the person received their medicines as prescribed. Staff administered what was recorded on the MAR, without being able to check this was up to date and correct from another source. Staff administered some people's medicines from a dosette box. On the MAR these were often written as, 'DB' and signed as administered. There was no corresponding documentation to confirm that medicines contained within the dosette box were people's current requirements.

People's MAR's records failed to consistently record the time the person had received their prescribed medicines. This is important because some medicines require intervals between doses. There is a risk of harm to people if their medicines are administered too close together, too far apart or not at regular intervals. MAR's records should initial each dose of medicine administered. It is then clear when the medicine was administered and by whom. On some MARs they were ticked rather than initialled. This meant that there was no record of which member of staff had administered the medicines and was not in line with the provider's policy. The provider could not be assured that people's skin was cared for as required, as records were not completed accurately. For example, for one person whose MAR we reviewed indicated staff had applied prescribed cream on three or occasions on one day whilst on other days there was no record of application of cream.

People who were prescribed additional medicines to treat acute conditions did not always have these recorded correctly and staff did not always complete the record to show they had been administered. For example, one person had been prescribed eye drops four times daily. However, the MAR recorded that they had only been administered once a day to the person. The eye drops should be stored in the fridge, but there was no guidance on the MAR. There was a risk this person was not getting their medicine as frequently as prescribed and that the medicine may have no longer been effective if it was incorrectly stored. Care records and MAR did not give information in regards to medicines that were to be taken as required. We found guidance to staff was sometimes written in the 'notes' box on the previous MAR version. One staff member told us that as required medicines for one person were in their dosette box, which meant they may be given regularly rather than as required.

Following the last inspection the provider had introduced new MARs and had begun training staff in using the new documentation. The new MAR was pre-printed with people's details and medicines. However, these were not yet in place for everyone. In addition we found that when some people's medicine records had transferred onto this new documentation, staff had reverted to using previous documentation. Staff told us when they ran out of the new MARs they would transfer back to previous documentation as it was still in people's homes. One staff member commented, "The rollout for the new MARs has been poor." The timeframe the provider had stated on their action plan for this implementation had not been met. This was due to appointments of team leaders who would be responsible for the implementation not being successful.

Care records did not give clear information on people's medicines or guidance of how people should be supported. The provider had introduced a medicine risk assessment tool. However, this was not yet in place for everyone. For example one person's care record said, 'I can get my medication out of the dosette box.' However, in another part of the care record it said, 'Carer to prompt [Name of person] to take their medication when required from the blister pack.' Therefore it was not clear the support the person required

At this inspection we found, MARs were not being collected from people's homes regularly and therefore MARs were not consistently checked and audited. Errors were not being identified in a timely manner or at all so that appropriate follow up could be conducted.

This was a continued breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014

One person said, "I am given all my medicines and as long as I have them some during the morning that is fine." Another person said, "They are always on time, so my medicine is always on time."

At our last inspection the service's recruitment procedures did not ensure staff's suitability to work with vulnerable people. At this inspection, the service had made improvements to their recruitment procedures and documentation in line with the action plan the provider had submitted. A checklist was now in place which showed when different stages of the recruitment procedure had been completed. Disclosure and Barring Service check (DBS) were completed before staff commenced employment. A DBS check helps providers make safer recruitment decisions by providing information about a person's criminal record and whether they are barred from working with particular groups of people. A risk assessment tool had been introduced to assess potential staff members suitability for the role following information obtained from DBS information. When staff had not actively worked for over four weeks, new procedures re-requested recruitment information to account for gaps in employment.

We reviewed two staff member recruitment records that had two references in place. However, these had not been identified by the provider as requiring further investigation or a further reference as they raised some questions about suitability. The provider completed this after the inspection. The provider said they would seek suitable training for staff members involved in the recruitment process and documentation verification. We also highlighted to the provider two staff members who did not have a proof of address documented, the provider sent us this information after the inspection or took appropriate action.

Following our last inspection communication and comprehension assessments had been introduced. This was to ensure new staff had skills at the standard required by the provider.

People's environment and equipment were not consistently assessed. This may mean that equipment was

not safe for the intended use and measures to minimise risks have not been implemented. For example, some people had risk assessments conducted of their property. This assessed access to their home, lighting and any pets. However, these were not always up to date and were not in place for everyone. Some people had their equipment monitored and assessed by health professionals. However, the service did not have a clear record of the equipment the person had in current use, or guidelines for staff to follow. Records were not in place for when the equipment had last been serviced or checked.

At our last inspection the provider had failed to ensure people's risk assessments were sufficient. For example, where risks had been identified for people, the measures to minimise the risk were not clear. At this inspection improvements had not been made as risk assessment documentation had been reviewed and changed. Risks had been identified such as pressure care, falls and mental well-being. Some people's risk assessments we reviewed gave clear and detailed guidance on how to support people in minimising the risk identified. For example for one person who was at risk of falls the guidance said, 'Staff to give [Name of person] short, firm, and clear instructions when assisting [Name of person] to transfer and mobilise.' However, for another person who could become anxious or confused there was no guidance on what may contribute to the person feeling this way and how to reassure the person. Risk assessments were in place to support staff when lone working.

At our last inspection we found people were not always receiving their calls when required and some people had not received their call at all. Since the last inspection the provider had made changes to their staff rostering system. At this inspection all calls were managed through one system. This enabled accurate monitoring of late and missed calls. All missed visits had a full investigation into how they occurred, an apology given to the person and actions taken to prevent reoccurrence. For example, following the staff disciplinary procedures. A staff member said, "Staffing is still a bit of a problem as there are not good cover arrangements in place."

During this inspection people's feedback around the timings of calls was mixed. One person said, "I think their staffing levels must be low as I can never get a carer at a time I want one. The carers eventually turn up but sometimes I am waiting and waiting." Another person commented, "The carer arrives pretty much on time give or take half an hour or so but that doesn't worry me." Another person said, "I do feel happy and safe using the service, I just wish they could stick to the allocated times given. It's not so much that they're late but if breakfast is a bit late and the lunchtime carers come too early I am not ready to eat lunch as I'm not hungry." Another person One person said, "No problems now, they are reasonably on time."

The provider had a business contingency plan in place to address unpredicted disruption to the service. This detailed how the service would respond and continue to function in a range of different circumstances. People had an emergency plan in place and were categorised according to their level of support needs. Alternative support arrangements that could be utilised if an unpredicted emergency arose were documented. Contingency planning was in place for example, one staff member told us that, "August and Christmas can be hard to get cover." Therefore suitable planning was essential.

The provider had policies in place for safeguarding vulnerable adults. Staff received training in safeguarding vulnerable adults as part of their induction and ongoing training. Staff were clear of their responsibilities and the process to follow should a safeguarding concern be identified. The provider reported concerns to the local authority and Commission where appropriate. However, one safeguarding concern had not been sent to the Commission as required. This was submitted after the inspection. A tracker was in place to monitor any investigations, actions taken and reporting. Records confirmed further actions were taken when necessary. However, in one concern the logging of staff in and out of calls was going to be discussed with staff at the December 2017 meeting, but this was not recorded as occurring in the meeting minutes. The

provider actioned an agenda to ensure that areas which needed to be discussed and communicated with staff were included.

Incident and accidents reported were recorded and a systematic investigation conducted. This looked at the cause, impact and actions taken at the time and in order to prevent reoccurrence. For example, we saw meetings occur with staff members and risk assessments completed. Documentation showed clearly who had been notified, such as the GP, family members or relevant authorities. Incident and accidents were grouped into categories of missed visits, falls, medicines errors, accidents and other incidents. Analysis was undertaken to determine any patterns or trends. However, we found medicines errors were not being routinely reported so that actions could be taken.

The provider had infection control policies and procedures in place. These included actions to reduce risks. People commented that staff used appropriate personal protective equipment. One person said, "The carers are very good at wearing gloves and an apron, so they are conscious of keeping things clean."

Is the service effective?

Our findings

At our last comprehensive inspection we found that supervision, inductions and training for staff was insufficient. Following our last inspection we issued a warning notice requiring improvements. We checked in a focused inspection in August 2017 that the provider had made improvements in this area. At the focused inspection we found the provider had taken action as required but there were further elements of the regulation that needed to be met in regards to staff training.

At this inspection the necessary improvements had been made. For example, all mandatory training had been completed by staff members. This included areas such as first aid, manual handling and fire safety. New staff had completed all mandatory training before undertaking work by themselves. The service had begun introducing training specific to people's needs for example in dementia awareness and Parkinson's. One staff member said, "Things have improved. Training and supervision are much better. Training is being booked in and the online training works well." One person said, "The staff are competent and well trained when they assist me."

However, during this inspection we found the provider was still implementing training for staff relating to safe medicine administration. The provider had begun training some staff on the implementation of new medicine records but not all staff had received this. Spot checks on staff were now occurring and we reviewed records of these observations. This observed staff competence and knowledge. However, medicines competency checks had not yet been started.

Records we reviewed demonstrated that new staff now completed an induction. The induction had been reviewed and changed. It was now a three day induction to enable a more in depth and comprehensive induction process. The induction consisted of mandatory training such as first aid, health and safety and medicines, staff code of conduct, emergency procedures and organisational policies. We reviewed four staff members recent induction records which showed completion of this process and the areas covered. We highlighted to the provider that none of the records had been signed by the staff member as the document indicated. After the induction, identified staff members were registered and expected to complete the Care Certificate.

Staff were now receiving regular supervision, records confirmed this. Staff that we spoke with confirmed this. Supervision is where staff meet one to one with their line manager to discuss their development and performance. Supervision records we reviewed demonstrated that areas such as support, reflective practice and responsibilities were discussed. We saw that additional supervisions were conducted with staff where appropriate. One staff member said, "I have worked for Kumari for many years and in that time I only had one or two appraisals. Now they are taking a firm approach and I have had supervisions."

A tracker was now in place which was accurate and up to date. This recorded and monitored staff member's induction, supervisions, training and observations. It had also been designed to take account of when staff may take periods of time away from actively working. It ensured that on return their training needs were up to date before they recommenced duties.

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

People told us they were consulted about their care and support and staff gained consent before supporting them. One person said, "[The carers] always ask before starting anything." Another person said, "The carers always ask before helping me." Care records highlighted where people could make their own choices and where people may require support. Care plans did not consistently identify people's capacity around different areas of their care. For example, one care record we viewed showed how a person's capacity to consent to their care and treatment had been assessed and obtained. However, in other people's care records this section had not been completed. This had been identified in care record reviews where they had been completed. The shortfalls in this area had been identified in the provider's audits from July 2017. This had led to changes in a revised policy, a new capacity assessment document being created and the development of information and training resources for staff.

People felt staff ensured their nutrition and hydration needs were being met. However, we found a lack of guidance in regards to this in people's care records. This has been detailed in the responsive section of this report. One person said, "They [staff] are so good at making sure I've had enough to eat and especially drink for some reason." Another person said, "I never go short of food or drink and they always help me." A relative said, "The food is always good and without fail a drink is always left to be had as well."

People told us their health needs were met and that when support had been needed this had been provided. One person said, "I often ask for advice about my health and they are really good at helping me." A relative said, "I discuss [name of persons] health needs and am often given sound advice." A senior staff member had developed leaflets to guide and give information to staff in regards to different health conditions.

Is the service caring?

Our findings

People told us the care and support they received from staff was positive. One person said, "I would say the staff are all very kind and caring. They listen to my worries and my requests and act accordingly." Another person said, "They [staff] are ever so good and kind." Another person said, "I receive marvellous care from them [staff] when they are here."

The service had implemented further assessments as part of the recruitment process to ensure staff members had the skills to communicate effectively with people. The feedback received was that communication with people had improved. A relative said, "Carers English is very good and they [staff] are usually extremely helpful." One comment was received where communication was highlighted. A person said, "Language can sometimes be an issue, and a slight barrier but we always manage to overcome it."

People told us that staff were respectful and upheld their dignity and privacy. Staff we spoke with gave us examples of this such as closing doors whilst giving care and ensuring people were not rushed or hurried. One person said, "[Staff] are respectful to the end at all times." Another person said, "I never feel awkward [personal care] is all done quietly and cleverly." Another person said, "I know they [staff] try hard to respect my privacy because they always knock on the door and are very careful where they look." A relative said, "It is a huge benefit for me knowing that [Name of person] is cared for by someone who is kind and respectful."

Some people told us that consistency of staff had improved. One relative said, "We have more of the same people turning up now so that is a big benefit as they get to know [Name of person]. They are gentle and caring with her and listen." People told us that they had developed positive relationships with staff members. For example one person said, "I do so enjoy her [staff member] company, simply fantastic." However, one person said, "I do have a regular carer, but not always as they chop and change quite a bit."

People described staff members as having qualities which positively impacted on their care experiences. One person said, "The carers are very patient with me." Another person said, "The carers know how I like things done and listen to me." Another person said, "The carer listens to me always and will always take time to make sure she understands me." Another person said, "I have no worries or complaints about the care given."

The service had received 11 compliments since May 2017. One compliment said, 'I would like to thank Kumari for the care they gave [Name of person]. They [staff] were very kind and helpful and it gave her family peace of mind.' Another compliment said, 'I have received a high standard of care from Kumari. They have excelled in providing continuity of care.' Compliments around particular staff members with those staff members to recognise and appreciate their work.

A forum for people who used the service was being established. This was to enable to interact and meet other people and to share their views and opinions with the service. The service had facilitated a coffee morning to engage people. The service had supported people to attend, for example by arranging and providing transport.

Is the service responsive?

Our findings

At the last inspection we found people's care records did not contain sufficient or accurate information. Following this inspection the provider had sent us an action plan detailing how they would meet this regulation. At this inspection improvements had been made although we found care plans were not always person centred.

For example, one staff member told us about one person they supported, "The new care plan is in place, when their needs changed around mobility the care plan was changed." However, this had not yet extended to all people that used the service. In addition further details were needed for some people. For example, around medicines, communication and nutrition and hydration.

People's care plans were not consistently person centred. For example, an 'About me' section had been introduced which described people's family, employment, history and interests. One care record we reviewed described the person's passion for charity work, their previous employment and musical interests. However, this section was not in place for all care records we reviewed. This meant that staff members may not have important information about people or details which supports them to engage with people and build positive relationships.

We highlighted to the provider that care records were inconsistent in the detail they contained. For example, one care record gave full information about a person's circumstances and family support. Whilst another care record gave limited information for staff. This may mean staff are not aware of any sensitive issues or how to support a person effectively. The provider said this would be addressed.

Care records did not fully address people's preferred communication methods or give guidance for staff. It is important for staff to know how to communicate with people effectively. In the care records we reviewed previous information had not always been removed. This meant that staff may follow guidance that is not up to date. Care records also did not give sufficient information and detail about nutrition and hydration and people's health needs as described in the effective section of this report.

Care records did not always give full and clear guidance to the support people may require in regards to food and fluids. This had been highlighted to the provider at our last inspection. For example, we found one person's care record said, 'I have to have a soft food diet as swallowing can be difficult.' However, no further information was given as to the type of soft food diet required or what level of support they needed. Two people had food and fluid charts in place. It was not clear from their care records the purpose of their food and fluid charts. One staff member explained for one person it was in relation to their health condition. The food and fluid records were consistently completed for both people. For one person it said what they had eaten and drank but there was no record confirming the amounts they had received. For the other person it was recorded the amount of sips or cups the person had drank. However, it was not clear the amount of fluid a cup would contain. For both people, there was no guidance to what the recommended target intake was or the action staff should follow if concerns about the person's food and fluid intake were identified.

Information in people's care records differed in the quality of information around people's health conditions. For example one person's care record described how they acquired their health condition and the support they required. Whereas other people's care records stated their health condition but not how this impacted them or the support they needed.

This was a continued breach of Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014

A tracker system was in place to monitor people's reviews of care plans. From this it was evident that some people's reviews and audits of documentation were outstanding.

At the last inspection the recording of complaints and the provider's response to them was inconsistent. At this inspection we found improvements had been made. A new system had been introduced to record, investigate and respond to complaints. A tracker was in place to monitor the types of complaint, the initial response, the investigation and outcome. Concerns raised were consistently recorded through the complaints systems to ensure full investigations occurred. The provider audited the complaints and identified any emerging themes or patterns. Actions were taken to make improvements and this was evident as the provider had received 31 complaints from May 2017, but only two from October 2017 onwards.

The majority of people we spoke with knew how to raise a complaint. One person said, "Yes, I know who to call at the office and if I need to complain I will." We received mixed feedback in people's confidence of how complaints would get dealt with. One person said, "I know how to raise a complaint, but getting it sorted is a different matter." A relative said they had raised concerns about timekeeping with the provider, "They do ask me what is important and no they do not act upon it."

People's choices in regards to their gender preferences of carers were identified in their care records. However, people did not always receive care in line with their preferred staff gender. One person said, "I usually have two female carers but sometimes they send a male carer, the office does listen but they don't have enough female staff." We received feedback and saw that other people had raised this issue with the service. One person said that all the carers sent to them were very good and caring however when their preferred choice was not upheld it made them feel uncomfortable or did not fully meet people's cultural requirements.

Staff profiles had been developed which contained a photograph and summary of the staff member. These were being placed in people's homes so that people had details of their care team. Some people had technology to support them. For one person, it was detailed in their care record had they had a clock to orientate them to time and day. Staff we guided on how to set this accordingly.

Is the service well-led?

Our findings

At the last inspection there were not effective systems in place to monitor the quality and safety of the service and identify any shortfalls. Shortfalls had been found by external inspection processes and not as a result of the services own monitoring procedures. After our last inspection we issued a warning notice in relation to the service having ineffective governance systems and requiring that improvements were made. At this inspection we checked that the service had met the warning notice. We found the provider had made changes to quality monitoring systems and had met the warning notice. However further improvements were still required to ensure the regulation was fully met and the improvements were sustained.

A service improvement plan was in place that identified key areas of the service that had not been meeting regulations and recognised guidance. For example, training, medicines and The Mental Capacity Act 2005. Actions were recorded into the steps that were being taken to address these areas. The service improvement plan identified areas found at this inspection that required further improvement. The plan showed for example that new MAR documentation had been created and the medication policy had been reviewed.

Quality monitoring systems had been introduced so that shortfalls and areas of improvement were identified by the service. A monthly compliance report was collated that monitored areas such as complaints, safeguarding, staff training and service risks. In some areas clear details were given for example around unallocated visits and complaints. These showed what the service had experienced and received for the past month, any patterns or trends and what had been done in response. In other areas such as supervision and training, these were monitored and updated on a daily basis on the office board. However, these specific details had not been documented in the report. The provider said this detail would be included going forward.

Key areas identified in the service improvement plan were reviewed such as MAR chart audits and care plans. However, the analysis was not detailed and specific enough to clearly show what had been achieved and what further actions were required. For example, care plan audits did not refer to the tracker in place which gave insight into outstanding reviews and updates. These audits had also not identified the shortfalls in relation to health and safety information and assessments in people's care records. This meant clear actions were not established from the audit into how these would be addressed. Another example showed MAR chart audits were in process in September 2017. However, in October 2017 it was not established if the targets had been met and if not the actions needed to achieve this. This meant that processes for minimising the risks identified to people were not always effective.

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

Following the last comprehensive inspection of the service the provider conducted a full analysis of the shortfalls found at our last inspection. This identified where the service had failed and what action was needed to improve the service. Failings identified poor leadership and governance which had been identified as part of the cause. Changes had been made to the management structure. The registered

manager had undergone further management training and a development programme. The provider had implemented a three year plan following our last inspection called, 'Fit for the Future'. This set out details to staff, people and families how they were working to stabilise and improve the service.

The service had undergone restructuring and new appointments in the office and administration staff who supported the service. Staff had required adequate time to become acquainted in their roles. The service had recruited two team leaders but these appointments had not been successful. These positions were currently being covered by existing senior staff whilst recruitment took place. This had impacted on the implementation and improvements needed in areas such as care plans and medicines.

The provider also undertook a regular review of the service in line with the key questions that the Commission asks at inspections: is the service safe, effective, caring responsive and well led. The document detailed the changes the provider had made in different key areas. The provider had reviewed the effectiveness of this and was changing the document to look at one key area or specific areas. This was to enable the service to review an area in specific detail.

A random selection of people's daily records were being reviewed as part of the quality audit process. This looked at the quality and content of the records. We saw that actions were taken as a result such as discussing and reviewing with individual staff members and discussing at a staff meeting.

There was mixed feedback received about how the organisation was managed and communication with people. One relative said, "I am aware who the manager is." One person said, "I am not sure who the manager is." Another person said they knew who the manager was but did not feel they were listened to. Another person said, "I know the office staff listen and try to act on my feedback." A staff member said, "Communication back to the clients could be improved for example if they are having a different carer or the time has changed. This is really important to them." One relative said, "Now the service is getting a bit more organised I would say that the care is done very well."

The registered manager understood the legal obligations in relating to submitting notifications to the Commission and under what circumstances these were necessary. A notification is information about important events which affect people or the service. However, we identified one safeguarding notification had not been reported to CQC as required in October 2017. The registered manager had completed and returned the Provider Information Return (PIR) within the timeframe allocated and explained what the service was doing well and the areas it planned to improve upon.

It had been highlighted prior to the inspection concerns around the handover process for live in staff members. Staff members were not receiving an adequate handover and subsequently this impacted on the care people received. Senior staff members told us that changes to the handover process had been made. This included a handover checklist and adequate time for the incoming staff member to be orientated in the persons care and support needs. A staff member told us, "This had now improved and we have a full day's handover, which is really important."

Health and social professionals and staff spoke positively on the changes being made at the service, but that further improvements and the embedding of new systems was required. One health and social care professional said, "Things have drastically improved." Staff said they had noticed changes and improvements being made. For example in training and supervision. One staff member said, "I never had support before." Comments from staff around the management of the organisation included, "The management are trying their best, they are quite good," and "The service had become complacent and changes were needed." Another staff member said, "They are really trying to get their act together," and

"The management team could do better."

The service was working on improving the staff culture. Regular meetings in different locations had been arranged. One staff member said, "Meetings are now happening." These focused on sharing information and changes, developing staff member's knowledge and creating a staff network and support system. Staff spoke positively about these meetings. However, some staff highlighted that it was difficult to attend due to working patterns and locations.

Staff told us that changes were being made in the communication with staff. One staff member said, "We are much more informed than we used to be." Another staff member said, "Communication is getting better, messages used to get lost." However, another staff member said, "There is still a lack of communication, mainly out of hours where messages don't get passed on." Staff told us they were now clearer who to contact for support in different areas. One staff member said, "The office is now supportive."

Staff told us there was a greater emphasis on ensuring issues and concerns were reported to the appropriate staff member and that support was sought where required. This was evident from staff and supervision records.

A survey had been conducted with people and the results collated in March 2017. The results had been analysed and letter detailing the findings and the actions being taken was sent to people in September 2017. The survey highlighted areas where improvements were needed such as communication, timing of calls and staff not wearing identification badges. Actions to address these areas were described. For example the introduction of a monthly newsletter to improve communication and all staff having new identification cards and lanyards.

A monthly newsletter had been introduced. This gave people information about the organisation and changes being made, staff teams, office contacts, the customer forum and seasonal information. The service had also introduced a staff recognition scheme where people could nominate carers for a monthly award. The recipients of these awards were also detailed in the newsletter.

Daily office and managers meeting had been introduced. To promote better communication between staff and to highlight and deal with any risks or concerns. Staff told us that the scheduling notes and emails they now received kept them informed of changes of people's care and support needs.

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 9 HSCA RA Regulations 2014 Person-centred care The provider had not ensured care plans contained sufficient detail and guidance for staff.
Regulated activity	Regulation
Personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment The provider had not always ensured guidance in care plans and practice in relation to medicines was sufficient to ensure people's safety.
Regulated activity	Regulation
Personal care	Regulation 17 HSCA RA Regulations 2014 Good governance The provider had not ensured their quality monitoring systems had effective processes for minimising the risks identified to people.