

Dovetail Care Limited

# Dovetail Care Limited

## Inspection report

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Date of inspection visit:  
08 November 2016  
09 November 2016

Date of publication:  
07 December 2016

## Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

**Requires Improvement** 

Is the service effective?

**Good** 

Is the service caring?

**Good** 

Is the service responsive?

**Good** 

Is the service well-led?

**Requires Improvement** 

# Summary of findings

## Overall summary

The inspection took place on 8 and 9 November 2016 and was announced.

We carried out an inspection in March 2015, and found the management of medicines did not protect people from the risk of unsafe care or treatment, staff members did not receive appropriate support and training, care plans were not updated on a regular basis, some sections were not completed or were inaccurate, People who were unable to make some decisions relating to their care and support had not received an appropriate and decision specific mental capacity assessment and the provider had failed to monitor the quality of the service to identify issues. We told the provider they needed to take action; we received an action plan. At the inspection on 8 and 9 September 2016 we found the service was breaching two regulations.

Dovetail Care is situated in the Horsforth area of Leeds and provides home care to clients of all age ranges with varying needs, including those with disabilities, visual or hearing impairments, mobility restrictions and Alzheimer's disease.

At the time of our inspection the service had a manager and deputy manager who worked alongside the provider. The manager was in the process of registering with the Care Quality Commission. 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.

On the day of inspection the current CQC rating for Dovetail Care Limited was not on display in the office or on the provider's website. The provider told us they would rectify this immediately and this was an oversight.

At this inspection we saw improvements had been made with the safe management of medicine, however, there were still some areas of improvement required. When necessary staff involved health professionals or the emergency services to make sure people's health care needs were met. People were supported to have enough to eat and drink.

People who used the service told us they felt safe with the care they received. We found there were appropriate systems in place to protect people from risk of harm. There were policies and procedures in place in relation to the Mental Capacity Act 2005.

There were sufficient numbers of staff to meet people's needs and keep them safe. We received mixed views from people we spoke with regarding regular staff, visit times and if they were informed of any changes.

We found people were provided with care and support by staff who had the appropriate knowledge and training to effectively meet their needs. Staff told us they felt well supported and had received supervision in

recent months. Robust recruitment processes were in place and were followed.

People were treated with dignity and respect by staff. Staff knew people well and were able to describe how individual people preferred their care and support delivered. People we spoke with were aware of how to make a complaint and felt they were listened to.

People we spoke with told us they were happy with the service they received and staff were kind and caring. The care plans we looked at were person-centred and reviewed on a regular basis to make sure they provided accurate and up to date information.

The manager and deputy manager were working with the team, monitoring and supporting the staff to ensure people received the care and support they needed. Staff spoke positively about the management team. There were systems in place to monitor and improve the quality of the service provided. Although, the provider and manager were unable to fully demonstrate how the service managed the administration of medicines safely.

On the day of inspection the current CQC rating for Dovetail Care limited was not on display in the service or on the provider's website.

We found breaches in regulations of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. You can see what action we have 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.

Staff received medication training; however, systems to ensure the safe administration of medicines were not always effective.

Staff understood how to keep people safe and where risks had been identified action had been taken to reduce those risks.

There were enough skilled and experienced staff to support people and meet their needs. Safe recruitment procedures were in place. We received mixed views from people we spoke with regarding regular staff, visit times and if they were informed of any changes.

### Is the service effective?

**Good** 

The service was effective in meeting people's needs.

Staff received an induction with training and shadowing opportunities. Staff had recently started to have supervision and appraisal meetings.

Staff had completed training in respect of the Mental Capacity Act 2005 and understood their responsibilities under the Act. Care and support plans contained a mental capacity assessment however; this did not include decision specific information.

Staff supported people to maintain good health and to have a varied diet.

### Is the service caring?

**Good** 

The service was caring.

Feedback from people who used the service about the quality of care provided was positive. They spoke positively about the way in which staff helped them.

Staff used their knowledge of people to deliver person centred care.

People's privacy and dignity was respected.

### Is the service responsive?

**Good** ●

The service was responsive to people's needs.

People had their health, care and support needs assessed. People's care and support plans had been regularly updated and provided staff with the information they needed to meet individual's needs.

People were provided with information about how to make a complaint.

### Is the service well-led?

**Requires Improvement** ●

The service was not always well-led.

There were systems in place to monitor and improve the quality of the service provided. However, the provider and manager were unable to fully demonstrate how the service managed the administration of medicines safely.

The current rating was not displayed in the office on the day of our inspection. We checked the provider's website and saw there was no information relating to the current rating of the service.

People who used the service and staff we spoke with found the management team approachable.

# Dovetail Care Limited

## Detailed findings

### Background to this inspection

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

This inspection took place on 8 and 9 November 2016 and was announced. The provider was given notice because the location provides a domiciliary care service; we needed to be sure that someone would be in the office. The inspection team consisted of one adult social care inspector 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.

At the time of this inspection there were 47 people receiving personal care from Dovetail Care Limited. We spoke with nine people who used the service, one friend of a person, six staff, the manager, deputy manager and the managing director. We visited the office of the service and spent some time looking at documents and records that related to people's care and support and the management of the service. We looked at five people's care and support plans.

We sometimes ask providers to complete 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. On this occasion we did not ask the provider to complete a PIR.

We sent out surveys to 25 people who used the service and 25 relatives and friends; 10 from people who used the service and two from relatives and friends were returned. We also sent out surveys to five staff and 10 health professionals; six from staff and one from a health professional were returned. We have included their responses in the inspection report.

We also reviewed all the information we held about the service. We contacted the local authority and Healthwatch who did not have any comments or concerns about the provider. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England.

# Is the service safe?

## Our findings

At the last inspection we rated this domain as inadequate. Medicines were not managed safely and individual risks had not always been assessed and identified. Following our last inspection the provider sent us a plan, which identified how they were going to improve the service. At this inspection we saw improvements had been made and they had followed their plan, however, we concluded there were still some areas of improvement required with regards to the management of medicines.

We noted some improvements had been made with the administration and prompting of medication since our last inspection. We saw medication administration records (MARs) were in place to record when people's medication had been given.

We found staff received medication training as part of their induction and their competency was assessed as part of the shadowing period during the induction. The manager told us they checked staff competency in this area during spot checks and records showed this was covered as part of spot checks procedure.

We asked people who used the service if they received assistance with their medicines. One person said, "They help me get my pills out I have a list." Another person told us, "They put my meds down and make sure I've taken them write it down in my book."

The provider had policies and procedures relating to the safe administration of medication in people's own homes which gave guidance to staff on their role and responsibilities. The manager told us the majority of people's medicines were provided pre-dispensed from the local pharmacist, which minimised the risk of errors being made. We saw the manager had created a medication concerns log, which recorded any errors that had been identified and what action had been taken to minimise these errors in future.

Care and support plans we looked at contained a list of people's medicines and recorded any allergies the person might have. The meant staff were informed about people's medication needs.

Staff told us the medication process had improved since our last inspection and said they always completed the MAR. One staff member said, "It is a safe process. We use dossett boxes and complete a MAR. You can see an improvement." Another staff member said, "If we have a new cream we would write the quantity and the frequency on the MAR. I think this is a safe process."

We looked at some people's MARs and found some had not been completed accurately. For example, one person's MAR was not dated so it was unclear if this was a current MAR. We also saw signatures were missed from some MARs we looked at so it was unclear if people's medicines had been given as prescribed. The manager told us they investigated when missed signatures were identified on the MAR and feedback was given to the appropriate staff if needed, however, they said they did not document this.

We saw some medicines information written on the MAR was not complete and had not been transcribed in full. For example, one person's, MAR stated 'Rivaroxaban 20mg tablets' but no further instruction was

recorded on how many or when these should be administered. This meant we could not be certain people were given their medicines as prescribed.

At the time of our inspection, the service was not routinely gathering MAR's from people who they supported with the administration of medicines from people's homes to check these were accurate and fully completed.

We saw people had been prescribed topical creams and ointments but there were no body maps in place to show staff exactly where the creams and ointments needed to be applied. We saw when people had been prescribed medicines on an 'as and when' required basis, for example for pain relief; there were no protocols in place for staff to follow so they understood when a person may require this medicine.

Although we found improvements had been made, there were still some areas of improvement required with the management of medication, we concluded this was a continued breach of Regulation 12 (g) (safe care and treatment) of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Risks to people's health and safety were assessed. Care and support plans contained environmental, health, medication, and lifestyle risk assessments to ensure people and staff were in a safe environment. Care and support plans showed what action staff needed to take in order to reduce or eliminate potential risks. This helped ensure people were supported to take responsible risks as part of their daily lifestyle with the minimum necessary restrictions. The manager told us they updated risk assessments at the same time they reviewed people's care and support plans. We concluded staff effectively assessed, monitored and managed risks to people's health and wellbeing.

There were procedures for staff to follow should an emergency arise in relation to the deterioration in the health or well-being of someone who used the service.

The manager told us the provider had a lone working policy, which supported the safety of staff when attending visits. They said staff contacted the on-call staff member when they attended visits 'after dark'. If the on-call staff member did not get a call from the staff member they would contact the staff member to see if they were alright.

Before our inspection we asked people and their relatives to complete a survey. People who used the service and their relatives told us they felt 'safe from abuse and/or harm from their care workers'.

In our survey, staff told us they would know what to do if they suspected one of the people they supported was being abused or was at risk of harm. The majority of people who used the service also said they were safe from abuse and/or harm from the staff of this service.

People told us they felt safe with the staff who were supporting them. One person said, "Yes very safe." Another person said, "Yes definitely safe." A third person told us, "Safe, they've assured me they are all above board."

Safeguarding procedures were in place. Staff we spoke with had an understanding of safeguarding and were able to describe what they would do should they suspect abuse was occurring. Staff had received training in safeguarding adults and we saw safeguarding and whistleblowing policies were available. The manager told us no recent safeguarding incidents had occurred within the service.

People who used the service were regularly asked if they had any concerns about the service through spot



checks and informal contact with the management team and office staff. This provided people with opportunities to report any concerns they had.

In our survey, a health professional told us people who used the service were safe from harm from the staff of this service.

Recruitment processes were in place for the safe employment of staff. The recruitment procedure included processing applications, conducting interviews and seeking references. We saw checks were made before staff began work, including a Disclosure and Barring Service (DBS) check. The DBS checks assist employers in making safer recruitment decisions by checking prospective staff members are not barred from working with vulnerable people. We looked at recruitment files for five staff and noted the provider's procedures had been followed.

The provider told us they had recently recruited a lot of new staff and sufficient care staff were employed for operational purposes. They told us they would not offer a service to any new clients until they had enough staff in place to cover the visits. The manager recorded details of the times people required their visits and which staff were allocated to go to the visit.

We saw staff received a weekly rota, which showed them who they were to visit, the time of the visit and the duration. Staff completed a timesheet following each visit, which could be compared to the weekly rotas if needed. We saw a weekly rota was sent to people who used the service so they would know who would be visiting them. Some people we spoke with told us they did receive a rota each week and some people told us they needed more information about staff rotas as these were not always provided. Comments from people who used the service included, "I get a rota", "I get a list every week it is always right", "I don't know whose coming I don't get a rota for who's coming" and "Don't have a rota for who's coming."

Most staff we spoke with told us they had been allocated enough time to complete each call. One staff member told us, "We have more than enough staff and in general I have enough travel time between visits." Another staff member said, "Yes, we definitely have enough staff and most of the time I have enough travel time." A third staff member told us, "We don't always have enough travel time between calls. This need to be more thought about."

We received mixed views from people we spoke with regarding regular and reliable staff and if they knew the times of their visits and were kept informed of any changes. Comments included, "More regular than before, new ones come with a regular one and shadow", "I've got to know them now over six months. Generally they're all decent never been late. At first I didn't have the same staff but now I have the same ones", "They're very prompt, always let me know if they're going to be late. I get a rota every week. I've been with them four months. Staff vary but I have five regular days", "They are not always on time but the office are very good, they let me know. Some carers are nice, odd new ones" and "They are very very busy but stay and do what's required off the care plan."

Other comments included, "They are sometimes late but they only get ten minutes travelling time. I get different ones I've got to know them all know they're all very nice and do a wonderful job", "If they are late, they occasionally let me know. Carers are all over the place, would be nicer if it was more regular. They aren't very good at communicating. No shadowing with new ones I tell them what I need" and "They're late, they come anytime rush the job and go at the same time. The casuals don't let me know if they're late. The last twelve months not as good as before."

A friend of a person who used the service told us, "Definitely, they are as near as they can be on time I don't

mind if they're late, it's planning. Regular staff are getting better. We are always introduced to new staff."

In our survey, 90% of people who used the service felt they received care and support from familiar, consistent care workers. They said 60% of care workers arrived on time and 70% agreed their care workers stayed for the agreed length of time. In our survey, when we asked people if they were introduced to their care workers before they provided care or support, 60% agreed and 40% disagreed.

## Is the service effective?

### Our findings

At the last inspection we rated this domain as requires improvement. Staff did not receive appropriate support or training to enable them to carry out their role and people did not have appropriate decision specific mental capacity assessments. Following the last inspection the provider sent us a plan which identified how they were going to improve the service. At this inspection we saw they had followed their plan and improvements had been made.

We asked people who used the service if they felt staff had the right skills and experience to provide them with care and support. These were the comments people made; "Yes they know what I need there's a folder with everything in. They help me get washed and dressed. Move my commode", "Carers are very good generally some are extremely well trained some not so bright. They never rush me", "I have more experienced ones they are very thoughtful. They help me get washed and dressed and bath me. The older ones have more training" and "Every morning they help me with washing and dressing. They put my pop socks on my feet. They are all very nice and I get wonderful treatment."

We received surveys from people who used the service; 100% agreed the care workers had the skills and knowledge to provide the care they needed. A health professional told us staff were competent to provide the care and support required by people who used the service.

In response to our survey, most staff told us the training they received enabled them to meet people's needs and preferences. Staff we spoke with told us they were well supported by other staff members, the office staff and the management team. Staff said the training was good and provided them with the knowledge and skills they needed to deliver care and support. Staff told us they had completed several training courses in 2016, which included moving and handling. They said they had completed some on-line training, which included safeguarding and Dementia awareness. We saw staff were due to complete specific training which would support people's specific health needs, these included Parkinson's disease.

We saw training certificates in the staff files we looked at showed staff had completed training in manual handling, health and safety, infection control, safeguarding, first aid and Dementia care and food hygiene. The provider used a computer based training system, which was colour coded to show when training was due; this avoided any refresher training becoming overdue and ensured staff caring for people in the service had up to date skills required for their role. The deputy manager told us they received the staff member's certificate once the training had been completed. One staff member told us, "Some staff are trained, some are not, but I don't know what people have done." However, from the training records we looked at we saw staff training was up to date.

Staff we spoke with said they had recently had supervision, which gave them an opportunity to discuss their roles and options for development. The deputy manager told us staff would receive a six monthly appraisal and an end of year supervision. They said on a three monthly basis 'spot checks' would also be carried out. We looked at supervision records which confirmed staff had received supervision since March 2016. The deputy manager showed us a supervision schedule, which showed when future staff supervision meetings

had been arranged.

A system was in place to make sure staff received an annual appraisal of their performance. In addition to this 'spot checks' were made on staff to make sure they were applying their learning to practice in people's own homes.

In our survey, some staff agreed they received regular supervision and appraisal which enhanced their skills and learning.

The service had an induction programme that was completed by all new members of staff on commencement of their employment. We saw this included training, policies and procedure for the organisation, good practice examples and shadowing of other staff members. This ensured staff had the skills and knowledge to effectively meet people's needs. One staff member did comment they thought shadowing should be longer for new staff members.

In our survey, the majority of staff said they completed an induction which prepared them fully for their role before they worked unsupervised.

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.

We found the service was working within the principles of the MCA and staff had an understanding of how these principles applied to their role and the care they provided. Staff told us they supported people to make their own decisions. One staff member said, "I help people to make decisions." Another staff member said, "Everyone I support has capacity."

Staff told us they had completed MCA training and the records we looked at confirmed this. Care and support plans contained a mental capacity assessment and best interests documentation where needed. We did not see decision specific information recorded in people's care and support plans. For example, it was not clear where people were able to make decisions about what they wanted to eat. The manager told us they would address this immediately.

In our survey, most staff told us they received training in and understood their responsibilities under the MCA (2005). A health professional said the managers and staff understood their responsibilities under the MCA (2005).

Where appropriate, staff recorded when they supported people to eat and drink so that they could monitor whether they had adequate nutrition and hydration. They supported people to have meals of their choice. One staff member said, "Meals can be a ready prepared meal or we prepare something. I am happy people have enough to eat and drink." Another staff member said, "Some people have meals delivered and sometimes I make something from the fridge. I always make sure people have enough to eat and drink."

Care and support plans contained a section called, 'eating and drinking' where any special dietary requirements and people's likes and routines were recorded. For example, one person's care and support plan stated, 'carers need to ensure [name of person] has eaten his breakfast and had a hot drink'.

People told us, if needed, staff helped prepare meals they had already purchased. Comments included, "I get my own meals from [name of store] I put them in the oven they take them out for me. I can get drinks myself", "I do my breakfast and lunch and have meals on wheels for tea", "I have breakfast and lunch and they do what's required. They keep a record of everything" and "I do my own meals." Staff told us they give people different options and ask them what they wanted.

People were supported to access health and social care professionals when needed. Staff were encouraged to report any changes in people's health and would inform the person's relative and the office staff. In the event of an emergency staff told us they would contact 999 to request assistance. One staff member said, "I have supported people to attend hospital appointments and I would not hesitate to contact 999 and the office if a person was not well."

# Is the service caring?

## Our findings

People told us they were happy with the service they received and said overall staff gave them individualised care which catered for their needs. Comments included, "I really do think the world of them. If I'm wobbly they make sure I'm ok", "Yes, I can talk to them they listen. My son talks to [name of manager] who is very approachable", "They are all very nice they do a wonderful job", "They talk me, they'll say, I'm going to lift your leg now. They are very kind and friendly", "I have one staff she's very good we go shopping on Monday's, we are quite good friends she's more like a buddy now. She's a very good guide. She respects my dignity and privacy" and "My carer is fantastic she'll do anything for me she's done 11 years caring she talks through everything with me. She never rushes me."

During our conversations with staff we found they were able to tell us about people and their care and support preferences. One staff member said, "Care is good." Other comments included, "People get good care as much as we can", "Care is good that they get" and "The care is great."

We saw staff rotas were organised so people who used the service had a regular care worker. We found the management team and staff to be motivated and enthusiastic about making a difference to people's lives.

In our survey 78% of people told us they were happy with the care and support they received, relatives agreed. People told us care workers were caring and kind. A health professionals told us staff were kind and caring towards the people who used the service and were always treated with respect and dignity.

The care and support plans we look at were easy to follow and provided staff with information, direction and routines to make sure people received the care and support they needed safely and in the way they preferred. There was detailed information about people's preferred routine and their personal preferences.

In our survey 80% of people told us they were involved in decision making about their care and support needs. People told us they were involved in developing their care and support plan and identifying what support they required from the service and how this was to be carried out. One person said, "Yes they know what I need there's a folder with everything in."

We asked staff how they ensured people's privacy and dignity was maintained. Staff told us they always treated people with dignity and respect. One staff member told us, "I make sure I explain everything and treat people with respect." Another staff member said, "I make sure curtains are closed and cover people with a towel." A third staff member said, "I always ask people if they are comfortable and I cover people up."

People told us staff always treated them respectfully and asked them how they wanted their care and support to be provided. They said any problems were sorted out immediately by the office.

We saw there was a policy regarding confidentiality. People who used the service were informed about how staff would maintain confidentiality of personal information in the 'client service agreement'.

In our survey, all the people and relatives felt care workers always treated them with respect and dignity. 83% of staff and the health professional agreed care and support provided helped people who used the service to be as independent as they could be. Staff agreed people who used the service were always treated with respect and dignity by staff.

## Is the service responsive?

### Our findings

At the last inspection we rated this domain as requires improvement. The care and support planning and delivery was not always person-centred and did not fully reflect people's care and support needs. Following the last inspection the provider sent us a plan which identified how they were going to improve the service. At this inspection we saw they had followed their plan and improvements had been made.

At this inspection we found care and support plans contained a pre-assessment which showed how the provider ensured they could meet people's care and support needs, wishes and expectations before they commenced using the service. People we spoke with told us they were involved in any decisions about their care and support and at the beginning they had completed an assessment. Comments included, "A year ago I had an assessment I was fully involved. I can ring them up if there's anything", "Had a full assessment and got my book with the care plan, my son is fully involved", "I was fully involved with my assessment they listened to me", "My daughter helps me with assessments but I was involved." A friend of one person who used the service told us, "We were fully involved in the assessment."

We saw the care and support plans provided clear guidance to help staff assist with the required care and support such as assistance at mealtimes, washing, dressing and mobility. There was a good level of person centred information recorded within care and support plans, for example, one person did not like getting their hair wet when they had a shower on a morning. This information was important to enable staff to deliver person centred care.

We saw care and support plans were regularly reviewed to ensure they continued to reflect people's up to date needs and these had been signed by people and/or relatives to show they had participated in the process or agreed with the contents. However, people we spoke with remembered the initial assessment but didn't know when the care and support plans would be reviewed. The manager told us they assessed if the care and support plans were up to date during the 'spot checks'. Formal care reviews were held with the person and/or their relative six monthly or sooner if needed.

The manager told us a copy of the care and support plan was kept in the person's own home and a copy was kept in the office. They said they were introducing a daily check sheet of activities carried out by staff members each day in discussion with the person or family members if required.

Staff told us care and support plans were kept up to date and contained all the information they needed to provide the right care and support for people. One staff member told us, "There is plenty of information and some of the care plans have recently been updated." Another staff member said, "They are informative and you pick things up from them."

We saw the service had a complaints procedure. Guidance on how to make a complaint was given to people when they first started using the service and the complaints procedure was documented in the 'client service agreement'.



We looked at the complaints records and saw there was a system in place to make sure any concerns or complaints would be recorded together with the action taken to resolve them and the outcome. This showed people's concerns were listened to, taken seriously and responded to promptly.

People who used the service we spoke with said they felt very happy speaking to the manager or office staff if they had any concerns. They told us they were approachable and could ring or talk to them face to face if there was any problems. Comments included, "I can phone the office if I need to complain", "Yes, I can talk to them they are good listeners", "I can ring them up, it was [name of previous manager] before now it's [name of manager] very nice person and [name of provider] is nice" and "I talk to [name of staff member] not anyone else I trust her."

Our survey responses from people who used the service told us 100% knew how to make a complaint about the care agency: 100% felt care workers responded well to any complaints or concerns they raised, and 100% felt office staff responded well to any complaints or concerns they raised. A health professional agreed the managers were accessible and approachable and dealt effectively with any concerns raised.

We saw the service had received several compliments. Comments included, 'I would like to say many thanks for the care your company gave my mother and father over the last six years', 'thank you, your safe and reliable support has meant a lot to us, we appreciate the teams time and effort', 'Done a brilliant professional job and were very kind and caring to [name of person]' and '[name of person] said all Dovetail carers are lovely and very good at their job.

## Is the service well-led?

### Our findings

At the last inspection we rated this domain as requires improvement. Quality assurance systems did not check all the areas of risk to ensure the service was delivering a good standard of care. Following the last inspection the provider sent us a plan which identified how they were going to improve the service. At this inspection we saw they had followed their plan and improvements had been made. However, the provider had not displayed the current rating of the service either in the office or on their website. The provider and manager were unable to fully demonstrate how the service managed the administration of medicines safely.

The current rating was not displayed in the office on the day of our inspection. We checked the provider's website and saw there was no information relating to the current rating of the service. This was a breach of Regulation 20A (requirement as to display of performance assessments) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At the time of our inspection the service had a manager and deputy manager who worked alongside staff overseeing the care and support given and providing support and guidance where needed. The manager was in the process of registering with the Care Quality Commission.

Our survey responses from people who used the service told us 70% would recommend the service to others. 90% told us they knew who to contact at the service. 70% of people said the information they received from the service was clear and easy to understand. We noted from speaking with people some staff did not have enough travel time and some people did not have regular staff members visiting them. One person said, "They don't get any travel allowance, 10 minutes and then they're late." Another person said, "I don't agree with the inconsistency of staff."

Most staff spoke positively about the management arrangements and said they were very approachable and supportive. One staff member told us, "The office management is much better and staff have embraced the changes. We have an open door policy." Another staff member said, "Communication is better." Other comments included, "Management and staff are very nice and professional", "I have had two managers since April 2016. I have not really had much to do with the new manager, but she is fair and ok", "I am quite impressed at the moment with the new management, they listen and they have made it clear if you want to talk to them they will meet you" and "Management is really good and they are approachable and straightforward. I am happy working here."

In our survey, 50% of relatives, 83% of staff and a health professional said they would recommend the service to a family member. 83% of staff told us managers asked them what they think about the service and take their views into account. A health professional agreed the service was well managed.

We saw there was a quality assurance monitoring system in place that monitored the service provision. We saw the manager checked people's care and support plans and risk assessments. We saw the medication concerns log was completed when needed so action could be taken quickly to address any areas of concern. We saw the deputy manager continually checked the staff training records to make sure staff

training was up to date and staff were equipped to carry out their role and responsibilities. Shortfalls in the service were identified and action was taken to address them and improve the service. The manager told us the gaps in the MAR's were investigated but this was not recorded and the concerns regarding the safe administration of medicine had not been identified. The manager told us they would review the medication audit process immediately.

We saw the provider gathered monthly information statistics, which included staffing levels, recruitment, complaints, compliments and revenue information. The provider used this information to monitor trends and patterns and highlight any areas of concern.

The manager undertook unannounced spot checks of staff working to review the quality of the service provided. This included asking the people who used the service if they were happy with the way the staff worked and whether they were happy with the service. This meant people had regular opportunity to request changes and give feedback.

This section is primarily information for the provider

## Action we have told the provider to take

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

Regulated activity	Regulation
Personal care	<p>Regulation 12 HSCA RA Regulations 2014 Safe care and treatment</p> <p>Although we found improvements had been made, there were still some areas of improvement required with the management of medication.</p>