GP Homecare Limited

Radis Community Care (Coventry)

Inspection report

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Ratings

Overall rating for this service	Requires Improvement
Is the service safe?	Requires Improvement
Is the service effective?	Requires Improvement
Is the service caring?	Good
Is the service responsive?	Good
Is the service well-led?	Requires Improvement

Overall summary

This inspection took place on 23 June 2015. The inspection was announced. The provider was given two days' notice of our inspection to ensure the manager was available when we visited the agency's office, and staff were available to talk with us about the service.

Radis Community Care (Coventry) is a domiciliary care agency providing care for people in their own homes in Coventry and Bedworth. People received support through several visits each day. In addition to long term care packages, they also provided short term care packages to enable people to recover from injuries or illnesses and regain their independence. On the day of our inspection the agency was providing support to 108 people.

Summary of findings

A requirement of the provider's registration is that they have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run. At the time of our inspection there was not a registered manager at the service. The service was being managed by a new manager, as the previous registered manager had left the service two months prior to our visit. We refer to the new manager as the manager in the body of this report.

People and their relatives told us they felt safe with staff and staff treated them well. Staff understood how to protect people they supported from abuse. People and their relatives thought staff were kind and responsive to people's needs.

The management of medicines required improvement, medicine records were not always consistently completed by staff, and medicines audits had not identified areas that required improvement.

Staff were supported by managers through regular meetings. There was an out of hours' on call system in operation which ensured management support and advice was always available for staff.

Staff felt their training and induction supported them to meet the needs of people they cared for.

Staff understood the principles of the Mental Capacity Act 2005 (MCA), and supported people in line with these principles. However, people did not always have a current mental capacity assessment in place, where people lacked the capacity to make all of their own decisions. This meant staff were not always provided with the information they needed to care for people in accordance with the MCA.

People told us they knew how to make a complaint if they needed to. The provider monitored complaints to identify any trends and patterns, and made changes to the service in response to complaints. However, some people were not satisfied with the way their complaints had been managed previously.

Staff, people and their relatives felt the manager was approachable. Positive communication was encouraged and identified concerns were acted upon by the manager and provider.

There were procedures in place to check the quality of care people received. However, audits did not always identify were improvements needed to be made. Where issues had been identified, the provider acted to make improvements. The manager had identified care records were not always up to date, and had started work to review records.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?
The service was not consistently safe.

People felt safe with staff. There were enough staff to care for people safely. Risk assessments required improvement to ensure people received support from staff who understood the risks relating to people's care. Medicine administration required improvement to ensure records were consistently completed and people received their medicine as prescribed.

Requires Improvement

Is the service effective?
The service was not consistently effective.

People were supported by staff who received training to help them undertake their work effectively. The rights of people who were unable to make important decisions about their health or wellbeing were not always protected, because mental capacity assessments were not always recorded to identify when people could make their own decisions. People were supported to access healthcare services to maintain their health and wellbeing.

Requires Improvement

Is the service caring?
The service was caring.

People felt supported by staff who they considered kind and caring. Staff ensured people were treated with respect and maintained their dignity at all times. People were assisted to maintain their independence.

Good

Is the service responsive?
The service was responsive.

People and their relatives were involved in decisions about their care and how they wanted to be supported. People were given support to access interests and hobbies that met their preference, and to maintain links with their local community. The management team analysed concerns and complaints, and acted to improve the service.

Good

Is the service well-led?
The service was not consistently well-led.

Managers supported staff to provide care which focused on the needs of the individual. Staff felt fully supported to do their work, and people who used the service felt able to contact the organisation and speak to management at any time. There were systems to check the quality of care people received, but these did not always identify areas that required improvement. Records were not always kept up to date to reflect the care people received.

Requires Improvement

Radis Community Care (Coventry)

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 visit took place on 23 June 2015 and was announced. We inspected this service with two inspectors. The provider was given two days' notice of our inspection because the agency provides care to people in their own homes. The notice period gave the manager time to arrange for us to speak with people who used the service and staff who worked for the agency.

We asked the provider to send to us a Provider's Information Return (PIR). The document allows the provider to give us key information about the service, what it does well and what improvements they plan to make. We were able to review the information as part of our evidence when conducting our inspection.

The provider sent us a list of people who used the service. We sent questionnaires to 59 people, and received 22 responses back. We looked at the feedback from questionnaires we sent to people who used the service, relatives, and staff.

We visited the agency's office and looked at the records of six people who used the service and looked at three staff records. We also reviewed records which demonstrated the provider monitored the quality of service people received.

We spoke with the manager, the regional support manager, the regional director, a care co-ordinator, and eight members of staff.

We spoke with seven people who used the service via phone, and three relatives of people who used the service.

We reviewed information we held about the service, for example, notifications the provider sent to inform us of events which affected the service. We looked at information received from commissioners of the service. Commissioners are people who work to find appropriate care and support services which are paid for by the local authority.

Requires Improvement

Is the service safe?

Our findings

Ninety three percent of the respondents to our survey told us they strongly agreed that they felt safe with staff who provided care to them. The other 7% answered they did not know. All of the people we spoke with told us they felt safe with the care staff that supported them.

The provider protected people against the risk of abuse and safeguarded people from harm. Staff attended regular safeguarding training. Staff told us the training assisted them in identifying different types of abuse, and they would not hesitate to inform the manager if they had any concerns about anyone. They were confident the manager would act appropriately to protect people from harm. All the current staff we spoke with knew and understood their responsibilities to keep people safe and protect them from harm.

We spoke with two members of staff who had recently been recruited. Staff told us, and records confirmed, suitable recruitment practices were followed to ensure staff were of good character before they started work in people's homes. For example, checks on criminal records, identification checks and references were sought before staff supported people.

We spoke with three members of staff who administered medicines to people in their own home. Staff told us they administered medicines to people as prescribed. Staff received training in the effective administration of medicines which included checks by the trainer on the competency of staff to give medicines safely. The manager confirmed all staff received training in administering medicines as part of their induction. People we spoke with told us they received their prescribed medicines safely.

However, when reviewing people's care records we saw one person was not given their prescribed medicine safely. The person was prescribed medicine for pain relief, two tablets to be given four times daily. Each dose needed a four hour gap to ensure the person was not given too much medicine. The person received four visits per day from Radis staff, however records showed the person was given medicine twice a day instead of four times a day, one daytime dose of two tablets, and an evening dose of four tablets. The evening dose exceeded the prescribed dosage of two tablets. We were concerned that this put the person at risk of receiving too much medicine, as medicine could be taken without a four hour gap between each dose.

We asked the manager about the medicine. The manager checked with staff and confirmed their current practice did not follow the prescribed dose for the person. The manager explained the person was given four tablets each evening, two of which they took immediately and two they could take later on if required. However, the manager also confirmed the person lacked the capacity to make these decisions. We were concerned the person might be left in pain during the beginning of the day, as they were not given some of their prescribed medicine. The service was not checking the person took their evening dose of medicine with a four hour gap between doses. Following our discussion with the manager they promptly acted to cease administering the medicines to the person in this way. We were reassured that staff would follow the prescribed dosage in the future, and the person was no longer at risk.

Medicine records were not consistently completed. In one person's medicine records, on four days in the previous month, we saw the records had not been completed to state whether the person had been given their medicine. In another person's records we saw there were gaps on their medicine's records on six different occasions within the previous month. We could not tell from the records whether people received their prescribed medicines. However, staff we spoke with told us people received their medicines according to their care plan, but that records were not always completed consistently to show this. The manager planned to hold a meeting with staff to discuss the importance of maintaining medicine records accurately.

The provider had procedures to identify potential risks relating to the health and wellbeing each person who used the service, however, some risk assessments were not in place. For example, we saw there was not a risk assessment in place to manage the risks relating to one person's medicines. In another person's records we saw a financial risk assessment was in place, but this did not detail fully the risks to the person, or how risks could be managed. This meant staff were not given all the information they needed on how to manage risks to the person safely.

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Is the service safe?

All of the other risk assessments we reviewed in the care records were up to date and regularly reviewed, and plans had been drawn up to protect people from harm. For example, one person who was at risk of falling had a risk assessment in place for managing their mobility. Care records instructed staff on how they should be moved safely. Staff followed the instructions, which minimised the risk of harm to the person.

The provider had contingency plans for managing risks to the delivery of the service which minimised the risk of people's support being delivered inconsistently. Emergencies such as fire or staff absences were planned for. For example, there was a daily procedure to backup records and files on the computer, so any disruption to people's care and support was minimised.

People told us there were enough staff to meet their care and support needs. One person told us, "Yes there are enough staff now." Staff also told us there were enough staff to meet people's needs since a recent recruitment initiative had recruited more permanent members of staff.

One member of staff said, "Staffing levels are okay now, as we have just recruited some more permanent care staff." They added, "The rotas are well organised too, it's the best it's ever been." We asked the member of staff what impact this had on people who used the service. They said, "We're given enough time to travel between calls. We get to calls on time."

We found there were enough staff to care for people safely, and meet their support needs as identified in their care plans. For example, one person was unable to mobilise without assistance, and required two people to help them move several times a day. The records detailed how often the person needed to be moved, and the equipment that was needed. Staffing levels were organised so that the person always had two people available to assist them. Records showed the person was moved according to their care plan. One staff member said, There are always two members of staff to help people who require two people to support them, the rotas are planned that way."

Requires Improvement

Is the service effective?

Our findings

People we spoke with told us staff had the skills they needed to support them effectively. One person said "The staff know what they are doing." Staff told us when they started work they received an induction that met people's needs. One member of staff who had recently started work said, "The induction was good and met my needs, it included training and shadowing experienced members of staff." Another member of staff told us, "If a new member of staff joins the team, the regular staff take the new staff member with them so they know what to do, it's part of their induction." The manager explained the service used a recognised induction programme designed by Skills for Care, which is an organisation that provides information to employers, and sets standards for people working in adult social care. Staff told us in addition to completing the induction programme; they had a probationary period and were regularly assessed to check they had the right skills and attitudes required to support people.

A relative told us "They've got good training. They know if something is wrong." The manager had implemented a programme of staff training to ensure staff kept their skills up to date, and could meet the specific needs of the people they cared for. The staff training programme had recently been reviewed and updated. There was an on-site training room and a designated trainer available. Staff also received training online. Staff said the manager encouraged them to attend regular training sessions. The manager kept a record of staff training and when it was due and monitored staff attendance.

One member of staff told us, "The training is good, my training is kept up to date now." Another member of staff said, "We get the training we need to support people, there's quite a lot of training." Another member of staff told us, "We are also supported to attain nationally recognised training qualifications." Staff told us the trainer observed their practice, for example, in manual handling, to ensure they used their knowledge effectively. One member of staff told us how they used their training to identify when people needed additional support from healthcare professionals, they said, "I know to look out for sore skin, and am trained to know when we need to make a referral for the district nurses to be called in."

We found that not all staff had received training to refresh their skills, and keep their knowledge up to date for their role. For example, fifty percent of staff had not attended recent moving and handling training and medication administration, according to the provider's own training schedule. There was a programme of staff training in place to ensure staff received this training in the near future. The manager explained staff training had not previously been kept up to date, but was now being closely monitored to ensure staff had the skills they needed to support people.

Staff told us they were supported using a system of meetings and yearly appraisals. Staff told us regular meetings with their manager provided an opportunity for them to discuss personal development and training requirements. One staff member said, "We have regular meetings now, and I can say what I need." Regular meetings also enabled the manager to monitor the performance of staff, and discuss performance issues. The management also undertook regular observations on staff performance to ensure high standards of care were met. The manager told us senior staff went to people's houses at different times of the day to ensure staff were delivering the care expected. This was confirmed by staff we spoke with.

CQC is required by law to monitor the operation of the Mental Capacity Act 2005 (MCA) and to report on what we find. Staff we spoke with understood the legal requirements of the Mental Capacity Act 2005 (MCA) and that decisions should be made in people's best interests when they are unable to make decisions themselves. Staff demonstrated they understood other principles of the MCA. For example, staff understood people were assumed to have capacity to make decisions unless it was established they did not. They asked people for their consent and respected people's decisions to refuse care where they had capacity to do so.

People did not always have a mental capacity assessment where they lacked the capacity to make decisions for themselves. For example, in one person's records we saw that they did not have capacity to make their some of their own decisions, which the manager confirmed. However, a specific mental capacity assessment had not been undertaken about which decisions they could make for themselves. We asked the director why a detailed and up to date mental capacity assessment was not recorded for each person who lacked capacity. The director stated, "We don't perform a separate mental capacity assessment to detail what decisions each person can make for themselves. Mental capacity is often assessed and

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Is the service effective?

recorded within the initial assessment people have when they start using our service." Because a specific mental capacity assessment was not in place for each person, staff did not always know whether people were able to make safe decisions about their own care. The manager was conducting a care records review at the time of our inspection and planned to review information recorded on each person's records.

People were having decisions made in their best interests, by health professionals and family members where they lacked capacity to make their own decisions. For example, one person had made decisions regarding their wishes at the end of their life, which had been signed by health professionals and family members along with the person. Another person who did not have a mental capacity assessment recorded, had other information on their care records to support the service was acting in their best interests. The care records stated. "I often need support to make decisions and organise my life." Family members and friends were involved in decision making for the person.

Staff told us they had an opportunity to read care records at the start of each visit. People told us that staff kept records up to date in their home. The care records included information from the previous member of staff as a 'handover' which updated them with any changes since they were last in the person's home. One member of staff said, "We always check the daily records, as these are our handover notes." Staff explained the daily records supported them to provide effective care for people because the information kept them up to date with any changes to people's health.

Staff and people told us they worked well with other health and social care professionals to support people. One relative told us, "Once a member of staff noticed something which was concerning regarding my relative's health. We contacted the doctor. I was glad they noticed the issue, as it required much needed medical attention." They added, "Staff know if something is wrong, and act on it." Staff supported people, by accompanying them, to see health care professionals such as the GP, dentist, district nurses and nutritional specialists where needed. One member of staff told us, "I accompanied someone to the opticians last week." Another member of staff said, "We use district nursing support to help people with their nursing needs." This showed the provider worked in partnership with other professionals for the benefit of the people they supported. One person told us, "Radis are pro-active and helpful regarding access to healthcare appointments and seeing health professionals."

People told us staff supported them with specialist dietary needs to maintain their health. For example, the service offered support to people with diabetes, or people who were on a 'soft diet' by supporting them to prepare food that met their health needs. One member of staff told us, "Some people I take shopping to help them get the food they need." Another member of staff told us, "When we prepare people's food, we ensure people are given choices about what they want to eat."

Good

Is the service caring?

Our findings

All of the people we spoke with and their relatives told us the permanent staff treated them with kindness, and staff had a caring attitude. This was confirmed by the respondents to our survey with 100% strongly agreeing that staff were caring and kind, and treated them with respect and dignity. One person told us, “They’ll do anything if I ask them to do it.” A relative told us, “Yes the staff are caring, very much so.”

One person told us they felt their quality of life was supported by using Radis. Another person said, “I am on my own all day so I enjoy seeing them.” One relative said, “In general staff do an excellent job, they are kind, friendly, polite and helpful and I am confident they have my relative’s wellbeing at the forefront of their minds whilst carrying out their responsibilities.”

Staff told us they enjoyed their role, and the interaction with people. One staff member said, “I enjoy my role, I get to meet new people, and get to know the people I support. I have regular clients.” Another member of staff told us, “I feel much more appreciated by my colleagues and manager than before, it feels like the organisation cares about us now.” One member of staff gave us an example of the manager’s caring attitude towards staff, they said, “Management have devised my working schedule to accommodate my home commitments, they have been very supportive.” Staff told us they also received support from other care staff at the organisation. One staff member said, “All the staff are very supportive. It’s teamwork.”

People told us that staff treated them with respect and dignity. People said care staff asked them how they wanted to be supported, and respected their decisions. One relative said, “They treat [Name] with respect.” A staff member told us, “When I’m providing support to people I try to make people feel at ease, I explain what I’m intending to do, and ask permission.” They added, “People can refuse things if they want to.”

People told us staff listened to them, and supported them to maintain their independence. A member of staff explained how they supported one person. They told us they made sure the person was encouraged to do what they could themselves, and the staff member only supported them with tasks they could not manage. One person told us, “The staff encourage me to walk around a bit, which helps me maintain my mobility.”

People expressed their views and were actively involved in making decisions about their lives. For example, one relative told us, “They respect [Name’s] wishes. They ask them what they would like. They also ask us. They take account of our wishes.”

Staff explained how they supported people in respectful, positive ways using their preferred name and asking people’s opinion and preference before supporting them with tasks. One person said, “I have advised the staff I do not like my first name to be shortened, and since then they have acted on this.”

Staff understood how to provide care to people whilst retaining dignity and privacy. One relative told us, “They always treat [Name] with respect and dignity.” People said staff always explained what they were doing and ensured doors were shut for privacy. One staff member said, “We always ask if people are comfortable, and explain what we are doing.”

Good

Is the service responsive?

Our findings

People told us they and their relatives were involved in planning and agreeing their own care. One person told us, “My care plan was put together involving me and my relative and the manager. Everything is clearly set out.” People told us all their likes and dislikes were discussed so their plan of care reflected what they wanted. We saw records detailed people’s likes and dislikes and their support needs and differed from person to person meaning people’s individual needs were listened to and supported.

Staff we spoke with had a good understanding of people’s needs and choices and were meeting their preferences. Staff knew all about each person, what each person could do independently and when they needed staff support. For example, one person had identified they preferred to have staff of a particular gender. Staff knew their preference and told us, “If people chose to just have male or female staff, then that’s fine. We always support their preference.” People confirmed staff knew what they needed to do, and that plans were in place making it clear what was to be done. One person told us, “They do what they should”.

People and their relatives told us, the manager regularly checked with them that the care provided was what they wanted, and this was changed if required. Formal reviews had taken place for each person and care plans updated regularly.

People felt staff were able to respond to their requests. One relative told us, “We went on holiday recently and asked the staff if the morning call could be earlier. The staff came early so we could get off on time.’

The provider had a written complaints policy, which was contained in the service user guide which each person had in their home. People who used the service and their relatives told us they knew how to make a complaint if they needed to. One relative told us, “I would contact the office to make a complaint; there is a number to ring in the service user guide.” They added, “Complaints are co-ordinated through the manager.”

When we completed our survey, only 50% of people’s relatives answered that the service responded well to complaints or concerns they raised. One relative told us they had made a complaint to the previous manager who had said they would deal with it, but they never received any feedback. The manager assured us that any complaint raised was now being responded to using the provider’s complaints policy.

We saw the manager kept a log of complaints that had been received. Where complaints had been recorded in the complaint’s log we saw these were investigated and responded to in a timely way. We saw that where complaints had been logged, staff had visited people to discuss their complaint and tried to resolve things for the person.

The provider analysed complaint information for trends and patterns, and made improvements to the service following complaints. For example, we saw a theme in previous complaints related to calls not being made on time. One person told us they made a recent complaint regarding rotas not being received and missed calls. We saw the provider had implemented a system to ensure people received a rota of scheduled visits each week, and that calls were being monitored to ensure people received their calls on time.

People told us that they were supported to go out by Radis if this was part of their care plan. Staff encouraged and supported people to follow their interests and take part in social activities where this had been identified as a specific need. One member of staff told us, “People use day centres and community centres.” This helped people maintain links with their local community.

The manager told us they maintained links with other local organisations to enhance the support people received to take part in interests and hobbies. For example, the service maintained links with charities giving people access to transportation to take part in interests outside their home.

Requires Improvement

Is the service well-led?

Our findings

There had been a recent change in the management of the service, and people told us this was working well. A new manager had been appointed and was in the process of registering with us. One member of staff said, "I am enjoying my role now." Another member of staff said, "The recent changes in the management team have been really positive. The care co-ordinator especially is really supportive."

People described the manager as being approachable and open. One relative said, "The manager has been to see us and told us if we have any problems to please ring them." One member of staff told us, "The manager is happy to answer any queries, they are open." A second member of staff said, "There is a lot of support from the manager and senior staff now. I feel comfortable raising things with the manager."

There was a clear management structure to support staff. Staff told us they received regular support and advice from managers via the telephone and face to face meetings. Staff were able to access support and information from managers at all times as the service operated an out of office hours' advice and support telephone line, which supported them in delivering consistent care to people at the service. One staff member said, "The 24 hour on call support is very helpful." Since their appointment the manager had made a number of improvements at the service. For example, they had re-introduced regular one-to-one meetings with staff to monitor their performance, support staff and gather their feedback.

Staff were also asked to complete an annual quality assurance survey, to provide their views on how the service was run. We saw the feedback from the survey had been used to improve the service. For example, in the staff satisfaction survey in August 2014, 57% of staff did not have confidence in the management team, and 85% of staff did not agree that Radis looked after its staff. We saw that recent changes had been implemented in the management team, and the provider had recruited more staff to improve people's 'work to life' balance. Feedback from staff during our inspection was now positive.

Staff had regular scheduled meetings with the manager and other senior team members, to discuss how things could be improved. A care co-ordinator told us, "We have a good rapport with staff, we always ask for their feedback in staff meetings." We saw a team meeting being held during our inspection. Staff meetings covered discussions on a range of topics, for example, staff rotas, visit times, and records completion. One staff member told us, "We have regular team meetings, and I think larger team meetings are being planned in the near future."

Staff told us the manager supported them by giving them the time they needed to complete their work. We saw a recent audit had identified more travelling time was needed between calls, and this had been incorporated into staff rotas. We saw staff were allocated to each call for the appropriate amount of time, and time was allowed for staff to travel from one call to the next. This ensured staff had the time they needed to support people. Most of the people we spoke with told us staff visited them at the right times, and for the correct period of time, in accordance with their care plans. One person told us, "Sometimes the care staff do arrive later for one of the call times I have." People told us that staff arriving late had been an issue previously, but went on to tell us that the situation had improved. One relative said, "Things are a lot better now. We now get rota sheets on a Saturday morning for the following week. We hadn't been getting these for a while."

People told us the quality of the service they received had recently improved, because the manager had recruited new members of staff to fill vacancies. The manager told us a recent staff recruitment programme had gone well, and vacancies had been filled so that staffing levels met the number of support hours each person required. They explained recruitment was continuing, to ensure that staffing levels were sustainable, and that new business could also be supported. One person said, "There weren't enough staff before, but they have recruited new staff now and I would say it's better." One relative told us, "Due to changes in the organisation, the new manager and staff recruitment, things are settling down now."

The manager told us they received support from other senior managers at Radis, and from the provider. Support was provided to give them advice through their induction period. For example, the provider had organised a weekly conference call to discuss action plans and improvements for the Coventry branch. The regional support manager

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Is the service well-led?

also spent three days per week at the Coventry location to support the new manager in their role. The manager told us this support helped them in getting to know the branch, and to share ideas about how things could be improved.

The provider was accessing information from other organisations to improve their business and keep up to date with changes in the care sector. For example, the provider was a member of The **United Kingdom Homecare Association** (**UKHCA**), a professional association of home care providers. The association provides advice and support to its members, and promotes good practice in the care sector. The provider used the information they received, such as training resources to shape some staff training. The provider also used information they received from the UKHCA to keep up to date with changes in the care sector. For example, a representative of the UKHCA had spoken at a recent manager's meeting about the new CQC inspection regime. The UKHCA provided training to managers in the changes to the Care Act. We saw that this type of information was being used to continuously improve the quality of the service.

People were asked to give feedback about the quality of the service they received through a range of different routes. People were asked to take part in quality assurance surveys as confirmed in the PIR. People told us the manager had written to them recently to introduce themselves, and to welcome their views on the quality of the service provided. People also told us they were are asked by staff whether things were meeting their expectations. The manager also contacted people by telephone to ask them how the service was delivered. One relative said, “The office have called a few times to check that everything is Okay.” Records of these checks showed comments from people including, “Staff respect and listen to me.” Feedback was analysed for any trends or patterns in the information received. Where issues had been identified, we saw the manager took action to continuously improve the service people received. One relative told us they had been involved in providing feedback to the manager about a staffing issue. They stated things had subsequently improved for them.

Quality assurance audits were performed by the provider to make sure procedures were followed, and care was delivered consistently. The provider conducted a yearly audit of the branch. The manager also conducted local audits and checks to monitor performance. For example, the manager completed audits in care records, and timekeeping. Where issues had been identified action plans were put in place to make improvements. For example, we saw timekeeping queries were checked with staff to ensure staff arrived on time and people received care in accordance with their agreed contract. Action plans were monitored to ensure actions had been completed.

We saw however that audits did not always identify areas where improvements needed to be made. For example, the monthly check of medicine records had not identified that gaps on medicine records needed to be followed up with staff, to make sure people were receiving their prescribed medicine.

Medicine records were audited monthly which meant medicines were checked up to four weeks after some medicines had been given. Checks of medicines were not taking place either daily or weekly. We were concerned that audits of medicines should take place in a more timely way, to identify any gaps in medicine records, and identify any potential risks to people’s health. Following our inspection the manager implemented a weekly check of medicine records to identify any concerns, so that these could be followed up promptly.

We found people’s care records were not always up to date. For example, risk assessments were not in place for all the risks we identified. Some people did not always have a mental capacity assessment in place where it had been identified they lacked the ability to make all of their own decisions. Medicine records were not always consistently completed. During our inspection we also saw that paperwork in the office was not filed promptly. This meant care records in the office did not match the information people had in their homes, to provide office staff with up to date information on people’s care and support needs.

We asked the manager how records were being improved. At the time of our inspection the manager was conducting a review of care records. This was to ensure that all files were reviewed and updated regularly and paperwork was filed appropriately. This had not been concluded at the time of our inspection. Immediately following our inspection the manager held a meeting with staff about the importance of completing medicine records accurately to document each time people received their medicine.