

Croft Carehomes Limited

Croft Care Services

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?

Requires Improvement ●

Is the service well-led?

Requires Improvement ●

Summary of findings

Overall summary

The inspection of Croft Care Services took place on 3 and 13 April 2017. We previously inspected the service on 24 August 2016 at that time we found the registered provider was not meeting the regulations relating to safe care and treatment, supporting staff and governance. We rated the service as inadequate overall and placed it in special measures. This inspection was to see whether improvements had been made.

Croft Care Services is registered to provide personal care. Care and support is provided to people who live in their own homes within the Wakefield area and the locality of south west Huddersfield. On the day of our inspection 225 people were receiving support with personal care.

The service had a manager in place but they were not yet registered with the Care Quality Commission (CQC). 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 and staff knew what action to take if they were concerned a person was at risk of harm or abuse.

Improvements had been made to people's moving and handling records but four of the records we reviewed did not contain either sufficient or consistent information to enable staff to provide safe care.

Staff were recruited safely however, there were a number of staff vacancies that the registered provider was recruiting for. People we spoke with did not raise concerns regarding missed calls but said staff were sometimes late. Staff were unhappy that they would often only receive their rotas the evening prior to their shift.

Improvements had been made to the management of medicines. Staff had completed relevant training and a system was being implemented to ensure staff had a regular assessment of their competency to administer people's medicines. An external audit had been recently carried out to review the organisations regulatory compliance. However, not all the records regarding medicines were robust, we saw a number of unexplained gaps on the MAR for one person and the MAR for another person did not record the maximum dose staff could administer.

The registered provider had an induction programme to support new staff. There was also a system in place to ensure staff were up to date with their training requirements although there was a lack of documentary evidence in regard to staffs practical moving and handling training.

Not all staff had received a recent supervision or field based assessment of their performance but the manager had implemented a spread sheet so they were aware of which staff still needed this to be

competed. This would also enable the manager to ensure regular management of staff performance was maintained in the future.

The manager had begun to audit people's care records to ascertain who needed a mental capacity assessment; however, at the time of the inspection people's records did not evidence compliance with the Mental Capacity Act 2005.

People told us and records evidenced, staff supported them to access meals and drinks.

People and their relatives told us staff were caring, kind and treated them with dignity and respect. The staff we spoke with were knowledgeable about people's support needs. Staff were able to tell us how they enabled people to make choices and the steps they took to maintain people's privacy and dignity.

People told us they had a care plan at their home. Staff told us a number of care plans were being reviewed and updated. We found updated care plans were detailed and person centred. The manager had begun to take action to identify shortfalls in people's care plans and related documentation.

We found the manager had begun to take a pro-active approach to identifying complaints, reviewing the issues raised and taking appropriate action to address concerns.

A system had been developed to audit a number of records on a monthly basis but at the time of the inspection further development was needed, for example, to check the daily logs were reflective of the care described in each care plan. Work had been undertaken to improve the timeliness of audits and there was evidence the registered provider was also auditing the service.

Staff meetings were being held on a regular basis, and information was passed on to staff who were unable to attend. A recent survey of people who used the service had also been completed.

This service has been in Special Measures. Services that are in Special Measures are kept under review and inspected again within six months. We expect services to make significant improvements within this timeframe. During this inspection the service demonstrated to us that improvements have been made and is no longer rated as inadequate overall or in any of the key questions. Therefore, this service is now out of Special Measures. However, we identified continuing breaches in regulation 12 and 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

You can see what action we told the provider to take at the back of the full version of the report.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement ●

The service was not always safe.

People told us they felt safe.

Moving and handling records were not consistently accurate for all people who used the service.

Recruitment processes were thorough.

The management of people's medicines was not always robust.

Is the service effective?

Requires Improvement ●

The service was not always effective.

There was an induction and training programme was in place. Not all staff had received a recent supervision or assessment of their performance.

Where people lacked capacity to make decisions, care plans did not evidence compliance with the Mental Capacity Act 2005.

People were supported to access meals and drinks.

Is the service caring?

Good ●

The service was caring.

People told us staff were caring and kind.

Staff respected people's right to privacy and took steps to maintain their dignity.

Records accessed via mobile phones were password protected.

Is the service responsive?

Requires Improvement ●

The service was not always responsive.

People's care plans were person centred.

The manager was in the process of setting up a system to ensure care plans were reviewed and updated within specific timescales.

Action was being taken to identify and act upon complaints.

Is the service well-led?

Not all aspects of the service were well led.

The service did not have a registered manager in post.

Audits were being completed on people's daily records and medicine administration records but they were not yet sufficiently robust.

Staff meetings were held and a recent survey had been completed of people who used the service.

Requires Improvement 

Croft Care Services

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 3 and 13 April 2017 and was announced. The registered provider was given 48 hours' notice because the location provides a domiciliary care service; we needed to be sure the registered manager would be available to meet with us. The inspection team consisted of two adult social care inspectors.

Prior to our inspection visit we reviewed the service's inspection history, current registration status and other notifications the registered provider is required to tell us about. Notifications are when registered providers send us information about certain changes, events or incidents that occur within the service. We contacted commissioners of the service, safeguarding and Healthwatch to ascertain whether they held any information about the service. The registered provider had completed a Provider Information Return (PIR) prior to the inspection. This is a form that asks the registered provider to give some key information about the service, what the service does well and improvements they plan to make.

During our visit we spent time looking at fifteen people's care plans, we also looked at fourteen records relating to staff recruitment and training, and various documents relating to the service's quality assurance systems. We spoke with the manager, a care co-ordinator and a member of the administration team. Following the inspection we spoke on the telephone with nine staff members, nine people who used the service and seven relatives of people who used the service.

Is the service safe?

Our findings

Our inspection on 24 August 2016 found the registered person was not meeting the regulations as people's medicines were not managed safely.

People and their relatives told us they felt safe. One person said, "I always feel perfectly safe", another person said, "Yes I do, they sit with me while I have a shower." A relative we spoke with told us, "Yes I would say [person] is very safe with them. They make sure the door is locked and use a key safe."

Staff we spoke with said they had completed safeguarding training and were aware of the different types of abuse. We asked staff what they would do if they were concerned a person was at risk of harm or abuse, one member of staff said, "I would tell the office and if that wasn't an option, I would report externally." This showed staff were aware of how to raise concerns about harm or abuse.

At the last inspection on 24 August 2016 we found safeguarding training for all staff was not up to date. At this inspection, of the 68 staff listed, only two staff had not refreshed their training within the two year timescale as specified by the registered provider. Ensuring safeguarding training is up to date enables staff to be aware of the signs of harm or abuse and their responsibility in reporting any concerns.

At this inspection we reviewed people's moving and handling records. At the last inspection on 24 August 2016 we found the risks to the health and safety of one person had not been reviewed or updated since January 2005. When we reviewed their care records at this inspection we saw the moving and handling documentation had been reviewed and updated following our August 2016 inspection.

In two of the care plans we reviewed we found the level of detail recorded was good but it was not always consistently applied throughout all the care records. For example, we saw the moving and handling records for one person were very detailed in regard to the hoists and slings staff were to use. This included advising staff to use a different hoist in the event the person was tired, however, this information was not recorded in the 'at a glance schedule of support' document, a document which provided a summary of a person's care and support needs. The records for a second person contained two service user handling plans dated 14 September 2016. Although both plans were detailed they recorded conflicting information; one instructed staff to use a handling belt and the other instructed staff to use a hoist and sling. We could not see any instructions for staff to direct them as to which of these methods they may need to use or why. It is important that all relevant information is recorded in all pertinent documentation. We informed the manager of our findings following the inspection.

Two other care plans we reviewed contained service user handling plans dated August 2016 which recorded staff were to use a hoist to transfer the person but no other information was recorded, for example, the type of hoist and sling and how the sling was to be fitted. This level of detail is important as it reduces the risk of harm to both the person and staff. We informed the manager of our findings following the inspection.

We informed the manager of our findings following the inspection. These examples demonstrate a

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

Each of the care plans contained a risk assessment regarding access to their home and the internal environment, for example, other occupants of the house, pets and appliances. The risk assessment also included aspects of the person's care and support package, for example, specific health needs, eating and drinking and personal care needs. This meant care and support was planned and delivered in a way that reduced risks to people's safety and welfare.

Staff were able to tell us what they would do in the event the person they visited did not answer the door and they were unable to gain access. One staff member said, "I would ask neighbours, go around the back of the house to check. I would phone the office and stay until I found out where they were. If we can't find them the office would phone their family." This demonstrated staff knew what was expected of them in the event of a person not being located when they arrived for a scheduled call.

Staff we spoke with were clear about what they should do in the event they attended a call and the person had fallen. Staff responses included; assessing the person, contacting family and, if required, telephoning 999. This showed staff understood the options they may take to reduce the risk of further injury or harm in the event a person suffered a fall.

We checked and saw staff had been recruited in a safe way. We reviewed the recruitment files of sixteen staff and saw application forms had been completed and there were two written references in each of the recruitment files we looked at. A Disclosure and Barring Service (DBS) check had also been completed for each staff member. DBS checks return information from the Police National Database about any convictions, cautions, warnings or reprimands and help employers make safe recruitment decisions and prevent unsuitable people from working with vulnerable groups.

We asked people who used the service if staff turned up on time. Comments from people included; "They are more or less on time, give or take five or ten minutes", "Yes they are late sometimes and they let me know", and, "No they are quite often late". Relative's feedback included, "They are usually late but they have never let [person] down completely", "Their timing leaves a lot to be desired, they quite often turn up late and [person] has struggled into their clothes by then. They don't let [person] know as far as I know" and "They can arrive as late as 9.30 and that is too late for their breakfast, but [member of staff] is marvellous." No one we spoke with told us either they or their relatives calls had been missed by staff. However, prior to the inspection the manager had notified us of two separate incidents where a person's call had been missed. This had been due to the calls not being entered on to the registered provider's computerised management system.

All the staff we spoke with told us the service was short of care workers but they said this was due to difficulties recruiting and not due to the provider or manager understaffing the service. One of the staff said "It is hard due to a lack of staff. They try but they are unable to recruit." Staff told us the biggest concern was not receiving their duty rota in advance, sometimes only receiving their rota the night before their shift. One staff member said, "We get the rota the night before, it can be as late as 10pm." Another staff member said, "You get the rota day by day, it is difficult as you are not able to plan."

We saw an entry in an audit file regarding one person which stated that only one member of staff had attended their call instead of two 'on several occasions'. The manager told us this was due to staff shortages and staff were instructed to provide personal care on the person's bed and the person remained in bed as it was unsafe for a single member of staff to use the hoist to support them to get up. A member of staff also

confirmed that due to staff shortages a person they supported only had one care worker to attend instead of two. Staff also confirmed that they did not use the hoist or get people in and out of bed without the second staff member. However, this showed people were not consistently receiving their full package of care due to staffing shortfalls.

The care co-ordinator told us there used to be four care co-ordinators but there was currently only one in post. They explained their role, which included producing staff rota's, providing an on-call service every weekend and covering care shifts in the event of staff sickness or absence. They said they were regularly working seven days a week. They told us they felt supported by the manager and other office staff but due to the knowledge and information they had about people and the service, they said it was difficult for them to pass some duties to other staff. When we spoke with the manager we expressed concern for the health and well-being of the care co-ordinator due to their excessive work load. The manager told us they had recruited two care co-ordinators and a senior care worker who were due to start once pre-employment checks had been completed. The manager also told us they were aware duty rotas were being issued to staff very late, they explained this was due to the care co-ordinator vacancies but they were confident this would improve when these vacancies had been filled.

Our previous inspection on 24 August 2016 found the registered provider was not meeting the regulations regarding safe management of people's medicines. At this inspection, although we still identified some concerns we also found improvements had been made.

At the last inspection on 24 August 2016 we identified a number of staff whose training and medicine competency assessments had either not been completed or had not been refreshed within the timescale set by the registered provider. On this visit, of the 14 staff files we checked, we found evidence they had all completed medicines training. We also saw recent medicines competency assessment had been completed for 11 of the 14 staff and the remaining three had already been highlighted by the manager as needing to be assessed. We spoke with two of the staff whose personal files we had reviewed and they confirmed a senior staff member had recently completed an assessment of their ability to administer people's medicines.

At the last inspection on 24 August 2016 we found care and medicine management records (MAR) did not provide a clear and accurate record of the medicines staff had administered to people. On this visit we reviewed the care records of three people who we had reviewed at the last inspection and found the issues we had identified had been addressed. Although an entry for paracetamol on the MAR for one person did not record the maximum dose which could be safely administered in a 24 hour period. Having this information reduces the risk of the person receiving an unsafe dose of the medicine.

During the inspection we identified some areas of on-going concern regarding the management of a person's medicines. Their records referred to them having a history of 'non-compliance' with their medicines but we saw entries in their records which noted staff left the medicine for the person with a written prompt for them to take their medicine later. This was a concern as the person had a number of health concerns which required them to take regular medicines and this method meant there was a risk they may not be taking their medicines as prescribed. Following the inspection we asked the manager to review this aspect of the person's care.

Another person's records noted they were prescribed a blood thinning medicine, the dose for this medicine can be changed at regular intervals, dependent upon the person's blood test results. Although we saw the service now received information from the hospital following each blood test to advise them of the prescribed dose for the people who were prescribed this medicine, the person whose file we had reviewed did not contain this information. We informed the manager about this. Having this information reduces the risk of an incorrect dose being administered and also enables more robust auditing.

We reviewed the MAR for a person who had been prescribed a course of antibiotics which were hand written on their MAR. The number of individual tablets received was not recorded and the records of administration were poor. For example the MAR instructed staff to administer the medicine three times a day, 'am', 'lunch' and 'pm' but there were eight gaps on the MAR. This meant we could not clearly evidence they had received their medicines as prescribed.

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

However, we also found examples of actions taken by the registered provider to improve regulatory compliance with medicines management. A member of the office administration team told us a MAR fact sheet had been formulated and issued to all staff following the last inspection. They showed us a copy of the fact sheet and we saw it provided simple guidance for staff on recording medicine administration. The registered provider also told us they had recently had an external audit completed by a qualified pharmacist; they said this was to review the organisation's regulatory compliance and to look at how systems and processes could be further improved. As the audit had only recently been completed the report had not yet been received by the provider and we were therefore unable to review it.

Is the service effective?

Our findings

Two of the people we spoke with told us staff were suitably skilled. One person said, "They are well trained in the care I need", another person told us, "Yes they are well trained, they do everything I need doing."

We reviewed files of two staff who had commenced employment since the last inspection. We saw evidence they had received formal induction which included shadowing more experienced care workers. Following the inspection we spoke with one of the staff whose files we had reviewed, they told us, "I did all my training and then I was supposed to shadow for two weeks, but I only did a day, but I always worked with another care worker. I didn't do a call on my own for a couple of months." Providing staff with in-depth, role appropriate induction helps to ensure staff have the skills and confidence to complete their tasks to the required standards.

We asked the manager if new staff completed the Care Certificate, they told us they were currently looking at how this could be implemented in an effective manner, including liaising with the local authority work force development team. The Care Certificate is a set of standards that social care and health workers adhere to in their daily working life. It is the new minimum standards that should be covered as part of induction training of new care workers.

Staff told us their training was delivered in a series of E-Learning modules, including safeguarding, infection prevention and control and health and safety. Not all the staff we spoke with were satisfied with this style of training, one care worker said, "I preferred it when it was face to face, this was also an opportunity to meet other staff." Another staff member commented, "The training is online, it is a nightmare. Not all the answers add up."

At the last inspection on 24 August 2016 we identified a number of staff whose training was not up to date. At this inspection we found evidence in staff files of up to date training, we also reviewed a training matrix emailed to us after the inspection by the manager. This recorded staff names, the individual training session, including the timeframe for renewal and the date of completion. The only gaps on the matrix were for staff who had been absent from work for an extended period. We checked the training dates for five of the 68 staff who were actively employed and found their training was up to date.

Staff also told us they also completed a practical session in moving and handling people, however, we could not find documented evidence of this in the staff files we reviewed. We asked the manager about this after the first day of our inspection but when we returned for a second day they told us they had been unable to find this information. However, they showed us a staff performance matrix they had implemented which listed staff and the date they had received or were due an observational assessment of their moving and handling competence. We saw 37 staff had been assessed as competent in this aspect of their role within the last 18 months.

At the last inspection on 24 August 2016 we found staff were completing tasks for which they had received no formal training. This included an office administrator had been asked to audit people's MAR charts

despite not having received any formal training in medicines management. At this inspection we spoke to the administrator and they told us they had completed a variety of training course including medicines management. We also saw they were listed on the staff training matrix and this evidenced they had completed training in a variety of topics including medicines and risk assessment. This showed the administrator had supported by the provider in their professional development to undertake their job roles effectively.

At the last inspection on 24 August 2016 we found supervision and checks on staff performance were inconsistent. At this inspection the majority of the staff we spoke with told us they had received recent supervisions and observations of their practice. One staff member said, "You can say what you want, it is in confidence. [Name of care co-ordinator] tries to sort out any issues." Another staff member said, "Yes, I had mine (supervision) today with [name of manager]". Of the fourteen staff files we checked, we found only one staff member had not had an office based supervision and four staff had not received a field based observation of their practice in the last seven months. The manager told us not all staff were yet up to date with their supervisions and practical observations, however, they showed us a spreadsheet they had implemented, this listed all staff with the dates of their most recent supervision and observation, we saw each of the staff for whom this had not been completed recently were clearly highlighted on the spreadsheet. This showed the manager had a system in place to ensure the future management of this was effective.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

We asked five of the staff we spoke with about their understanding of the Mental Capacity Act. One of the staff told us, "We don't assume they (people) lack capacity. We talk to them, give them choices and prompt them. If they can't make a choice, we do what is in their best interest, not ours". However, another staff member was unsure if they had completed this training and were unable to tell us what mental capacity was about. We checked the training matrix and saw they had completed this training in November 2015. While this was in line with the registered provider's timescale for refreshing this course was every 3 years, it is important that all staff are aware of their responsibilities under this legislation

At the last inspection on 24 August 2016 inspection we found people's records did not evidence compliance with the Mental Capacity Act 2005. At this inspection, although we still found this to be the case, the manager told us they had begun to audit people's care plans to establish people who may need an assessment of their capacity in regard to their care. We saw the matrix detailed whose records had been audited, who required a capacity assessment and if this had been completed. We checked the matrix in regard to a person we had identified at our last inspection as not having the necessary documentation in place in regard to a specific aspect of their care. We saw the matrix correctly identified them as needing a MCA although it was not yet in place.

These examples demonstrate a continuing breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The MCA also provides the legal framework for acting and making decisions on behalf of people who lack capacity to make particular decisions for themselves. Where a person lacks capacity to consent, then nobody should sign a consent form on their behalf unless they have specific legal powers to do so, for

example, health and welfare lasting powers of attorney. Each of the care plans contained a section for people to sign, consenting to the delivery of the care package as specified within the care plan. While we saw two consent forms which had been signed by the person's spouse, the record clearly stated this was because the person was physically unable to sign themselves. Although we saw another care plan where their relative had signed the consent form but there was no record as to why they had done that or if they had the legal authority to do so. We saw a further two care plans where the person had signed the consent form themselves.

Where people required support with meals and drinks people's comments included; "I stay in bed they bring me a pot of tea up" and "They always ask if I want anything to eat and make sure I have a drink". A relative said, "They make sure [person] uses their feeding cup to stop [person] spilling their drinks" and "Yes, they make [persons'] lunch. [Person] is very happy with them". However, two relatives commented, "They should get [persons] breakfast, but if they arrive late they have already had it" and "They arrive too late for their breakfast but we have complained and it is a bit better now".

In the care plans we reviewed, where people required support, this was recorded in their support plan, for example, 'I require care staff to support me in making meals and ensuring I eat correctly'. This showed care plans took account of people's dietary needs.

People could access additional support when required for meeting their healthcare needs. One person said, "I have been poorly when they have been here and they have called the doctor for me", another person said, "If I have had a problem with my bladder they have stayed until help came." A relative told us, "[Person] had one fall and the carer found them, they called for an ambulance and informed me."

Each of the care plans we reviewed recorded the contact details of their GP, pharmacist and other relevant external health care professionals, for example social workers. We asked one of the staff we spoke with what action they would take in the event a person they visited was unwell. They told us they would ask the person if they wanted the GP contacting, inform the person's family and report their findings to the office.

Is the service caring?

Our findings

People and their relatives spoke positively about the staff and the care they received. Comments included; "I am very happy, my regular carer is marvellous", "Yes they know me well; they are very kind" and "I have a very kindly carer, I couldn't do without her". Relatives comments included; "They are lovely girls, friendly and nice. I think they know [person] very well", "[Name of staff] is marvellous, so co-operative and does everything needed" and "The carers themselves are lovely, [person] gets on very well with them".

The manager, care co-ordinator and care staff spoke about the people they supported in a kind and caring manner. They were also knowledgeable about people's likes, preferences and needs. We asked staff how they got to know the needs of a person they had not provided support for previously. Staff told us they would ask the office based staff for information, read the person's care plan and daily logs as well as speak with the person for whom they were providing the care. However, staff told us they generally had a regular group of people who they provided care and support for. This helped to ensure people received care from staff who know them well.

Staff were also able to tell us how they supported people to make choices. For example, offering people a verbal or visual choice. One staff member said they would ask a person or they would get two meals from the freezer to enable them to make their own choice. Offering people choice and control over their daily lives is a key aspect of maintaining a person's dignity and life skills.

People told us they were treated with dignity and respect. One person said, "Yes they are very respectful", another person commented, "They are very good when helping me with personal care and very tidy." Relatives also gave positive feedback, "They treat [person] very well, they are very patient with [person]" and, "They maintain [persons] dignity, the staff are respectful". Staff were also able to give examples of how they maintained people's dignity and privacy, by closing doors and curtains, using towels to reduce body exposure during personal care and ensuring people knew when they were entering and leaving their homes. One of the care plans we reviewed recorded, 'please leave me to go to the toilet on the commode in private; I will call the care staff back when I have finished'. This showed care planning took account of people's right to privacy.

We asked one staff member how they maintained people's confidentiality. They told us they ensured they did not disclose confidential information to other people and they told us their work phones were password protected. This reduced the risk of unauthorised access to people's records.

Is the service responsive?

Our findings

We asked people if they had a care plan in their home. One person said, "Yes I have a care plan, they are going to have a look at it again." A relative said, "Yes [person] has a care plan and the manager has reviewed it." Another relative said "[Person] has a care plan and as far as I can remember it has been looked at." Another relative said, "Yes I was involved in it as well"

Staff told us people had a care plan in place in their homes although one staff member told us when the service accepted a new person they sometimes had to commence the service prior to the care plan being available in the person's home. Although they added that the office staff were now trying to ensure care plans were in place prior to staff attending the first care call.

Our inspection on 24 August 2016 found the registered person was not meeting the regulations as people's care records were not always an accurate reflection of their current care and support needs. We reviewed the care plan for a person for whom we had highlighted discrepancies at our last inspection. The care plan had not been updated or reviewed since January 2005 and therefore was not reflective of their current care needs. At this inspection we saw the care plan had been completely re-written and provided the details staff needed to enable them to provide appropriate care. This included, clearly highlighting in the care plan the tasks staff were to support the person with in the event their spouse was not at home. A second care plan which had not been reflective of the person's needs at the last inspection, had also been re-written and included information relevant to their individual needs.

Care plans were person centred, for example, one plan recorded 'pay particular attention to [persons] hands, wash her fingers and dry'. Another record noted 'ensure my phone is on my trolley'. This helped care staff to know what was important to the people they cared for and take account of this information when delivering their care.

The manager told us that when they had commenced working at the service they recognised the care plans were not adequate. They said, and we saw, copies of individual audit sheets in people's care plans, the manager told us they had completed an audit of care plans so they could identify missing documentation. They said this information was then transferred to a matrix. Although the manager acknowledged the audit had not checked to ensure the content of care plans was an accurate description of people's needs, this audit had enabled the manager to see which documents were missing and monitor progress in regard to the relevant documentation being implemented.

Staff told us that a number of care plans were currently being reviewed and updated, a further staff member said "The care plans are getting a lot better recently." We saw people's care plans were dated, this allowed us to see when they were implemented and updated. We asked the manager how often they planned to review people's care plans. They told us this would be 6 weeks following commencement of the service and then annually unless a change in the person necessitated a more immediate review. They showed us a matrix template they intended to implement where reviews would be logged and provide staff with specific timescales for completing care plan reviews. This meant at the time of the inspection although the manager

had plans in place to implement a system, we could not evidence all care plans had been routinely reviewed and updated where appropriate.

Our inspection on 24 August 2016 found the system to ensure records were collected from people's homes and returned to the office in a timely manner was ineffective. The office administrator showed us a spreadsheet where they logged the return of people's daily records. They told us the majority of records were returned to the office promptly, although they said there was sometimes a delay in the records being returned to the office for people who lived in Huddersfield. They explained this was due to staff returning the records to a local office and then a member of the management team returned them to the Normanton office. When we spoke with staff, one of them told us at the end of the month, a new log book was commenced, the previous months records remained in the persons home and the month prior to that was then returned to the office. This system ensures relevant records are available for staff to refer to while also facilitating timely auditing of peoples records.

During our inspection on 24 August 2016 we found complaints had not been consistently addressed.

People told us if they had any concerns they would telephone the office. One person said, "Yes I would call the office and they are always very helpful", another person told us, "I would know how to complain yes". A relative said, "Yes we know how to complain. They are always helpful and apologetic". We also asked people, if they had complained, how the complaint had been dealt with. People said, "I have spoken to the office about the carers times and they say they are very sorry and apologise", and "I did complain about the times and they did change them". However, two relatives commented, "I do leave messages but they never get back to you" and "We have complained and they give excuses all the time. They haven't got enough staff".

The manager told us that since the last inspection office based staff had been provided with a copy of the complaints process. They said that currently only formal complaints were logged in a complaints register but from April they planned to log all complaints both formal and informal. We reviewed the complaints logged for March and April 2017. The logs included complaints raised regarding two missed calls and also two concerns the manager had identified from people's responses to a recent quality assurance questionnaire. We noted one of these was in regard to a person who had raised a complaint in July 2016 which we had identified at our last inspection as not having been addressed. We had brought this to the attention of the, then registered manager, but at this inspection we saw from the complaints log the matter had still not been addressed. We saw from minutes of a meeting with the current manager and the complainant that 'two letters had been sent into the office last year but nothing had seemed to have been done'. We saw from the meeting minutes, the action the manager had taken to address the concerns, including an apology to the complainant.

This demonstrated the manager was taking action to identify complaints and take action to address the issues raised.

Is the service well-led?

Our findings

When we asked people if they thought the service was well-led, feedback was mostly positive. One person commented, "Well they are always very helpful and also with family members when they call them", and another person said, "Yes I would say so". A relative said, "I think so". However, two relatives commented; "not really no, the girls are dashing from one call to another", and "no because the staff are not looked after, they work them to death".

Our inspection on 24 August 2016 highlighted a number of concerns regarding the management and governance of the service.

The registered provider is required to have a registered manager as a condition of their registration. There was a manager in post on the day of our inspection but due to the short time frame since their employment commenced, they were not yet registered with the commission. The manager told us they had worked in domiciliary care services for a number of years and they had experience of working in a variety of roles including as a care worker and a manager. They said they had read the previous report and reviewed the enforcement notice we had served on the registered provider. They said subsequently they had spent time implementing systems and processes to improve the day to day management and to provide an oversight of the service for themselves and the registered provider. They also said they had completed all the online training courses which staff were expected to complete.

Staff were mainly positively about the new manager and the changes put in place since the previous inspection. Staff comments included; "[Name of manager] listens and supports you", "She seems to know what she is doing and is organised" and "She seems quite on top with things".

The office administrator told us they completed an audit of peoples MAR and daily logs. They showed us a spreadsheet where they documented the return of the records. They said the manager had told them how many MAR's and log books were to be audited each month and they had completed training so they knew what they were checking the records for. The administrator showed us how they recorded their findings and the actions taken, for example, a text message had been sent to a staff member or a memo issued to staff. They said if they picked up any patterns they passed this information to the manager for them to address. This was confirmed when we spoke with the manager.

We reviewed a sample of the audits. We saw audits had been completed in February 2017 on records dated November 2016. Ensuring audits are completed in a timely manner ensures concerns can be addressed effectively. We asked the office administrator about this and they told us a meeting had been held with the manager and registered provider to review the work load for administration staff, they said as a result, their work load was more manageable which enabled them to keep up to date with their duties. This was confirmed when we spoke with the manager who said the administration staff had 're-jigged' their work schedule, the manager said, "It works better now, things have improved immensely".

We also noted the audits of people's daily records did not check that the content was reflective of the care

plan. We spoke about this with the manager who told us this had been discussed with the registered provider and they were reviewing how this could be implemented.

At the last inspection on 24 August 2016 we found a lack of evidence to show the registered provider had oversight of the service and we were not provided with an action plan to show how the quality of the service provided to people was to improve. At this inspection the manager told us they met with the registered provider on a regular basis and the registered provider had also completed a number of audits. Following the inspection the registered provider emailed copies of recent audits completed by themselves. These identified there were issues which needed attention and the planned action to address them. It is important that registered providers regularly audit and review records and practices to ensure they are picking up on any shortcomings, identifying areas for improvement and that they are working to continuously improve the quality and safety of the service they provide

The registered provider also provided us with a copy of the action plan for the service. This recorded the issue to be addressed, action to be taken, who was responsible for this and commented upon progress. The action plan had been recently updated in March 2017. Action plans describe the way an organisation will meet its objectives and provide evidence of the progress made to achieve this.

At the last inspection on 24 August 2016 we found staff meetings were irregular. The office administrator told us there was a weekly Monday meeting held with office based staff. We reviewed a sample of the minutes and saw the minutes recorded the attendees and the comments made by both the manager and the staff, both positive and negative. Topics included; documentation, staffing and staff morale and medicines.

We also saw minutes from staff meetings which had been held in November 2016 and February 2017, the manager told us the next one was scheduled for May 2017. Staff we spoke with confirmed meetings had been held; two of the staff told us when they had been unable to attend a meeting the minutes had been sent out to them. Meetings are an important part of a registered provider's responsibility to ensure information is disseminated to staff appropriately and to come to informed views about the service.

We asked the manager if a recent survey of people who used the service had been completed. They said a survey had been sent to all users of the service in February 2017 and 78 had been returned. The survey asked the respondent to score the service between 1 (poor) and 10 (high). Of the 63 people who provided a score no-one scored the service less than 5, 7 people provided a score between 5 and 7, the remaining respondents scored the service between 8 and 10. There was a section for people to comment and we saw evidence, when we reviewed the complaint file, that issues raised had been reviewed as part of the complaints process. The manager showed us how the information had been correlated, including areas where improvement was needed. This had not yet been shared with people due to the short time between the date of the survey and the inspection.

During this inspection we found significant improvements had been made to a number of areas, including medicines management, record keeping and supporting staff. However, as evidenced within this report there are still areas where improvements were still needed, for example, assessing risk and complying with the requirements of the Mental Capacity Act. Also, due to the relatively short time frame since the last inspection, we were unable to evidence the improvements were embedded and standards of care delivery were consistently maintained. Future inspection will seek to evidence a sustained and consistent high level of quality has been achieved and that systems of governance are reflective, transparent and 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	<p>Regulation 12 HSCA RA Regulations 2014 Safe care and treatment</p> <p>Care and treatment was not always provided in a safe way. Risks to the health and safety of service users was not consistently, robustly assessed. The management of people's medicines was not always safe.</p>
Regulated activity	Regulation
Personal care	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>People's records did not evidence compliance with the Mental Capacity Act 2005.</p>