Smart Care Limited

Smart Care

Inspection report

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Ratings

Overall rating for this service	Requires Improvement

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

Summary of findings

Overall summary

The inspection took place on 27 November 2017 and was announced, to ensure staff we needed to speak with were available. This service is a domiciliary care agency; it provides personal care to people living in their own houses and flats. It provides a service to older adults, younger disabled adults and people living with dementia, in addition to people living with a physical disability, sensory impairment, mental health needs, a learning disability, an eating disorder or drug or alcohol misuse. At the time of the inspection 103 people were using the service.

The service had a registered manager. 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.

People's medicines were not always managed safely as robust processes were not all in place as required. One person had been placed at risk of harm, as they had not always received their medicines as prescribed.

There was a lack of robust processes in place to systematically: audit, monitor, identify areas for improvement and to be able to demonstrate the actions taken as a result to improve the safety of the service for people. The processes to assess the safety of people's medicines management had failed to identify the issues we found at this inspection.

Staff had undertaken relevant safeguarding training and understood their role to protect people from the risk of abuse. The registered manager had not made a required referral to the disclosure and barring service, following a recent safeguarding incident but ensured this was done during the inspection.

Risks to people had been assessed in relation to areas such as: falls, pressure areas, moving and handling for example. However, staff were not always provided with sufficient amounts of written, up to date information to ensure they could always provide people's care safely. The incident reporting system required review in order to consider whether it was sufficiently robust to ensure people's safety.

People told us and records confirmed that overall they received a good level of continuity in the staff who provided their care. The provider operated safe staff recruitment practices.

People were protected from the risk of infection as staff underwent training and followed the guidance provided.

People's needs had been assessed and they had a written care plan to meet their identified needs. However, the amount of detail they contained was not always sufficient to provide a holistic assessment of the person's needs and to enable all staff to have access to sufficient detail to promote the best outcomes for people. This risk was mitigated for people by the overall sound knowledge of staff about the needs of the

people they cared for.

Staff were well supported with their induction, mandatory training and supervision programme. However, there was a lack of written evidence to demonstrate staff had undergone additional training as required, in relation to the specific healthcare needs and conditions of the people for whom they provided care. The registered manager took action during the inspection to arrange further training in stoma care and diabetes care for relevant staff.

People received sufficient assistance from staff to ensure they were able to eat and drink enough to meet their needs. Staff ensured people's health care needs were met. Staff worked proactively with other services to ensure people received the care they required when they moved between services.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice. Staff had undertaken Mental Capacity Act (MCA) 2005 training but could not all demonstrate their knowledge to ensure they could identify when a MCA assessment might be required for a person. This has been brought to the registered manager's attention for them to address.

People we spoke to told us the staff were very caring and kind. People told us they were very much involved in making decisions about their care and that their wishes were respected. Staff ensured people's privacy and dignity was upheld in the provision of their care.

The service was responsive to people's needs; staff knew people and their needs well. Any required changes to people's care were acted upon promptly.

There was a process in place to enable people to raise issues either verbally or in writing. People reported that they felt confident any issues raised would be listened to and addressed accordingly.

People could be supported where required within the service to have end of life care from familiar staff supported by community clinicians.

There was a clear mission statement in relation to the provision of peoples' care, which staff strived to meet. Staff were supported by a registered manager who was open and accessible to them and who understood the issues related to delivering this type of service. There was a clear organisational structure with defined roles for staff. Staff worked in partnership with other agencies in the delivery of peoples' care.

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

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement

The service was not consistently safe.

People's medicines were not always managed safely and a person had been placed at risk of harm, through errors in the administration of their medicine.

Staff had undertaken relevant safeguarding training and understood their role. The registered manager had not made the required referral to the disclosure and barring service following a recent safeguarding incident. However, they ensured this was done during the inspection.

Staff were not always provided with sufficient amounts of up to date written information to enable them to provide people's care safely.

The incident reporting system required review to ensure it was sufficiently robust to keep people safe.

There were sufficient numbers of staff, whose suitability for their role had been assessed, to provide people's care.

People were protected from the risk of infection through safe processes and staff practices.

Is the service effective?

Requires Improvement

The service was not always consistently effective.

People's needs were assessed, however the amount of information in people's written assessments and care plans needed to be more detailed to fully reflect their identified needs and preferences.

Overall staff had the knowledge, skills and experience to provide people's care. Arrangements were made during the inspection for staff to undertake additional training specific to some people's individual health care needs.

People received sufficient staff assistance to ensure they were able to eat and drink enough to meet their needs.

Staff worked proactively with other services to ensure people received the care they required when they moved between services.

Staff ensured people's health care needs were met.

People's consent to care and treatment was sought. Staff needed to consolidate their training in this area.

Is the service caring?

Good

The service was caring.

People experienced kind and caring relationships with the staff who provided their care.

Staff ensured people were encouraged to express their views and to be actively involved in decisions about their care.

Staff ensured people's privacy and dignity was upheld in the provision of their care.

Is the service responsive?

Good

The service was responsive.

People received personalised care that was responsive to their needs.

People's issues were listened to and responded to appropriately.

People could be supported where required within the service to have end of life care from staff that were familiar to them, supported by community clinicians.

Is the service well-led?

Requires Improvement

The service was not consistently well-led.

There was a lack of robust processes in place to systematically: audit, monitor, identify areas for improvement and to be able to demonstrate the actions taken as a result to improve the service for people. The processes to assess the safety of people's medicines management had failed to identify the issues we found during this inspection.

The service had an open and positive culture. The provider and the registered manager were open and accessible to people and staff.

Further work is required in order to be able to demonstrate that all existing staff understand the importance of reporting all incidents for investigation.

People and staff were asked for their views through surveys and staff meetings.

Staff worked in partnership with other agencies in the delivery of peoples' care.

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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, looked at the overall quality of the service, and provided a rating for the service under the Care Act 2014.

The inspection took place on 27 November 2017 and was announced. The inspection team included three inspectors and an expert by experience. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Prior to the inspection, the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We reviewed the information included in the PIR along with information we held about the service, for example, statutory notifications. A notification is information about important events which the provider is required to tell us about by law.

Before the inspection, we sent out questionnaires to 50 people who used the service, of which 25 were returned, 50 relatives, of which four were returned, 31 staff, of which nine were returned and 15 professionals, of which three were returned.

Prior to the inspection, we spoke with a Social Services team manager and two care managers about the service and received written feedback on the service from a third care manager and a social care development coordinator. During the inspection, we spoke with 15 people and six people's relatives. We spoke with the care co-ordinator, a field care supervisor, five care staff, the registered manager and the registered manager from one of the provider's other services.

We reviewed records, which included 10 people's care plans, five staff recruitment and supervision records, and records relating to the management of the service.

This service has not previously been inspected at this location.

Requires Improvement

Is the service safe?

Our findings

People told us they felt safe with the care provided and made a lot of positive comments about the agency and staff. A person said, "I have a regular girl, who is absolutely wonderful. I've always had her and I feel very safe with her, I can depend on her, anything I need she does willingly. She makes me feel secure just by being here. She sometimes a bit over the time she's supposed to just to make sure I've got everything I need." Another person said, "I have had help for two years and I have double ups, they come together and work really well with me. I always feel safe with the girls, they have to hoist me and help me with personal care and meals. They're always attentive and wear gloves and aprons when they're washing me. I don't have any worries." Social care professionals also provided positive feedback on the safety of the care provided.

People received their medicines from staff who had undertaken medicines training and had their competency to do so assessed as recommended in national guidance. Once staff had completed the provider's medicines training during their induction, their ongoing knowledge, skills and competencies were assessed through a process of; supervisions, competency assessments, medication checks and refresher training. Staff had access to policies in relation to medicines management to guide them. However, people did not always receive their medicines safely.

Records showed a person was prescribed Warfarin. This is used as a blood thinner and it is very important it is taken as prescribed. People who take this medicine require regular blood tests to check how quickly their blood clots and the prescriber then alters the amount prescribed in response to the results of the blood tests. There were not robust processes in place to consistently ensure information about changes in dose were received in a timely manner, to ensure staff had up to date information about the amount of Warfarin to administer each day. Records demonstrated that staff had administered the incorrect amount of Warfarin to the person on four occasions between 16 July 2017 and 10 September 2017. This placed the person's physical health at risk, as they did not receive this medicine as prescribed.

The prescriber alerted the service on 14 September 2017 that the person had received too much Warfarin on 10 September 2017. The registered manager was not aware of this incident as the staff member who received the alert had failed to inform them or to complete a medicines error form so that an investigation could be completed as per the provider's guidance. This failure had left the person at potential risk of further errors as the incident had not been investigated. We brought this to the registered manager's attention. They carried out an immediate investigation, arranged additional training for those staff administering Warfarin, improved processes to obtain blood test results and arranged that these staff will be subject to on-going checks and audits. Although this will reduce the future risk of medicine errors for the person, it will take time for the registered manager to be able to demonstrate the effectiveness of these changes in ensuring this person always receives their medicine safely.

There was a lack of written guidance in people's records for staff in relation to where people's topical creams were to be applied and how thickly. This created a risk that people might not have them correctly applied. When staff applied medicine 'patches' to people's skin, the registered manager told us staff knew where they had been applied. However, staff did not document this information, to ensure there was a

record that they had been rotated as required. This meant there was a risk that a new patch might be put in the same place. Following the inspection, the provider informed us this information has now been included on people's medicine administration record (MAR) charts, however, it will take time for them to be able to demonstrate the effectiveness of this new practice. Staff did not always document on the MAR using the correct code the reason why people did not receive their medicines; therefore, the MAR was not accurate. Although staff requested an up to date medicine list from the person's GP when the service commenced, they did not always ensure this remained current. The list of people's medicines in their care plan sometimes differed from what was on their MAR sheet; therefore, there was not always up to date information about people's current medicines in their care plan. Although staff administered people's medicines from their MAR sheet, people's records should be accurate and up to date. We saw a number of people's MARs were hand written, which without checking and countersigning by a second staff member, introduced a potential risk of errors being made. There were not robust processes in place to ensure people received their medicines safely.

The provider's failure to ensure that people were receiving their medicines safely was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

All of the staff who responded to our questionnaire agreed with the question 'I know what to do if I suspect one of the people I support was being abused or was at risk of harm.' The staff we spoke with had undertaken safeguarding training. All were able to identify all of the types of abuse, which people could be at risk from. In addition, they understood the correct safeguarding procedures to follow should they suspect a person was being abused. They were aware that a referral to an agency, such as the local Adult Services Safeguarding Team should be made, in line with the provider's policy. One staff member told us, "I would let the manager or the CQC know if I thought abuse, like theft, was going on."

The registered manager was aware of their legal responsibility to inform the CQC of all safeguarding referrals. However, we did note that a notification to the Disclosure and Barring Service (DBS), which should have been made, following a recent safeguarding investigation had not been made. Referrals should be made to the DBS when an employer or organisation believes a person has caused harm or poses a future risk of harm to vulnerable groups. The registered manager had sought advice on the matter, but had not checked the DBS website themselves for current guidance. They took action during the inspection to ensure the correct referral was made to ensure people's future safety.

Risks to people had been assessed, in relation to areas such as: falls, pressure areas, moving and handling and the environment for example. Relevant information such as whether people had a keysafe or a lifeline was recorded for staff's information.

People's care plans did not always reflect the care currently provided or contain all of the relevant information to enable staff to safely manage potential risks to people. For example, staff told us they had started to provide stoma care for a person a year ago; however, the person's care plan had not been updated to reflect this change in their care. A stoma is a small opening on the surface of the abdomen, which has been surgically created in order to divert the flow of faeces and/or urine. Although staff described clearly the stoma care given and the person's daily records demonstrated this care was provided there was no written guidance for the provision of this care in the care plan for staff. This meant that a member of staff would not have guidance in the event that a member of staff unfamiliar with this person had to provide their care. The care plan provided for staff to follow did not accurately reflect the person's current care needs and any potential risks related to their stoma care. The registered manager informed us this person's care plan would be updated and following the inspection provided evidence that this had been done.

Another person lived with diabetes and staff were instructed to ensure the person's relative monitored the person's blood sugars. Although following the inspection the registered manager provided evidence that the blood sugar monitoring was a precautionary measure for the person. There was no written guidance in the person's care plan concerning what their 'normal' blood sugar range was to enable staff to understand if the reading was safe or when any further action should be taken. Staff should be given sufficient information to enable them to carry out any task they are instructed to undertake safely. Staff had received insufficient written information to enable them to manage this risk safely for the person. When we brought this to the registered manager's attention, they sought this information and staff were provided with guidance. It will take time for the registered manager to be able to monitor and evaluate the effectiveness of these measures.

Overall staff reported incidents to the office staff, as per the guidance seen in a person's care plan. There was evidence that incidents were investigated and managed for people's safety. Actions were taken and relevant services and staff informed for people's safety.

People told us and records demonstrated that overall they received a good level of continuity in the staff who provided their care. We asked staff if they thought there were enough staff on duty to support people safely day to day. One staff member told us, "Yes, I think so. If we are running late, which isn't that often and we think we can't make the next call, the on-call team will cover it." Another staff member said, "I've never had a missed call so I think there is enough time. Some days are busier than others but the work gets done." Although the provider stated in their provider information return staff were given travel time between all calls, the staff we spoke with told us they were not allocated travel time between visits. However, two of the three staff spoken with worked in small geographical areas; consequently, this did not present as a problem most of the time. However, weekends sometimes were problematic as staff were expected to travel more widely. People told us there were some issues around timekeeping but they were generally understanding that these were down to heavy traffic congestion at rush hour. The registered manager told us following the inspection that they would be addressing this issue for the few care staff affected as soon as they managed to recruit more staff. In the interim there were sufficient staff to provide people's care safely.

Appropriate checks were undertaken before staff began work. We saw criminal records checks had been undertaken with the DBS, this meant the provider had undertaken appropriate recruitment checks to ensure staff were of suitable character to work with vulnerable people. There were also copies of other relevant documentation including full employment histories, professional and character references, driving licences, motor insurance documentation and interview notes in staff files. We noted staff were asked care focused questions during interviews, such as the management of safeguarding issues to test their awareness and understanding.

Ninety-six per cent of the people who responded to our questionnaire agreed with the question 'My care and support workers do all they can to prevent and control infection.' We noted all staff received training in managing infection control in line with the provider's infection prevention and control policy. The staff we spoke with were aware of their responsibilities in this regard and of its importance.

Requires Improvement

Is the service effective?

Our findings

Relatives told us, "The girls are well trained." "They are the best we've ever had. They manage extremely well and they are quite the highlight of his day. They are good at picking up on any health issues and let me know if I need to get the nurse to come in."

People's needs had been assessed and they had a written care plan to meet their identified needs. The assessment identified the person's medical history and the person's needs for each care call. However, the amount of detail contained in care plans was not always sufficient to provide a holistic assessment of the person's needs and to enable staff to have access to sufficient detail to promote the best outcomes for people. For example, a person's assessment stated that at the morning call staff should 'prepare breakfast' and 'assist with personal care.' At tea, they were to 'leave fluids' There was a lack of detail about how this care was to be provided in a manner that met the person's preferences for the delivery of their care and promoted their independence. Although people were generally cared for by a small group of staff who had a good knowledge of people and their needs, which ensured they did actually receive their care as required, care plans needed to contain a greater level of detail. We spoke with the registered manager who told us there had been a recent change in the staff member responsible for the completion of assessments and care plans. We saw an example of one of the new staff member's assessments and saw there was a greater level of information recorded for people. Following the inspection, the registered manager told us they had started the process of reviewing the content of people's existing care plans. It will take time for them to complete, monitor and evaluate the effectiveness of this work.

The registered manager was aware of national guidance in relation to the management of medicines in the community by staff, especially in relation to the requirement for competency assessments. Staff underwent the nationally recognised Care Certificate prior to working alone. Staff had been issued with copies of the CQC key lines of enquiry and attended professional forums to update themselves on legislative requirements and best practice for people.

Ninety-six per cent of the people who responded to our questionnaire agreed with the question 'My care and support workers have the skills and knowledge to give me the care and support I need' and four percent disagreed. Staff told us they had undertaken an induction to their role and felt well supported in their role, through regular supervisions, observations of their practice and professional development. A staff member said, "We do get regular supervision and spot checks too." Another told us, "The training is there. I'm just doing my national vocational level four (which is a professional qualification in social care)." Staff were able to access mandatory training in a range of subjects including infection control, health and safety, moving and handling people, fire awareness, safeguarding vulnerable adults, first aid and food hygiene. Staff were well supported with their induction, mandatory training and supervision programme.

However, staff also cared for people with a variety of specific health conditions and care needs, including: Parkinson's disease, motor neurone disease, diabetes and stoma care. The registered manager told us staff had received stoma care training; however, there were no written records to demonstrate when or from whom. One care staff told us the training they had received had been from another person with a stoma

rather than a healthcare professional. The staff member's knowledge was still sufficient to provide this care safely. Although staff had access to fact sheets on health conditions, there was a lack of written evidence to demonstrate they had undergone additional training in relation to the healthcare needs and conditions of the people they provided care for, as required by national guidance on the delivery of home care. Therefore, there was a potential risk that they lacked sufficient up to date knowledge and training to deliver effective care and support to these people. We spoke to the registered manager who immediately took action to book stoma care training for relevant staff and to provide staff with information on diabetes, whilst they underwent training, to ensure they had the correct up to date knowledge. It will take time for the registered manager to be able to monitor and evaluate the effectiveness of these measures.

Where meals and drinks were to be provided for people this was documented at each care call, but could have been more detailed in relation to people's preferred food and drink choices. People and relatives informed us that staff provided meals where required and that where people had regular visits across the day staff were leaving hot drinks in a flask for them to have between visits so that there was no risk of people becoming dehydrated. The staff we spoke with were knowledgeable about people's dietary requirements. They were aware of the importance of healthy eating and of maintaining a balanced diet. They were also aware of the balance to be struck between the need for this and people's rights to decide for themselves what they chose to eat. There was a food and fluid chart available for staff to use where they identified any concerns about a person's food or fluid intake.

Staff worked proactively with other services to ensure people received the care they required when they moved between services, which records confirmed. Written feedback from social care professionals included, 'The service is always prompt in their response, assessment and commencement of care and are understanding of the requirement for a timely discharge from hospital.' They told us the service was, "Very good at working with the hospital team."

The registered manager involved a range of external health and social care professionals in the care of people, such as: dieticians, community nurses, occupational therapists, social workers and GPs. Staff ensured people's health care needs were being met. People benefited from staff having good working relationships with external agencies to co-ordinate their care.

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 were asked to sign their consent to the care provided, which records confirmed. The registered manager told us all of the people they provided care for either had the capacity to consent to their care or had a power of attorney in place to make decisions about their care on their behalf. Therefore, they had not needed to assess anybody's capacity to consent to the delivery of their care. There was not always a copy of the power of attorney on people's records to demonstrate the legal authority of the attorney, which we brought to the attention of the registered manager for them to take the relevant action. People's consent to their care had been sought.

Eighty-nine per cent, of staff who responded to our questionnaire agreed with the question, 'I have had training in and understand my responsibilities under the MCA,' eleven per cent disagreed. Records demonstrated 38 of the 44 staff had undertaken training in this area; however not all staff spoken with demonstrated a sound application of the MCA as it applied to their work with people. This created a

potential risk that staff would not be able to identify when legal requirements were not being met for people.

Good

Is the service caring?

Our findings

People we spoke to told us the staff were very caring and kind. All of the people who responded to our questionnaire agreed with the question 'My care and support workers are caring and kind.' The provider's 2017 client survey confirmed this; there was a very high rating for the attitude of staff with no negative comments.

Some people did not leave their homes and therefore their visits from care staff were possibly their only point of human contact each day. People told us care staff were aware of this and made time to talk to them. One person said, "The girls are extremely kind, I've been very lucky because I'm alone it provides a bit of social contact for me as well. We chat and have a laugh. It's lovely, she listens to me, treats me very well." Another person told us, "They are kind, interested in me and what I've done in my life. Some chat more than others but they are all concerned about me. Most of them have a good sense of humour and we have a laugh as we go along." A person said, "I am treated with such kindness and compassion. If I'm down or upset, everything stops and they will sit and comfort me or just hold my hand until I'm ok." The staff we spoke with felt they were working in a caring manner. One staff member told us, "I think it's a really caring service." Records demonstrated how attached a member of staff was to a person and that when the person passed away, they went out of their way to commemorate the life of that person for the family. People experienced kind and caring relationships with the staff who provided their care.

Eighty-five per cent of people who responded to our questionnaire agreed with the statement 'If I want them to, the care agency will involve the people I choose in important decisions,' whilst ten per cent did not know and five per cent disagreed. People told us they were very much involved in making decisions about their care and that their wishes were respected. A person told us, "The manager came and talked the care plan through with me and my daughter in law to make sure I had enough help. A relative said, "They talk to [loved one] and involve [loved one] in decisions about how [loved one's] care is delivered." A person told us, "I have a regular girl who comes and helps me with dressing. She's very keen, well trained and very gentle with me. She never rushes me. We work together and chat as we go along - everything is done just the way I want it." Records demonstrated people or their representatives had involvement in the compilation of their care plans and were consulted about how they wanted their care provided. For example, people were asked what gender of care staff they preferred to provide their care.

People were provided with a comprehensive service user guide when their service commenced. This set out their rights and provided details about their care. This ensured people could access relevant information to enable them to be involved in decisions about their care.

Ninety-six per cent of people who responded to our questionnaire agreed with the question 'My care and support workers always treat me with respect and dignity,' whilst four per cent did not know. All of the staff who responded agreed, 'People who use this care agency are always treated with respect and dignity by staff.' People confirmed to us that staff upheld their privacy and dignity during the provision of their personal care. A person told us, "They respect me and my home and always check they've done everything the way I want it. " Another said, "They are totally respectful and preserve my dignity in the way they help me

- they don't make me feel uncomfortable." A third person commented, "She's very respectful when she's helping me in the bathroom always covering me up to make sure I'm not getting cold." Staff ensured people's privacy and dignity was upheld in the provision of their care.

Good

Is the service responsive?

Our findings

People reported the service was responsive to their needs. A relative told us, "I have no worries at all about [loved one] when [loved one] is in [loved one's] home or out in the community with the staff. [Loved one] knows them well and is always relaxed in their company." Another commented, "The staff don't ever give me the feeling that they are rushed, they don't cut us short even though I know they don't get given enough time to get from place to place. They talk to [loved one] and involve [loved one] in decisions about how [loved ones] care is delivered." A person said, 'I can depend on her (carer), anything I need she does willingly." Another person commented, "The office staff are very good and they would sort out any problems. They always help with things like changing times of appointments and adapting my care if things change." A person told us, I've never complained but if one of the fill in carers don't suit, I just phone the office and ask them not to send her again. I know how to complain if I needed to."

Ninety-two per cent of the people who responded to our questionnaire agreed with the question 'I am involved in decision-making about my care and support needs,' four per cent did not know and four per cent disagreed. People told us that they were included in planning the care they received. Eighty-nine percent of the staff who responded to our questionnaire agreed with the statement 'I am told about the needs, choices and preferences of the people I provide care and support to,' whilst eleven per cent disagreed. People were involved in planning how they wanted their care to be delivered and this information was shared with staff, to ensure they could be responsive to people's wishes.

People had a care sheet, which provided some information about what was important to the person, such as their interests, likes and dislikes, routine, past occupation and important people in their life. We noted that there was variance in the amount of information these contained and informed the registered manager who will be reviewing them. Within the service there were five small geographical staff 'teams,' each comprising of three to ten care staff. A person was allocated to a team, within which they had a primary worker to deliver their care and people also received support from other care staff within that team. This ensured people's care was provided within a small staff group that got to know them and their needs as an individual. A care manager told us about staff, "They are person centred." This is when care is delivered around the needs and interests of the person rather than the service.

The registered manager told us people's care was reviewed at least annually and more often if required. A care manager reported, 'Manager is always quick to action services or change to services as clients needs change.' A person confirmed, "The office staff are very good and they would sort out any problems. They always help with things like changing times of appointments and adapting my care if things change." Records demonstrated people had been involved in reviews of their care. The service was responsive to changes in people's needs.

Ninety-six per cent of people who responded to our questionnaire agreed with the question 'The support and care I receive helps me to be as independent as I can be,' whilst four per cent disagreed. All of the staff surveyed agreed people were supported to be independent. We asked staff how they encouraged people's independence. One staff member told us, "If someone can do something for themselves, we will encourage

that". We noted from the 2017 client survey that the majority of people felt their independence was promoted and encouraged.

People's communication needs were noted. However, there was not always sufficient written guidance for staff about how these were to be met for people. For example, a person's care plan noted 'Speech problems due to dementia and Parkinson's.' There was no mention of how this was to be addressed by staff .The registered manager told us that as this person was new to the service staff would be updating their care plan as they got to know them. However, it was not clear whether any other sources of information could have been drawn on in the interim for example, any information from relatives about how best to communicate with the person. Another person had been with the service since May 2017 and their care plan noted they were 'hard of hearing,' but there was a lack of information about how or if this needed to be addressed. However, another person did have details of how to support them to communicate in their care plan. We brought this to the attention of the registered manager and the worker who is now responsible for writing care plans for them to take the required action. People's communication needs were being met but they could be more clearly documented.

The service ensured that people had access to the information they need in a way they could understand it and are complying with the Accessible Information Standard. The Accessible Information Standard is a framework put in place from August 2016 making it a legal requirement for all providers to ensure people with a disability or sensory loss can access and understand information they are given. Staff had documented if people were registered blind or hard of hearing. The registered manager from the provider's other service told us of how the office contact details had been provided in large print for a person who was registered blind. The office telephone number had also been put into their phone to enable them to dial it easily.

The registered manager told us people were provided with a copy of the complaints policy in their service user guide, which records confirmed. The staff members we spoke with were clear about their responsibilities in the management of complaints or concerns. They were aware of the provider's complaints policy and procedures and where to find them. There was one written complaint registered in 2017. We noted it was managed in line with the provider's policy and resolved in a timely and satisfactory manner. Records showed that when concerns were raised verbally they were investigated and addressed for people. The registered manager told us, "If you act on things quickly they don't escalate." People reported that they felt confident any issues raised would be listened to and addressed accordingly.

Although staff had not undertaken training in palliative care, the service did not currently have anyone receiving this type of care. If people required this care then the community nursing team met their clinical care needs. The registered manager told us that although they did not directly take on packages of care to provide people with palliative and end of life care, if those people already within the service required this care then it was provided by staff. The service did have an end of life care support plan for use with people where required. A relative had written to commend the quality of care provided to their loved one at the end of their life. People could be supported where required within the service to have end of life care from familiar staff supported by community clinicians.

Requires Improvement

Is the service well-led?

Our findings

People and their relatives told us that they thought the service was well run. Their comments included, "I know the manager and would recommend the company without hesitation." "The manager visits and checks everything is going on okay for us. I would recommend them; I think they are well run, dependable." "I've met the manager, she comes out sometimes, I would definitely recommend the company." "I'm not aware of satisfaction surveys but we have had visits from the manager to check thinks are going on alright. " Peoples' experience of the service was that it was well led.

The registered manager told us they monitored the quality of the service through people's annual reviews, quality reviews, spot checks, the audit of medicine administration records, the managing director visits, staff supervisions, and annual surveys. However, there was a lack of evidence to demonstrate this information was being systematically, gathered, reviewed, monitored and used to drive improvements in the service for people.

There were no audits concerning the overall management of medicines, complaints, incidents or accidents, staff sickness, infection control, training, supervision, notifications to the CQC or safeguarding referrals. Therefore, the provider was unable to demonstrate the effectiveness and safety of the service in these areas.

We reviewed the registered manager's monthly medicines reports, which were a review of the medicine administration records (MARs) in order to identify any gaps in staff's signatures. The registered manager had taken action when gaps were noted to address these with staff. However, there was not a robust process to audit and monitor the overall safety of medicines management within the service. The current spot checks on staff's medicines administration, medicines competency assessments and the monthly review of the MARs were not sufficient to identify the issues we found in relation to the safety of people's medicines and the resulting breach of the Regulations.

We looked at documentation related to accidents and incidents. These were recorded but were not subject to regular audit. There was no attempt to systematically identify trends and causality, such as the frequency and place of incidents, with a view to reduction or prevention for people.

The registered manager told us the managing director carried out quality visits and spoke with people and staff and a registered manager from one of the provider's other services provided them with support. However, these visits were not based on the use of an audit tool or written report to assess and monitor the quality of the service at the provider level, nor did they result in any action plans to drive service improvement for people.

It was not clear that people's feedback was consistently used to drive improvement in the service. For example, we noted that a person had raised at their review in February 2017 that they would like staff to receive stoma care training. As we found at this inspection there was a lack of evidence to demonstrate this had been provided for staff as per the person's request. The registered manager told us after the inspection they had identified that attempts had been made to arrange this training at the time, but that this had not

been followed through, as required for the person. Although actions were identified at peoples' reviews, there was not a systematic process in place to ensure the recorded actions were always competed.

We looked at the provider's completed satisfaction questionnaires, carried out to gauge the views of people and their representatives and returned in April 2017. They revealed a high level of satisfaction, particularly in the quality of care, and in relation to staff attitudes. Although evidence provided following the inspection demonstrated the actions taken in response to three people's comments we found no evidence that the questionnaires had been subjected to any analysis. For example, of the 36 questionnaires returned, eight had judged the promptness of home visits as 'adequate', which was the second lowest of the four categories on offer. An opportunity had been missed to fully analyse and use the data gathered to further improve the service for people.

The provider's failure to operate effective systems and processes in order to monitor and improve the quality and safety of the service for people was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The service strove to provide a flexible, efficient and professional service tailored to each person's needs. People's feedback both in response to our questionnaire and during the inspection demonstrated that they were pleased with the service received.

Social care professionals told us there were good working relationships with the service. A care manager told us, "There is a good structure and clear communication." Another reported, 'We have a good relationship professionally with them.' A relative had written to commend the registered manager on how effectively they had worked in partnership with other agencies in the provision of their loved ones care. Their evidence demonstrated how the registered manager had worked with the hospital and the clinical commissioning group to ensure the person's changing needs were met.

It is a condition of registration with the Care Quality Commission (CQC) that the service has a registered manager in place. There was a registered manager registered with CQC to manage the service.

The registered manager told us they had started their career as a care worker which they felt, gave them a good understanding of staff's experience of providing care and the issues they faced. They told us their phone was on seven days a week for staff to be able to access them if required. Eighty-nine per cent of staff who responded to our questionnaire agreed that 'My managers are accessible and approachable and deal effectively with any concerns I raise,' whilst eleven per cent disagreed. Staff confirmed to us the registered manager operated an 'open door' policy and that they felt able to share any concerns they may have in confidence. Staff were supported by a registered manager who was open and accessible to them and who understood the issues related to delivering a domiciliary care service.

From 1 July 2016, the provider introduced an incentive performance bonus for care staff, which was paid every six months, in addition to a bonus for introducing new staff to the company. The registered manager told us the provider had also been supportive to staff with any personal welfare issues. The staff were valued within the service.

There was a clear organisational structure with defined roles for staff, to enable them to understand their responsibilities. Ninety-two per cent of people who responded to our questionnaire told us 'I know who to contact in the care agency if I need to,' whilst four per cent disagreed and four per cent did not know. Overall people understood who to raise any issues with at the office.

Although the registered manager told us, staff understood their responsibility to report any incidents to them for further investigation. As documented earlier in this report, we identified an incident where a staff member had not reported a medicines incident, which had left a person at ongoing risk of not receiving their medicines correctly, which could have caused them physical harm. Although this member of staff no longer works for the service, further work is required in order to be able to demonstrate that all current staff understand the importance of reporting all incidents for investigation.

Seventy-seven per cent of people who responded to our questionnaire agreed that 'The care agency has asked what I think about the service they provide, five per cent whilst did not know and eighteen per cent disagreed. The registered manager told us people were engaged with the service through their reviews and surveys, whilst staff were engaged through the staff meetings. A person told us, "I've had satisfaction surveys through and yes I think they are a brilliant company." People and staff were being invited to a 10th anniversary party for the service. People and staff were asked for their views through surveys and staff meetings.

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's failure to ensure that people received their medicines safely was a breach of Regulation 12 (2)(g) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Regulated activity	Regulation
Personal care	Regulation 17 HSCA RA Regulations 2014 Good governance The provider's failure to operate effective systems and processes in order to monitor and improve the quality and safety of the service for people was a breach of Regulation 17(a)(b)(e) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.