Peepal Care Limited

Peepal Care

Inspection report

1 Olympic Way
Wembley
HA9 0NP

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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?	Requires improvement
Is the service responsive?	Requires improvement
Is the service well-led?	Requires improvement

Overall summary

We undertook an announced inspection on 21 December 2015 of Peepal Care. Peepal Care is a small domiciliary care agency care agency registered to provide personal care to people in their own homes. The service mainly caters for the Gujarati community and some of the care workers are live in carers as well. The agency currently provides care to 28 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.

At our last inspection on 25 September and 3 October 2014, the service did not meet Regulations 11 Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 which correspond to Regulation 13 of the Health and Social care Act 2008 (Regulated Activities)

Summary of findings

Regulations 2014. At this inspection the registered manager was able to demonstrate that measures had been put in place since the last inspection to address the issues identified. This regulation has now been met.

People using the service experienced consistency in the care they received and had regular care workers.

Risks to people were identified. Although the risk assessments were specific to people's individual needs, it was sometimes unclear as to whether identified risks were being managed appropriately and what measures were in place to minimise risks.

Records showed and staff told us they received regular training and received support from the registered manager. Appropriate checks were carried out when staff were recruited. However, care worker levels of competency were not being assessed effectively.

There were some arrangements in place to obtain, and act in accordance with the consent of people using the service. People's care plans contained a 'Capacity for Decision Making' section which indicated they had given their consent for the care to be provided. However care plans contained limited information about a person's mental capacity and levels of comprehension.

People using the service were treated with dignity and respect and their independence was promoted.

People's plans consisted of a health and support plan and risk assessments, however information was task focused.

There was a management structure in place with a team of care workers and the registered manager. People using the service and relatives told us the registered manager was approachable and easily contactable.

We noted that the registered manager was responsible for the majority of work that needed to be done in the service. The registered manager told us that they may consider an additional member of staff in the office to support the registered manager and enable the service to be managed more effectively.

We have made two recommendations about arrangements for people using the service and relatives to express their views on people's care and the management of medicines.

We found four 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 the full version of this report.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

There were aspects of the service were not safe. Risks to people were identified and managed however risk assessments did not clearly reflect the potential risks to people which could mean risks not being appropriately managed which would result in people receiving unsafe care.

People received consistency in the level of care provided to them.

There were recruitment and selection procedures in place to help ensure suitable staff were employed.

Requires improvement

Is the service effective?

There were aspects of the service were not effective. Care workers received relevant training however care workers levels of competency were not being assessed effectively.

There were some arrangements in place to obtain, and act in accordance with the consent of people using the service.

People's nutritional and health care needs were detailed in their care plans.

Requires improvement

Is the service caring?

There were aspects of the service which were not caring. There was no formal structure for review meetings conducted with people in which aspects of their care was discussed.

Positive caring relationships had developed between people using the service and staff.

People were treated with respect and dignity.

Requires improvement

Is the service responsive?

There were aspects of the service which were not responsive. Information in people's care plans were more task focused.

People's independence was promoted.

The service had clear procedures for receiving, handling and responding to comments and complaints.

Requires improvement

Is the service well-led?

There were aspects of the service which were not well led. There were systems in place to monitor the quality of the service however we found some deficiencies in the service had not been identified.

Records did show the service had obtained feedback from people from surveys. However there were no records to show that areas that had been identified as possible areas of improvement had been addressed.

Requires improvement

Summary of findings

Care workers spoke positively about working for the service and the management.	

Peepal 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 provide a rating for the service under the Care Act 2014.

This inspection was carried out by one inspector and was supported by 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. The provider was given 48 hours' notice because the location provides a domiciliary care service. We wanted to make sure they would be available for our inspection.

Before we visited the service we checked the information that we held about the service and the provider including notifications and incidents affecting the safety and well-being of people.

Some of the people being cared for were elderly people who had dementia or a specific medical condition and could not always communicate with us and tell us what they thought about the service. Because of this we spoke to family carers and asked for their views about the service and how they thought their relatives were being cared for.

We spoke with two people using the service, twelve relatives, three staff and the registered manager. We reviewed five people's plans, five staff files, training records and records relating to the management of the service such as audits, policies and procedures.

Requires improvement

Is the service safe?

Our findings

People using the service and their relatives told us they felt safe with their care workers. One person using the service told us "Yes, I don't like to take risks. I don't like to go downstairs and [care worker] gets things for me" and one relative told us "Yes, in fact I'm very pleased to have their help."

Some risks to people were identified and managed so that people were safe and their freedom supported and protected. Individual risk assessments were completed for each person using the service. Although there were some risk assessments in place, we noted the assessments contained limited information and some areas of potential risks to people had not been identified and included in the risk assessments. There was also limited information about the safe practice and risks associated with using equipment and appropriate moving and handling techniques required by staff.

For example, for one person who was currently confined to their bed, the moving and handling needs assessments included information about the equipment the person needed for transferring such as a hoist, sliding sheets and grab rails. However it did not clearly state what the specific risks were for that person and the actions needed by staff to minimise those risks. There was a section entitled, 'Risk to service user', which then only states 'Minimised with the support of two carers' but there was no further information as what the risk was and how staff were to provide that support to the person safely. There was also no mention of re-positioning the person and the risks of the person developing pressure ulcers . In one person's care plan, reference was made to a shower stool being used however there was no information on any potential risks for people when receiving personal care in the bathroom.

People using the service also needed support with their mobility and used mobility aids such as walking frames. Although there was some information about their mobility in their care plans, there were no risk assessments in place for the prevention of falls, the potential risks inside and outside the home and what precautions were being taken to ensure people were safe and protected from falls. Statements such as 'Carer to supervise and offer support if needed' were used but did not clarify what that support would entail for the person to be safe.

Although support that was required from care workers was detailed in people's needs assessments, the risk assessments did not clearly reflect the potential risks to people which could mean risks not being appropriately managed which would result in people receiving unsafe care.

Accidents and incidents were recorded and showed any necessary action had been taken. However, records did not show any follow ups of the incidents for example risk assessments had not been updated and did not detail measures put in place to minimise the risk of another reoccurrence and ensure the person was safe from further incidents.

The above evidence demonstrates that the assessment of risks to the health and safety of people using the service was not being carried out appropriately. All the risks were not being identified for people and their specific needs which meant risks were not being managed effectively and this could risk people receiving support that was not appropriate and unsafe.

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

At our last inspection on the 25 September and 3 October 2014, the provider had not taken the appropriate steps to ensure people were protected from the risk of abuse. When speaking to staff, we found staff had a limited understanding of safeguarding and whistleblowing. This meant the provider was in breach of Regulation 11 HSCA 2008 (Regulated Activities) Regulations 2010 which corresponds to Regulation 13 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Following the inspection the provider sent us an action plan setting out the actions they would take to meet the regulation. At this inspection, the provider had followed their action plan and met the regulation. Records showed staff received a face to face refresher training session on safeguarding and whistleblowing. When speaking to staff, they were able to explain the different types of abuse and action they would take. Staff told us "Sexual, physical and emotional abuse. I treat [person] like my own mother. Whatever I do for them I do with them in mind" and "I would speak to my manager straight away and put it in the file also."

Requires improvement

Is the service safe?

People using the service and their relatives told us they received the same care workers on a regular basis and had consistency in the level of care they received. They told us" Yes, the same ones", "One regular and sometimes a relief" and "Yes, sometimes we get a different one for one of the visits but it is fairly settled." People and their relatives also told us that they were informed if there were any changes. Relatives told us "Normally it is the same person, If anyone is new they are introduced beforehand", "Yes, and if there is any change then the last care worker will show the new one what to do and introduce them too. They come together for one session" and "Pretty much yes, they let me know of any changes."

We asked people using the service and their relatives whether care workers had enough time to provide people with the care and support they needed safely and were they rushed. One person using the service told us "They're never rushed" and relatives told us "No [care worker] doesn't seem rushed, [care worker] gets everything done and we are very happy with them", "[Person] has 1.5 hours which seems enough time for them to do what they need without rushing" and "No they seem to have enough time for everything, [person] always looks clean and tidy, nails done and no unpleasant smells."

People using the service and their relatives also told us that care workers generally turned up in time and if there were any changes, they had been informed. One person using the service told us "Yes, they are on time but will tell me in advance if they are going to be late". Relatives told us "Yes, usually pretty prompt, if there is a delay they will call", "I have a live in care worker with four daily visits from a second care worker. No issues with punctuality" and "Never had that problem. Any problems, they call in advance and re-arrange."

The registered manager told us they had changed their approach with the times of their care packages and now offered a minimum session of two hours and did not do thirty minute calls. The service also provides a live in carer for people who need that level of support. The registered manager told us this was to ensure people received good quality care without being rushed and care workers were not under pressure of having to rush between visits. The registered manager also told us that care workers would be allocated to a person and would remain with that person to ensure continuity of care and that staff rotas were generally fixed.

We asked the registered manager how they monitored care workers time keeping and she told us care workers completed daily time sheets which were also signed off by people using the service or relatives. When speaking to people and their relatives they confirmed this.

We asked to see a sample of daily time sheets and found there were discrepancies with the times care workers were meant to start their shifts and the times they actually arrived. This could indicate that people using the service were at risk of not receiving the care and support they needed at the appropriate time. For example for one care worker, in one daily time sheet, there was an entry on the 5/10/15 and then the next entry was the 12/10/15. Another sheet showed an entry for the 30/10/15 and then the next entries were for the 2/11/15 and 6/11/15. In another care workers time sheets, there were varying times recorded. For example one entry showed the care worker started at 10am and finished at 12pm, the next day showed 9.30am until 11.30am and then 11am and 12pm the following day. There was no information included which explained the reasons for these gaps i.e. whether the care worker was on leave, sick or not required on those particular days. It was also not clear if care workers were turning up at the times they were meant to be and whether they were late or not which would cause people a sense of discomfort especially if they required personal care in the morning. We asked if the timesheets were reviewed by anyone and discussed the importance of having a system in place to ensure care workers timekeeping were monitored to ensure people received the care they needed at the appropriate times. The registered manager told us she would sometimes look at the sheets but they were mostly kept in people's homes. She told us that she would look at the daily time sheets and ensure any gaps were accounted for however the gaps and discrepancies found during the inspection had not been accounted for.

There were effective recruitment and selection procedures in place to ensure people were safe and not at risk of being supported by people who were unsuitable. We looked at the recruitment records for five care workers and found appropriate background checks for safer recruitment including enhanced criminal record checks had been undertaken to ensure staff were not barred from working with vulnerable adults. Two written references and proof of their identity had also been obtained.

Requires improvement

Is the service safe?

There were arrangements in place to manage people's medicines. Records showed risk assessments for medicines had been completed for people which showed if they required any support with their medication. There were people who could self-administer their own medicines or were given to them by the person's relatives. If the person refused to take the medicines then the care worker would inform the registered manager and the family member. When speaking to people and their relatives they confirmed this. They told us "Yes, [person] has a dosette box so it is really just handing it to her. They will record if [person] has refused to take it", "Yes, [person] has a dosette and a schedule for what times. It is recorded in the daily log or they tell me if [person] refuses", "[Person] has a dosette box, they remind [person] and support them to take their medication. If [person] refuses to take their medication they contact me and usually [person] agrees once I have spoken to [person]" and "The meds are pre-packed, they (care workers) assist with giving and administer eye drops. Generally [person] manages it themselves. They do not keep records but discuss with me or another family on a regular basis.

Where people needed support by the care workers, the appropriate support for that person was outlined in their support plans. Care workers we spoke with understood their role to ensure people took their medicines safely. One care worker told us "It happened one time and [person] wasn't taking their medicines. I spoke to [person's] son on the phone. Then he spoke to [person] and when he told them [person] agreed to let me give them their medicines."

Another care worker told us "I ask [person], [person] normally takes breakfast at 8.30 but might say come back in ½ hour. Because [person] is diabetic I will go back a bit before and ask "are you ready for your breakfast yet?" If not, I will try again a bit later and explain "you need your medication, please can I give you breakfast so you can have it? " [Person] knows If I ask her to do something, it is for them not me."

We asked the registered manager for a sample of medicines administration records (MAR).The registered manager was able to show a couple of MAR sheets but told us care workers did not really use them as medicines were in dosette boxes and they were only prompting or that family members/carers would be involved. The registered manager also told us they did not deal with people's medicines but if there were any issues or if the person refuses to take the medicines then a family member of the office would be contacted and it would be recorded in the daily logs.

However feedback from family members and relatives indicate that care workers were involved with administrating medicines to people therefore accurate and consistent records of when medicines were administered need to be kept. Care workers who are involved in administering medicines should be appropriately assessed.

We recommend the service refer to NICE (National Institute for Health and Care Excellence) guidance on the management of medicines.

Requires improvement

Is the service effective?

Our findings

We looked at staff files to assess how staff were supported to fulfil their roles and responsibilities. Records showed that care workers had received an induction and supervision.

Training records showed that care workers had completed training in areas relevant to their job roles including safeguarding, infection control, health and safety and food hygiene. However, we noted from training records that most of the training was completed online. When speaking to care workers, they confirmed this and told us "I do it all online" Mostly online" and "It was online".

When speaking to people and relatives, we received varied feedback when asked if they felt care workers were adequately trained and competent. One person using the service told us "They are good, they know what to do." Relatives told us "They are competent. There have not been any falls and I am always at home to see", "Yes, [person] has a ceiling hoist, the workers seem well trained" and "There are no problems with how they help at all." However some relatives told us "I don't know about the training they have had. It is something I have wondered", "Mostly- to some extent they know what to do" and "I suppose so, because they [care workers] tell me they have worked in care homes previously with people with Parkinson's."

We also noted records which showed comments received from a relative which stated "We are happy with the standard of care given and the professionalism of the carer. We think [care worker] is doing a good job….I wonder if [care worker] might benefit from some training in dementia care."

The registered manager told us previously all training was completed online by care workers however she had now started to incorporate one to one training sessions as part of care workers supervisions. We asked the registered manager how practical sessions such as using the hoist, medicine administration and manual handling was provided to staff. She told us they used to have a hoist in the office which they used for training purposes but now they didn't. Care workers were shown what to do in people's homes and new care workers would shadow more experienced staff. When we asked care workers if they had received training in using a hoist, we received mixed feedback and they told us it was either online or "In a previous job" and "Yes, before with the old employer."

Feedback from some relatives indicated that care workers may not have been sufficiently trained as relatives have either been involved or showed the care worker what to do with certain manual handling support they needed to provide. One relative told us "[Person] has got a hoist but I or my [other relative] help with that. I am not sure what training the worker has had with the company but we have shown her how to use it and are always around, we don't leave [care worker] on their own" and "I am not sure about any training they have, I think they are ok because we are always around to help or show them."

Records showed the registered manager had conducted spot checks to monitor care workers' performance however the information recorded for these spot checks did not assess care workers skills and level of competency. For example spot check records would only mainly describe the tasks completed such as "At home of [person]. All is well. [Person] was in the bathroom getting ready for a bath" and "[Care worker] had just served lunch to [person] – fish and [person] was happy." Relatives also told us "I am not aware of any checks on staff" and "I am not aware of any spot checks."

We found there were no staff meetings in place and effective processes from management to communicate to staff about any issues, concerns and best practice in relation to the service especially to live in carers. A live in care worker told us "I only see the care workers that come to support," and "Three workers get together and we talk about improving. It is not official, it is just us." The registered manager told us they did not hold staff meetings as it was not practical to do so but when care workers came into the office or supervision they would be told of anything they needed at that time.

When speaking to care workers, we noted that the level of English spoken was limited and they struggled to understand some of the questions that were asked and had difficulty answering. In some instances, care workers needed prompting before they were able to answer the question. Care workers should have the appropriate skills to communicate effectively to carry out their roles and responsibilities and to be able to understand and rely information clearly especially in a case of emergency.

Requires improvement

Is the service effective?

The above evidence demonstrates care workers performance had not been assessed effectively by management to ensure staff were suitably competent and experienced enough to provide the level of care and support to meet people's needs effectively. Care workers did not receive the appropriate training to carry out their duties effectively.

This was a breach of regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We looked at the arrangements in place to obtain, and act in accordance with the consent of people using the service. The service had a Mental Capacity Act 2005 (MCA) policy in place. Care plans contained a section which stated whether people had capacity and whether they needed assistance from relatives in areas of their care. However some care plans were contradictory. For example, in one person's care plan, it stated the person has difficulty with thinking and memory and had become confused and their short term memory had deteriorated. The care plan then stated that the person was able to make decisions on their care and would like family assistance on decisions with regards to their care plan. The person had signed the care plan.

In another person's care plan, although it stated the person was unable to make decisions about their care plan, they had signed it. In two other people's care plans, we noted the next of kin had signed in the clients section but it was not made clear why the next of kin had signed the care plan. The registered manager told us she had amended the care plans to show who would be signing the care plans and involvement if needed from relevant family members and healthcare professionals and showed us an example of this. She told us she would review the care plans to ensure care plans were consistent.

Training records showed that care workers had received Mental Capacity Act 2005 (MCA) training. However, when speaking with care workers, they were not able to explain what mental capacity was but showed an understanding of issues relating to consent. The registered manager told us she would ensure care workers received a refresher on MCA.

People were supported to maintain good health and have access to healthcare services and received on going healthcare support. Care plans contained information about people's medical history and how it may have an impact on their life and day to day living. Records included care professionals visit sheets which listed visits people using the service had received from district nurses, social workers, GPs, physiotherapists and occupational therapists.

People were mainly supported with their nutritional and hydration needs by their relatives or received pre-cooked meals to their home. In some cases people were able to eat and drink independently, areas in which people needed support, were highlighted in their care plans. People's care plans detailed the type of diet they had and if any special cutlery was needed. There was some information about people's likes and dislikes and dietary requirements such as being vegetarian and Guajarati food. However, the information was quite limited to statements such as 'prefers mild vegetarian food, enjoys chocolate' but did not provide any more further information as to what mild vegetarian food this was referring too. Relatives were quite positive about the support people were receiving with their nutritional and hydrational needs and told us "Food prep that they do. [Person] has a good diet" and "They [care workers] cook [person] home cooked food not bought in things."

Requires improvement

Is the service caring?

Our findings

People using the service and relatives spoke positively about the care workers. One person using the service told us their care worker was "Very nice, very good." Relatives told us the care workers were "Caring, polite does whatever is needed to be done" and "Caring and considerate."

We found people were treated with respect and dignity. Relatives confirmed this and told us "100% yes", " Yes, I can say yes to that definitely" and "Yes, they shut the door so I don't see into the bathroom, they call me when they want me to bring the chair." One relative told us "The main carer is really good at calming [person] down when necessary. [Care worker} is not patronising but polite and respectful." Care workers also understood what privacy and dignity meant in relation to supporting people with personal care. One care worker told us "When we give personal care, we see that the door is closed, no one else is in the house but anyway we keep [person] covered where possible."

Feedback from people using the service and family relatives showed positive caring relationships had developed between people and staff. One person using the service told us "[Care worker] does whatever I want." Relatives told us "Yes, they are very caring", "I would say more companionable", "[Care worker] is naturally caring and sensitive to mums needs", "I like that they are very friendly to my wife and talk to her", "[Care worker] goes out of her way to be helpful which I really like" and "Yes, [care worker] is pleasant and gets on with my mother which is nice." Care workers understood the importance of building caring relationships with the people they support. Care workers told us "[Person] does what they want! [Person] will say!" and "I treat [person] like my own mother. Whatever I do for them I do with them in mind, it is their choice."

We found care workers listened to people using the service, spoke appropriately and encouraged choice. One person using the service told us "I can say, [care worker] does what I ask." Relatives told us "I only see what happens at weekends, but I have seen nothing unusual. [Care workers] ask what [person] would like, what they should do", "[Care workers] do ask and explain to me, we discuss what needs to be done", "Yes, [care worker] asks "Do you want this done" that type of thing and helps with whatever is needed" and "They let [person] know what they are going to do before they do it, ask where appropriate." One relative told us "[Person] can't talk very much and is difficult to understand but the care worker talks to [person] and manages a good level of two way conversation, [care worker] gives [person] choice about everyday things and takes time to listen to them."

There were some arrangements in place to ensure people were involved in expressing their views. Records showed the registered manager conducted review meetings to ensure people's needs were still being met and to assess and monitor whether there had been any changes. Records also showed that there was regular contact and involvement from relatives when needed.

When speaking to people and relatives, we received varied feedback about whether they had received reviews about people's care. One person told us "[Registered manager] does one every 3 months." Relatives told us "They see [person] regularly", "Yes the manager comes every 6 months and she emails in between", "We have a review about every 6 months, have just had one recently" and "With the manager I do, she will make an appointment and we will meet up about every 3mths I would say." However one person using the service told us "Sometimes they ask "is it OK?". Some relatives told us "Not in person, I could ring if there was anything I was concerned about but there is no regular review", "We had a lady come round in the beginning and about a year after that but not recently. Perhaps it would be better if they came more regularly", "I would like regular face to face reviews" and "Sometimes we have a chat on the phone or [registered manager] emails me a care plan to sign /approve."

We recommend the service review their arrangements for people and relatives to effectively express their views.

Requires improvement

Is the service responsive?

Our findings

Peoples' care plans consisted of a health and support plan and risk assessments. The care plans covered various areas of support people needed such as personal care, grooming dressing/undressing, eating and drinking, sleeping patterns, vision, hearing and medicines.

Care plans were mainly task focused and contained information about the tasks care workers needed to do during each visit and sometimes unclear how the task was to be completed. For example, for one person who had dementia and needed support with dressing the care plan stated the person needs 'Some assistance/prompt' but did not go on to explain what that support would be. In another person's care plan who was confined to their bed, the care plan stated the person 'requires assistance with all aspects of personal care' however did not provide any further details as to what this assistance would be. This person's care plan also stated that the person did not have mental capacity and had a power of attorney. Although the care plans made reference for care workers to prompt and provide assistance in different areas of their care and support, there was no further information about the levels of the comprehension the person had so it was not clear about the person's involvement in their care and expressing their views and preferences.

In some instances, the care plans stated where the person would need particular support but then not clearly detail what the care worker should do to support the person. For example, in one person's care plan, it stated the person 'can manage to eat on their own but their hands are shaky and struggles with hand eye co-ordination but carers to encourage [person] to manage as much as possible on her own' but once again did not detail how a care worker would do this.

Care plans had very limited information about people's previous life history, previous occupations, people's likes and dislikes and people who were important to them. There was some information about how sociable people were and in two care plans we saw there were some prompts to engage with a person about travelling as this was something they enjoyed and in another person's care plan, there was a prompt for the care worker to speak to the person about their family and their history, however there was no details in the care plan about the person's history.

When speaking with people using the service and relatives, they spoke very positively about care workers bring able to communicate well especially in Gujarati as this was their main language apart from English. Relatives told us "From the beginning they were accommodating, language is a plus and the management is good", "Language and continuity are good" and "Yes, with language and culture it really helps. [Person] has never mentioned a problem. However information about people's communication was limited. For example, care plans would read "I find it easier to be spoken to" but the care plan did not state how the person should be spoken to. Some people using the service have difficulty with their memory, can become confused and in some instances did not have mental capacity to make certain decisions so care plans need to clearly reflect how to communicate with that person to ensure they are supported to fully understand and be able to express themselves. The registered manager told us that care workers mostly spoke Gujarati as people using the service preferred that.

We reminded the care manager that people's care plans should be person centred and used to make sure that people receive care that is centred on them as an individual and not just based on what tasks needed to be carried out for them. The risk assessments for people also did not clearly reflect the potential risks to people which could mean risks not being appropriately managed

Care plans were not person centred and risk assessments lacked detailed which could place people at risk of receiving inappropriate care and support.

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

People's plans contained information to encourage people to continue to do tasks they were able to do by themselves and prompt people's independence. For example, in one person's plan it stated for their glass of drink to be half full so they would be able to drink it independently and in another person's care plan, it detailed support for the person during the night to improve their continence needs. In one person's care plan, it showed respect for a person's independence and stated "[Person] is still independent minded and should not feel that they have a carer but a friend who is staying over." One person using the service told us "When shopping I can buy whatever I want." When asked if care workers encouraged choice and independence, relatives told us "Yes, they ask [person] and

Requires improvement

Is the service responsive?

support [person] to do things", "Yes, it depends on [persons] condition. Especially in summer when it was warm and they encouraged [person] to walk. We went for walks together" and "[Care workers] doesn't take over, just supports and helps with whatever is needed."

When speaking with care workers they had a good understanding of how to promote people's independence and were able to give us examples of how they did this. One care worker told us "I try to encourage [person] to use their hands. We used to try to keep [person] mobile, physio, exercises, encourage [person] to stand-walk a little, but it was no good so now we concentrate on getting [person] to use their hands."

The service had procedures for receiving, handling and responding to comments and complaints.

Records showed complaints were responded to promptly. Most of the people using the service and relatives we spoke with told us that they felt comfortable to raise anything they were are not happy about. We asked them if they knew how to make a complaint and whether they had needed to make a complaint, if so how was it dealt with and was it resolved satisfactorily. Relatives told us "Very friendly, very responsive to questions, open. I feel whatever problems arise they will be dealt with", "There were some personality issues with the first carer, they worked with us to resolve problems. It was dealt with to our satisfaction", "If I had a concern I would raise it directly. When I have made a small request it has been dealt with" and "We have had no problems, but the manager has told us to contact immediately if there ever is."

Requires improvement

Is the service well-led?

Our findings

People and their relatives spoke positively about the service and its management. One person using the service told us "They send good carers to me" and another person told us "Whatever I want [care worker] does for me". Relatives told us about some of the aspects they thought was best about the service which included "Continuity", "They go out of their way to help" and "Security and reassurance that they would know what to do if there was a problem. We think we are very lucky with the service we have had."

There was a management structure in place with a team of care workers and the registered manager. People using the service and relatives told us the registered manager was approachable and easily contactable. Relatives told us "Yes, they get back to me when necessary and I have mobile numbers", "It is always very easy, I can phone or text and they answer my messages", "It is very easy to contact them. The manager is responsive" and "Yes, it's easy to contact them and they respond promptly, answer any questions we may have." One care worker told us "I don't have any problem with the management, I can bring things to their attention."

There were some arrangements in place to assess and monitor the quality of care being provided and to seek feedback from people using the service and their relatives. Records showed feedback was sought from relatives and positive feedback had been received. Relatives confirmed this and told us "Yes in the emails [registered manager] requests that" and "They phone from time to time and ask for any comments and feedback."

The registered manager about told us that she did carry our reviews of people's care but would also combine the review with a spot check on staff and review the records. The feedback from people using the service and relatives indicate that they had not received regular reviews or it was not clear what the purpose of the registered manager's visits were. Records also showed that the registered manager would email relatives for their feedback which may not be the most effective way to people to comment about people's care and support. We discussed with the registered manager a more formal structured approach so people were aware whether the visit was a spot check on staff or records or a formal review about people's care and support. The registered manager told us she would look into structuring the way reviews and spot checks were conducted in the future.

Records showed the registered manager also completed a quality monitoring tool to review aspects of the service. However we noted there was limited evidence to show how this contributed towards continuous improvement and identified where areas of improvement were needed. Some of the issues identified as part of this inspection such as the lack of details in people's risk assessments and care plans, discrepancies in care workers timesheets, quality of training and assessment of care workers levels of competence and absence of care plan review meetings had not been identified. Records also showed accidents and incidents were followed up to ensure any lessons were learnt to minimise the risk of such incidents happening again.

From records, we noted that the registered manager was responsible for the majority of work that needed to be done in the service such as writing up care plans, risk assessment, reviews, spot checks, training, supervisions and quality monitoring as well as attending to the day to day running of the service. We discussed this with the registered manager and she told us that they may consider an additional member of staff in the office to support the registered manager and enable the service to be managed more effectively.

Although some checks had been completed by the registered manager, the checks failed to identify the issues and concerns as raised during this inspection. This demonstrated the current systems in place were not robust enough to assess, monitor and improve the quality and safety of the services being provided to people.

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

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where legal requirements 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 did not take formal enforcement action at this stage. 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 assessment of risks to the health and safety of people using the service was not being carried out appropriately. Regulation 12 (1)

Regulated activity	Regulation
Personal care	Regulation 18 HSCA (RA) Regulations 2014 Staffing Care workers were not supported to have the necessary knowledge and skills they needed to carry out their roles and responsibilities Regulation 18 (2) (a)

Regulated activity	Regulation
Personal care	Regulation 9 HSCA (RA) Regulations 2014 Person-centred care The provider did not provide care and treatment to people that was appropriate, met their needs and reflected their preferences. Regulation 19 (1) (a) (c)

Regulated activity	Regulation
Personal care	Regulation 17 HSCA (RA) Regulations 2014 Good governance The current systems in place were not robust enough to assess, monitor and improve the quality and safety of the services being provided to people. Regulation 17(1) (2) (a) (b) (f)