A1 Quality Home Care Limited

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Inspection report

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Ratings

Overall rating for this service	Requires Improvement

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

Summary of findings

Overall summary

This inspection took place on the 3 and the 6 April 2017 and it was announced.

A1 Quality Homecare Limited is a domiciliary care agency, which provides personal care to people living in their own houses or flats in the community.The registered office is in Worthing however the service provides personal care to people across West Sussex including Worthing, Pulbourough and Southwick. It provides a service to older people, people living with dementia, people with a physical disability and those with a sensory impairment. At the time of our visit, they were supporting 81 people with personal care in the community.

The service had a registered manager in post. They were registered in September 2016. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

There was a lack of robust and accurate risk assessments available for staff to refer to, to enable them to carry out consistent or safe care when supporting people. This was an area which required improvement. You can see what action we told the provider to take at the back of the full version of the report.

Medicines were not always managed safely. This included a lack of information and guidance for staff regarding prescribed medicine's they administered to people. We made a recommendation to the provider to ensure care was reviewed for all people who were supported with their medicines. The provider was able to share the improvements they would make to how medicines were managed on behalf of people.

We found there were inconsistencies within care plans. Some care plans needed to be developed further to ensure they contained people's preferences, likes and dislikes. We made a recommendation to the provider regarding this. The provider was able to share the action they were taking to ensure care records were accurate and reflected people's current needs and wishes.

Mostly people spoke positively about the support they received from care staff and that there were sufficient staff to meet their needs. However, they also shared frustrations over staff not arriving at the preferred or agreed times, not knowing in advance which staff were attending and a lack of contact from the office when this happened.

The service had quality assurance monitoring tools in place which were not always effective in improving the service provided to people. We made a recommendation to the provider to ensure audits identified the areas we highlighted on our inspection regarding risk assessments, medicine management and care plans. The provider was able to share the action they were taking to improve their quality assurance systems.

Accidents and incidents were responded to by staff without delay and the appropriate medical professionals were contacted for advice and support when required. Staff were able to speak about what action they would take if they had a concern or felt a person was at risk of potential abuse or neglect. The service followed safe recruitment practices.

People's consent to care and treatment was considered. Staff understood the requirements under the Mental Capacity Act 2005 and about people's capacity to make decisions. Some people received support with food and drink and they made positive comments about staff and the way they met this need. Changes in people's health care needs and their support was reviewed when required. If people required input from other healthcare professionals, this was arranged.

We observed staff spoke kindly to people and had a caring approach. Staff involved people with their care provided and promoted their independence. People were treated with dignity and respect. People and their relatives knew who to approach when they had a concern or complaint about the service.

People and relatives views about the quality of the service were obtained informally through discussions with the registered manager and other members of the management team through care reviews and questionnaires.

At this inspection we found the registered manager open to feedback and enthusiastic about improving the service. The registered manager had made changes to the office management team to provide consistency in the delivery of care and an additional link between the office and people being supported in their own homes.

Since the inspection the provider has given us an action plan of what they have implemented to improve the care experience for people using the service. This included improvements in how risks for people were managed, guidance available for staff within care plans and how medicines were managed.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement

Some aspects of the service were not consistently safe.

Risk assessments were carried out but lacked the detail required to meet people's individual needs safely.

Medicines were not always managed safely.

There was sufficient staff to meet people's needs and people told us they felt safe and comfortable with staff.

Staff had been trained in safeguarding so they could recognise the signs of abuse and knew what action to take.

Is the service effective?

Good

The service was effective.

People's care needs were managed effectively by a knowledgeable staff team that were able to meet people's individual needs.

Staff received regular supervision, appraisals and training.

Staff understood how consent to care should be considered.

Some people received support with food and drink and complimented the service on how they supported them with this.

Staff supported people with their healthcare needs and contacted healthcare professionals when needed.

Is the service caring?

Good

The service was caring.

People were supported by kind, friendly and respectful staff.

People and their relatives were able to express their views and be actively involved in making decisions about their care.

Staff knew the people they supported and had developed

meaningful relationships with them.

People's privacy and dignity were respected.

Is the service responsive?

Requires Improvement

The service was not always consistently responsive.

There were gaps and inconsistencies to information within care plans.

The provider had an accessible complaints policy. There were no formal complaints at the time of our inspection.

Is the service well-led?

Requires Improvement

The service was not always Well-Led.

Systems in place to measure the quality of the service provided were not always effective. Improvements were needed to the monitoring of care records, risk assessments and guidance for staff on administering medicines to people.

The registered manager was keen to make positive changes to improve the quality of care provided to people.

Staff told us that the management team were supportive and approachable.

A1 Quality Homecare Limited

Detailed findings

Background to this inspection

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

This inspection took place on 3 and 6 April 2017 and was announced.

The provider was given 48 hours' notice because the location provides a domiciliary care service; we needed to be sure that someone would be in.

The inspection was carried out by one inspector, one inspection manager and an expert-by-experience. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service. This expert had experience of dementia care, domiciliary services and other care environments.

Before the inspection we reviewed information we held about the service. This included statutory notifications sent to us by the registered manager about incidents and events that had occurred at the service. A notification is information about important events which the service is required to send to us by law. In addition the Care Quality Commission had sent questionnaires to people using the service to gain their views on the care they received from the service. We reviewed 13 questionnaire responses from people, five responses from staff, three responses from people's relatives and two responses from community health and social care professional. We used all this information to help us decide which areas to focus on during our inspection.

On the first day of our inspection, we shadowed a staff member whilst they made care visits to three people in their own homes. We met an additional staff member on one of the visits. We observed how people were

supported by staff and we looked at their daily files. We were also able to chat with people and one relative during the visits. We visited the registered office where we met with the registered manager and the provider. The training manager, care co-ordinator and the assistant manager were also present throughout the inspection.

At the registered office we met separately with three care staff who supported people in the community and we were able to gain insights into their role and responsibilities. The expert-by-experience spoke with nine people over the telephone who used the service and two relatives to gain their views on the care and support they received.

At the registered office we spent time looking at four care records, medication administration records (MAR), complaints, accidents and incidents records, surveys and other records relating to the management of the service. We read three staff records, this included staff recruitment documents, training, staff memos, staff meetings, supervisions and appraisals.

Requires Improvement

Is the service safe?

Our findings

People may not have always been protected and kept safe. During our inspection we found gaps and inconsistencies within risk assessments. A risk assessment is a document used by staff that highlights a potential risk, the level of risk and details of what reasonable measures and steps should be taken to minimise the risk to the person they support. We read people's daily files kept in their own homes and sampled care records at the registered office. We found some people had generic environmental risk assessments which provided an overview of the property and items to check, such as security. However, all four care records we read lacked personalised risk assessments relating to the individual being written about. For example, one person who we visited in their own home was living with dementia. They used a stair lift to support them between two floors. Staff supported the person from one of the stair lift journey to another. This involved checking whether the person was seated and strapped in before the stair lift moved and then unstrapping them the other end. Staff then had to adjust the footplate on the stair lift and then support the person to walk using a walking frame to the next place they wanted to be, possibly their downstairs armchair. There was no risk assessment and/or clear guidance in place to inform staff how this should be carried out safely. Another person's care plan commented they had a history of contracting urinary tract infections. However, there was no risk assessment guidance in place to ensure staff knew the signs to look for and what action to take if they were concerned. A third person's care record gave conflicting information on the equipment they required staff to use to ensure they were supported safely. The care plan named a stand aid as the piece of equipment to be used by staff to support the person. However, a risk assessment updated in December 2016 referred to the stand aid as unsafe to use and referred to the use of a ceiling track hoist for all transfers. This meant staff members may be confused about which piece of equipment to use which places people at risk from harm. The lack of robust and accurate risk assessments meant staff may carry out inconsistent or unsafe care.

Despite this lack of written guidance staff were observed supporting people safely. We spoke with staff about their views on care records including risk assessments. Staff told us they received information from people they supported, their colleagues and within care records to keep people safe. However, the gaps we found regarding health and safety risk assessments increased the potential for people using the service to be at risk from harm.

The above evidence shows that risks relating to the health, safety and welfare of people were not always assessed accurately therefore potentially placing people at risk from harm. This was a breach of Regulation 12 Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We fed back our findings to the registered manager and provider. They agreed that improvements needed to be made to ensure all staff received the level of guidance required to minimise risks to people and ensure consistent safe care was provided.

Some people received support from staff with their medicines and we received mixed feedback from people about how they felt about the support received. One person said, "They will check that I have taken my meds. They do my blood sugar and record it". Another person told us, "They do give me my tablets and

make sure I have taken them". However, one person told us, "Ha meds. That's a joke. They come in blister packs and often (staff) mess it all up". Another person told us, "No, I don't feel safe. I'm fed up with my medication not coming on time and they seem to get it all mixed up".

Records checked confirmed staff were trained by the company trainer in administering medicines prior to giving it to people. Medicines were administered by staff from various sealed containers such as blister packs, bottles and boxes. Staff signed Medication Administration Records (MARs) when they had checked the person had taken them. Staff told us they felt confident when administering medicines to people and were able to talk through safe administration procedures. One staff member told us, "We only give what is prescribed". We observed one staff member administer eye drops to a person. They did so using a kind and patient manner and explained to the person what they were doing and chatted with them to put them at ease. We observed the same member of staff administer medicines to another person using the same approach. However, when the person, who was living with dementia, asked them what the medicines were for the staff member did not seem to know. Therefore the staff member was unable to offer reassurances to the person. We checked the same persons care record. They had no risk assessment or guidance in place for staff regarding what the medicines were for and any potential side effects in taking the medicines or what would be of concern if the medicines were not taken. When checking other people's care records we found further inconsistencies within the guidance available for staff who administered medicines to people. This included a lack of written guidance surrounding 'When required' medicines should be offered and administered and gaps within medicine risk assessments. We also noted when medicines were prescribed to people in a blister pack the service wrote, 'blister pack' on each related MAR. However, the medicine prescribed to be given at that particular time, often more than one tablet, was not named. It is safer practice to list each prescribed medicine within the blister pack on a related MAR to alert the staff member to any error prior to administering medicines to people. We recommend that the provider reviews all guidance available for staff related to people who receive support with their prescribed medicines.

Both the provider and registered manager agreed this was an area which required improvement and by the end of our inspection they showed us new support plans they were implementing which included a review of all medicine risk assessments on behalf of people.

People and their relatives told us there were sufficient numbers of suitable staff to keep them safe. The provider ensured people who required the support of two staff to support them to move safely were allocated correctly on the rota. For example, one person who we visited in their own home required such support and told us, "I'm happy and safe". They added, "Aren't I lucky? I do feel very lucky, they're a lovely firm". Another person we met with told us, "If they are late, they will phone me but they are usually on time". A third person told us, "Yes I feel quite safe with them (staff). I usually recognise them". A fourth person told us, "Always regular, never missed". A fifth person told us, "Yes they are very much on time". The provider had an online system which was connected to each staff's work mobile therefore they could track if a care call was late or early. The provider was able to show the inspectors how this operated and kept people safe. The assistant manager showed the inspectors a 'live' situation during our inspection whereby a staff member had forgotten to log in on a care call. The assistant manager had contacted them and established the care call was made and the person had received their agreed care.

The registered manager told us the service offered different time periods to people using the service when staff would be expected to attend a care visit and would aim to attend at their preferred time. However, some people and relatives shared their frustrations with us regarding the timings of care calls, not always knowing which staff were attending the call and the lack of communication from the office surrounding this. Some people told us staff did not always arrive at their preferred time of choice, albeit earlier or later, than they wanted and not always the staff they preferred. Staff also shared they were often late due to bad traffic

and that this frustrated people and their relatives receiving care. We fed back these comments to the registered manager and provider for their review who were disappointed with the comments made. Whilst this did not seem to impact on the safety of people we have referred to it further in the Well-led section of this report to receive further consideration from the provider.

We checked staff recruitment practices to ensure they were safe. Applicants completed an application form which were reviewed by office management to establish whether they were suitable to be shortlisted for an interview. Applicants were interviewed by two or more office management staff and asked a series of questions related to the role of a health and social care worker and how they would respond in various situations. It was also an opportunity for the provider to establish the knowledge, skills and experience of each applicant. Staff were only able to commence employment after and upon the office staff receiving two satisfactory references, including checks with previous employers. In addition, staff held a current Disclosure and Barring Service (DBS) check. The DBS provides criminal record checks and helps employers make safer recruitment decisions. The provider was an equal opportunities employer and had a risk assessment in place acknowledging staff who may have been convicted of a criminal offence in their past to determine if they were indeed suitable to support people in the community. We noted one risk assessment had not been completed fully by a previous office employee, this was immediately rectified by the provider and we felt assured this had been an oversight. Successful applicants attended a thorough induction and shadowed more experienced staff prior to working alone supporting people in their own homes.

Staff had been trained to recognise the signs of potential abuse and in safeguarding adults at risk. Staff explained how they would keep people safe. They could name different types of abuse and what action they would take if they saw anything that concerned them. All staff told us that they would go to the registered manager and others in the office in the first instance and failing that would refer to the whistleblowing policy for advice and guidance. One staff member told us who they would go to outside the service if they were concerned about a person. They said, "I would go to nurses, GPs, CQC, Social Services", they added, "It is a safe service".

Accidents and incidents were reported appropriately. Documents showed the action that had been taken afterwards by the staff team and the registered manager to help minimise the risk of future incidents or injury to people.

Good

Is the service effective?

Our findings

We received mixed feedback on whether people felt the training staff received was effective. Some people spoke very positively about the skills of the staff team. One person told us, "They all do seem quite competent in what they do". Another person said, "You feel confident that they are confident". A third person told us, "They do seem very well trained". They added, "They will do whatever I ask of them". A fourth person said, "Yes I believe they know what they are doing". A relative told us, "They are fantastic! They do everything". However, we received comments from other people we spoke with which were negative regarding the competencies of the staff supporting them. This was influenced by their feelings about newer or less experienced staff. One person said, "No I can't say they are well trained they just muddle through". Another person told us, "The new ones (staff) are very time consuming".

People received support from staff who had been taken through a thorough induction process and attended training with regular updates. All new staff attended an induction, which included moving and handling, safeguarding adults and health and safety training. This was followed by shadowing more experienced carers. One staff member told us, "There is enough training and support". Another staff member said, "We have training to move people safely, we experience what it is like to be in a hoist and we use slide sheets on each other". They listed the training they had attended which included training on, "Diabetes, Dementia and Infection control".

We spoke with the training manager about the induction they provided to new staff. The induction was spread out over eight days, facilitated by the training manager and incorporated the Care Certificate (Skills for Care). The Care Certificate is a work based achievement aimed at staff that are new to working in the health and social care field. The Care Certificate covers 15 essential health and social care topics, with the aim that this would be completed within 12 weeks of employment. The induction period also included competency assessments to ensure staff were ready to undertake their care duties in the community. The training manager had achieved a recognised qualification which enabled him to train staff in subjects relating to their role. New staff were also provided with a 'staff handbook' which covered all policies and procedures. Some staff had completed a National Vocational Qualification or were working towards various levels of Health and Social Care Diplomas. These are work based awards that are achieved through assessment and training. To achieve these qualifications, candidates must prove that they have the ability and competence to carry out their job to the required standard.

A system of supervision and appraisal is important in monitoring staff skills and knowledge. A supervision and appraisal plan showed meetings that had taken place and those booked. Work related actions were agreed within supervisions and carried over to the next meeting. Staff meeting opportunities were also provided. This was an opportunity for staff to come together and discuss work related issues. At a staff meeting in January 2017 the Mental Capacity Act 2005 was discussed and the registered manager informed staff they were expecting a CQC inspection soon. The registered manager had introduced new roles to the office management team in the past few months to enhance communication flow between people and the office and provide the necessary support to care staff. They were also able to step in and cover care calls if staff were absent or an additional need arose.

People were involved in making decisions, which related to their care and treatment. When we visited people's homes, we saw people were offered choices. Consent to care and treatment was sought in line with legislation and guidance and this was reflected in care records. 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 MCA 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 the least restrictive as possible. Best interest decisions made on behalf of people who lacked capacity to make specific decisions were made by various health and social care professionals, the registered manager and team and the relevant family members.

Staff had received training in the MCA and were able to describe how they used it in the support they gave to people. Staff described people they supported and how they had varying levels of capacity to make decisions. The registered manager was able to tell us how they involved health and social care professionals for guidance for people who lacked capacity to make decisions. One staff member told us MCA was about, "Everything done in their (people's) best interests". Another staff member told us, "In their support plans it is stated whether they are unable or able to make decisions for themselves".

Some people's needs had been assessed with regards to the support they required with food and drink. Care plans provided guidance for staff on the level of support each person required and focused on maintaining the person's independence. One person told us, "They will put my meals in the microwave for me or if they have time the oven". Another person told us, "They make my breakfast, I only have cereals that's all I want". A third person said they appreciated the support they received with mealtimes and told us, "Yes they (staff) will do whatever, like popping over the road to the shop if I'm low on something". A fourth person told us, "The carer who came today asked me what I wanted to eat, she fried me egg and bacon, she was quite chatty". A staff member told us it was important to give people they were supporting choices about the food they ate. They said they may choose, "cereals, toast or a fried breakfast".

Staff were involved in supporting people with their healthcare needs. The support provided would vary depending on a person's needs. Where healthcare professionals were involved in people's lives, this care was documented in the care plan. For example, we noted that GP's, occupational therapists and social workers were involved with some people's care. Information concerning people's health was written in daily records. Relatives involved with people's care were also informed of any health changes by the service. One person told us, "If I am under the weather we will discuss if I need a doctor". Another person told us, "They (staff) have called an ambulance for me on several occasions they will wait with me". A third person said, "They (staff) have recognised when I am unwell and offered to call a doctor for me". Staff told us they would report to the office if they had any concerns about a person's health. Staff were able to contact health professionals directly if there was a need. However, staff also told us they would document any changes and report back to the registered manager to gain advice and guidance.

Good

Is the service caring?

Our findings

Positive, caring relationships had been developed between people and staff. We observed staff supporting people using a caring approach and they were patient and kind. Staff used appropriate light levels of humour, which seemed to lift the spirits of people they were supporting whilst personal care tasks were being carried out. We received positive comments from people and relatives regarding how caring the staff were particularly people who received care from a regular team of staff. One person told us, "All kind and caring with me". Another person said of staff, "We can have a laugh". A third person said, "They are good company I look forward to them coming". One person described how they liked the approach staff used when supporting them with personal care and said, "They will make sure it's warm in the bathroom and the heater is on, they will get the towel ready". A fourth person described how staff always spend time checking they had everything they needed before they finished the care visit and said, "They will always ask if anything else needs doing". Mostly people complimented the staff team on the care they received. However, one person told us, "One girl who came told me I had five minutes to eat my meal and she didn't have time to make me a cup of tea".

A relative praised the staff who supported their family member and said, "Staff are always cheerful, never moody". Another relative told us they observed staff used a caring approach with their family member and said, "I hear them (staff) talking nicely to [named person]". We visited three people in their own homes. Staff checked with each person to ensure they were comfortable with us visiting and explained the reason we were with them. This meant they had considered each person's feelings and respected their right to choose who they allowed into their own home. People were encouraged to be involved with their care and to remain as independent as possible for as long as possible in their own homes. We observed staff chatting with people about what was important and relevant to them and explaining what they were about to do. One person told us, "They are there in the background, I try to do things myself, they give me confidence to do that". Another person said, "I get the same ones (staff). They know me. They are excellent, one in particular knows me very well, when she takes me shopping she will encourage me to get things by myself". A relative told us they were pleased with how the staff encouraged their family member to try and do things for themselves, "They encourage [named person] to do what they can, like doing up buttons". Staff we spoke with described how they wanted people they supported to feel comfortable with the support and care they gave. A staff member told us, "We are working together (with people)". They added, "I involve them". The same staff member told us, "I love my job". Another staff member explained how staff members who are assessors sit with people to ask them questions about how they would like to receive their care. They told us, "People are involved in their own care, they are asked by assessors".

People told us staff respected their privacy and promoted their dignity whilst supporting them with their personal care needs. People valued the patience offered by staff when supporting them to wash. One person said, "Yes they do respect me, they close the door, they speak nicely". We asked a relative whether they felt staff were respectful. They told us, "Yes they are respectful they will close the door when they are washing [named person]". Staff used the appropriate tone and pitch of voice and crouched down to a person's eye level when they were talking with them and providing personal care. Staff were sensitive with regard to being in a person's own home and were mindful about people and their relative's property. All staff

we spoke with told us how much they enjoyed their job and they understood their role and responsibilities. One staff member told us, "I treat customers how I would like to be treated myself".

Requires Improvement

Is the service responsive?

Our findings

Our observations indicated that staff knew people well and responded to people's needs in an individualised and caring way. The staff we spoke with told us they had enough information regarding people to enable them to carry out their role and responsibilities. However, we found inconsistencies within the care plans we read. Some care plans failed to document the needs of people clearly as they lacked the detail required. Care plans were kept for each person at the registered office and a copy within their own home. They stated the planned areas of care, however, did not always provide instructions for staff on how to carry out each area of care. We met with one person in their own home who received care and read their care plan. The care plan provided clear details of what staff should do and consider on each care visit. This person was very happy with their care. However, other care plans we read lacked descriptions about people and the impact their diagnosis may have had on the way they needed their care delivered by staff. They also lacked details about people's preferences, likes and dislikes. For example, we met with another person in their own home who received care visits three times per day and was living with dementia. There was no written information available for staff on the type of dementia and the level of support they needed from staff. This included what support, if any, they needed when making decisions about choices and their wishes regarding their own care. Another person's care plan referred to them as having 'memory loss' yet no explanation or details were provided about how this impacted on the care they needed from staff during care visits. A third person's care plan made reference to staff turning off the person's light during the morning care call. It stated, 'Could cause me to have seizures'. However, there was no further guidance or information available to describe or explain whether the person had a history of epilepsy including no associated risk assessment. We have discussed gaps in risk assessments further in the Safe domain of this report. Other inconsistencies within care plans were noted, this included the frequency of when they were reviewed. This may have impacted how care was provided to people by new and existing staff.

We received mixed feedback from people as to how involved they were with developing their own care plan. One person said, "I have had a visit from a senior to discuss my care plan". Another person told us, "I have a care plan and it's up to date". A third person said, "I have reviews about every six-eight weeks". Another person said, "I am not aware of a care plan". One person was dissatisfied with how staff supported them to wash, they told us they preferred a shower yet they are washed in their bed. They told us they had discussed this at care review meetings yet nothing had changed. They said, "I ask and it never happens".

We discussed the care plans and our findings with the registered manager and provider. We recommend that the provider reviews all care plans to ensure they provide clear guidance for all staff supporting people. The registered manager and provider agreed that care plans needed to be developed further and took immediate action during our inspection. They shared a new care plan document, which included prompts in key support areas and told us they would be implementing this immediately on behalf and with people they supported.

Some people and their relatives complimented the service. They told us they received care from the service which was person centred. One person said, "They are doing enough to meet my needs". Another person said, "I have three or four regular girls. They are fabulous, so efficient and kind. They know me well". A

relative told us how their family member enjoyed chatting with the staff and said, "They take that extra minute to sit and chat with [named person]". They also told us how supportive the service had been when their family member had been admitted to hospital. The relative also described how they supported their family member to attend a recent funeral and said, "This firm is fantastic".

We checked the complaints log and found all the necessary information was recorded when responding to concerns and complaints from people. There was an accessible complaints policy kept in people's daily files, however there were no open complaints at the time of our inspection. People and their relatives told us they knew they could approach staff members and the office management team if they needed to. One person told us, "I've never had anything to complain about". Another person said, "I would recommend them I have no complaints". Mostly, people seemed happy with the care they received from the staff. However, some people complained there was not effective communication from the management team at the office. This influenced their views on the service and we have referred to this further in the Well-led section of the inspection report.

Requires Improvement

Is the service well-led?

Our findings

There was a system in place to check records that were held in the service. This included audits to check people's care records and associated risk assessments. Quality assurance checks carried out had failed to identify the gaps we found during our inspection. For example, two care plans were audited in March 2017. The audit stated, 'Detailed risk assessments in place' and 'Care plans detail client's needs very well'. However, we found gaps in the same care plans and risk assessments. There was a lack of written information available for staff to ensure people's care was provided in a consistent and agreed way. Therefore, although there were processes to identify areas for improvement, this had not always been used effectively to implement the necessary changes in a timely way. The registered manager and provider told us the training and human resources manager had been responsible for auditing care records. They agreed this was an area which required improving and said the registered manager would be completing the audits in the future. The registered manager and provider also recognised systems for monitoring the quality of care staff were providing when supporting people with their prescribed medicines required improvement. They told us they would be starting a review of care provided to all people who received support with their medicines. They also gave us a copy of a revised document which provided guidance on 'when required' (PRN) medicines which they would be sharing with all the staff team after our inspection. We recommend that the provider implements effective monitoring of risk assessments, care plans and the management of medicines. To ensure improvements in the care provided to people is sustained.

Since the inspection the provider has given us an action plan of what they had implemented to improve the care experience for people using the service. In an update on 13 June 2017 this included a complete review of all risk assessments, care plan documentation and how medicines are managed on behalf of people. They had also implemented a monthly audit for the registered manager to complete to assess and monitor the effectiveness of such changes. This meant the provider had taken the necessary action required.

Some people told us they would not recommend the service to other people. As already discussed in this report, this was mainly due to calls not being received at preferred times, not knowing which staff would be supporting them and a lack of communication from the registered office. One person said, "I have made lots of complaints about different carers coming, on the phone but I never get very far. They always say we will try to do better but they never do" Another person told us, "I would not recommend them". A relative told us, "I haven't a clue who the manager is, it's always changing". Another relative said, "I don't know the manager it's changed around five times now". We shared this feedback with the registered manager and provider for their review. The registered manager had been in post since September 2016. They explained they had made recent changes to the office management staff within the past three months, prior to our inspection. The registered manager was positive about the current management team and told us it would provide, "Stability for the clients". They told us they were proud of the training they were now able to offer new staff.

The service sent out 'quality assurance questionnaires' four times throughout the year to people and their relatives to gain their views on how they found the care they received. In questionnaires completed in December 2016 people were 'completely' or 'nearly satisfied'. Some people chose to name staff they were

happy with because they had provided the care they wanted and needed. However, some people made comments they were unhappy with 'care visit times' or their 'care package'. The registered manager told us and records confirmed people who were unhappy had not shared their names on questionnaires. A responding letter to all people from the registered manager stated, 'If you are one of these clients please contact us to arrange a visit from myself or one of the assessors'. They also told us they had further plans to improve the communication flow between the office and people using the service and were concerned some people didn't know who they were. They said, "It is about transparency, being open and honest". The registered manager was keen to drive improvements regarding the care people received.

During our inspection, the registered manager and provider presented as open in their response to all discussions held. Staff spoke positively about their work, felt the service was managed well and understood their role and responsibilities. One staff member said, "I love my bosses". They added, "We all love [named registered manager]. Another staff member told us, "I have nothing bad to say about this company".

This section is primarily information for the provider

Action we have told the provider to take

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

Regulated activity	Regulation
Personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment The provider had not ensured that health and safety risks were effectively assessed, monitored and mitigated on behalf of service users. Regulation 12 (2) (a)