

Horizonz Care Ltd

Horizonz Care Ltd

Inspection report

1-3 Market Street
Heckmondwike
West Yorkshire
WF16 0JY

Tel: 01924403831
Website: www.horizonzcare.com

Date of inspection visit:
16 June 2016

Date of publication:
08 August 2016

Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?

Requires Improvement ●

Is the service effective?

Requires Improvement ●

Is the service caring?

Good ●

Is the service responsive?

Requires Improvement ●

Is the service well-led?

Requires Improvement ●

Summary of findings

Overall summary

The inspection of Horizonz Care took place on 16 June 2016 and was unannounced. We previously inspected the service on 6 January 2016. At that time we found the registered provider was not meeting the regulations relating to dignity and respect, need for consent, safe care and treatment, safeguarding service users from abuse and improper treatment, complaints, good governance, staffing and fit and proper persons employed.

The registered provider sent us an action plan telling us what they were going to do to make sure they were meeting the regulations. On this visit we checked to see if improvements had been made.

Horizonz Care is registered to provide personal care. Care and support is provided to people who live in their own homes within the localities of Dewsbury and Huddersfield. On the day of our inspection 26 people were receiving support with personal care.

The registered provider is also the registered manager for the service. 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 told us they felt safe. Staff had received training in safeguarding vulnerable people and were able to tell us the action they would take in the event of anyone being at risk of harm or abuse.

A number of risk assessments had been implemented since our last inspection, these included details of the equipment staff needed to use to enable safe moving and handling of people. Emergency contact information was recorded in each of the care plans we reviewed but this information did not record the location of emergency cut off points for the utility services in people's homes.

Our inspection on 6 January 2016 found that recruitment procedures were not thorough. At this inspection we found some improvements had been made, for example Disclosure and Barring Service (DBS) checks were recorded for staff. As no new staff had been employed since our last inspection we were unable to evidence safe recruitment procedures had been implemented by the registered provider.

People told us staff were on time and did not miss calls. The registered person told us they implemented an electronic monitoring system; this alerted them in the event a person's call was late or had been missed.

Staff had completed medicines training but the document used to assess staff competency in medicine administration lacked detail. Improvements had been made to the recording of people's medicines but we saw gaps on medicine records and not all the entries contained adequate information to enable safe administration by staff. This evidenced a continuing breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Since our last inspection staff had completed a variety of online training courses. They had also attended a practical training session for moving and handling of people. Staff had received supervision, although this was not always documented.

Staff we spoke with understood people's right to make decisions about their daily lives. Where people lacked mental capacity, assessments were in place in their care plans, however, these needed further development to ensure they were specific to the decision they related to.

Where people were unwell, we saw evidence they had been supported to receive medical advice.

People told us staff were kind and caring. Staff spoke to us in a caring manner about the people they supported. Staff were able to describe the steps they took to ensure people's privacy and help them to retain a level of independence.

Records relating to people and staff were stored securely.

People had a care plan in place. Staff said the care plans were reflective of people's current care needs and we saw evidence care related records were reviewed and updated.

Not all documents were dated and due to the volume of records, including archived records in files it was not easy to identify the current care planning records.

All contact with the office regarding people who used the service was logged, however, due to the method of recording and lack of analysis; it was difficult to see if there were any trends or themes.

Staff told us the service had improved since the last inspection.

Audits had taken place but these were random and there was no set criteria for which medicine records and daily call logs were checked against. There was no information regarding the frequency or outcomes of audits. Spot checks were completed on staff performance and feedback was gained from staff and people who used the service. However, there was no analysis of the results or evidence the findings were shared. This demonstrated a continuing breach of Regulation 17 of the Health and Social Care Act 2008 Regulations.

You can see what action we told the provider 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 always safe.

People told us they felt safe.

Each of the care plans we reviewed contained risk assessments relevant to people's individual needs.

An electronic call monitoring system had been implemented to ensure reduce the risk of people's calls being missed.

The recording of people's medicines meant we could not clearly evidence medicines were managed safely.

Is the service effective?

Requires Improvement ●

The service was not always effective.

Staff had received training in a range of subjects.

The registered person had plans in place to ensure all staff received regular management supervision.

Where people lacked capacity to make decisions, capacity assessments were in place however, these were not decision specific.

Is the service caring?

Good ●

The service was caring.

People told us staff were caring and kind.

Staff ensured they maintained people's right to privacy.

People were encouraged to retain their independence where possible.

Is the service responsive?

Requires Improvement ●

The service was not always responsive.

People had care plans in place which were reviewed at regular intervals

Not all the records we reviewed provided an accurate, complete and contemporaneous account of the peoples care and support.

People were aware of how to complain however, no analysis of concerns was completed.

Is the service well-led?

The service was not always well-led.

Staff spoke positively about the recent improvements at the service.

Audits had commenced but these were random and not yet sufficiently robust.

Feedback was gained from people and staff but there was no formal analysis of the information and there was no evidence to suggest the information was shared.

Requires Improvement 

Horizonz Care Ltd

Detailed findings

Background to this inspection

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

This inspection took place on 16 June 2016 and was announced. The registered provider was given 48 hours' notice because the location provides a domiciliary care service; we needed to be sure the manager would be available to meet with us. The inspection team consisted of two adult social care inspectors.

Before the inspection we reviewed all the information we held about the service including notifications, we also spoke with the local authority contracting team.

During our visit we spent time looking at six people's care plans, we also looked at 19 records relating to staff recruitment and training, and various documents relating to the service's quality assurance systems. We spoke with the registered person and senior support worker. Following the inspection we spoke with four support workers on the telephone. We also telephoned four people who used the service and six relatives of people who used the service.

Is the service safe?

Our findings

Everyone we spoke with told us they felt safe in the care of Horizonz Care support staff. When we asked one relative if their family member was safe they responded, "Oh yes, definitely."

Our inspection on 6 January 2016 found the registered person was not meeting the regulations regarding safeguarding service users from abuse and improper treatment. On this visit we checked and found that improvements had been made.

We saw evidence in all except for two staff files, that staff had completed training in safeguarding vulnerable adults. The registered person told us they were aware of the two staff who still needed to complete this aspect of their training and told us this had been due to staff sickness. Each of the support staff we spoke with confirmed they had completed training and they were able to tell us about the different types of abuse. Staff also told us they would report any concerns to a senior staff member immediately.

The senior support worker told us when they became aware of any potential safeguarding concern; it was their job to make a referral to the local authority safeguarding team. They said they had liaised with members of the local authority safeguarding team on a number of occasions since the last inspection and this had furthered their knowledge and confidence in dealing with these matters.

When we spoke with the registered person about safeguarding people, they told us about an error which had occurred with a person's medicines. They explained how they had discussed the incident with the local authority safeguarding team and subsequently completed a statutory notification to the Care Quality Commission (CQC) to inform us about the matter. This demonstrated the registered person was aware of their regulatory responsibilities in notifying the CQC of any incidents where a person may be at risk of harm or abuse.

We asked the support workers we spoke with about their understanding of whistle blowing. While each of them confirmed they had been told about whistle blowing, they were not all clear on how to report concerns outside of the service if they needed to. We brought this to the attention of the registered person following the inspection. A whistle blower is an employee who raises serious concerns regarding the safety and welfare of people who use the service, or about the management of the service to an external organisation, for example the Care Quality Commission.

Our inspection on 6 January 2016 found the registered person was not meeting the regulations regarding safe care and treatment due to inadequate risk assessments for the people they supported. On this visit we checked and found that improvements had been made. The registered person told us a lot of work had gone into ensuring appropriate risk assessments were in place although they said they recognised some work was still needed. They said the care co-ordinator had recently commenced a more in-depth course about risk assessments.

A support needs assessment tool was in each of the care files we looked at. This scored each activity, for example, bathing, washing and using the toilet, as low, medium or high dependency. Each plan also

contained a moving and handling risk assessment screening tool, this provided initial information for staff regarding the support people needed to mobilise. We looked at two care plans for people who required the use of a hoist to transfer them, for example, from their bed to a chair. We found both care plans contained a relevant risk assessment and hoisting plan. This recorded the type of hoist, sling and other equipment to be used. This showed care and support was planned and delivered in a way that reduced risks to people's safety and welfare.

Each of the care plans we reviewed contained an environmental risk assessment. This included a number of topics, for example, parking, lighting and appliances within the home. None of the risk assessments recorded the location of emergency cut off points in people's home. For example, in the event a member of staff found a water leak at someone's home they would not know the location of the 'stop tap' to switch the water off. Having this information accessible enables staff to take prompt action in the event of a problem being identified. This was also identified at our previous inspection of Horizonz Care. However, the senior support worker gave us an example of how staff had taken prompt action when they had visited a person and upon entering their home, they had smelt gas. They said staff had reported the matter to the office and staff had been instructed as to the action they should take. The senior support worker told us that as a result of this incident they had ensured each person's care plan contained a list of emergency numbers for staff to access.

Our inspection on 6 January 2016 found the registered person was not meeting the regulations regarding fit and proper persons employed as the registered person was unable to clearly evidence staff had been recruited safely due to a lack of references or Disclosure and Barring Service (DBS) checks. On this visit we checked 19 staff files and found evidence a DBS had been obtained for each staff member. The registered person also showed us a spreadsheet which listed each staff member and logged the date the DBS was applied for and received, the certificate number and the date the DBS was due to re-checked. This showed there was a system in place to ensure the registered person had oversight of the DBS status of all their employees, to ensure their suitability to work with vulnerable people.

At this inspection we found many of the files still did not contain references for staff. In some files we saw the registered person had written to previous employers for references but many of the letters were not dated. The registered person told us they had attempted to obtain references for staff who were already employed at the last inspection but they said this had been difficult with many previous employers not responding to the reference request. The registered person told us no new staff had been employed since our last inspection; therefore we were unable to check safe recruitment procedures had been implemented following our last inspection. However, when we spoke with both the registered person and the senior support worker they were clear about the need to ensure appropriate pre-employment checks were completed and they described to us how they had declined a potential applicant as they had been unable to provide suitable references.

Having robust pre-employment checks in place reduces the risk of employing staff who are unsuitable to work with vulnerable people.

Our inspection on 6 January 2016 found the registered person was not meeting the regulations regarding staffing. People told us staff were late or sometimes did not turn up at all. When we spoke with people who used the service and relatives, on this visit, feedback was positive. Only one person we spoke with said staff were sometimes late, no-one else expressed any concern. One relative told us the support worker was 'always punctual' and other person said, "They have never missed." People also told us they had regular staff, however, one person was concerned that due to them only having a very small number of people attending their call, they were worried that in the event of a staff member leaving, there would be a lack of

staff who would know their particular requirements.

Two people we spoke with told us they had requested a rota so they knew which staff would be attending their call. One person told us they did not receive the rota and the other person told us the staff who attended did not always match the names on the rota.

The registered person told us they implemented an electronic monitoring system. They said this had only recently commenced and therefore there were still some 'teething problems'. They explained each staff member had an 'app' downloaded to their mobile phone, this was used to log their arrival and departure at each call by scanning a microchip attached to the care plans which were kept in people's homes. They told us this enabled them to ensure people received their calls and staff stayed for the time allocated to the call. They said the system generated an alert in the event staff failed to arrive for a call. This demonstrated the registered person had a structure in place to reduce the risk of people's calls being missed or late.

Our inspection on 6 January 2016 found the registered person was not meeting the regulations regarding the safe management of people's medicines. On this visit we checked and found that although improvements had been made we could not clearly evidence that all the medicines we reviewed were administered safely.

Each of the staff we spoke with told us they had completed online medicines training and they had also attended a study session external to the organisation. We saw evidence in each of the staff files that staff had completed medicines training. We asked the registered person if they checked staff competency to ensure they administered medicines safely. They told us they were, however, when we explored this further, the document did not evidence the specific task which had been observed, for example, medicine administered from a dosette box, medicine administered from an individual packet or a cream applied. This meant the registered person could not evidence which administration techniques staff were competent to perform.

We asked one of the staff how they reduced the risk of making an error with someone's medicines. They told us prior to administering a medicine they checked to make sure the name of the medicine, the time for administering the medicine and the dose were all correct. We asked another member of staff what they would do in the event they made an error when administering a person's medicine. They told us they would report the mistake to the office staff and to the person's doctor to see if any action was required to reduce the risk of harm. This showed staff knew what action to take in the event of an error occurring.

Each of the care plans we reviewed contained a medication support plan which noted the support the person required with their medicines. For example, one care plan recorded the person's family supported them with their medicines, another care plan recorded where the person's medicines were stored and how they liked to take them.

We reviewed medicine administration records (MARs) for two people. We saw the format of the records had been changed and they now recorded the name and strength of the medicine along with the time it was to be administered. Two of the staff we spoke with told us the registered person had made changes to the MAR charts and they both told us this was an improvement to the previous records and this enabled them to check they were administering people's medicines correctly.

We saw one person was prescribed two creams, a document was in their care plan entitled 'cream chart'. This recorded the name of the cream, when the cream was to be applied and why, a body map was shaded to identify the area of the body the cream was to be applied to. We looked at one MAR chart for this person

and saw both creams were also recorded on the MAR chart. Having this level of information reduces the risk of people not receiving their medicines as prescribed.

Both the MAR charts we looked at had a box for staff to record the date the record related to but this was blank on three of the four weeks we looked at. We also noted there were gaps on the MAR where staff had not signed to say they had administered the person's medicines. This meant we could not evidence people were receiving their medicines as prescribed. One of the MAR charts we reviewed had a hand written entry, the strength of the medicine was not recorded or the dose or frequency. This meant staff did not have the relevant information to ensure the person received the medicine as prescribed in a way which would reduce the risk of harm. We brought this to the attention of the registered person.

These examples demonstrate a continuing breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Is the service effective?

Our findings

Our inspection on 6 January 2016 found the registered person was not meeting the regulations regarding staffing, staff were not suitably qualified, competent, skilled and experienced. On this visit we checked and found improvements had been made.

We asked one person if staff had the skills to meet their needs, they responded, "They know what they are doing." When we asked a relative if staff had the required skills, they said, "Oh yes." One person we spoke with said staff were 'getting better' in their use of the hoist.

We saw evidence of training certificates for all staff in a range of topics. These included, moving and handling, first aid, food hygiene and person centred care. When we spoke with staff they all told us they had completed a range of training over the previous few months. We asked staff if they felt online training provided them with the skills and knowledge they needed for their role. One staff said, "There is a lot of information, but if you are unsure, you can go and ask (the office staff)." Another staff member said, "I struggled with one course, but I went to the office staff and they helped and explained, I then managed to complete the course." All the staff we spoke with told us they had also attended a practical training session for moving and handling, including use of hoisting equipment. One staff member said this had been 'excellent'. Ensuring staff receive appropriate training provides assurance that staff have up to date skills and knowledge to enable them to meet people's needs in line with current standards of good practice.

The senior support worker told us all staff had received supervision in January following the last inspection and staff also had supervision in June 2016. The registered person told us the intention was for staff to have three supervisions and one appraisal per year. They showed us a matrix which recorded the date each staff member had received supervision and the date their next supervision was due. When we reviewed staff personnel files we saw documented evidence of supervision and/or a performance reviews in most, but not all of the files we looked at. However, each of the staff we spoke with told us they had each received at least one supervisions recently. One staff said, "We talked about rotas, issues with service users and about me and my service users." Regular, documented, supervision ensures staff performance is monitored helps to staff have the skills and competencies to meet people's needs

The registered person told us no new staff had been employed since our last inspection. However, they told us future staff would receive an induction which would include shadowing a more experienced member of staff and completion of the Care Certificate. This is an identified set of standards that health and social care workers adhere to in their daily working life. It aims to ensure that all workers have the same introductory skills, knowledge and behaviours to provide compassionate, safe and high quality care and support. This meant that although we were unable to evidence the induction process, we were assured the registered person had a system in place to ensure new employees received appropriate induction and training.

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. Our inspection on 6 January 2016 found the registered person was not meeting the regulations regarding consent. On this visit we checked and found improvements had been made.

We saw evidence staff had received training in the MCA. The senior support worker told us they had noted the pass rate for this subject was not as high as other training courses the staff were completing. They said the registered person and themselves had provided a handout for staff to give them more information about the MCA. The registered person, senior support worker and each of the support workers we spoke with were able to verbalise their understanding of the MCA and spoke to us about people making their own decisions, being supported to make choices and acting in people's best interests where people's capacity to make a decision may be impaired. One staff member told us how the relative of a person they supported left them a note regarding the clothes their relative was to wear and the food they were to eat. They said that they also asked the person if these choices were acceptable to them and offered an alternative if the person said no. This showed this staff member was aware of the person's right to make decisions about their daily life.

Two of the care plans we reviewed contained mental capacity assessments. We saw these documents, although personalised to the individual's abilities and needs, were not decision specific. For example, we saw two assessment documents in one person's care record which contained identical information but were in reference to two different aspects of their care. We recommend the registered person seek advice and guidance from a reputable source, regarding MCA assessments.

Consent forms were in each of the care plans we reviewed, regarding, for example, sharing information and consulting with other health care professionals. These were signed and dated; however, one of the forms had been completed by the relative of the person. There was no evidence in the care plan to suggest the family member had the legal right to sign this document. If the person lacks capacity to consent, then nobody should sign a consent form unless they have specific legal powers to do so.

One member of staff told us about the specific dietary needs of one of the people they supported. They also told us how they enabled the people they supported to choose the food they wanted to eat. They said they would give the person a choice of what was available for them and allow them to choose from this. Where support was required with meals, this was recorded in people's care plans. For example, one care plan recorded, 'ask (person) for preference of meal which will then need to be heated up as required'. This showed people were supported, where needed with eating and drinking.

We asked one staff member what action they would take in the event they felt a person was unwell. They told us they would contact the person's family, report it to the office and document their actions in the call logs. Records we looked at showed staff contacted people's family or GP in the event the person was unwell. This showed people using the service received additional support when required for meeting their care and treatment needs.

Is the service caring?

Our findings

Our inspection on 6 January 2016 found the registered person was not meeting the regulations regarding dignity and respect. On this visit we checked and found that improvements had been made.

Everyone we spoke with told us staff were kind and caring. One person said, "They are pretty good, they have got better." Another person told us, "I am delighted (with the care); they (staff) are very kind. They always ask if there is anything else I want." We spoke with one relative whose family member had recently stopped using the service, they said, "They were excellent. Kind and caring. They looked after her; I was really pleased with the care [they] got."

When we spoke with staff, they all spoke in a caring and dignified manner about their job and the people they supported. One said, "The care is for the people, if we don't do the job properly, there is no point in going." Another staff member said the office staff had told them, "Care for someone as you would want to be cared for yourself."

When we asked people if staff maintained their privacy and dignity, people told us they did. A relative said, "Yes, most certainly, no problem there." Staff were able to clearly describe how they ensured people's privacy. One said, "I ask if they want me to leave them (when using the toilet). I close doors and curtains." Another staff member told us how they used towels to cover the person's body to ensure their body was not unnecessarily exposed.

The senior support worker told us when they told completed spot checks on staff, one of the performance criteria was an observation of how staff cared for the person and they also asked for feedback from the person regarding the staff member. This included questions around staff maintaining their privacy and dignity.

The senior support worker told us about one person who Horizonz Care provided support to, where English was not their first language. They explained how they tried to ensure at least one of the staff attending the call was able to communicate with the person in their first language. They also explained how this person required aspects of their care to be delivered in line with their religious or cultural preferences. They explained how a member of staff had been provided with the knowledge and skills to meet this need.

Not all the records we reviewed contained a life history for the person. Having detailed information about a person's life enables staff to have insight into people's interests, likes, dislikes and preferences. Life history can also aid staff's understanding of individuals' personalities and behaviours.

We asked staff how they encouraged people to maintain their skills and independence. The senior support worker told us, "We prompt people to things on their own, we encourage." We saw evidence in people's care plans that people were encouraged to maintain their independence. One care plan we reviewed recorded, 'bathes independently but staff need to dry (persons) back'.

At our inspection on 6 January 2016 we found records were not stored securely. On this visit we saw records were kept in lockable cabinets. The registered person told us the access to data kept on the computer and portable computer storage devices (USB sticks) was password protected. We asked the registered person about the data staff accessed via the 'app' on their mobile phones. They told us staff had to use PIN number to access the 'app' and the 'app' security re-set after four seconds of inactivity. This helped prevent unauthorised access to confidential records.

Is the service responsive?

Our findings

People we spoke with all confirmed they or their relative had a care plan in place. One of the relatives we spoke with said, "Yes, (person) has one. They took it away recently as it needed updating". A person who used the service said, "Yes, the girls write in it every day."

Staff we spoke with told us people had care plans in their homes, they also told us the care plan was an accurate reflection of the care and support people required. We asked one staff member what would happen if someone's needs changed. They said someone from the office would update the care plan for them. This showed care planning took account of people's changing care needs.

Each of the care plans we reviewed contained a daily support plan. The records were person centred and provided a detailed log of the care and support the person required at each of their allocated calls. For example, one record detailed the person's preferred time to get up and go to bed. Another person's record detailed 'support workers are to keep talking to (person) through the transition with the hoist as (person) can become scared'. A third plan recorded, 'leave (person) with a glass of water'. Having this level of detail ensures staff have the information they need to enable them to deliver the individualised care and support.

Daily call logs were completed by staff and the registered person told us these were returned to the office at regular intervals. We reviewed a random sample dated May and June 2016. The log provided a basic record of the care and support staff had provided. We noted that some entries were written in coloured pen and we saw one entry which appeared to have been written in pencil. Some logs had an empty line between entries. Daily logs must provide an accurate, complete and contemporaneous record in respect of each person.

A number of documents we reviewed as part of the inspection process were not dated. In some case this was due to staff not entering the date, for example on people's MAR charts and some supervision records. Ensuring dates are accurately recorded is an important part of maintaining accurate and complete records for people.

The registered person told us care plans were reviewed at regular intervals or in the event of a person's needs changing. We saw evidence in the care plans and related documentation that records were reviewed and updated at regular intervals. As a result, the care plan files retained in the office contained a number of copies of care planning documentation relating to each person. However, it was not always clearly evident which document was the most recent care plan currently in use.

Our inspection on 6 January 2016 found the registered person was not meeting the regulations regarding handling complaints. On this visit we checked and found that improvements had been made. When we spoke with people who used the service and relatives no one raised any complaints with us. One person said, "I've never had to (complain) but if I wanted to, I'd just call the office." A relative said, "We have no complaints."

The registered person told us they did not keep a dedicated complaints file, but logged all contact relating

to people who used the service in a specific file. They told us two minor complaints had been received by the service. We reviewed the contact log sheets and saw the office based staff logged each call made to the office, this included, information about the issue raised, action taken to address the issue and any follow up action. We were re-assured that the service was responding to and addressing matters as they were raised. However, due to the manner in which calls were logged, and the lack of analysis, it was difficult to see if there were any trends or themes. We discussed this with the registered person at the time of the inspection.

Is the service well-led?

Our findings

Our inspection on 6 January 2016 found the registered person was not meeting the regulations regarding good governance. On this visit we checked and found that although improvements had been made there was insufficient evidence to demonstrate robust systems and processes were in place.

When we spoke with people who used the service and/or their relatives they spoke positively about the service they received and the staff who supported them. They told us the registered person had also asked them for feedback. A person who used the service said the registered person had sent them a feedback survey but they had not completed it or returned it. A relative said, "When I get the invoice, sometimes there is a feedback form in there."

The registered provider was also the registered manager. They were involved on a daily basis in the operation of the business. They said a lot of changes had occurred at the service since our last inspection. The senior support worker said they felt the staff and management had worked hard to rectify the issues highlighted at the previous inspection. They said, "We know we have a lot to do, but we have improved a lot. I think we have come a long way and we will continue with that."

Staff we spoke with were positive about the organisation and felt changes since the last inspection had improved the service. One staff member said, "A lot has changed. They (office staff) want to know everything is right. It's a good company, I love my job." Another staff commented, "It has got really good, better. It's more professional."

Under the Care Quality Commission (Registration) Regulations 2009 registered providers have a duty to submit a statutory notification to the Care Quality Commission (CQC) regarding a range of incidents. During our inspection we did not identify any issues which the registered provider had failed to notify us about. There is a requirement for the registered provider to display ratings of their most recent inspection. We saw the registered provider had due regard for the duty of candour, the most recent inspection report and the rating was on display within the office

The senior support worker told us they randomly audited people's MAR and daily call logs. We saw evidence on one of the MARs we looked at that an audit had been completed as the chart was signed and dated by the senior support worker. There was no record to evidence the criteria the audit had been checked against and none of the spreadsheets the registered person sent to us recorded any detail about the frequency or findings of the audits completed.

Three of the staff we spoke with told us they had received a spot check by a member of the office staff. The senior support worker told us spot checks were carried out on staff to monitor their performance; they said all staff had received a spot check in the last six months and these were unannounced. We reviewed 11 spot check forms dated between April and June 2016, the spot check form reviewed the staff performance and care practices of staff and included feedback from the service user, however, not all the records detailed the name of the staff who was being checked. We saw a spreadsheet which logged the spot checks, but this did

not evidence that a spot check had been completed on all staff.

We asked the registered provider how they gained feedback from people. They told us the care co-ordinator had contacted everyone who used the service following the last inspection to gain their feedback. We looked at feedback from eight people; this included positive feedback and areas where the service could improve. The senior support worker told us satisfaction surveys had recently been sent out to people. When returned they were placed in people's individual files. We looked at five completed surveys dated March, April and June 2016, one person had commented, "They (staff) boost my confidence and put a smile on my face". Another response noted, "I think all I have complained about has been taken on board. Improvements made, things altered".

We saw evidence of employee satisfaction surveys in some of the staff files we reviewed, dated January and June 2016. These asked a variety of questions, including, 'do you feel your training needs are met' and 'do you feel we are a good employer'. We reviewed the responses from four staff, dated January and /or June 2016, all the responses were positive. There was no evidence to suggest there had been any analysis of the feedback from people or staff or if the results had been shared with them.

A staff meeting had been held in January and February 2016. There was a record of attendees and the minutes included comments by the registered person and staff who were present. There were no other staff meetings recorded. We asked the registered person and the senior support worker and they said no other meeting had been held but they planned to hold another staff meeting after our inspection. Staff meetings are an important part of the registered person's responsibility in monitoring the service, sharing good practice and passing on relevant information regarding the organisation.

These examples of governance arrangements which were not adequately robust, demonstrated a continued breach of Regulation 17 of the Health and Social Care Act 2008 Regulations.

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 People's medicines were not managed safely.
Regulated activity	Regulation
Personal care	Regulation 17 HSCA RA Regulations 2014 Good governance Systems and processes were not established or operating effectively to ensure robust governance.