

# The Garden Of Kent Homecare Ltd

# The Garden of Kent

# Homecare LTD t/a The

# Garden of England

# Homecare

## Inspection report

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## Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?

Requires Improvement ●

Is the service effective?

Requires Improvement ●

Is the service caring?

Requires Improvement ●

Is the service responsive?

Requires Improvement ●

Is the service well-led?

Requires Improvement 

# Summary of findings

## Overall summary

The inspection took place on 12 and 13 October 2017. The inspection was announced.

The Garden of Kent Homecare Ltd t/a The Garden of England Homecare is registered as a domiciliary care agency providing personal care to people living in their own homes. The agency was centrally situated in Maidstone town centre and provided a service to people living in Maidstone and the surrounding area. There were 58 people receiving support to meet their personal care needs on the day of our inspection.

At our last inspection, in August 2016, we found two breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. These breaches related to the management of risk to individuals' safety, management of peoples' medicines and governance systems. The registered provider sent us an action plan telling us they would become compliant with the regulations by 14 November 2016. This inspection took place to check that the registered provider had made improvements in these areas. We found that some improvements had been made, but the registered provider continued to breach two regulations and was also in breach of a further three regulations.

There was a registered manager based at the service who was supported by a general manager and an assistant manager. The registered manager was also the registered provider. 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 using the agency however, we found that the agency was not always managed in a way that ensured their safety. Risks to people's safety and welfare had not always been managed appropriately to ensure they were minimised. Where people had been assessed as being at risk of falls there was not an effective plan or guidance in place to inform staff of the action to take to minimise the risk of falls. Other records showed that people who had been assessed with specific medical conditions did not have guidance in place to inform staff how to meet their needs, and the action staff should take in the event of an emergency.

People's care was not planned in a personalised way. People's care plans were limited in the information they provided and did not reflect their individual preferences. Staff were not provided with information about people's specific support needs to ensure they could meet their needs in a personalised way. People were at risk of an inconsistent approach to their care, because there was a lack of clear instructions for staff to follow to meet all areas of their needs. We have made a recommendation about this.

Staff did not always have clear information or guidance to support people with their medicines, in a safe way. People who received time-specific medicines did not have information and guidance to inform staff of the support they required with this. People's Medicine Administration Record (MAR) did not show that these

had been audited by the registered manager to ensure the safe administration and reduce the risk of a medicine error. Policies and procedures were in place for the safe administration of medicines and staff had been trained to administer medicines safely. However, effective information systems were not in place to ensure these were also managed safely.

The systems that were in place for monitoring the quality and safety of the service and assessing people's experiences were not always effective. These included telephone reviews, face to face reviews and annual questionnaires. People, staff and others feedback was sought and sometimes acted on to improve the quality of the service being provided to people. However, the overall governance systems had not been effective at identifying the number of concerns that were found during this inspection.

Recruitment practices in place were safe and checks were carried out to make sure staff were suitable to work with people who needed care and support. However, these had not been followed on a consistent basis by the registered manager. We have made a recommendation about this. Staff were supported by the management team who they saw on a regular basis through supervision and an annual appraisal. The management team ensured effective communication between the registered office and staff working out in the community.

An induction programme was in place which all new staff completed. Staff had a clear understanding of their roles and people's needs. Staff had not always received refresher training as required and had not received training and guidance to meet people's specialist needs. We have made a recommendation about this.

The registered manager and staff had not always met the requirements of the Mental Capacity Act 2005 (MCA). Staff had not received training and there was a lack of understanding by the staff about the principles of the MCA. People's capacity had not been formally assessed or recorded prior to decisions made by others on their behalf. However, on a day to day basis staff sought people's consent before they provided care.

People were treated with dignity and respect whilst receiving care and support from the agency. People told us staff were kind and caring and respected their privacy.

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

Individual risks were not always identified to ensure measures were put into place to keep people safe.

Medicines were not always managed safely for people who required support with this. Guidance was not available to staff for people who required time-specific medicines.

People were protected from the risk of potential harm or abuse.

Safe recruitment procedures were not always followed prior to staff working alone with people who needed care and support.

### Is the service effective?

**Requires Improvement** ●

The service was not always effective.

Staff lacked training and an understanding of the Mental Capacity Act 2005 (MCA). The basic principles of the MCA had not been used to inform care planning.

Staff had received some training to meet people's needs. However, staff had not been trained to meet people's specialist needs.

Staff were supported in the role by the management team, through a variety of supervisions and spot checks.

People were supported to maintain their nutrition and hydration if this was part of their package of care. People were supported to access healthcare services if this was required.

### Is the service caring?

**Requires Improvement** ●

The service was not always caring.

People told us staff were kind, caring and respectful. Staff protected and promoted people's privacy and dignity.

Care plans were not person centred and lacked detail to inform

and guide staff about how people wanted to be supported. Information was not available within people's care plans to inform staff how to maintain or improve people's independence.

Information about what to expect from the agency was made available to people and/or their relatives.

### **Is the service responsive?**

The service was not always responsive.

People's care plans were not individualised. Information about people's likes, dislikes, hobbies and personal histories had not been included within their care plan.

People's views were sought and acted on.

A system was in place for the recording and monitoring of any complaints or concerns that were raised.

**Requires Improvement** ●

### **Is the service well-led?**

The service was not always well-led.

Systems were in place to monitor the quality of the service that was provided to people. However, these were not always robust.

People and/or their relatives had an opportunity to be involved in the development of the service they received.

Staff felt there was an open culture where they were asked for their ideas and suggestions about the agency.

The management team ensured effective communication between themselves and staff working out in the community.

**Requires Improvement** ●

# The Garden of Kent Homecare LTD t/a The Garden of England Homecare

## **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 12 and 13 October 2017 and was announced. The registered provider was given two working days' notice because the location provides a domiciliary care service and we needed to be sure that someone would be available at the locations office to see us. The inspection team consisted of three inspectors and an expert by experience, who made calls to people using the service and/or their relatives. 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 this inspection we reviewed all the information we held about the service, including data about safeguarding and statutory notifications. Statutory notifications are information about important events which the provider is required to send us by law. Before 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 visited three people in their own home and spoke with six people who were receiving support from the agency. We spoke with five relatives of people using the service to gain their views and experiences. We

spoke with five care staff, the registered manager, general manager and the assistant manager.

We spent time looking at records, policies and procedures, complaint and incident and accident monitoring systems, internal audits and the quality assurance system. We looked at seven people's care files, five staff files, the staff training programme and induction programme.

We last inspected the service in August 2016 when we rated the service 'Requires Improvement' overall. The registered provider was in breach of two regulations.



# Is the service safe?

## Our findings

People and their relatives told us they felt safe with the staff that were supporting them. One person said, "I trust them and trust that they keep me safe." Another person said, "Of course I feel safe, I have had the same carer for five years. I am very pleased with the service."

However, we found that despite positive feedback from people using the service the registered provider continued to fail to ensure that the service was managed in a way that ensured people's safety. At our inspection on 2 and 3 August 2016 we found that the registered provider was in breach of Regulation 12 of the Health and Social Care Act 2008 (regulated activities) Regulations 2014. They had failed to ensure people's medicines were administered safely. They had not ensured that appropriate action was taken to identify and reduce risks to individual's safety and welfare. This included not ensuring that risks relating to people's individual risks and potential risks to staff were reduced. They had not ensured that staff had access to clear plans for safely moving people and that risks relating to specific medical conditions were appropriately managed. The registered provider sent us an action plan telling us they would meet this regulation by 14 November 2016. At this inspection we found that the registered provider continued to breach this regulation.

At our last inspection we found that individuals care plans did not provide sufficient information to enable staff to safely move people who required assistance. At this inspection we found that this continued to be the case. For example, one care plan stated the person used a 'full body hoist to transfer into a chair', this recorded two members of staff were required. However, information and guidance was not available to staff to inform them of the correct and safe way to do this. A relative told us they had previously had two members of care staff arrive to support their loved one: neither member of staff knew how to use the equipment that had been provided. They said, "One carer said she was told by the company that I would help her, she might as well of not come. I hoisted [loved one] into the bath on my own." Another care plan recorded that the person was at high risk of falls. However, a falls assessment or risk assessment had not been completed for this person. Care plans and risk assessments had not given staff the information they required to reduce the risk to the person and themselves.

At our last inspection we found that individuals' care plans did not provide sufficient information to enable staff to safely support people with specific health conditions. Personal health risks were not always assessed to identify how people's health conditions may affect them, what staff needed to be aware of and how to respond. At this inspection we found that this continued to be the case. For example, one persons' care plan recorded they were diabetic and this was controlled by the administration of insulin. The specific risks to the person and the action to take in the event of an emergency had not been recorded. Staff told us inconsistent information regarding the support they provided to this person. One member of staff told us they calculated the number of units of insulin that were required, whereas other staff said they calculated the amount of carbohydrate the person had consumed. Incomplete guidance and the lack of information regarding what action to take in the event of an emergency left people at risk of a medical error. Another person's care plan recorded they had diabetes, there was no risk assessment to identify the risks associated with this condition and how they were managed. The registered manager told us this was managed by the person or their

family. However, this information was not recorded within the persons' care plan. Following our inspection the registered manager informed us they were in the process of reviewing and updating people's care plans to contain clear instructions and guidance for staff.

Staff had been trained in the administration of medicines and followed a policy and procedure. Following the last inspection the registered manager had implemented competency checks for staff, prior to staff administering medicines to people. Staff completed the training course; this was then followed by an observational competency check by a senior member of staff. The member of staff was then 'signed off' as competent to administer people's medicines.

At our last inspection we found that people's medicines were not managed safely. Records were not kept recording the frequency, time or dosage of any medicines staff had administered. People's care plans did not detail where particular prescribed medicines should be applied, such as topical creams. The registered manager had not implemented checks or audits of people's medicines to minimise the risk of a medicines error and to make sure safe practices were being used. At this inspection we found some improvements had been made. However, people's records continued to lack specific detail relating to the administration of their medicines. The registered manager had implemented medicines administration records (MAR) for each person that received support with prescribed medicines. The MAR recorded the name of the medicine, dosage and frequency of the administration and staff signed the MAR once the person had taken their medicine. The registered manager told us the MAR charts were audited on a regular basis, by either the registered manager or the office manager. However, the MAR were not signed or dated following an audit taking place. People's care plans continued to lack detail relating to the specific support the person required with their medicines. For example, one person's records did not include directions to inform staff where to apply their topical cream. Another person's prescribed medicine was required to be administered 30 minutes before food, however there was no record of the time staff had administered the person's medicines on either the MAR or the daily notes. A third person had been prescribed 'as and when required' (PRN) medicine however, there were no PRN protocols or guidance in place for staff to follow. Guidance was not in place for staff to follow, as a result the failure to give time-specific medications at the appropriate time can have serious implications.

The registered provider had failed to ensure that care and treatment was provided in a safe way. Risks to people's safety and welfare were not appropriately managed to ensure the risks were reduced. This is a continuing breach of Regulation 12 of the Health and Social Care Act 2008 (regulated activities) Regulations 2014 from August 2016 inspection.

People were protected from the risk of abuse. Staff followed a safeguarding policy and procedure and had been trained to understand these in practice. Staff understood the potential signs of abuse and knew what action to take if they suspected abuse such as, reporting the concerns to their line manager or social services. People were given information about safeguarding and a safeguarding referral form was kept within people's files in their homes. Staff were aware of the whistleblowing (telling someone) procedure and understood when and how to use any information.

A system was in place to monitor and record any accidents or incidents involving people or staff. Staff were required to complete an accident report and the accident book held within the registered office. This was then investigated by a member of the management team. Staff had access to and followed the provider's accident reporting policy. There was a disciplinary procedure which outlined the requirements for managers and employees to follow, where staff were not performing their role to an acceptable standard, in line with the requirements of the company and the policies and procedures in place.

The registered manager had produced a business continuity plan to make sure they could respond to emergency situations such as a major incident. The plan included a colour coded system detailing people that were able to manage on their own and people that it was essential received staff support. The plan identified members of staff who were within walking distance of each person. People's safety in the event of an emergency had been carefully considered and recorded. The safety of staff working within the local community had been assessed with measures put into place to reduce the risk, such as the use of public transport and staff that were on foot. These processes enabled the provider to make sure that people, staff and visitors were safe in situations and people were still able to receive the care and support they needed.

Systems were in place to ensure the safe recruitment of staff; however these had not been followed consistently. Three of the five staff files viewed showed staff had worked alone with people prior to the agency receiving the persons Disclosure and Barring Service (DBS) background check. This is a check which looks at criminal convictions and any potential risk staff could pose to people. When we spoke to the registered manager about this, they told us the three members of staff had worked with the registered manager previously. The registered manager told us they knew the staff personally and the three members of staff did hold a DBS background check; however this was from a previous employer. This meant that people were put at potential risk from staff that may not have been suitable to work with vulnerable people. The remaining steps of the recruitment process had been followed; this included a full application form and references from previous employers.

We recommend the registered manager follows the organisations recruitment practices for all potential staff.

At our last inspection we made a recommendation regarding the deployment of staff, to ensure people were provided with consistent support. There were enough staff employed to meet peoples assessed needs. Each person had been assessed on an individual basis and had a set amount of care and support hours. The assistant manager told us staff were rostered to work with the same people, to ensure continuity and consistency of support. People told us the same staff supported them on a regular basis; however people told us that there were occasions when staff were an hour later than the allocated time and people had not received a telephone call informing them about this. People said that this led them to wonder if any staff were coming that day. We spoke to the registered manager about the feedback we had received from people. The registered manager told us they would implement changes regarding informing people if there were changes to their roster or staff were going to be late. The registered manager told us the agency would be implementing an electronic call monitoring system to alert the management team if a call was going to be late, this would enable a telephone call to be made to the person.

## Is the service effective?

### Our findings

People told us staff asked their consent prior to completing any care or support tasks. One person said, "They don't necessarily need to ask because they know the routine, only the new carers need to ask." Another said, "I normally get the same carer, she knows exactly what she needs to do." A third said, "Yes, they always ask."

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. In domiciliary care, these safeguards are only available through the Court of Protection. No one was subject to an order of the Court of Protection.

At our last inspection on 02 and 03 August 2016 we made a recommendation that the registered provider sought advice, guidance and training to ensure the MCA was understood and that care plans followed the basic principles of the Act. However, at this inspection we found staff lacked understanding relating to the MCA and when people's capacity should be assessed. People's capacity to consent had not been discussed or recorded during the initial assessment or within their care plan. Records showed that a relative had signed a consent form on behalf of their loved one, however they did not have the legal authority to do this. Records showed three of the 25 staff employed had completed their refresher MCA training. Following our inspection the registered manager informed us they had arranged training for the entire staff team which included MCA, this was due to take place in December 2017.

The registered provider had not ensured that the requirements of the Mental Capacity Act 2005 had been understood by the staff and complied with. This was a breach of Regulation 11 of the Health and Social Care Act 2008 (regulated activities) Regulations 2014.

There was an induction process, which involved new starters working alongside more experienced members of staff until they were assessed as competent to work independently. Staff told us and records showed they had completed an induction which included receiving the providers handbook and reading the policies and procedures. Staff completed training courses in a range of subjects such as, safeguarding adults, fire safety, infection control, moving and handling and equality and diversity. This enabled staff to have an understanding of their role and responsibility. However staff had not been trained to meet peoples' specific needs such as, diabetes or catheter training. Staff did not have the knowledge or skills to enable people to be supported effectively. One person told us they felt the staff did not have the skills to administer a specific prescribed medicine. This person's care plan or MAR did not give staff any guidance regarding the administration of this person's medicine. Following our inspection the registered manager informed us they had arranged for the entire staff team to complete a 12 week distance learning course which covered subjects to meet the needs of people. The registered manager told us that additional training had been scheduled for diabetes and catheter care to meet people's specialist needs.

The registered provider had not ensured staff had received appropriate training to meet people's needs and carry out their duties they were employed to perform. This was a breach of Regulation 18 of the Health and Social Care Act 2008 (regulated activities) Regulations 2014.

At our last inspection in August 2016, we made a recommendation regarding the consistency of supervision and observational assessments of staff. Staff told us they felt supported in their roles and were reviewed through a system of supervision, appraisal and spot checks. Records showed staff had received regular supervision with their line manager and an annual appraisal, where appropriate. The spot checks were unannounced, and conducted by the registered manager or a member of the management team, who observed the staff providing care and support to the person, in the person's home. The spot checks were recorded, and enabled staff to receive feedback from their line manager. The supervision and appraisal sessions recorded a discussion between the member of staff and their line manager, which included feedback on the staff's professional strengths and weaknesses, and any issues of concern with the staff member's performance.

People were supported to maintain their nutrition and hydration if this was part of their package of care. Nutrition and hydration needs were considered and recorded as part of the assessment process. Guidance was available to staff within people's care plans to ensure people's needs were being met and the support the person required. For example, where the food was stored within the kitchen and a certain drink the person had requested. People told us either their relative supported them with their meals or staff prepared a frozen meal for them. Staff completed an online training course in nutrition and diet. People's nutrition and hydration needs had been considered and met by staff that had the knowledge and skills.

People if required, were supported to maintain good health and access healthcare services. Staff monitored and recorded any changes to people's health within the daily notes. During our inspection a member of staff telephoned the registered office to raise concerns regarding a person they were supporting. The registered manager telephoned the person's doctor and arranged for an appointment for the person. People told us the staff supported them with their health when they required it. One person said, "Staff recently spoke to 111 when I was not feeling well." Another person said, "They [staff] have telephoned the doctors surgery when I was unwell."

## Is the service caring?

### Our findings

People spoke highly of the staff supporting them and said staff were kind, caring and respectful. One person said, "The staff are super, they are very nice and treat me like a friend." Another person said, "Friendly staff, the agency is pretty good. [Staff name] is very good and caring." A third said, "The staff are very kind, all of them, right down to the office staff."

People told us staff maintained their privacy and dignity when providing care and support. One person said, "Yes of course. They make sure I am covered up, they are very respectful." Another person said, "They [staff] respect my privacy and dignity, they close the curtains and cover me up." A relative told us staff respected their loved ones dignity they said, "Staff always shut the bedroom door, they always ensure the curtains are drawn." Staff were able to give examples of how they maintained and protected people's privacy and dignity. For example, knocking on doors prior to entering, asking other people to leave the room, closing doors and curtains and covering people up. People could be assured staff would maintain their privacy and dignity at all times. Despite these positive comments we found some areas of care that required improvement.

People and their relatives told us they were involved in the development and review of their care plan. One person said, "From the start, I specified how I was to be supported. The same carers come, we get used to each other, it's good." Another said, "They [staff] always ask me if I want anything else doing. Overall, we are happy with anything they do." A third said, "I was involved in my care plan, I told staff what I wanted." Although at the time of our inspection people were able to verbally direct their own care and support, detailed and specific guidance was not available to staff within people's care plans, if people were not able to inform staff themselves. Following our inspection the registered manager informed us they were in the process of reviewing people's care plans to ensure they were individualised and person-centred.

People told us the staff promoted their independence and encouraged them to do as much for themselves as possible. A relative told us their loved one liked to be very independent, they said staff respected and promoted this. People's care plans did not include what people were able to do for themselves or how to promote or maintain people's independence. This was happening in practice as staff worked closely and consistently with people and knew them well.

We recommend that the registered manager reviews people's care plans and includes information regarding promoting and maintaining people's independence.

Systems were in place to ensure people's confidential personal information was stored securely. Staff followed a confidentiality policy and procedure. The importance of maintaining confidentiality and staff's role in this was included within the recruitment process.

The registered manager had produced a service user guide which was given to people prior to them receiving a service. This document was regularly reviewed to make sure it had up to date information. The document included information about the agency, services the agency offered, expectations and the service

people could expect to receive and information about making a complaint or compliment. The management team produced a newsletter for people which were sent out on a regular basis. The newsletter included information about the out of hours contact numbers, advice about keeping warm this winter and information about events the agency was running. People using the agency were given the information they needed about what to expect from the provider and the service they were receiving.

## Is the service responsive?

### Our findings

People told us the agency was responsive to their needs. They said they received the support they needed at the time they needed it. One person said, "Yes, they always listen to what I want." Another person said, "Without the carers I would be in a care home and I wanted to stay at home, we are very lucky. We are very pleased with the care, definitely very pleased." A third person when asked if they received the support they needed said, "Most definitely. They [staff] have been very supportive."

An initial assessment was completed with people, their relatives and a member of the management team before the service could commence. Referrals were made directly from the local authority but people could also make direct contact with the agency themselves. The referral form was a tick sheet which gave a score of 1 to 5 depending on the person's level of need, for tasks such as, support with dressing, undressing and getting in and out of bed. A client information sheet was kept at the front of people's file, this included the persons' personal information, emergency contact details, medical history and any known allergies.

People's care plans were not person centred or individualised to meet the exact support the person wanted and needed. For example, one plan read, 'full wash in bed, change pad, cream and dress.' Another read, 'hair to be washed.' There were not any further instructions to guide or inform staff how people liked this support to be completed. Care plans did not contain any information regarding people's preferences, life histories, interests and hobbies. Staffs spoken to were knowledgeable about people's preferences, needs and how people wanted to be supported, as many staff had worked with people and the registered manager for a number of years. However, people could not be confident if they were being supported by a new member of staff as their care plans were not specific or personalised to meet their individual needs. Following our inspection the registered manager informed us that they were in the process of updating all care plans to ensure they were individualised and specific to people's needs.

The registered provider had failed to ensure people's care and treatment was planned in a personalised and individualised way. This was a breach of Regulation 9 of the Health and Social Care Act 2008 (regulated activities) Regulations 2014.

People and their relatives told us they had been involved in the review of their care plan. An annual reassessment of people's care plans and risk assessments had been completed with the person and their relative and a member of the management team. Telephone reviews were also carried out with people to check their satisfaction with the service they received. Questions such as: do people receive their full visit time, were the staff punctual, were the care workers respectful and were people generally happy with the service? Responses recorded were basic with yes or no answers. Answers were not explored further in detail to make improvements to the service people received.

We recommend that the registered provider reviews data that has been collected to improve the quality of the service that is provided to people.

An annual survey was sent out to people using all services that the agency offered. The last survey had been



sent out in 2017, with 50 responses having been returned. Records showed and people confirmed they had received a questionnaire to complete, regarding the service either themselves or their loved one received. Specific concerns or issues that had arisen had been dealt with on an individual basis; however, the results had not been collated to identify any patterns or trends that had developed. Records showed overall a high majority of people were happy with the service they were receiving from the agency. Comments included, 'We are extremely satisfied with the care and attention provided, and are very pleased with the service we receive', 'Very happy. All my carers are wonderful', 'Very happy with all my care and the ladies are very good', and, 'The agency has improved vastly over the past few months and everything is more organised.' When issues were identified these had been responded to by a member of the management team. For example, a relative had raised a concern regarding unfamiliar care staff at the weekends who did not know how to support their loved one. Another person felt staff were rushing and not spending the full allocated amount of time with them. These incidents had been investigated, responded to and resolved by a member of the management team.

People and/or their relatives told us they knew how to make a complaint about the agency if they needed to; however they had not needed to make a formal complaint. People said that any issues they had were dealt with promptly and to their satisfaction by a member of the management team. A system was in place to monitor and record any concerns or complaints. A complaints policy and procedure was in place. This information was also included within the service user guide which was given to people and their relatives when they started to receive the service. The general manager told us there had not been any formal complaints. However, any informal concerns that had been raised by people, but were not taken as a formal complaint, had been dealt with under the formal procedure.

A log of informal complaints had been recorded in a complaints summary. This included information about the area of concern that had been identified, the action that had been taken to resolve the issue and the response from the person following the action that had been taken. Concerns that had been raised included, missed calls, care staff arriving for calls too early, issues with a specific member of staff and care staff not completing the expected tasks. Actions that had been taken by the management team included, disciplinary action being taken, staff supervision and monitoring and removing a member of staff from a person's call. People could be assured that any concerns they raised would be dealt with by the registered manager or a member of the management team.

## Is the service well-led?

### Our findings

People told us they knew who the manager was and felt they were approachable. One person said when they were asked if they could talk to the manager, "Yes, you can ring the office anytime." Another person said, "Oh yes, they have been very good to me." A third person said, "Yes, they are very, very helpful." A relative told us they felt the management team were more approachable recently. However, despite the positive feedback we received we found a number of shortfalls throughout the inspection.

At our inspection on 2 and 3 August 2016 we found that the registered provider was in breach of Regulation 17 of the Health and Social Care Act 2008 (regulated activities) Regulations 2014. They had failed to ensure systems were in place to monitor the quality and safety of the service people received. They had not sought feedback from people, staff and others to enable the continuous improvement of the service. The registered provider sent us an action plan telling us they would meet this regulation by 14 November 2016. At this inspection we found that some improvements had been made however we found that the registered provider continued to fail to ensure the systems that were in place were effective.

Systems were in place to monitor the quality of the service that was provided to people. This included observational audits and quality assurance telephone calls by a member of the management team to discuss people's experience of using the agency. A review of the service took place with people on a regular basis which included telephone reviews and face to face reviews. A monthly audit was completed by a member of the management team which looked at systems and people's care files. These audits generated action plans which were monitored and completed by the registered manager and the management team. However, the audits had not identified the areas of concern that were found during this inspection. Following our inspection the registered manager produced an action plan which covered the areas of concern we had identified and detailed the action they had taken to resolve these issues.

At the time of our inspection systems were not in place to monitor any missed or late calls. The registered manager told us that at that present time, they would only know about any missed or late calls if the person had called the registered office themselves, to report this. However, the registered manager told us they had identified this, as an issue and had planned to introduce an electronic call monitoring system from November 2017.

The registered provider had failed to ensure that the overall governance systems in place operated effectively to ensure compliance with the regulations. This is a continuing breach of Regulation 17 of the Health and Social Care Act 2008 (regulated activities) Regulations 2014 from August 2016 inspection.

People and their relatives were involved in the development of the service being provided to people. Systems were in place to regularly monitor the quality of the service that was provided. People and their relative's views about the service were sought through annual questionnaires. These were written in a way people could understand. Feedback from the 2017 questionnaire showed that a high proportion of people were happy and had been involved with the service they received from the agency. Concerns that had been raised during the questionnaires had been dealt with by the management team and appropriate action had

been taken to resolve issues. People and those acting on their behalf had their comments and complaints listened to and acted on.

The registered provider was also the registered manager of the service. Since the last inspection the registered manager had employed a new general manager and assistant manager to assist in the management and leadership of the service. The registered manager spoke passionately about providing a quality service to people and striving to deliver a "family" personal service. The registered manager had a vision for the agency and had started plans for the agency to become dementia friendly, with the assistant manager being trained as a dementia champion. This would enable them to train staff to become dementia friends.

Staff told us they felt there was an open culture between them and the management team, they said there was visible leadership and they were kept informed about what was going on. The management team used different methods of communication to update staff working out in the community; this included a monthly newsletter to all staff and regular team meetings. Regular team meetings were held with staff working in the community which gave staff the opportunity to discuss practice and gain some feedback about the agency. Staff meetings gave staff the opportunity to give their views about the agency and to suggest any improvements. Staff were asked for their views regarding the agency via an annual staff survey. Result from the 2017 survey showed that staff were happy in their role. Comments included, 'Very good and well run agency', and, 'I could not wish to be part of a better team.' Staff told us they enjoyed working for the agency and felt it was "like a family". Systems were in place to recognise good practice with a 'carer of the month award' which was awarded to staff based on feedback from people using the service and other staff members.

Staff were aware of their role and responsibility in providing care and support to people. Staff were given a job description and were provided with a handbook designed to give information to staff who supported people in the community. Staff had access to a range of policies and procedures within the registered office which contained information and guidance which were relevant to their role. The registered manager understood that they were required to submit information to the Care Quality Commission (CQC) when reportable incidents had occurred. For example, if a person had died or had an accident. All notifiable incidents had been reported correctly. The registered manager understood their role and responsibility under the duty of candour, to report any concerns and take action.

This section is primarily information for the provider

## Action we have told the provider to take

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

Regulated activity	Regulation
Personal care	Regulation 9 HSCA RA Regulations 2014 Person-centred care  The registered provider had failed to ensure people's care and treatment was planned in a personalised and individualised way.
Regulated activity	Regulation
Personal care	Regulation 11 HSCA RA Regulations 2014 Need for consent  The registered provider had not ensured that the requirements of the Mental Capacity Act 2005 had been understood by the staff and complied with.
Regulated activity	Regulation
Personal care	Regulation 17 HSCA RA Regulations 2014 Good governance  The registered provider had failed to ensure that the overall governance systems in place operated effectively to ensure compliance with the regulations.
Regulated activity	Regulation
Personal care	Regulation 18 HSCA RA Regulations 2014 Staffing  The registered provider had not ensured staff had received appropriate training to meet people's needs and carry out their duties they were employed to perform.

