

J.C.Michael Groups Ltd

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Redbridge

Inspection report

Wellesley House
102 Cranbrook Road
Ilford
Essex
IG1 4NH

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20 December 2018

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Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?

Requires Improvement ●

Is the service effective?

Requires Improvement ●

Is the service caring?

Requires Improvement ●

Is the service responsive?

Requires Improvement ●

Is the service well-led?

Requires Improvement ●

Summary of findings

Overall summary

We carried out an announced inspection of this service on 19 and 20 December 2018.

J.C.Michael Groups Ltd Redbridge is registered to provide personal care to people in their own homes. The Care Quality Commission (CQC) only inspects the service being received by people provided with 'personal care'. Where they do, we also consider any wider social care provided. At the time of our inspection, the service provided personal care to 72 people in their homes.

At our last inspection on 11 October 2017 the service was rated 'Requires Improvement'. We found the service to be in breach of two regulations of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. We undertook this inspection to check if the service had made the required improvements. We found that these breaches had not been addressed. As a result, the service continues to be rated 'Requires Improvement.'

The service had 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 legal requirements in the Health and Social Care Act 2008 and the associated regulations on how the service is run.

People's risk assessments had failed to identify or address their support needs, which meant staff were not aware of how to keep people safe. Staff did not always arrive on time to see people and systems in place to monitor time keeping were not always effective as people still felt timeliness was a concern. The service had systems in place to oversee safeguarding but people did not always feel safe receiving care from staff, which placed people at risk of potential abuse. People did not feel they were protected from the risk of cross-infection. People did not always feel safe receiving their medicines. Staff were recruited in a safe manner which meant we were assured they were suitable for the role. Accidents and incidents were recorded.

Staff understood the application of the Mental Capacity Act 2005. However, care plans were not recorded in line with the principles of the Mental Capacity Act 2005. Staff received up to date training, supervision and had an annual appraisal to review their work and performance. People were encouraged to live a healthy lifestyle and received support from health and social care professionals.

People and their relatives did not always feel staff were kind and caring. Although people were involved in reviewing their care plans, these reviews were not sufficient and did not change the care provided. People did not always feel staff treated them with respect and dignity. Staff understood how to support people in a manner that ensured people were protected from discrimination. People told us staff promoted a sense of independence.

People knew how to make complaints; however, they didn't always feel comfortable to do so. Complaints were documented and monitored to ensure appropriate action had been taken. The service worked in a

person-centred way. People had their own care plans and gave information about people's preferences and communication support needs. However, information was not always available in a format that suited individual support needs.

The governance systems at the service were ineffective and failed to identify areas of concern or drive improvements. Previous breaches of regulations had not been addressed and the quality assurance systems in place had not identified the additional concerns we found during our inspection. People and their relatives did not know who the registered manager was, or the role of the management team. People gave feedback about the service; however, this information was not used to make improvements. Staff spoke positively about the management team and felt supported. The registered manager acknowledged the concerns we identified during our inspection and sent us action plan to identify how each concern would be addressed and monitored; this showed a willingness to make improvements to the quality of care provided.

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 always safe.

Risks assessments did not provide sufficient guidance to staff about how to manage health risks.

The systems in place to oversee staff attending visits on time were not robust.

People and staff were not always protected from the risk of cross infection.

Staff understood how to keep people safe from abuse; however not all people felt safe when receiving care and support.

There were safe systems in place to oversee medicines; however not all people felt they could trust staff to manage medicines safely.

Staff were recruited safely.

Staff knew how to record accidents and incidents.

Requires Improvement ●

Is the service effective?

The service was not always effective.

Staff were aware of the principles of the Mental Capacity Act (2005). However, care plans did not provide clear information about people's capacity and their ability to provide consent.

Staff received sufficient training, appraisals and supervision to support them in their role.

Staff supported people to keep hydrated and maintain a balanced and healthy diet to keep healthy.

Staff supported people to access health and social care professionals when needed.

Requires Improvement ●

Is the service caring?

Requires Improvement ●

The service was not always caring.

People told us some staff who supported them were caring. However, improvements were needed in the way other staff responded to people.

Care plans reviews were insufficient and did not evidence change because of people's feedback.

People did not always feel staff treated them with respect and dignity.

People's independence was promoted.

Staff ensured equality and diversity was respected.

Is the service responsive?

The service was not always responsive.

People did not always feel their complaints were listened to but records confirmed complaints were responded to appropriately.

The service did not always provide information to people in an accessible way.

Support plans were personalised and staff told us how they provided person-centred care.

Requires Improvement ●

Is the service well-led?

The service was not always well-led

Various quality monitoring and quality assurance systems were in place but were not always effective in identifying shortfalls in the service.

People and their relatives were not clear who the registered manager was or the role of the management team.

The registered manager demonstrated an understanding of the shortfalls and a commitment to make improvements.

Staff feedback about management was positive.

Requires Improvement ●

J.C.Michael Groups Ltd Redbridge

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.

We carried out an inspection of J.C.Michael Groups Ltd Redbridge on 19 and 20 December 2018. This inspection was announced and carried out two inspectors. The provider was given 24 hours' notice because the location provides a domiciliary care service and we needed to be sure that someone available to assist with the inspection. We were also supported by an expert by experience. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Before the inspection we reviewed relevant information that we held about the service. This included the previous inspection report, and notifications we had received. Statutory notifications are pieces of information about important events which took place at the service, such as safeguarding incidents, which the provider is required to send to us by law. We contacted other health and social care professionals for their feedback.

The provider had not submitted a Provider Information Return (PIR). A PIR is a form that we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make.

During the inspection we spoke with two staff members. We reviewed documents and records that related to people's care and the management of the service including seven care plans, eight staff files, the staff rota and medicine administration records.

After the inspection we spoke with five staff members, nine people who use the service and five relatives. We

also received additional documents to review including audits and an action plan.

Is the service safe?

Our findings

At our previous inspection on 11 October 2017, the service was in breach of Regulation 12 of the Health and Social Care Act 2008 Regulated Activities Regulations 2014 for 'Safe care and treatment.' We identified that risk assessments for people using the service did not provide sufficient guidance to staff about how to manage individual needs and keep people safe.

We found that risk assessments were still not in place for individual health conditions and did not provide sufficient information. For example, one person's risk assessment said, 'Sometimes I go into spasm but it isn't painful for me.' We found there was no further information provided. In another person's risk assessment, it said, 'My health fluctuates depending on how I react to injections which cause effects. This will be for 54 weeks.' However, it was not clear what the person was receiving injections for, how long they had been receiving them or when to seek further guidance. This could put people at risk of harm as staff would not understand how people were affected by individual conditions and how they could be supported to keep safe.

Staff we spoke with understood people's needs and how to ensure the care and treatment they provided would keep people safe. One staff member said, "I support someone with a catheter, I change it every other day and make sure it is kept clean to avoid infection."

This meant that although staff understood how to manage risk, the systems in place to oversee this were not robust and could not ensure people were kept safe. For example, if there was a new member of staff supporting the person, they would not have sufficient information about these risks.

During the inspection the registered manager acknowledged the shortfalls we had identified about the risk assessments and told us they had plans to improve them in February 2019, with a new system. After the inspection we reviewed an action plan that confirmed the risk assessments would be changed and the process would be reviewed on a weekly basis to ensure it was effective. This gave us some assurance about the management of risks but it did not address the immediate concerns.

At our previous inspection on 11 October 2017 we received mixed responses from people about late or missed visits. Receiving consistent care is important as staff are familiar with people's needs and risks and this ensures people are kept safe.

During this inspection we found that people and their relatives still did not always feel staff were on time. One person said, "[Staff] turn up when they feel like it, they don't give me the full hour. [Staff] sometimes only stays for 10 to 15 minutes." One relative said, "They have staffing issues, miscommunication, timings, length of visits, sometimes one hour late. Don't always know if they're going to be on time." As a result, people may not have felt they could trust the service to provide consistent and safe care and support.

However, other people and their relatives felt the timing was good. A relative said, "It's improved, I talked to the manager." Staff told us they had enough time to travel between visits and did not feel rushed, one staff

member said, "I take my time." Staff also told us if they received support from management, A member of staff told us, "They have extra staff on standby in case I haven't been able to make it on time." Another staff member said, "Yea they do [help]. If I am running late I always phone them and they tell the person."

We reviewed the systems to monitor late or missed visits; office staff were notified if staff were fifteen minutes late via an electronic system. The office staff then contacted the staff to find out why they were late and put a plan in place. We reviewed missed visits for the previous two weeks and found that four visits were recorded as missed. However, this was an error and records confirmed that on these occasions people did receive care and support. For late visits, we found that between February and October 2018 there had been 13 late visits. Records showed that the person was always informed in a timely manner and the issue was discussed with the staff member by senior staff. Staff had enough time to travel between visits and were often late due to traffic. This meant that although improvements had been made, the systems were still ineffective in ensuring all people received care in a timely manner. People did not always feel they could trust staff to provide safe and consistent care and support.

The service did not adequately assess individual risks to ensure they would be supported in a way that would keep them free from harm. People did not always feel they received care at the agreed and assessed times in a safe manner. This showed a continued breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, 'Safe care and treatment.'

At our previous inspection on 11 October 2017 we found not all staff were up to date with infection control training.

During this inspection, people and their relatives had mixed views on how staff managed infection control. One person said, "Some [staff] don't even wash their hands." A relative told us, "They run out of gloves all the time. There's a few issues with hygiene they don't always use scrub."

Systems were in place to prevent the spread of infection. Staff received training on infection control and were provided with Personal Protective Equipment (PPE). One staff said, "I wear the right things, my gloves, my overalls. It is important to protect myself and the clients at all times." One person said, "[Staff] wear gloves all of the time, it's one of the first things they do when they arrive." This meant that although systems were in place to manage infection control, people did not always feel they received care and support that would protect them from the risk of infection.

People had mixed responses about feeling safe with staff. One person told us, "I didn't like [staff]. [Staff] came storming in here like they owned the place." Another person told us, "I don't get on with the [staff]. [Staff] threatens me, [staff] is not respectful, [staff] just gives me tension."

However, one person said, "Yes I feel safe with the staff." Relatives told us they trusted staff to look after their loved ones. One relative said, "Safe yes. I don't feel [person] is at any risk from [staff], I don't feel [person] is unsafe." Staff demonstrated an understanding of how to keep people safe. One staff member said, "[Abuse] can be physical, people can be abused in different ways, as soon as it happens you have to report the matter."

There was a safeguarding and whistleblowing policy in place and a record was kept of all safeguarding alerts that had been raised. This log was audited monthly by management to ensure all actions had been taken. Records confirmed all staff were up to date with safeguarding training.

This meant that although systems were in place to ensure people were protected from potential harm and

abuse, people did not always feel safe when visited by staff.

People had mixed responses about staff managing their medicines. One person said, "I don't trust [staff]. My tablets fall on the floor and they just put them in the cup. They don't always give me my spoon of medicine." However, another person told us, "Yes, [staff] manage all of this."

Staff told us they received training in supporting people to receive their medicines. One member of staff said, "Yes, their medicines are in their blister pack. I give [people] their medication. They have to have it after food so I give [people] their breakfast first." Records confirmed staff were up to date with their medicines training and staff were competency assessed to ensure they were managing medicines properly. Medicine Administration records (MAR) provided sufficient information and were audited by the management team. This meant that although systems were in place to ensure medicines were managed in a safe manner, people did not always feel they received safe care and support.

Records confirmed that recruitment procedures were safe. The provider undertook pre-employment checks including a Disclosure and Barring Service (DBS) check. This is a criminal record check that helps employers make safer recruitment decisions and prevents unsuitable people from working with vulnerable people. There was evidence of proof of identification, references and previous experience. There was a recruitment drive in place to recruit new staff. This meant the provider had taken steps to ensure suitable staff were employed.

There was an accident and incident reporting procedure in place. The registered manager and staff were aware of what actions to take in the event of accidents or incidents occurring. We saw records of any serious incidents that had taken place and these were filed and logged appropriately.

Is the service effective?

Our findings

At our previous inspection on 11 October 2017 we found that staff knowledge of the Mental Capacity Act 2005 (MCA) was limited, although they had received training on this topic. We recommended the provider ensure information about the MCA was shared with staff.

The 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. During this inspection we checked to see if the service was working within the principles of the MCA.

People told us staff always sought consent before providing care and support; one person said, "[Staff ask] regularly, no concerns." Staff told us they received consent from people before providing care and support and one staff member said, "[Consent] means getting the agreement of the person to do whatever you have to do, to go ahead with the care and support." This showed the service provided safe and appropriate care and support to people.

Records confirmed the MCA code of practice was covered during the staff induction and staff also received refresher training. Staff we spoke with demonstrated an understanding of capacity. One member of staff said, "Some people can't make decisions for themselves. Those who can't make the best decisions for themselves, the next of kin or social services will help make the best decisions for them. Their needs are the most important things." This demonstrated the service was working in line with best practice guidelines to provide care and support to people in their best interest.

However, within individual care plans we found it was not always clear who had been assessed as having capacity to provide consent for care and treatment. Where people did lack capacity in this area, it was not clear who was instead providing consent for them. This made it difficult to know how to best support people and who to consult with to ensure people received support in line with their best interests. We recommended the service review best practice guidelines to ensure they were working within the principles of the MCA.

Staff told us they received an induction. One member of staff said, "We did a lot of shadowing, we go to the client's house, we get to know the client before we work alone with them." Another staff member said, "We went through the courses, the training, I read all the principles that guide care, how you support people." However, we did not always see records of shadowing in staff files. We advised the registered manager of this during the inspection. The induction programme covered the role of the care worker, their duty of care, person centred care and training in mandatory topics such as safeguarding, manual handling and medicines. This showed the service ensured staff were competent to provide effective care and support.

Staff told us they received training and records confirmed essential training was covered on an annual basis. This included learning about dementia, equality and diversity and pressure and stoma care. We saw all staff

had completed the Care Certificate. The Care Certificate is a set of 15 standards that social care and health workers use in their daily working life. One staff member said, "I learnt all the things I did not know before. They showed us how to use the hoist safely."

However, we saw some inconsistencies in the training certificates as they did not all show staff had received the same training; this was because some of the training took place under the previous provider and the format of the training certificates had changed with the change in provider. We addressed this with the registered manager and they could confirm that there had been a mistake with printing the certificates and all necessary training had been completed. This meant although staff had been provided with sufficient training to ensure they could effectively support people, their own training records were inaccurate and required updating.

Records showed staff received quarterly supervisions. One staff said, "I go to the office for this, about 3 times a year." Another staff told us, "We get updates, if any documents have changed we go through it and sign it. If we get a new client we get updates about them. We get to tell them how we are. They ask how the other staff treat me." Staff could discuss their professional development, concerns, policies and received updates about the service.

Appraisals were scheduled annually for staff to assess their performance and set targets. One staff confirmed they received an appraisal, "Yes I have, they ask us what I learnt during the year and what I want to achieve the next year." Some staff appraisals were overdue by a few months and the registered manager told us these would be scheduled. This meant staff felt supported to enable them to provide effective care and support.

People were supported to keep hydrated and to eat well. One person said, "They help me with meals and drinks and always leave me a cup of water." Staff told us about people who required specialist support with their nutrition. One staff said, "I help [people] to eat, I make sure [people] don't choke. You don't give [people] food too quickly, you don't hurry [people], you don't give [people] big bits of food." Another staff told us, "I support someone with diabetes, I make sure [person] has sugar food available when I leave and monitor if [person] is feeling unwell closely." Care plans included information about dietary support needs.

People and relatives told us that they received care and support from health and social care professionals. One person said, "The district nurse used to come. I had a sore on my shin bone. I'm getting physio now I broke my pelvis". Staff spoke positively of working with other organisations. One staff said, "If someone has a pressure sore I call management, a GP or nurse will come and have a look. I document everything." Another staff told us, "Yes there are regular district nurses and social workers. They are really helpful, they show us how to manage things like bed sores. We work well together." Records confirmed people were seen by health and social care professionals; one person's care plan said, 'I am housebound, my doctor visits me at home.' This meant the service worked with other organisations to enable people to stay healthy.

Is the service caring?

Our findings

People and their relatives had mixed views about staff treating people with compassion when providing care and support. One person said, "They told me they don't care how they treat me, if I don't like it, someone else will help me." However, another person said, "The staff are ok they are caring and kind and respectful." A relative told us, "[Person] is bed ridden the staff are happy, helpful, caring, kind. They're nice girls."

Staff could tell us how they ensured people with different health and support needs would feel cared for and provided with emotional support when needed. One staff said, "If a person had hearing difficulties, I would get on their level, I would sit next to them, I would make sure I was speaking loud and clear and make sure they understood what I would saying." Another staff told us, "I understand what [person] likes and doesn't like, for example [person] doesn't like loud noises or a lot of talking, so I try and be as quiet as I can. It is all about what the client feels comfortable with, especially if they have dementia they don't always understand what is going on so it is important we react to their needs." This showed some people felt staff were kind and caring but other people did not. This meant the service was not consistently caring.

People and their relatives were involved in their care and support. One person told us, "I feel involved, I have a care plan I can look at." Another person told us, "[Staff] came yesterday to do my yearly review, to look and see if there is anything more I need. They helped me get a chair to get to the bathroom, they are quite good." A relative said, "We feel involved in the care."

Records confirmed that care plans were reviewed annually or as and when people's support needs changed. However, we found that care plan reviews were not always sufficient. For example, in one person's review it said, 'Ceiling hoist and hospital bed has been checked recently,' but there was no date or further details provided about the safety and use of electrical equipment. Furthermore, the person had said they would like to see an improvement in, 'Communication to let me know when care is running late.' We could not find any evidence of a response to this person or an action plan put in place because of this feedback. This showed that where appropriate, people and their relatives were actively involved in making decisions about their care and support but the systems in place to follow up on these reviews were not robust. A recommendation was made to follow best practice guidelines and ensure care plan reviews were sufficient and impacted positively on the care and support provided.

People and their relatives had mixed views on whether their dignity and their privacy was respected by staff. One person said, "[Staff] sometimes get mad when I take a long time on the toilet. So, I don't get to do what I want to do." However, one relative told us, "They're generally respectful. They always say good morning." Staff told us they worked to ensure people felt respected; one staff said, "This is very important, when doing care, we don't expose them and we don't talk about them out of their house, we respect their privacy." This shows that people didn't always feel staff understood their individual needs around privacy and dignity and weren't always supported in a safe and effective way to ensure they felt respected.

People and records confirmed people were encouraged to be as independent as possible. One person said,

"[Staff] knows I can do things for myself, [staff] doesn't take that away from me." One person's care plan said, 'I would like support to remain independent.' One staff told us, "I ask [people] to try and do things on their own and when they can't I will support them." This showed the service knew how to support people to be as independent as possible and therefore improve their wellbeing.

People were protected from discrimination within the service. Staff understood that racism, homophobia, transphobia or ageism were forms of abuse and had received training in equality and diversity. They told us people should not be discriminated against and all people were treated equally. One staff said, "I would treat [people] the same as everyone else." Another staff told us, "I would respect [people's] wishes, I would respect [people's] beliefs and respect who they are." The service had an equality, diversity and inclusion policy in place that said, 'We aim to provide services to which all clients are entitled regardless of race, religion, belief, gender, marital status, sexual orientation, disability, offending past, caring responsibilities, social class or age.' This showed that the service worked in a kind, and caring manner to ensure people received support that met their needs in a non-discriminatory way.

Is the service responsive?

Our findings

At our previous inspection on 11 October 2017 we identified some shortfalls in the handling of complaints and made a recommendation for all complaints to be appropriately managed and responded to.

At this inspection we found that people had mixed views about making a complaint. One person we spoke with said they had tried to raise a complaint, "But the manager said to me nothing will change." One relative told us, "We phoned the out of hours, as nobody had turned up, they were told they didn't realise they had to come, we wanted to change agency." However, another person told us, "Yea, I would be okay to [make a complaint]." One relative we spoke with said, "I've spoke to the manager, she sorted it out and it's better now. I would know how to complain, I'd phone the office, or head office."

Staff we spoke with understood how to support people to raise a complaint; one staff said, "If they did [want to make a complaint] the person always has a right to complain, I would try my best to make sure they had no complaints but if they did I would tell my manager."

During this inspection, we found a complaints procedure was in place and we saw that all complaints were logged with any actions that were required. The registered manager responded to complaints within the provider's timescales for responding and looking into the concerns raised. All complainants received a letter outlining what steps the registered manager took to investigate and resolve the complaint.

Organisations that provide NHS or adult social care must follow the Accessible Information Standard (AIS) by law. The aim of the AIS is to make sure that people that receive care have information made available to them that they can access and understand. The information would tell them how to keep themselves safe and how to report any issues of concern or raise a complaint.

The registered manager was not aware of AIS and there were no examples of information being made available to people in different formats. This showed that some people and their relatives did not always feel they could make a complaint, and there weren't always sufficient systems in place to ensure complaints were appropriately managed and the service could continue to develop. We recommended the service review best practice guidelines to ensure they were working within the principles of AIS and managing complaints effectively.

People told us staff were responsive and supported them to meet their needs. One person said, "They ask me if there is anything else I want, I tell them I am okay." Another person told us, "They look and see if there is anything more I need. They helped me get a chair to get to the bathroom, they are quite good."

Staff told us how they built positive relationships with people and worked in a person-centred way. One staff told us how they support a person with visual impairments; "When we go outside I hold [person's] hand, when we have reached a place I tell [person] we are there and then when [person] wants to leave again I hold [person's] hand again. I tell [person] all the time what is happening." Another staff said, "[Person] is bed bound, [person] can't talk, but [person] responds to us, [person's relative] told us they see the difference."

[Person] really has flourished. [Person] laughs with us. I just want to make people happy. That is our goal." This showed the service understood the best ways to communicate with people to ensure they felt well cared for and were responsive to people's needs.

People's care was planned in a person-centred way which focussed on their needs and wishes. We reviewed seven care plans; they covered areas including; 'What is important to me', 'Support Network' and 'Social Inclusion.' One person's care plan said, 'For breakfast I prefer two slices of toast with marmalade and a cup of tea without sugar.' Another person's care plan said, 'I would like my staff to build rapport with me in order to understand my preferences.' We found that information was detailed enough to ensure people's individual support needs were clear. For example, one person's care plan said, 'I am currently unable to communicate effectively for myself but I can make noises. I understand everything but I am not able to talk. Please use body language as well when you communicate with me. I respond to body language.' This meant that staff knew how to provide person-centred care and ensure people's care and support needs and preferences were met.

Staff told us they found the care plans useful. One staff said, 'Yes they are good, they are okay. They get updated regularly, whatever is happening they let us know. The most important thing as a team is communication." This showed care plans were clear for staff to understand, which meant they would know how to appropriately care for people and ensure people have as much choice and control as over their care and support as possible.

Records confirmed staff had received end of life training. At the time of the inspection the service was not supporting any person receiving end of life care, but the service and staff were prepared to if this was necessary.

Is the service well-led?

Our findings

At our previous inspection on 11 October 2017 the service was in breach of Regulation 17 of the Health and Social Care Act 2008 Regulated Activities Regulations 2014 for 'Good governance.' We found that the governance systems at the service were not always effective. Specifically, further improvements were required in areas including risk management, timeliness of visits and missed visits, sharing information with people about changes to their visits and care plan audits. People also felt their feedback about changes were not always responded to or acted upon and they had concerns about the attitude of office staff.

During this inspection we found that the governance systems in place were still not robust and the service was not able to effectively monitor the service.

Records confirmed that the management team completed medicine competency assessments and spot checks of staff in people's homes. Spot checks took place to check staff followed safe practice and wore their uniform and ID when delivering care. Spot checks also covered interaction between staff and person, and safe use of medicines. However, these audits had failed to identify the shortfalls we found during our inspection. This shows that, despite being told about these issues previously, we continue to have concerns about the service's inability to drive improvements. This means people are not always receiving safe, high quality care.

We found that risk assessments remained insufficient and it was not always clear what people's individual care and support needs were and how staff were to support them. The provider had failed to implement sufficient improvements in this area since our previous inspection to assure us that people would be cared for safely. This shows that people continued to be at risk of harm.

There were systems in place to monitor the timeliness of late and missed visits. The care-coordinator was responsible for allocating people to staff, finding staff cover and devising rotas. They monitored staff using an electronic call monitoring system. However, we still found there had been late visits and people did not feel they were kept updated about any changes to the times of their visits or staff that would be visiting them. We also found there were some ongoing issues with the time keeping system which was affecting how the service was monitoring and analysing data. This resulted in concerns from one local authority regarding the performance of the service. This demonstrates that the provider was continuing to fail to assess, monitor and improve the quality and safety of the care and support provided. People were therefore not receiving consistent, high quality care and support and were at risk of continued harm as staff might not always be familiar with people's support needs.

Feedback was obtained through questionnaires and surveys to people, relatives and staff. Senior staff also obtained feedback from people through telephone interviews, to check they were satisfied with the service. People and their relatives had mixed views about being asked to provide feedback. One person said, "Never been asked to give any," and one relative told us, "Someone from the office phoned once, I think occasionally they ask." Some people said they did not feel comfortable providing feedback; one person said, "Questionnaires, I worry about filling them in, I don't always feel I can be honest." A relative said, "I am not

sure what they do though [with the feedback I give]."

However, one person said, "Yes, I have given feedback," and a relative said, "We do surveys." We saw examples of positive feedback and compliments from people included, 'You have upheld the highest standards of care. You looked after my [relative] and I want to say thank you.'

This shows that although there were systems in place to gather feedback about the service, not all people felt they had been asked to provide feedback, and some people did not feel comfortable to provide honest feedback. Furthermore, it was unclear how the feedback had been acted on to shape and improve the service. This shows the service did not take into consideration people's views to make positive changes and to ensure people were receiving care that was person-centred.

People and their relatives were not clear who the registered manager was and spoke instead about another staff member who they thought was the manager. They did not feel this staff member was kind or caring. One person said, "It is the boss, [staff] doesn't care what [staff] is doing, even when I call, [staff] doesn't answer [staff] phone." A relative told us, "I don't know who the manager is." Another relative said, "If the manager wants to know anything, [staff] will ask." This shows the registered manager was not promoting a transparent and open culture and it was not clear where the responsibility and accountability lay. This meant people did not feel supported by the management team and did not feel they could speak openly and honestly about the service they were receiving to ensure it was safe and high quality.

Following the inspection, the registered manager sent us an action plan to address the concerns identified during this inspection. This shows they took our concerns seriously and have plans to improve the service to ensure the quality of care provided to people is good. We acknowledge that the registered manager has not enough time to drive improvements as they have only been in post since September 2018. However, the provider oversight of the service is insufficient and our immediate concerns are not mitigated. The provider has failed to ensure the service was operating effectively for the third consecutive inspection.

We found that risk assessments remained insufficient; the systems in place to manage timekeeping were still not robust and people still felt their feedback was not being acted upon. Furthermore, we found that people still did not feel the office staff were kind and caring and not all people knew who the manager was or how they could contact someone with whom they felt safe to talk to. This shows the culture of the service was not always well-led and there was a continued breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, 'Good governance'.

Staff meetings took place and staff discussed lateness, communication, team work and medicines. Staff were reminded of their professional responsibilities and disciplinary action was taken if staff did not adhere to codes of conduct or did not display a professional attitude in their work. Records showed that there was a lack of communication between staff working together which potentially had a negative effect on the safety and quality of care provided to people. We saw that this was identified and addressed by the registered manager and the issue was being addressed.

Staff told us they felt supported by the management team. One staff said, "Oh yea definitely, they are very supportive and act on any concerns quickly." Another staff said, "They always keep us updated and I feel comfortable with them. They send messages, they make phone calls. Sometimes they call us out the blue and ask questions and see if there have been any changes." Staff completed evaluations for managers to check how happy they were in their roles and to raise any issues. One staff told us, "I give feedback. They do ask." This shows staff felt valued and supported, to enable them to provide safe and effective care and support.

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>The service had failed to ensure that risks were accurately assessed to enable staff to provide safe care and treatment to people. The service had failed to ensure that robust systems were in place to oversee timekeeping of staff.</p>
Regulated activity	Regulation
Personal care	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>The service had failed to ensure sufficient quality assurance and governance systems were in place to recognise and make required improvements in the service.</p>