Kalcrest Care (Northern) 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?	**Requires Improvement**
Is the service caring?	**Requires Improvement**
Is the service responsive?	**Requires Improvement**
Is the service well-led?	**Requires Improvement**

Summary of findings

Overall summary

Kalcrest Care Limited is a home care provider offering personal care and support to people within their own homes and in their local community. The services provided include personal care, assistance with medication, cooking meals and daily activities. The agency is situated near the centre of Bradford but provides most of its care and support in the Kirklees and Leeds local authority areas.

The inspection took place between 21 and 28 April 2017. We gave the provider a short amount of notice of our visit to ensure management staff were available to assist us with the inspection. At the time of the inspection there were 158 people using the service.

A registered manager was not in place although a manager had been appointed and had put in an application with the Commission to become registered. 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.

We undertook the inspection to check whether improvements had been made to the service following our previous inspection in October 2015. During that inspection we identified five breaches of regulation and rated the provider 'Inadequate' overall and in four of the five inspection domains.

We found improvements had been made to the service and we rated the service 'Requires Improvement' overall and in each of the five domains. Although some concerns still remained, the number of breaches of regulation had reduced from five to three and the severity of these breaches had been reduced meaning risks to people had been reduced.

Most people and relatives we spoke to told us they were now happy with the service provided. A number of people remarked how improvements had been made and they now received a more consistent and reliable service.

At previous inspections we had serious concerns over the lack of staff employed, staff rushing and being unable to stay with people long enough to ensure all care and support tasks were completed. At this inspection we found improvements had been made. Most people now reported staff did not rush and that the timeliness of the service was now acceptable. We saw additional staff had been recruited and rotas were now realistic and attainable and contained travel time between calls. However some people still raised concerns that staff did not always arrive on time, which demonstrated work was required to further improve the reliability of the service.

Staff were recruited in a safe and proper way to help ensure they were suitable to work with vulnerable people.

Medicines were not consistently managed in a safe way. Although a new system was being introduced which would reduce errors, documentation did not demonstrate people always received their medicines as prescribed.

People said they felt safe in the company of staff. Action had been taken to investigate and learn from safeguarding incidents. People said equipment was used safely and competently by staff. Risk assessments were in place; however some of these required bringing up-to-date.

People and relatives said the consistency and familiarity of care workers had increased and most people praised the skill and knowledge of staff. Staff received a range of training and support relevant to their role.

People said they were supported appropriately to eat and drink by staff.

The service was acting within the legal framework of the Mental Capacity Act (MCA) and Deprivation of Liberty Safeguards (DoLS) which meant people's rights and freedoms were protected.

Overall, people said staff were kind and caring and treated them well. We saw action had been taken to address reports of uncaring or undignified care, showing the management team recognised the importance of dignity and respect.

Some people reported that staff did not always let them know if they were going to be late or if new care workers were being introduced.

Most people and relatives said care was appropriate and met their individual needs. Whilst some people had a complete assessment of their needs in place, a number of care records were not up-to-date. We saw a plan was in place to address this.

People, relatives and staff reported a more organised service which was now more responsive in dealing with concerns and issues. Staff said morale had improved and they felt more able to provide high quality care and support.

Systems to assess, monitor and improve the service were in place but they were not sufficiently robust. For example in terms of ensuring medicines were managed in a safe and appropriate way.

People's feedback was obtained and the service logged, investigated and responded to most complaints. However where negative comments were received through questionnaires, these were not always responded to as complaints.

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

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

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

The service was not consistently safe.

Although improvements had been made to the safety of the service, medicines were not always managed in a safe and proper way.

There were enough staff deployed to ensure people received timely care and support. Rotas were better organised and travel time was allocated. Robust recruitment procedures were in place.

People said they felt safe in the company of staff and that staff used equipment safely. Risk assessments were undertaken; however a number of people's risk assessments required updating. A plan was in place to address this shortfall.

Is the service effective?

Requires Improvement

The service was not consistently effective.

The service would need to demonstrate sustained improvement before we could be assured that care was effective.

Overall, people said staff had the right skills and knowledge to care for them effectively. Staff received a range of training which was kept up-to-date.

People were asked for consent before care and support was provided. The service was acting within the legal framework of the Mental Capacity Act (MCA) and Deprivation of Liberty Safeguards (DoLS).

Where needed, people were supported appropriately to eat and drink.

Is the service caring?

Requires Improvement

The service was not consistently caring.

The service would need to demonstrate sustained improvement and address people's remaining concerns before we could be

assured that the service was caring.

People said staff were kind and caring and treated them well. Work had been undertaken to increase the consistency of staff to help develop good relationships between people and staff.

People said they were not always informed who was visiting and if staff were going to be late.

Most people said they felt listened to by the service and the management team.

Is the service responsive?

Requires Improvement

The service was not consistently responsive.

Most people said care was appropriate and met their individual needs. Improvements had been made to the timeliness of the service with people saying staff were no longer cutting visits short. However further work was required to improve the consistency of call times.

New care plan documentation provided assessments of people's needs. However as care plan documentation was not yet fully up-to-date, not everyone had a full assessment of their needs.

The system to log, investigate and respond to complaints was now more robust and better organised.

Is the service well-led?

Requires Improvement

The service was not consistently well led.

Although improvements had been made to the service, further work was required to address the remaining breaches of regulation that we identified. We saw a plan was in place and management resources in place to make these improvements.

Audits and checks were undertaken and these were now better organised. However some of these needed improving to ensure they consistently identified and rectified issues.

People and staff reported improvements had been made the service and it was now better organised.

Kalcrest Care (Northern) 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 checked whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014. We checked whether improvements had been made to the service following our last inspection in October 2016.

The inspection took place between 21 and 28 April 2017 and was announced. The provider was given a short period of notice because the location provides a domiciliary care service and we needed to be sure that management would be present.

The inspection team consisted of three adult social care inspectors and two Experts by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Between 21 and 28 April 2017 we made phone calls to people, relatives and staff to ask them questions to help us judge the quality of the service. On 25 April 2017, the three inspectors visited the provider's office where we reviewed documentation and spoke with the provider and manager.

We spoke with 24 people who used the service, 12 relatives, 13 care workers, the manager, the provider and a director. We looked at elements of 12 peoples' care records and other records which related to the management of the service such as training records and policies and procedures. As part of our inspection planning we reviewed the information we held about the service. This included information from the provider, notifications and contacting relevant local authority safeguarding and commissioning teams.

The provider submitted a PIR (Provider Information Return). This document gives the provider the opportunity to tell us about their service and any planned improvements. This was completely appropriately

and returned to us in a prompt manner.

Requires Improvement

Is the service safe?

Our findings

Overall we found improvements had been made to the safety of the service, although medicines were still not managed in a safe or proper way.

People and relatives told us medicines were managed appropriately. One person said "Medication is [given and] documented daily." A relative said "They always put whether she has taken medication. If there is a problem, if we have forgot to order them, anything amiss, they leave a note or ring or text."

Staff had received training in medicines management and their competency had been assessed. At the last inspection we found medicines were not managed in a safe way and medicine records were not well completed. At this inspection, we found the service had recently introduced pre-printed MAR charts to improve consistency of completion. We saw some MAR charts using this system were well completed; however this was not consistently the case. We saw a pre-printed MAR for one person stated the person should take two tablets at breakfast and lunchtime and one tablet at tea-time and one in the evening. However, the evening dose did not appear on the MAR and therefore had not been signed off by staff as having been given.

One person's MAR from February 2017 showed one of their medicines needed to be given on a Sunday morning each week. We saw there were four Sundays in February but care workers had signed the MAR on eight occasions to confirm this medicine had been given, with only one of these dates being a Sunday. We also saw they were taking another medicine where the instruction was not to be given on a Sunday. The MAR showed care workers had signed the record on three Sundays to show this medicine had been given.

We saw there a number of 'gaps' on the MARs where care workers had not signed to confirm medicines had been administered. On some MARs we saw staff had entered the code 'X' which meant 'not administered' however, there was no explanation on the MARs or in the daily records to explain why medicines had been omitted.

Some MARs had been handwritten and lacked detail. For example, one just stated 'Paracetamol' with no details of the strength, how many tablets could be administered, the frequency they could be given or the maximum number which could be given in a 24 hour period. Because of the lack of guidance we saw there was not always a four hour gap between doses.

We saw one person received support with administration of some creams. There was no MAR in place or information about how the creams should be used in the care records. Daily notes completed by staff showed these had been administered on some days.

We saw some people's care records contained information about the medicines staff supported them with. However, other people's records contained no information such as what the medicine was for, when to administer 'as required' medicines, or side effects. We spoke with the registered manager who told us this was an area they were looking to improve as they updated and reviewed people's care records.

All of these examples showed us medicines were not being properly checked before they were given and care workers were not maintaining accurate records of medicines they had administered.

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

People and relatives said people were safe in the company of staff. One person said "I feel fine with them." Another person said "They are very good. I feel safe." A third person said "I'm quite happy with them, they're a great gang." However some people remarked that they felt apprehensive if their regular cares were absent and they did not know who was coming to care and support them.

Staff we spoke with understood how to identify and act on any concerns or allegations of abuse. They had received training in following safeguarding procedures. We saw safeguarding incidents had been reported and where concerns had been identified the service had taken appropriate action, for example following disciplinary procedures where poor staff practice was identified.

We reviewed financial transaction sheets where staff carried out financial transactions on behalf of people. At the previous inspection we found these were not completed correctly. At this inspection we found improvements had been made. We found these were appropriately completed showing a full audit trail of any expenditure. This reduced the risk of financial abuse.

People reported that equipment such as hoists were used safely and competently by staff. They said staff managed risks appropriately. At the last inspection we found many care records were out of date and did not contain relevant and up-to-date risk assessments. Updated risk assessments were overly bulky and lacked person centred information. Since the last inspection, the service had introduced a more concise and person centred set of risk assessment documents and had been updating around five care records a week to bring risk assessments up-to-date. However due to the large amount of clients, this meant the service still had over 50 files to bring up-to-date. Records we reviewed showed in some cases new style risk assessments were in place which covered areas of care such as the environment, moving and handling and any specific risks. These contained an appropriate amount of detail and were person centred. However a number of people's care records were not fully up-to-date. Other records we viewed were not current and did not provide detailed information on how to control risks, associated with people's current care and support arrangements. The manager told us they would not be accepting any more care packages until the care plans were updated, showing they were taking this shortfall seriously.

Most people stated they had not experienced any missed calls. On reviewing daily records of care, speaking with people and staff we saw the reliability of the service had increased with fewer late or missed calls. We saw where calls were missed, these were investigated by the management team and actions put in place to help prevent a re-occurrences. Records showed complaints of missed calls had decreased over the last month.

At the last inspection, we had serious concerns about the lack of staff deployed by the service, leading to an unacceptable standard of care. Most staff we spoke with told us the staffing situation had now improved and they were able to spend the full amount of time with people. Although feedback about the reliability of the service was not universally positive, there were now significantly less complaints about staff rushing and not arriving on time. We reviewed rotas and saw there was now more stability, with greater consistency of staff. Travel time was allocated between calls and rotas were now realistic and achievable. Although the service was not yet fully staffed, new staff were in the recruitment process and awaiting start dates. Daily records of care showed that in most cases staff arrived on time and stayed close to the required amount of

time providing evidence that staff were deployed in a way to ensure operation of a satisfactory service.

We saw recruitment was safely managed to ensure staff were suitable to work with vulnerable adults. Records showed all the required checks were carried out before new staff started work. This included at least two written references and a DBS (Disclosure and Barring Service) check. The Disclosure and Barring Service (DBS) check helps employers make safer recruitment decisions and prevent unsuitable people from working with vulnerable groups. We saw gaps in employment were explored at interview and detailed interview notes were made. This gave us assurances that robust recruitment systems were in place to ensure people were supported safely.

People said staff wore appropriate personal protective equipment and adhered to good infection control procedures. One person said "they wear aprons and gloves." A second person said "staff wear plastic things on their feet, wear gloves, wash their hands and wear aprons over their uniform."

Requires Improvement

Is the service effective?

Our findings

At the last inspection we had concerns about staff training, knowledge and skills. Training records were not kept up-to-date and there was a lack of consistency in carers leading to people saying staff were unfamiliar with their care and support requirements. During this inspection we found improvements had been made. In order to be assured that the service was fully effective, we would need these improvements to be maintained over time.

We saw work had been undertaken to ensure a greater consistency of care workers with rota's better organised. We saw the turnover rate had also decreased in recent months leading to a more stable staff team. This was reflected in improved feedback from people and relatives. Comments included; "I have no problem, I have my regular care worker coming to see me", "things are better now," "[It's] settling down now", "yes now I have the regular care worker, in the past it was not good" and "from our point of view we have fairly good consistency." A relative said how for the last month they had consistency but previously they had different faces which caused distress to their relative. However this sentiment was not universal, one person said "They keep changing, they keep leaving and they get someone else. It is a difficult job I think." Staff we spoke with told us that rotas were more consistent and they now had regular clients.

Feedback about staff competency was generally positive. One relative said, "My relative can be a handful, the care workers understand this, with their skills they are able to deal with my relative." A person said, "Yes the majority of care workers are skilled, sometimes the new ones need time." A second person said "Cannot fault the care workers, they do a good job" and a third person "Oh yes, they do certainly know what they are doing." People also stated this aspect of the service had improved. For example one person said "At one time the care workers were not good, but now they are." Some people still had negative comments about staff skill and knowledge but this view was significantly less widespread than previously. One person said "I do not think they get enough training, (referred to new staff), they have no concept of older people, the life the client has already led."

We saw a wide range of training was in place and training was up to date or booked to take place. Training was given through a variety of mediums including face to face with in-house trainers, or using DVD or workbooks which were then sent away to be independently marked. The service had started to input information on a computer based training matrix which would then alert the service when training was due. We saw this was in the early stages of completion but would provide an effective tool for ensuring training was kept updated. We reviewed five staff training records and saw training topics included dementia awareness, MCA/DoLS, health and safety, life support, end of life, risk assessment, diabetes, infection control, care and administration of medicines, nutrition, food hygiene and continence care. Service specific training was also included stroke awareness, autism, stoma care, learning disability awareness and epilepsy. The service had internal 'train the trainers' who covered subjects such as safeguarding, moving and handling and first aid on an annual basis.

New starters were subject to a minimum three month probationary period. This included induction training, covering policies and procedures and shadowing an experienced member of staff. The length of the

shadowing period was dependant on the needs of the recruits and if they were new to care.

We saw some supervisions (support, developmental and performance meetings for staff) were in place and the registered manager told us the aim was for these to take place every eight weeks with annual appraisal. However, we saw some staff had not received supervision for several months and some were yet to complete an appraisal. The registered manager showed us in the diary where some staff had attended for appraisal but was unable to locate the documentation. The service was in the process of putting information about staff supervision and appraisal onto a computer system to alert when these were due. The registered manager and director told us this would ensure these were kept up to date and improve the efficiency of the system.

People and relatives said appropriate support was provided with food and drink. One relative stated "food is provided in a way that [relative] likes." Information on people's preferred food and drinks was present within their care plans although this information was more detailed and person centred within the updated care plans.

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 can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. In the case of Domiciliary Care, applications must be made to the Court of Protection. We found no people were currently subject to DoLS. Staff had received training in the MCA and DoLS. We saw the service was acting within the Mental Capacity Act. People had consented to their plans of care. People told us they had choice over their daily routines and staff always asked consent before assisting with care and support.

Staff referred people to the appropriate healthcare professionals such as district nurses and contact was recorded. One person said staff were "on the ball" with healthcare and referred appropriately to health professionals.

Requires Improvement

Is the service caring?

Our findings

Most people we spoke with said that staff were kind and caring and treated them well. We saw an improving picture in terms of the trust people had in staff and the service in general. Comments included "They are marvellous girls", "We cannot fault the care workers, they are good with my relative, they laugh, sing, entertain my relative, we are both happy", "Yes very caring indeed", "At one time the care workers were not good, now they are, I am very happy", "I did in the past have two carers who were not good, but now no problems", "The best care workers I have had. In the past I have used other companies, these are the best, they do not rush me, I am happy with their company." One person told us, "There has been an improvement in the last two weeks, before the care workers would just creep in, I did not feel they looked after me, the care workers looked scruffy." Another person said that they were upset because staff did not always respect them when they washed them, and were upset when staff did not know what to do. They added that this had "improved a little recently." A third person said "Some are very good, some leave things to be desire."

The overall positive sentiment was also shared by relatives. One relative said "The care workers are very good to us, they are excellent" and another said, "My relative really likes her care worker, she is so happy when the care worker comes." Another relative said "We cannot fault the care workers. They are excellent, very thoughtful, they will help me if I am changing the bed for my relative, the team go the extra mile, I have a great rapport with them."

Staff we spoke with demonstrated good caring values and a desire to provide compassionate and personalised care to people. We saw action had been taken by the management to address concerns with staff such as dignity and respect issues. This gave us assurance that further problems of this nature would be taken seriously by staff. Staff received training in dignified care and this was monitored through the spot check and supervision process.

People reported staff had regard for people's privacy. One relative said, "It's all privately done. If necessary they will pull the blinds." A person said, "Carers cover me up in the mornings" and another person said, "They are courteous in that respect, they say let's draw the curtains, that sort of thing."

A greater consistency of staff had led to staff more able to develop good caring relationships with people. This was reflected in feedback from people who said their regular carers knew them well. One relative said of the relationships "There is that understanding between them." However a number of people reported they were not always introduced to new care and support workers and did not know who was coming. People said they did not receive a rota stating who was due to visit. One person said regarding rotas; "No we don't [receive them], that's one of my bug bears with them." Some people said they were informed verbally by care staff whilst others said this didn't happen. One person said, "They just come and say I'm so and so, occasionally they come with another carer but not very often. It would be nice to be introduced to the client before working with them." Another relative said "No he doesn't know who's coming until they walk through the door." Another person when asked if new care workers were introduced replied "They just roll up, it's not often they do."

Some people reported carers told them if they were going to be late. One person said, "I had one call last week, called saying 'sorry running late due to car difficulties." The office called to let me know." Another person said, "We have a set time between 9 and 9.15 and 7 and 7.15. If there is a deviation say 30 minutes someone will call." However some people said they were not always informed if staff were late and this was a cause for frustration.

We saw people were encouraged to maintain independence where possible. New style care plans focused on people's goals and objectives and encouraging people to do tasks for themselves. Daily records we reviewed showed this was the case. For example, one person's care plan stated "I want to walk to the shop every morning" and, "I want to visit my friends and family." This indicated the service was helping promote people's independence.

Overall people said they felt listened to by the service, although some people were still upset that call times were not consistent enough. We saw the management team had met with people to discuss their concerns and this was done in a more responsive way now that the office was fully staffed. Daily records provided evidence people were listened to and their choices respected. People were also encouraged to air their views through formal mechanisms such as review meetings and quality assurance visits.

Requires Improvement

Is the service responsive?

Our findings

Most people spoke positively about the care and support provided. One person said, "I don't have any trouble with them, I'm quite satisfied." Another person said, "When they do come they do all the tasks, they are good" and a third person said, "They are on the ball they know what they are doing."

At the last inspection we had serious concerns about the timeliness of calls and in particular staff rushing and staying with people for significantly less time than the agreed call time. This meant care and support was rushed or did not get completed. We found since the last inspection, improvements had been made to the timeliness of care calls to ensure people received timely care that met their individual needs. In particular people reported staff did not rush as much and stayed for the right amount of time. Rotas now contained travel time and were achievable which meant staff had time to care and support people properly. Staff confirmed this was the case, although a small number of staff said they were still under pressure when they had to take on extra calls because of sickness and other staff absence.

We asked people if staff now stayed for the right amount of time and most people said they did. One person said, "They do now, they weren't doing before." Most people now also said staff arrived on time. One person said, "On time all the time." Another person said, "We had issues in the past, recently it's the best it has been for a while, we get care workers coming at the time we want, before bed time call would be 6.30pm now they come around 8.00pm which we want." A third person said, "[I] am happy with the time, happy with the setup. Most of the time, [they are] on time."

On review of records we saw most people received calls at appropriate times and stayed the correct amount of time, although there was still some unacceptable variation in call times in some people's records. This was reflected in some comments we received. For example one person said, "Recently on a Saturday, the care worker did not come until 1pm, I did not eat until 1pm, it is not nice for people to stay in their bed all morning." Another person told us they were unhappy with Kalcrest and the timeliness of calls. We looked at the daily records for March 2017 and we saw although most calls had taken place at consistent times the morning call had on occasion varied between 08:00 and after 10am and their evening call 19.30 one day and 21.20 the next day. We concluded that although improvements had been made there were still some timeliness issues to be addressed.

We also saw the times on the rotas did not always match the times calls took place. We raised this with the manager to address. There was also no call time agreement within care plans to provide a formal agreement and help manage people's expectations.

At the last inspection we had concerns about the quality of care plans with many not up-to-date. Some progress had been made in addressing these concerns and a plan was in place to update the remaining care plans at a rate of five to eight a week. Updated care plans contained detailed person centred information about people's needs and in particular their likes, dislikes and achievable goals and clear instructions on how to deliver care and support.

However at the time of the inspection, a number of people did not have an up-to-date assessment of their care needs. One person said "There is a care plan; it's very out of date." We saw some care plans were very out of date and lacked detail. For example, one person lived with epilepsy and the care plan stated if they had a seizure for more than five minutes staff should call 999. This had been written in September 2013 and gave no details of the type of seizures the person experienced, immediate first aid which should be given or any recovery medicines which were to be used.

We felt confident the management team would bring the remaining care plans up-to-date over the next few weeks. One senior told us how they were prioritising care plans over other work and the manager said they were not taking on additional care packages until care plans were fully updated. However this meant at the time of the inspection a number of people did not have an up-to-date assessment of their needs in place.

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

The manager told us and documentation showed the service intended to review all updated care plans every six months. However we had concerns that this would be a considerable challenge given the rate that care plans were currently being reviewed.

Most people said they knew how to complain and provided improved feedback about how complaints were dealt with. One person said regarding timekeeping issues; "I spoke to [staff] at Kalcrest and it was dealt with straight away." Another person said a complaint about their care plan had been rectified. A third person said, "I did speak to them about the consistency of staff, the last month has been good." A fourth person said, "We have no problems with the company, they do listen to us if we have any concerns."

We saw there was a complaints policy and procedure in place and a log of complaints had been maintained. This log showed us what the complaint had been about, what staff had done in response and if the complainant had been satisfied with the outcome. We saw complaints had been responded to and the manager had responded to people honestly when their complaint had been upheld. Where changes to people's care packages had been made staff checked back with people on more than one occasion to make sure things were right before they closed the complaint. We saw this approach had worked well and one person had written back to praise the two carers who were now involved with their relatives care. The log of complaints showed a reduction in concerns from December 2016 to March 2017.

We did see some people had raised concerns on the satisfaction questionnaires they had returned to the service between January and April 2017. We asked the registered manager if these had been dealt with using the complaints procedure. They told us the issues had been logged on the computerised system and co-ordinators asked to follow them up. We saw two of these had not been logged and had then later come to the service as more formal complaints. We discussed this with the manager who agreed in the future they would deal with any concerns raised through the surveys using the complaints procedure to ensure the concerns were dealt with more promptly.

Requires Improvement

Is the service well-led?

Our findings

A registered manager was not in place. However, a manager had been recruited who had applied to become the registered manager and was going through the application process with the Commission. We found the required notifications such as allegations of abuse had been reported to the Commission by the service.

Overall we found improvements had been made to the service particularly in respect to people's feedback, the organisation of rotas and the reliability of the service. However further work was required to ensure documentation regarding medicines and care plans was sufficiently robust and brought up to date. Some people also required better consistency with regards to call times. Based on the improvements we had seen since the last inspection we felt confident the management team would action these improvements over the coming months.

Most people we spoke with were now happy with the service provided. One person said, "I am very satisfied with the company" and another person said "We are very happy with the care we receive, there is a wobble from time to time, this will happen with this type of service with illness and such." People and relatives provided improved feedback about the overall quality of the service. One person said, "Recently, this past month, they have appointed two co-ordinators, I think that's a step in the right direction, I can already see a change." Another person said, "I'd say so Yes, the overall care plan has been improved. Another person said, "Huge improvement in care plan." A fourth person said, "It was not good a while ago, now they are good. I am happy, I am happy with my regular care workers" A fifth person said, "They have got better in the last two months." However some people were still evidently experiencing problems, three people we spoke with said things weren't getting better at all. This demonstrated there was still work to do to further improve people's experiences.

Staff we spoke with also told us that they felt the service had significantly improved. They said moral was better, rota's were better organised and they were able to spend more time with people.

Previously we had concerns that staff were writing incorrect call times in the daily records. We saw a reduction of complaints of this type had been received and daily records contained more exact call times recorded with variation, which gave us assurance this aspect of the service had improved. The provider had sourced and provided record keeping training to staff emphasising the importance of writing correct times. Timesheets had also been improved to allow greater accountability of these. Whilst this aspect of the service was improved, there was a recent complaint regarding incorrect recording of call times. We saw there was a current investigation regarding call times, and disciplinary action taken which gave us assurance this was being taken seriously.

We found some aspects of record keeping required improvement. For example one person's records showed that they required a shower twice a week. However records did not always indicate this had happened. The manager told us the person often refused a shower but this was not detailed within daily records of care. There were some missing entries and call times within some daily records which meant we could not confirm these calls took place.

Systems to assess, monitor and improve the service were in place but needed development to make them more robust. We saw the medication administration records were being audited when they were being returned to the office. However, we concluded these were not effective as they had not picked up the issues we identified during our visit, even records that had been audited. We still identified breaches of regulation relating to medicines, care records and governance which needed addressing to assure us the service operated effectively.

We saw 31 surveys had been returned by people who used the service between November 2016 and April 2017. These gave people the opportunity to provide their thoughts about the service they were receiving. We saw the majority of people were satisfied with the service they were receiving. However, where people had identified issues they were not satisfied with action had not always been taken to resolve them. We asked the registered manager if they provided people with feedback on the results of the surveys and they told us they did not. However, they did see the value of developing a response so people could see what the service was doing well and what its response was to suggestions for improvements. . One person said to us, "I have put some things down about if they are late why can't they phone [on a survey]." They said they had not received a response to the survey. This demonstrated action was required in this area.

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

Medication and daily records were now returned to the office on a more regular basis and 30% of daily records were audited to look for patterns and trends. We looked at daily record audits and saw some were effective in picking up issues such as missed calls or times not being recorded. We saw action had been taken with staff including meetings were issues had been identified showing these issues were taken seriously.

The provider told us they planned to implement electronic call monitoring by December 2017. This would ensure more robust and real time monitoring of staff timeliness and if implemented correctly help further improve the safety and overall quality of the service.

Staff told us they received regular spot checks. We saw spot checks, and telephone reviews and annual surveys were completed with people who used the service which allowed the management to monitor the quality of the service and people's feedback.

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 (1)□(3) Care was not always appropriate and did not always meet people's needs or preferences. A full assessment of people's needs had not always been carried out.

Regulated activity	Regulation
Personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment (1)□(2) (g) Medicines were not managed in a safe or proper way.

Regulated activity	Regulation
Personal care	Regulation 17 HSCA RA Regulations 2014 Good governance (1)□(2)(a) 2(c) . Systems to ensure compliance with the regulations were not sufficiently robust. Records relating to people's care and support were not consistently completed.