

Community Care Direct Limited

Community Care Direct

Inspection report

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Ratings

Overall rating for this service

Inadequate ●

Is the service safe?

Inadequate ●

Is the service effective?

Requires Improvement ●

Is the service caring?

Requires Improvement ●

Is the service responsive?

Inadequate ●

Is the service well-led?

Inadequate ●

Summary of findings

Overall summary

This comprehensive inspection took place on 28 November 2016 and was announced.

At the inspection in November 2015 the service was rated inadequate and placed in special measures with breaches of regulations 9, 10, 11, 12, 13, 16, 17, 18 and 19. At our next inspection in May 2016 the service was again rated as inadequate with continued breaches of regulations 9, 10, 11, 12, 16, 17, and 18. Following the inspection in November 2015 enforcement action was taken and we served a notice that restricted the service from accepting any new service users until the necessary improvements had been made. This restriction remained in place following the inspection in May 2016. We found that the agency had adhered to this legal requirement at the time of our inspection.

Community Care Direct is a domiciliary care agency providing care to people with complex health needs in their own homes. At the time of the inspection Community Care Direct was providing care to 26 people and employed 35 staff.

A registered manager was in post. 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.

At the last inspection in May 2016, we asked the provider to take action to make improvements in relation to person-centred care, dignity and respect, need for consent, safe care and treatment, receiving and acting on complaints, good governance and staffing.

Actions in relation to receiving and acting on complaints, dignity and respect and staffing had been completed. Actions in relation to consent, person-centred care, safe care and treatment and good governance had not been completed and the service remained in breach of regulation in these areas.

We looked at five care records to evaluate risk assessment processes and documentation. We also looked at the guidance given to staff to safely manage risk. We saw that some risk assessments were not present in care records and other risk assessments were lacking detail.

Medicines were not administered and recorded in accordance with best-practice guidance. Some records were incomplete and did not provide staff with clear guidance. Other records were difficult to read. PRN (as required) medicines were not administered safely or in accordance with instructions.

Before the previous inspection we received information of concern relating to poor infection control practice and the distress that this had caused to a person using the service. The service was in breach of regulation in this regard. We checked training records and asked the registered manager what action had been taken to improve practice in this area. We saw that additional training had been provided to all staff,

guidance had been circulated and spot checks completed. The service was no longer in breach of regulation in relation to infection control.

Incident and accidents records had not been completed as required and appropriate action had not been taken following incidents and accidents.

Consent was not reviewed when care needs had changed. For example, one person was identified as having fluctuating capacity because of a health condition. Concerns were raised about their capacity to give consent at the last inspection. We saw that this potential lack of capacity had not been addressed within the care plan or consent documents.

The quality of communication between care workers and the service was inconsistent. During this inspection we checked to see what progress had been made by looking at the communication books. We saw numerous examples where information was limited and there was no evidence of action taken as a result of information being shared.

The provider's action plan for achieving compliance with the requirements for delivering person-centred care included a review of all care plans and the introduction of an electronic monitoring system. We looked at a sample of care plans and saw that some had been reviewed and transferred to a new, paper-based template. The template encouraged the recording of more person-centred information. However, we saw that not all care plans had been transferred. We also saw that some of the new templates did not contain any additional, person-centred information. The electronic system had not been implemented.

We saw that the staff rotas and call-times were subject to change at short notice. This meant that the service could not be certain that the care it provided was meeting people's needs. Rotas were not normally shared with people receiving care meaning that they could not express a preference for particular care workers.

A number of actions resulting from the previous inspection had not been completed as indicated in the provider's action plan. Quality audit processes were not extensive or robust. They had failed to identify areas of concern noted during this inspection and contained incorrect and misleading information.

At the previous inspection we found that the registered manager had made some improvements within the service. However, we found that the health, safety and welfare of people who used the service had still been compromised despite the improvements that had been made. People were still put at unnecessary risk of harm. At this inspection we saw that there had been further improvement, but the service remained in breach of regulation in a number of areas. For example, safe moving and handling procedures were not always followed.

At the last inspection we were concerned that the culture of the service was not open and transparent because we received conflicting information regarding the owner of the service being actively involved in the provision of care. During this inspection we received information from the registered manager and other staff which conflicted with the written evidence provided. We were concerned at various points during this inspection the registered manager was not providing effective leadership.

We looked at records relating to staff training and support and spoke with staff. We saw that training which was appropriate to the needs of people using the service had been provided on a regular basis. New staff were not trained in accordance with the requirements of the Care Certificate.

We have made a recommendation regarding this.

Staff told us that they felt well-supported and had access to informal support mechanisms, but the majority of staff had not received a formal supervision within the last six months.

We have made a recommendation regarding this.

Staff rotas were produced with less than 24 hours' notice and were not shared with people using the service unless they made a specific request.

We have made a recommendation regarding this.

Since the last inspection records indicated that each complaint had been processed in a timely manner and had generated a written response. We saw that action had been taken as result of the complaints. For example, in one case the receipt of the complaint had led to disciplinary action being taken against a staff member. The service was no longer in breach of regulation in relation to complaints.

Staff were recruited following a process which included individual interviews and shadow shifts. Each offer of employment was made subject to the receipt of two satisfactory references and a Disclosure and Barring Service (DBS) check.

We saw that the service worked with healthcare professionals and changed the delivery of care when required to do so. However, we saw that care records did not always contain adequate detail regarding people's healthcare needs.

We received mixed views from people regarding their involvement in decisions about their care. We were told that changes to times or staff were not always communicated to people using the service. We saw from the communication book that at least one person had called the service to ask which staff were coming. We also saw evidence that calls had been started late, but in each case the person had been contacted to let them know the care staff were running late. None of the people that we spoke with expressed concern regarding delays in their calls. The service was no longer in breach of regulation in this regard.

People spoke positively about the attitude and caring nature of the care workers.

The staff that we spoke with were enthusiastic about their roles and spoke positively about improvements that had been made in the service.

The overall rating for this provider is still 'Inadequate'. This means that the service remains in 'Special measures'. The purpose of special measures is to:

- ☐ Ensure that providers found to be providing inadequate care significantly improve
- ☐ Provide a framework within which we use our enforcement powers in response to inadequate care and work with, or signpost to, other organisations in the system to ensure improvements are made.
- ☐ Provide a clear timeframe within which providers must improve the quality of care they provide or we will seek to take further action, for example cancel their registration.

This provider is still in special measures. This inspection found that there was not enough improvement to take the provider out of special measures.

CQC is now considering the appropriate regulatory response to resolve the problems we found.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Inadequate ●

The service was not safe.

Risk assessments were absent or not detailed enough.

Incidents were not always being documented and risks mitigated.

Medicines were not always administered and recorded in accordance with best-practice.

Staff did not always use equipment safely in accordance with the relevant plan of care.

Is the service effective?

Requires Improvement ●

The service was not always effective

Consent had not always been consistently sought in accordance with the principles of the Mental Capacity Act 2005.

The quality of communication between staff and the service was inconsistent. Records were not clear in demonstrating that information had been actioned.

Staff had not always been supervised in accordance with the provider's policy.

Is the service caring?

Requires Improvement ●

The service was not always caring

Calls were subject to regular delay.

People were not told which staff were scheduled to provide their care.

People spoke positively about the attitude and approach of the care workers. However, the registered manager spoke disrespectfully about one person receiving care.

Is the service responsive?

Inadequate ●

The service was not responsive

Care plans were not consistently person-centred and contained limited information about people's likes and dislikes, routine and preferences.

People were not given a choice of care workers because they were not told who was scheduled to provide their care.

Care plans had not been updated in accordance with the provider's action plan.

Is the service well-led?

The service was not well-led

Quality audit processes were not extensive or robust. They contained incorrect and misleading information.

The provider had not completed all of the actions agreed following the last inspection.

The registered manager did not consistently demonstrate effective leadership in line with their role and responsibilities.

Inadequate ●

Community Care Direct

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.

The inspection took place on 28 November 2016 and was announced. The inspection was conducted by two adult social care inspectors.

The provider was given notice because the location provides a domiciliary care service we needed to be sure people we needed to speak with would be in.

We had received notifications from the provider and updates from the registered manager on a regular basis prior to our inspection. This provided us with information about the service prior to our inspection.

We contacted the local authority for any information of relevance to the inspection. We checked the information that we held about the service and the service provider. This included statutory notifications sent to us by the registered manager about incidents and events that had occurred at the service. A notification is information about important events which the service is required to send to us by law. We used all of this information to plan how the inspection should be conducted.

We also spent time looking at records, including five care records, four staff files, staff training plans, complaints and other records relating to the management of the service. We contacted social care professionals who have involvement with the service to ask for their views. During our inspection we spoke with three people using the services and one relative by telephone. We also spoke with the registered manager, a care coordinator, four care staff and an external healthcare professional.

Is the service safe?

Our findings

At the previous inspection we found that the service was in breach of regulation relating to infection control and the management of risk. Following the inspection the registered manager produced an action plan which detailed how improvements would be made to meet regulations. They told us that the action plan would be completed by 5 September 2016. As part of this inspection we checked records to see what progress had been made in relation to the safe management of risk and infection control.

We looked at five care records to evaluate risk assessment processes and documentation. We also looked at the guidance given to staff to safely manage risk. We saw that some risk assessments were not present in care records. For example, two records did not contain any environmental risk assessment. The completion of environmental risk assessments was included as part of the provider's action plan from the last inspection. It is important to assess environmental risk in domiciliary care services because care is delivered in people's own homes and not in specially adapted environments. This can present additional risk when accessing the person's home or using equipment in confined spaces. Another record did not contain a risk assessment in relation to a significant health condition. In another example, the service had not produced a detailed manual handling care plan to minimise risk to the person and staff. We also saw that one person had refused a revised plan of care involving new equipment. Staff had returned to their former way of working with two carers although a recommendation had been made by a healthcare professional that three carers were required. The service had not risk assessed the provision of care using two carers after this information was shared. We spoke with the registered manager about our concerns. They confirmed that, "It is a risk that we're all aware of." They went on to say that they were waiting on a revised risk assessment from an occupational therapist.

This is a breach of Regulation 12 (2) (a) of the Health and Social Care Act HSCA 2008 (Regulated Activities) Regulations 2014.

Medicines were stored and administered in people's own homes and so we were unable to check practice in this area. Some records were incomplete and did not provide staff with clear guidance. We checked Medication Administration Records (MAR's) and we saw that one record contained confusing information with regards to a diabetic medicine. A recently prescribed medicine had been hand-written on the back of a MAR sheet. The information regarding administration did not contain details of dosage or administration times. This meant that people were at risk of receiving an incorrect dose or having medicine administered at the wrong time. Another MAR sheet indicated that PRN (as required) medicine was being offered on a regular basis. The person had capacity to accept or refuse the offer of PRN medicines. For people with capacity PRN medicines should be administered on request and in accordance with the relevant care plan. Other MAR sheets were generally difficult to read although they were consistently initialled and coded.

This is a breach of Regulation 12 (2) (g) of the Health and Social Care Act HSCA 2008 (Regulated Activities) Regulations 2014.

As part of the inspection we were provided with information to suggest that incident and accidents records

had not been completed as required or that appropriate action had been taken following incidents and accidents. For example, following the inspection, a relative told us about a recent incident where a hoisting sling was not attached correctly causing the person to slip. We saw no record of this incident during the inspection. We were subsequently informed by a personal assistant (directly employed by the person receiving care) that a similar incident had occurred with the same person at a later date. Following the inspection we discussed this with the registered manager who confirmed that neither of the incidents had been reported to him. He told us that he would speak to staff and act on any information received.

This is a breach of Regulation 12 (2) (e) of the Health and Social Care Act HSCA 2008 (Regulated Activities) Regulations 2014.

Before the previous inspection we received information of concern relating to poor infection control practice and the distress that this had caused to a person using the service. The service was in breach of regulation in this regard. We checked training records and asked the registered manager what action had been taken to improve practice in this area. We saw that additional training had been provided to all staff, guidance had been circulated and spot checks completed. The service was no longer in breach of regulation in relation to infection control.

During the previous inspection people reported that their carers sometimes didn't arrive, were late or did not stay for the time specified by individual contracts. We found that the service was in breach of regulation relating to sufficient staffing levels and this had impacted on call times. The service had continued to recruit staff following the last inspection and had sufficient staff to meet the requirements of their contracts. Further recruitment was on-going. The service was no longer in breach of regulation in this regard.

Prior to the inspection we received new information of concern indicating that staff did not always stay for the duration of the scheduled call. During this inspection we spoke with people receiving care, staff and the registered manager. We also looked at records to establish if care had been delivered in accordance with contractual requirements. People told us that staff were still regularly late, but we saw that communication regarding late calls had improved. In one case, we saw a number of occasions when staff had failed to provide care because they received no answer from the property. It was unclear if staff had consistently followed the agreed protocol to telephone this person if they didn't receive an answer on arrival. Each of the staff that we spoke with said that they provided care as required, but two people did express concern that they were placed under pressure by the limited time available between calls. We asked the registered manager about this. They told us that the travel time allowed by contracts was different depending on the commissioning authority and this placed pressure on staff and the service when producing rotas. They assured us that they spot-checked calls to ensure that staff were there for the allotted time. They further assured us that a new phone-based system was being introduced which required staff to log in and out of calls from the person's home and alert managers and coordinators if a call was not completed as scheduled. We saw evidence that this system was in the early stages of implementation. The registered manager told us that they could not be certain when the system would be operational, but anticipated that it would be before the end of January 2017.

At the last inspection we saw evidence that incidents and accidents were not being recorded and analysed in sufficient detail to assess and mitigate risk. We looked at incident and accident records and saw they were recorded in sufficient detail. The number of recorded incidents and accidents since the last inspection was small and records had been checked by the registered manager. However, there was still no process for formally analysing incidents which meant that opportunities for identifying patterns or causes were missed. We spoke with the registered manager about this and they said that they would consider producing a spreadsheet which would aid analysis.

Staff were recruited following a process which included individual interviews and shadow shifts. Each offer of employment was made subject to the receipt of two satisfactory references and a Disclosure and Barring Service (DBS) check. A DBS check provides evidence that a person is suited to working with vulnerable adults. Following the last inspection the service had changed procedure to ensure that DBS checks were renewed on a regular basis. With the exception of one staff member, the DBS checks that we saw had been completed within the last three years. We spoke with the registered manager who acknowledged that the renewal for this staff member had not been completed as required by their revised policy.

Is the service effective?

Our findings

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 supported 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.

On this inspection we checked whether the service was working within the principles of the MCA.

At our last inspection we found that the service was in breach of regulation because consent was not always sought in accordance with the MCA before changes to people's care were implemented. Following this finding the registered manager provided an action plan which outlined how the service would comply with regulation. The relevant section of the action plan had a completion date of 30 November 2016. During this inspection we checked care records and staff training records. We saw that consent had been sought and recorded in care records. However, consent had not been reviewed when care needs had changed. For example, one person was identified as having fluctuating capacity because of a health condition. Concerns were raised about their capacity to give consent at the last inspection. We saw that this potential lack of capacity had not been addressed within the care plan or consent documents. Following the initial day of inspection we checked to see if further progress had been made in relation to consent. The registered manager confirmed that consent would be sought and recorded in relation to any changes in care prior to them being implemented.

This is a breach of Regulation 11 (1) of the Health and Social Care Act HSCA 2008 (Regulated Activities) Regulations 2014.

At the last inspection we saw that the quality of communication between care workers and the service was inconsistent. During this inspection we checked to see what progress had been made by looking at the communication books. We saw numerous examples where information was limited and there was no evidence of action taken as a result of information being shared. For example, requests for staff to cover with no outcome and a request from a service user to change care submitted with no action recorded. This meant that the service could not be certain that all information and requests had been dealt with safely and appropriately.

This is a breach of Regulation 17 (2) (c) of the Health and Social Care Act HSCA 2008 (Regulated Activities) Regulations 2014.

We looked at records relating to staff training and support and spoke with staff. We saw that training which was appropriate to the needs of people using the service had been provided on a regular basis. The training was a mix of on-line content and face to face learning as required. For example, moving and handling training required staff to observe the trainer and demonstrate competency. The training matrix provided by the service indicated that approximately 90% of staff training had been completed as required by the

provider. Each staff member had an individual log-in to access on-line training and completion was monitored by the registered manager. Staff told us that they had completed the on-line training and had requested additional training to improve their knowledge of health conditions.

We asked if new staff were trained in accordance with the requirements of the Care Certificate (CC). From 1 October 2015 it became an expectation that new care staff would be trained in-line with the CC. The CC requires staff to complete a programme of learning before being observed by a senior colleague and assessed as competent within 12 weeks of starting. The registered manager told us that they did not have anyone 'trained to do the Care Certificate'. New staff had completed some elements of the CC, but they were not formally observed and assessed as competent. This meant that the service could not be certain that staff had the skills and knowledge to complete their duties safely.

We recommend that the service reviews its procedure for inducting new staff to ensure that the process meets current best-practice guidance.

Staff told us that they received support from the provider through supervision and appraisal. They also had the opportunity to seek support during spot-checks, team meetings and by contacting the office. One member of staff said, "You get training and support. I had supervision two weeks ago and I can phone the office." While another care worker commented, "I had supervision a couple of weeks ago. [Co-ordinator] went out with me one morning as well." However, the matrix supplied indicated that only 12 out of 30 care staff had received formal supervision within the last six months. Spot-checks had also been completed on 15 staff and 14 care workers had attended recent team meetings. Staff told us that they received informal support during spot-checks and team meetings and were comfortable to contact the office at other times.

We recommend that the provider reviews its scheduling of formal supervision to ensure that all staff have access to appropriate support.

We checked to see if people who use the service were receiving enough to eat and drink. None of the people that we spoke with expressed any concern regarding access to food and drink. Staff told us that they prepared food and drinks in accordance with people's care plans. We asked about specific dietary needs. One member of staff described how they supported a person with diabetes through the monitoring of food intake.

We saw that the service worked with healthcare professionals and changed the delivery of care when required to do so. However, we saw that care records did not always contain detail regarding people's healthcare needs. For example, one person was receiving regular treatment in hospital. Their care plan did not provide details of any treatment and potential side-effects to allow staff to monitor the person or adjust their care practice.

Is the service caring?

Our findings

At the last inspection we found that the service was in breach of regulation because call times were not always adhered to meaning that people sometimes had to rely on family members to provide personal care. The provider supplied an action plan outlining how they were going to meet regulation. Measures included the appointment of two care coordinators and provider monitoring visits to assess people's satisfaction with the service. At this inspection we checked what progress had been made towards these objectives and spoke with people using the service to gather their views.

We received mixed views from people regarding their involvement in decisions about their care. We were told that changes to times or staff were not always communicated to people using the service. We saw from the communication book that at least one person had called the service to ask which staff were coming. We also saw evidence that calls had been started late, but in each case the person had been contacted to let them know the care staff were running late. None of the people that we spoke with expressed concern regarding delays in their calls. The service was no longer in breach of regulation in this regard.

At the previous inspection we had been informed that the staff rotas were being produced a week in advance. We understood this to mean that staff had at least one week's notice of their allocated shifts. We saw that the two care coordinators had been recruited and were involved in the production of staff rotas. One coordinator said, "I print a rota on a Friday for the following week. Service users don't get a rota generally." It would be reasonable to expect that people were informed of their allocated care workers in advance. We spoke with the registered manager about this and were told that this was normal practice. They assured us that the introduction of the new electronic system would allow them to produce rotas one week in advance.

We recommend that the service reviews its approach to communication to ensure that people are actively involved in making decisions about their care.

We also asked people if the staff and managers listened to them. One person told us about how the times of their early morning call had been changed following a review. They said that their preference for a call between 9:00 am and 10:00 am had not been met. We checked the care records and found nothing to confirm if the change had been discussed or agreed. We asked the registered manager and a coordinator about this and were told that the person regularly changed their preferred call time and that the service always tried to accommodate their wishes. With reference to a visit by the registered manager, one person told us, "I didn't feel like I could raise anything."

We asked people if they felt staff were caring and treated them with respect. One person told us, "The staff are very polite and caring girls". Another person said, "Most of the girls are a laugh and I need a laugh." Staff told us how they were often restricted in what they could do because of the pressure to move-on to the next call, but they each said that they completed the required care tasks and enjoyed chatting with people as they provided care. Staff understood the need to provide dignity in the provision of personal care and offered practical examples of they achieved this in practice. For example, covering people as they bathed

them.

We asked about advocacy services for people and the registered manager told us they had arranged an advocate for one person. They also said they would put people in touch with local advocacy services on request. We saw that information on a local advocacy service was displayed in the office.

Is the service responsive?

Our findings

At our last inspection we found the service remained in breach of regulation relating to person-centred care and receiving and acting on complaints. This was because care records did not contain sufficient person-centred information to provide genuinely person-centred care. In addition, the system in place for receiving, handling and responding to complaints was not robust. The provider supplied an action plan outlining how they intended to comply with regulations. The action plan for improved person-centred care included a completion date of 30 August 2016. The action plan for receiving and acting on complaints included a completion date of 15 August 2016. As part of this inspection we checked care records and complaints to see if the actions had been completed to an appropriate standard.

The action plan for achieving compliance with the requirements for delivering person-centred care included a review of all care plans and the introduction of an electronic monitoring system. This system would allow staff and managers to update care plans and risk assessments in real-time. We looked at a sample of care plans and saw that some had been reviewed and transferred to a new, paper-based template. The template encouraged the recording of more person-centred information. However, we saw that not all care plans had been transferred. We also saw that some of the new templates did not contain any additional, person-centred information. For example, routines and preferences. This meant that, in some cases, staff were wholly reliant on getting to know the person through conversation as they provided care. For new staff, or those providing care on a temporary basis this would be difficult to achieve.

In addition, the electronic system for updating care plans had not been implemented. We saw from care records that care had been reviewed, but the information had been transferred by hand and was essentially the same as that in the old plan. We also saw that some of the plans held in the office were different to those held in people's homes. The records that were provided indicated that 24 care records had been reviewed, but that only 15 care records had been amended as a result. Of the 15, 6 were held in people's own homes with the balance held in the office. This meant that staff did not have access to the most current information about people's care needs. We spoke with the registered manager about these concerns and were told that all care plans had been reviewed. We highlighted the care plans that were presented using the older template and were told that the new care plan was probably in the person's home. We asked about the electronic care planning and monitoring system and were told that it was being launched 'in the next few weeks' and would generate significant improvements in care planning, monitoring and communication.

We saw that the staff rotas and call-times were subject to change at short notice. This meant that the service could not be certain that the care it provided was meeting people's needs. Rotas were not normally shared with people receiving care meaning that they could not express a preference for particular care workers.

This is a breach of Regulation 9 (3) (b) of the Health and Social Care Act HSCA 2008 (Regulated Activities) Regulations 2014.

We checked records relating to receiving and acting on complaints. We saw that there had been seven complaints in 2016. Since the last inspection records indicated that each complaint had been processed in a

timely manner and had generated a written response. We saw that action had been taken as result of the complaints. For example, in one case the receipt of the complaint had led to disciplinary action being taken against a staff member. The service was no longer in breach of regulation in relation to complaints.

Is the service well-led?

Our findings

At our last inspection we found the service was in breach of regulation regarding governance. This was because systems had not been embedded to ensure they were effective and some complaints had not been investigated. The provider submitted an action plan outlining how they would achieve compliance with regulations. The action plan included a commitment to improve communication with staff and conduct 'general meetings every three months set-out over three consecutive days so all staff will have an opportunity to attend.' The target date for this action was 25 August 2016.

At this inspection we looked at records and spoke with staff to assess what action had been taken and the impact achieved. We were provided with a set of staff meeting minutes dated 25/26 October 2016. It is reasonable to assume that a staff meeting would have been held on, or before the target date of 25 August 2016. This meant that the provider had not completed the action they committed to in their action plan. We saw that other elements of the action plan had not been completed as planned. For example updating all care plans and risk assessments.

At the previous inspection we found that the registered manager had made some improvements within the service. However, we found that the health, safety and welfare of people who used the service had still been compromised despite the improvements that had been made. People were still put at unnecessary risk of harm. At this inspection we saw that there had been further improvement, but the service remained in breach of regulation in a number of areas.

At the last inspection we were concerned that the culture of the service was not open and transparent because we received conflicting information regarding the owner of the service being actively involved in the provision of care. During this inspection we received information from the registered manager and other staff which conflicted with the written evidence provided. For example, we were told on two occasions that the review of care plans was complete for all service users when this was not the case.

The registered manager provided us with audit records which they had signed. These documents indicated that the registered manager had visited service users in their homes to assess their satisfaction and review care needs. We asked the registered manager about these processes and were told that the visits recorded were undertaken by a care co-ordinator as part of the care plan review process. We also saw one record from 10 November 2016 that said, 'All care plans have now been completed and in the process of being inputted into system and returned to service users' homes.' This statement was incorrect and failed to acknowledge the missed target date established in the provider's action plan. This meant that the registered manager was not completing regular, robust quality audits in accordance with best-practice.

We were concerned at various points during this inspection the registered manager was not providing effective leadership. For example, at one point we had to challenge the registered manager regarding inappropriate and disrespectful language used to describe the circumstances of a person using the service. We felt their response did not fully acknowledge the significance and potential negative impact of the language used. The use of disrespectful language may influence staff and their approach to care.

Despite the improvements cited in the report, the required improvements had not been embedded effectively across the service to improve the quality of the care being provided for people. We therefore concluded the leadership and governance remained ineffective.

This is a breach of Regulation 17 (2) (a), (b), (d) & (f) of the Health and Social Care Act HSCA 2008 (Regulated Activities) Regulations 2014.

At the previous inspection we were concerned about the language used at a team meeting which may have discouraged whistle-blowing. There had been one meeting since this time and minutes were provided. The minutes were appropriately and respectfully worded and indicated that staff had been given the opportunity to raise issues of concern. Staff indicated they were confident to whistle-blow if the need arose.

The staff that we spoke with were enthusiastic about their roles. One member of staff said, "I'm still motivated. I enjoy it. I'm quite happy." While another said, "I love my job."

We asked staff if they had noticed any improvements regarding the management and leadership of the service. One member of staff commented, "It's a lot calmer in the last six months. There's more structure. It's made me a lot happier." A different member of staff said, "Everything is running quite smoothly at the moment." However, two members of staff cited the late issuing of the rotas as a concern.

We saw evidence that the service had a complete set of policies and procedures which had been recently reviewed. However the statement of purpose included details for the current and previous registered manager which indicated that the review process was not robust.

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 Care plans had not been fully reviewed as required. Care plans held in people's homes and centrally were inconsistent. People were not informed who would be providing their care.
Treatment of disease, disorder or injury	
Regulated activity	Regulation
Personal care	Regulation 11 HSCA RA Regulations 2014 Need for consent Consent was not always sought in accordance with the principles of the Mental Capacity Act 2005.
Treatment of disease, disorder or injury	
Regulated activity	Regulation
Personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment People were not protected from risk of harm because; risk assessments were incomplete or did not reflect current practice. Care plans relating to the administration of medicines were incomplete and did not provide clear guidance. Some staff did not follow care plans which resulted in unsafe practice.
Treatment of disease, disorder or injury	
Regulated activity	Regulation
Personal care	Regulation 17 HSCA RA Regulations 2014 Good governance Important information relating to the safe provision of care was lacking in critical detail
Treatment of disease, disorder or injury	

and did not always indicate what action had been taken. The registered manager did not consistently demonstrate effective leadership in line with their role and responsibilities. Actions agreed as a result of the previous inspection had not been completed as required.