

Bradnet

Bradnet

Inspection report

11 Bradford Lane
Bradford
West Yorkshire
BD3 8LP

Tel: 01274224444

Website: www.bradnet.org.uk

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10 May 2016

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Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?

Requires Improvement ●

Is the service effective?

Requires Improvement ●

Is the service caring?

Requires Improvement ●

Is the service responsive?

Requires Improvement ●

Is the service well-led?

Requires Improvement ●

Summary of findings

Overall summary

The inspection took place between the 9 and 18 May 2016 and was announced. This meant we gave the provider a short amount of notice (48 hours) that we would be visiting the office in order to ensure a manager was present.

At the last inspection in November 2015 we found the provider was in breach of seven regulations of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. We rated the service 'inadequate overall and placed the service in special measures.' At this inspection we checked whether improvements had been made to the service.

Overall, we found a number of improvements had been made to the service, although some risks still remained which needed to be promptly addressed.

Bradnet provides domiciliary care services to a range of client groups across Bradford. This includes people with learning disabilities, physical disabilities, elderly people and children.

A registered manager was not in place with the previous manager deregistering with the commission in August 2015. 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. A new manager had been recruited who told us they were in the process of applying to become the registered manager for the service.

Feedback from people and relatives had improved since the last inspection with more people speaking positively about the service. A number of people said staff attitude had improved as well as the reliability of the service. However this was not universally the case. For example out of the 19 people or relatives we spoke with, three told us they were still very dissatisfied with the service but others stating that things were good or were improving.

People and relatives said they felt safe in the company of staff. Safeguarding procedures had been followed and we saw evidence they had been followed to help keep people safe.

Risks to people's health and safety were appropriately managed. Risk assessment documentation was improved and demonstrated the service had sought to understand how to care for people safely.

Medicines were not consistently managed in a safe way. We found documentation of the support people received with their medicines was not always completed in an accurate way.

Improvements had been made to the reliability of the service and staff were deployed in a more effective

way. People reported more consistent visit times and less missed calls. However work was still required to the organisation of rota's to improve reliability further.

Safe recruitment procedures were in place to help ensure staff were of suitable character to work with vulnerable people.

Where required, people were supported appropriately with food and drink.

Staff received a range of training on induction and then at regular intervals. However we identified some staff had not received key training needed to deliver safe and effective care. The service had put in place a structure of spot checks on staff to drive improvement in staff practice. A programme of supervision and appraisal was in place, although some staff had not received timely supervision.

The service had not needed to make any DoLS Applications to the Court of Protection. However where people lacked capacity to make decision for themselves, improvements were needed to the way documentation was completed to evidence decisions were done as part of a best interest process.

Most people told us staff treated them kindly with dignity and respect. This was a significant improvement from the previous inspection. Staff had been provided with a uniform and were required to work to a new code of conduct.

Overall people spoke positively about the quality of care received. They said it was appropriate and met people's individual needs. Care records we viewed demonstrated a more thorough assessment of people's needs had been undertaken. We saw evidence of greater consistency with regards to call times and the delivery of care. However there were still some areas which required attention, where staff were not completing all required care tasks or staying for the correct amount of time.

People and relatives were involved in the review of care and support packages and their opinions were regularly sought on how to improve the service.

The service had made improvements to the way complaints were managed. Documentation showed complaints were logged and responded to in a timely way. Where people had complained this was followed up with increased quality reviews and spot checks on staff practice. Although most people were satisfied with the service there were still some remaining concerns to be addressed by the management team.

Overall, people and relatives told us that a number of improvements had been made to the service over recent months with the quality of care improving. Staff also shared this opinion and said that the service was now better organised. The service acknowledged this process was not yet complete, we saw further improvement plans were in place to improve the service further over coming months.

Systems were in place to assess and monitor the service. We saw in some instances these were effective in identifying and rectifying issues. However some issues we identified during the inspection had not been identified through the provider's audit systems demonstrating they were not sufficiently robust.

We found four breaches of the Health and Social Care Act (2008) Regulated Activities Regulations 2014. You can see what action we asked the provider to take at the back of this 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?

The service was not consistently safe.

Medicines were not managed in a safe way. We identified medication records were not always accurately completed.

People told us they felt safe whilst using the service. Overall, risks to people's health and safety were appropriately managed.

Sufficient quantities of staff were deployed. Safe recruitment procedures were in place to help ensure staff were of suitable character.

Requires Improvement ●

Is the service effective?

The service was not consistently effective.

People generally spoke positively about the effectiveness of care and care staff. Staff had received training but there were notable omissions where staff had not received specific training required for their role or timely supervision.

The service liaised appropriately with health professionals where changes in people's health were identified. People were supported appropriately to eat and drink.

Requires Improvement ●

Is the service caring?

The service was not consistently caring.

People spoke positively about the staff that delivered care and support. Systems had been introduced to more intensively monitor staff attitude and make changes to the organisational culture.

We saw people's views were listened to, but not all issues people raised had been fully acted on.

Requires Improvement ●

Is the service responsive?

The service was not consistently responsive.

Requires Improvement ●

Most people said improvements had been made to the standard of care and that it met people's individual needs. Care documentation was better managed and was more person centred.

However we identified appropriate care was not consistently delivered with some instances of staff not providing the required care or staying for the correct amount of time.

A system was in place to identify, log and respond to complaints.

Is the service well-led?

The service was not consistently well led.

People and staff spoke positively about the way the service was run, and said overall, improvements had been made since the last inspection.

A number of systems had been put in place to help assess, monitor and improve the service. Some of these were not sufficiently robust as they had not identified issues that we identified during the inspection.

Requires Improvement ●

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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 look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

The inspection took place between 9 and 18 May 2016 and was announced. This meant we gave the provider a short amount of notice (48 hours) that we would be visiting the office in order to ensure a manager was present. The inspection team consisted of three adult social care inspectors, and 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, in this case experiences of services for people older people. In addition, we utilised an interpreter to make phone calls to some people who used the service who did not speak English as their first language.

On 9 May 2016 we visited the provider's office to review documentation and records relating to the management of the service. Between 9 May and 18 May 2016 we made phone calls to people and their relatives to ask them about the quality of the service. We also made phone calls to care workers who provided care.

In total we spoke with three people who used the service, 19 relatives, 13 care workers, two general managers, the interim managing director, the quality assurance manager and a care co-coordinator.

We looked at eight people's care records, medication records and other records which related to the management of the service such as training records and policies and procedures.

As part of our inspection planning we reviewed the information we held about the home. This included information from the provider, notifications and contacting relevant local authorities.

Is the service safe?

Our findings

At the previous inspection in November 2015 we rated the safe domain 'Inadequate.' We found unsafe working practices and several breaches of regulation. At this inspection we found a number of improvements had been made to the safety of the service for example to recruitment processes, organisation of rota's and the management of risk. However risks remained in the way that medicines were managed.

We looked at the service's medication policy and procedure dated 11 September 2015 which provided comprehensive guidance for staff. The manager told us they were in the process of reviewing this document and the medicines training provided for staff. We reviewed four people's care records and found evidence which showed the policy and procedure was not being followed which put people at risk of not receiving their medicines as prescribed and when they needed them. For example, one person's support plan showed the care staff applied a prescribed cream and also administered a prescribed medicine. The medicine administration records (MAR) for March and April 2016 were handwritten and there were no signatures to show who had made the entries. We saw handwritten MARs for the other three people were the same. The service's policy stated handwritten MARs should only be produced in exceptional circumstances and must be checked and verified by a second staff member.

We found where the MAR showed medicines were prescribed to be given on an 'as required' basis, there was limited guidance for staff about how often or when to give these medicines. For example, one person had two separate MARs, a handwritten one which listed the 'as required' medicines and a pre-printed one from the pharmacy which listed the other regular medicines. The handwritten MAR showed the person was prescribed an indigestion remedy four times a day on an 'as required' basis. However, the printed MAR showed the person was prescribed another medicine which stated indigestion remedies were not to be given two hours before or after this medicine. Although there was no evidence to show the indigestion remedy had been given inappropriately there was no guidance on the handwritten MAR to alert staff to this advice. We discussed this with the quality and compliance manager who agreed the information was not clear for staff and said they had requested the pharmacy to include all the medicines on the printed MAR but they had refused to do this. We found it was difficult to determine from the MARs which of the 'as required' medicines the person had received as they were poorly completed and difficult to decipher. There were also gaps on both MARs where no signatures were recorded. We saw the dose of one medicine on the printed MAR had been amended yet there was no record to show why, when and on whose authority this change had been made. We discussed these issues with the quality and compliance manager who told us they were arranging a meeting for all staff involved in the care of this person and these issues would be addressed.

We saw another person was prescribed two creams but the handwritten MAR did not state where these were to be applied and there was no body map completed. The service's medication policy provided detailed guidance about the recording of 'as required' medication and the care records we reviewed showed this was not being followed.

Medicine assessment forms had been completed for all four people but only one of these forms listed the

medicines the person was prescribed and there was conflicting information about who was responsible for administering the medicines. For example, one person's medicine assessment form stated the person's relative administered their medicines and the service user profile stated 'PAs must not at any time prompt or administer medication'. However, we saw a consent form for staff to support the person with medicines had been signed this year and a MAR showed staff had signed to say they had administered one medicine on 30 March 2016 and the person was also prescribed a cream which staff applied.

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

The MARs we looked at showed gaps where staff had not signed to show the medicine had been administered. These shortfalls had been identified by senior staff through the audits carried out when the records were brought in from people's homes every four weeks. We saw action had been taken to address these issues with the staff concerned.

Overall, people we spoke with told us they or their relative felt safe when carer workers visited. A social care professional who worked closely with one person told us, "Yes [person] is very safe with the carers...they know them very well and this is important because they have Alzheimer's." A relative told us, "[person] has no road sense so they look after them very well." Nobody reported any injuries having occurred when the carers visited. People and relatives told us finances were managed appropriately and receipts were also provided when people spent money on outings and activities.

Safeguarding procedures were in place and we saw evidence they had been followed to help keep people safe. We reviewed safeguarding incidents and saw appropriate referral to the local authority had taken place. Where these types of incidents had occurred risk assessments and procedures were updated to help prevent a re-occurrence.

At the last inspection we had concerns where incidents and injuries had occurred, these had not been communicated to office staff in order for them to promptly investigate. At this inspection we found improvements had been made. Staff told us there had been a real focus on ensuring all incidents were now promptly reported to the office. We reviewed incident records which demonstrated a range of incidents were now reported and documentation provided evidence that preventative measures were put in place to help keep people safe.

At the previous inspection we identified that risk assessments were not consistently in place demonstrating the risks to people's health, safety and welfare were being appropriately managed. At this inspection we found improvements had been made. Staff and people we spoke with confirmed that risks assessments were in place within people's homes. Care records we reviewed included robust risk assessments which demonstrated risks had been identified, assessed and, where needed, risk management plans put in place. This included risks to the individual such as moving and handling, as well as environmental risks relating to the person's home. For example, we saw a detailed moving and handling plan for one person which as well as written descriptions included photographs showing how the person liked to be positioned in their bed and chair. Another person's risk assessment provided clear guidance for staff about how to support the person if they became distressed and were verbally or physically aggressive towards the staff. The risk assessment showed either the person themselves and/or their relatives had been involved in the risk assessment process.

At the previous inspection in November 2015 we identified a number of missed call calls and other occasions where a second member of staff didn't arrive, meaning relatives had to assist with care and

support. People and relatives we spoke with generally said this aspect of the service had improved and that the service had become more reliable. For example one person told us, "There were occasions when they did not turn up but it very rarely happens now." Whilst records showed these incidents were still occasionally occurring we were encouraged that the reason for these was now being more thoroughly investigated. The management team told us they recognised there was further work to do in this area, for example they were in the process of re-arranging rota's and call runs to further improve this aspect of the service.

People and staff we spoke with generally said they were able to get through to the office if there was an emergency. We saw improvements had been made to the on call system to improve the responsiveness of the service in case of emergency.

Overall, we concluded there were sufficient staff deployed to ensure people received the appropriate care and support. Following the previous inspection, the local authority had placed a ban on the service taking on new care packages. This had allowed the service to concentrate on the deployment of staff to existing care packages. Most people we spoke with told us the carer workers stay for the full length of time and the time of visits was acceptable. One person told us their timing was previously out but this has improved lately. Staff were more positive about the way care rota's were now organised. They told us they generally had sufficient time to get between each care visit, although a small number of staff said they needed more time allocated on some runs. This was reflected in the rota's we viewed, which showed a small amount of travel time allocated to many calls, however this was not consistently so. The lack of travel time in some cases could increase the chance of staff rushing and not staying the full allocated time. Daily records we reviewed showed staff arrived at fairly consistent times from day to day, indicating staff were deployed at the right times but some rota's did show care visits were cut short. Agency staff were used to cover staff absences, to help ensure people's care needs were met.

We looked at the way Bradnet recruited its staff. Recruitment records for five staff showed us staff had applied for a post, attended an interview, received at least two positive references, had their ID checked and a criminal background check had been completed. Gaps in employment had been queried with the candidate and where something had been identified on someone criminal background check, this had been discussed and risk assessed to ensure people were supported by staff who were safe to do so.

Is the service effective?

Our findings

Overall, people we spoke with said the effectiveness of the service had improved. Most people said staff were well trained, competent and had no complaints about personal care being given.

For example one person told us, "They have improved a lot lately, we are happy now." Another person said, "We have had some ups and downs but ok now." This was not universally the case though, with one relative we spoke with saying that no improvements had been made to the effectiveness of the service and another one saying the improvements had not been significant enough.

The management team told us they had worked with people to try and improve continuity of care workers. We received mixed feedback about whether people were supported by familiar staff. For example one person told us, "We have settled with one carer now but had a problem with different ones arriving. [person] needs the continuity," and, "[person] is not happy when they send someone else – they get used to the same person." However two other people told us, "We have settled down to same one and the care is very good now" and third person said, "We are very happy now. We have the same one all the time." We saw evidence further work was being undertaken to the management of rota's to drive further improvements in this area.

Most people described staff as competent and able to do their duties which demonstrated an improvement in sentiment since the last inspection. Comments we received and others we viewed on reviewing documentation demonstrated that there were still some staff that people thought did not meet the required standard. We saw evidence the service had put in processes to improve staff practice and manage poor performance but there was still a way to go before this process was complete.

We spoke with the interim director about supervision and appraisal who told us they had recently implemented a system where all staff should have three supervisions and an appraisal each year. This system was not fully in place and the service had so far prioritised those staff who required additional support. This meant we saw some staff members files had no supervision recorded for 2016. We identified two care workers had a supervision planned but they had failed to attend despite concerns raised by people who used the service which needed to be addressed through the supervision meeting. These had not been rearranged promptly by the service. However in another cases we saw good examples of spot checks and supervisions being held where concerns about staff practice had been identified.

We looked at the systems to support staff with training. Staff we spoke with said that they had received regularly training and they felt well supported. For example one person told us how they had recently completed autism awareness and customer service training. Training was completed on a computerised system that was monitored by the manager.

New staff worked through the care certificate which is produced by a government backed organisation for better care in England. Training sessions after induction were run by an outside organisation. People's training needs was monitored through a computerised system and supervision. The service had recently introduced a MCA and DoLS training course which was planned in for staff to attend, but no one had attended the session yet.

We saw most staff were up-to-date with mandatory training, for example 80 out of 85 staff had completed and were up to date with safeguarding training. Following the last inspection customer service training had been provided in an attempt to improve interactions with people who used the service. However we identified some gaps on the training matrix. For example out of seven staff that supported people with medicines, we found one staff member had not received any training. We looked at seven staff who supported people with manual handling and found three of them were not up to date with their manual handling training. We also found some staff supporting people with epilepsy had not received training in epilepsy. Although the staff we spoke with demonstrated a good understanding of protocols to follow in this area, we were concerned they had not received dedicated training in the subject. One person who used the service used a specialist machine as part of their support. Although the manager told us staff had been trained in use of this machine, they did not have any record to evidence staff were aware how to use the machine in a safe way. This showed us the current system for managing training was not effective.

This was a breach of regulation 18 of the Health and Social Care Act 2008 (Regulated Activities 2014) Regulations.

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

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. In the case of Domiciliary Care, applications must be made to the Court of Protection. We found no people were currently subject to DoLS .

Daily records and people told us people were offered choices for example about where to go and what activities to do. Staff we spoke with had a good understanding of how to promote choices with people. We checked whether the service was working within the principles of the MCA. As at the previous inspection, we found where people lacked mental capacity, there was a lack of information recorded within some people's care records on how staff should support them to make decisions for themselves.

We recommend the provider consults appropriate guidance to ensure it consistently acts within the legal frameworks of the Mental Capacity Act (MCA) 2005.

People and relatives we spoke with said that when food and drink was provided, staff supported them with the required help and assistance. Any help required was clearly defined within care records and daily records provided evidence care needs in these areas were met.

Information on people's healthcare needs was present within their care files. Care records we reviewed showed people had access to a range of NHS services and we saw the involvement of GPs, social workers and speech and language therapists. Where health issues such as pressure areas were identified we saw evidence these were logged as incidents and health professionals or families informed as appropriate.

Is the service caring?

Our findings

At the previous inspection in November 2015 we rated the caring domain as Inadequate. We noted that people were not treated with dignity and respect by staff, staff often turned up in inappropriate clothes and call handling staff were rude to people.

At this inspection we identified a number of improvements had been made. The management team recognised that transforming the organisations culture took time and as such work was still ongoing to drive the necessary improvements.

Following the last inspection, staff including call handlers had received customer service training. We saw training material and reminders on telephone mannerisms were on display in the office to help improve interactions with people who used the service. Disciplinary procedures had been enacted where staff had failed to interact positively with people. Feedback from people about call handling staff was generally more positive, although some relatives said they found interactions with call handlers frustrating and felt that call handlers did not truly care about the care of their relative.

Most people said that care workers treated people with dignity and respect which was a marked improvement in sentiment since the following inspection. People did not raise any concerns about staff attitude. For example one relative told us, "They are very good with [person] and they are quite a strong character. They spend time talking to them and encourage them to go out." Another relative told us, "They are good with them, staff always spend time talking to them." A third relative said, "The support they give is very good". A fourth relative said, "The carer is marvellous." Staff we spoke with told us they had seen improvements in this area and staff were now more focused on delivering care to people. A code of conduct had been introduced to help ensure staff worked to a well-defined set of values. Staff attitude was monitored through regular spot checks, and quality reviews with people who used the service.

Staff and management told us staff had now been told to ring people to inform them if they were going to be late. We received mixed feedback about whether this happened from people who used the service. For example one person told us, "They are late sometimes and no they don't let me know" and other person said, "They can be late with no explanation." However other people told us that the service had rung them when they were going to be late.

Rotas were now planned and completed a week in advance to enable people to know who was attending the call although this was not always possible if there were last minute changes. The interim managing director told us they were working to introduce a four week rota which would provide people with information on their care and support even further in advanced.

Relatives told us that where people were supported in the community, staff supported people to be as independent as possible and that they got the balance right between support and independence.

Most people said they felt listened to by the organisation and their views were acted on although this was

not universally the case. Records showed that where people had complained, meetings had been arranged, and the new manager had been out to meet them. Everyone we spoke with told us the new manager seemed approachable and listened to their problems and even those that were dissatisfied said they hoped the new manager would be able to sort out their remaining issues. People's views were sought in various ways through care review meetings, telephone reviews and spot checks. Documentation of action taken to listen to people's concerns was now more robust. However we did identify in some cases, people's views had not been fully acted on. For example one person said in February 2016 staff didn't always give them a full body wash, we found this was still the case in May 2016.

A uniform had been introduced by the provider to help ensure that staff were easily identifiable and reduce occurrences of staff attending calls in inappropriate attire. This was blue for care workers and red for senior members of staff. Staff we spoke with said the uniform was a positive addition and they thought it made people take more ownership for their work. If people didn't want staff to wear uniforms for example during social inclusion calls and activities out in the community, staff respected this wish. We saw where issues had been identified with staff not wearing uniforms or wearing inappropriate footwear this had been flagged up and action taken by management.

Is the service responsive?

Our findings

At the last inspection in November 2015 we rated the responsive domain 'Inadequate', found care did not meet people's needs and complaints were not handled appropriately. Most people we spoke with said improvements had been made to the quality of care provided said the quality of care provided was now good and met people's individual needs. For example one relative told us, "[person] can be awkward and sometimes hit out, they manage this very well." A person told us, "It is excellent care" and another relative told us, "[person] recently had an accident and the support they gave was wonderful. They did not leave them alone at all and went to hospital with them."

However this was not universally the case and we identified some cases where care was not appropriate and did not meet people's needs. We identified that some staff were not always thorough with washing and personal care tasks. One person told us, "They don't follow the care plan and don't wash [relative] properly, They are bed bound and needs keeping clean." Another person told us that staff didn't always give them a full strip wash each morning and rushed. When we looked at this person's care plan it stated they should be offered a full strip wash each morning, however daily records we reviewed showed this was not always happening and call visits were often less than the agreed time. After investigation, the manager told us this person sometimes refused a full strip wash, however they agreed there was no evidence of this recorded within the daily care records.

People and relatives told us that timeliness of calls had generally improved since the last inspection. For example one person told us, "Yeah turning up on time over the last few months." On reviewing daily records of care we saw in most cases, visit times were consistent, acceptable and improved since the last inspection. However we saw there were occasions when the call time had been reduced either because staff had arrived late or left early. For example, one person's evening call was 30 minutes from 5pm until 5.30pm, yet we saw on 6 March 2016 staff recorded they had arrived at 5.45pm and left at 6pm, which meant the call time had been reduced by 15 minutes. In another example, on 9 April 2016 one staff member had arrived at 12.00pm and the second staff member at 12.30pm and both had finished at 12.43pm.

The service was reviewing the way visits were managed to ensure care runs were sequenced in a more logical geographic way. Management told us they hoped this would ensure further improvements in this area.

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

The daily logs recorded the support staff had provided at each call and while some of these were well completed there were some gaps. For example, where call times had not been recorded or the entry was not fully completed. However, we saw most of these issues had been identified by senior staff through the audit checks and were in most cases being addressed with staff through supervision and spot checks.

Following the previous inspection care records were now much improved. Care records we reviewed

provided detailed information about people's needs which included the support they required from staff and how they liked this to be delivered on each call. Three of the four support plans we reviewed had been updated since the last inspection and showed the involvement of the person and/or relatives in planning the care. Although we noted improvements, we found some areas where information had been missed. For example, one person received support at night and had a specialist machine which they used at night yet there was no mention of this in the person's support plan which had been recently updated. Another person had a specific medical condition but there was no information about this condition or how it affected the person in their support plan.

The service had ensured a greater focus on involving people and relatives in their care. This had been arranged through various mechanisms, including regular telephone and face to face reviews of care and support. People were also encouraged to be involved in the improvement plan of Bradnet through attendance at service user forums.

Where people had social needs, we saw evidence that staff arranged to take people out on activities. People we spoke with told us this aspect of the service was generally well managed with people being taken out on appropriate activities. For example one person told us, "They choose their activities and goes bowling, out for meals, walks and to Manchester for the day. They are very good, we just phone and they come." Another person told us, "They take them out and they makes choices, as far as possible.", A third relative said, "They are very flexible and will go in the car, on the bus or train depending what they want to do."

Everyone we spoke with said they would know how to complain, if necessary. Feedback about responses to complaints was mixed however sentiment had improved since the last inspection. For example one person said, "Any problems are addressed straight away" and another said, "They are more helpful and responsive lately." However another person said, "I have complained to different people but they don't do anything." Negative sentiment seemed focused on call handlers that answered the phone who some people said did not seem to properly emphasise with them.

Improvements had been made to the way complaints were documented and managed. The manager implemented a 'live complaints file' which contains past and ongoing complaints.

Since the last inspection there had been increased documentation of complaints and we saw the service had received 21 complaints during 2016, three of which were on going. We saw there was a front sheet that contained basic information of each complaint in order to look for trends or similarities between the complaints. This form was also used by the manager as a quick reference guide to check the progress of complaints. We saw complaints had been responded to within the time scales set by the provider. Following up, increased spot checks and audits had been carried out where complaints had been received.

Is the service well-led?

Our findings

At the previous inspection we rated the Well Led Domain as 'Inadequate.' We found systems were not in place to properly assess and monitor the service. Feedback about the service and the effectiveness of management was very negative. At this inspection we found improvements had been made, although further areas still required attention. Overall, comments received from most people indicated an improving service such as, "We have had minor niggles in the past but they haven't let us down recently", "They have improved a lot lately, we are happy now", "We have had some ups and downs but ok now" and, "We are very happy now." Another relative told us, "Good changes, tasks are completed properly and mobile phones are not used anymore." However this was not universally the case with two people we spoke with telling us the service had not improved enough, for example one person told us, "They are trying but I am seriously considering leaving, they haven't got any more reliable."

A registered manager was not in place. A new manager had been recruited who told us they were in the process of completing their application to become registered. Feedback we received from people and relatives about the new manager was positive, with those dissatisfied with the service saying they had found the manager approachable and willing to listen to their issues with the service. This provided us with assurance that the new manager would be committed to help resolve the issues that remained.

Staff told us they felt well supported by the manager. For example one staff member described the new manager as, "Brilliant." It was clear speaking to staff that they were subject to more checks on their practice, for example most staff said they had been subject to spot checks on their practice by management. Staff described a new culture where all issues and incidents needed to be documented and investigated. One staff member said, "Everything seems to have got better" and another said, "A lot of staff are getting on with the job now, before they weren't focused on the service users." One staff member told us they were having to attend the office for a meeting due to their failure to complete the required care documentation which showed the provider was committed to improvement of its staff.

Staff said that call handlers answered the phone more promptly now, should they need support. However some staff told us they felt unsupported by call handlers that answered the phone at Bradnet describing them as rude and abrupt, they also said they felt there was some favouritism to certain members of staff.

Following the previous inspection, increased management support had been provided to help improve the service. This included a network of senior care workers, an interim managing director and a quality assurance manager. We found the management team had implemented a number of positive improvements and were dedicated to further improvements of the service. The service was in the process of implementing the third phase of their service improvement plan which aimed to further improve a number of areas, including the quality and consistency of care staff, medicine management and the way that care runs were organised. This plan would be crucial to ensure that the remaining risks were effectively addressed.

Following our previous inspection in November 2015, systems to assess and monitor the service had improved, although some of these systems still needed to be made more robust and thorough. A series of spot checks had been introduced to ensure staff practice was regularly assessed and monitored. The quality manager told us that to date roughly 50 spot checks had been completed. We saw these had been effective in identifying issues and taking action to address. A schedule of further spot checks was in place to ensure these were undertaken in a consistent manner.

Regular quality checks were also undertaken by management. These included visits to people's homes to check documentation and seek people's feedback and telephone reviews. We saw these had been particular focused on people who had complained or at locations where staff performance had been questioned. People we spoke with confirmed these checks took place. For example one person told us, "We get a courtesy call at least once a month", Another person said, "Yes we have had a spot check recently", and a third person said, "We have had two visits recently."

A monthly Lesson's Learn bulletin was sent to staff following these audits and to inform staff of any common mistakes, areas for improvement or areas where practice was good.

Daily records and medication charts were now brought back to the office on a monthly basis to ensure they were subject to regular audit. We saw evidence these were identifying issues which were followed up with staff for example discrepancies on medication administration records (MAR). However this was not universally the case. For example audits had not picked up that one person was not being given a strip wash at each visit and investigated the reasons why staff were not staying for the full amount of time. Where staff had arrived at different times this had not always been identified through the audit process.

Incidents and accidents were routinely logged now. We saw this included minor issues which provided assurance that action was now being taken to address issues that were raised. A weekly incident review meeting took place where managers discussed any incidents and the action taken. However there was a lack of analysis of incidents. Due to the volume of incidents now being logged, this made it difficult to look for trends in areas such as missed calls, late calls and injuries .

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

A medication error log was in place. We saw this clearly detailed any medication incidents identified through notification from people or staff or through audits. These clearly demonstrated the action taken to prevent a re-occurrence.

Computer systems were now used to log all conversations between staff, and people and the office. This provided a more robust audit trail of the actions taken to log and address any concerns, issues or problems raised with office.

Call monitoring was in the process of being introduced with it being trailed with a small number of service users. This would help ensure further real time monitoring of staff timeliness.

People's feedback was regularly sought on the quality of the service. All aspect of reviews and audits focused on seeking feedback from people that used the service. Satisfaction surveys were also sent to people on a periodic basis. We looked at the most recent survey results from January 2016 to March 2016 which showed that over 80% of people were happy with the service and 90% said staff treated people with dignity and respect. It was evidence from the results that further improvements were required to satisfaction

levels for example 50% stated that staff were punctual and polite and 62% said they could talk openly to office staff and that people's needs were met.

The service had analysed people's feedback from the last few months and produced a 'You said, We did' newsletter to inform people of the recent improvements made to the service. Service user forums had also been held as a mechanism to listen to people's views and act on their feedback.

Staff forums and meetings had been held over the previous months to discuss the Commissions previous report and help ensure staff were appropriately supported to help achieve improvements to the service.

This section is primarily information for the provider

Action we have told the provider to take

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

Regulated activity	Regulation
Personal care	Regulation 9 HSCA RA Regulations 2014 Person-centred care (1) Care was not always appropriate and did not always meet people's individual needs. Timekeeping of visits was not always appropriate and all required tasks didn't get completed.
Regulated activity	Regulation
Personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment (1) (2g) Medicines were not managed in a safe way. Appropriate records of the medication support people required and received was not in place.

This section is primarily information for the provider

Enforcement actions

The table below shows where regulations were not being met and we have taken enforcement action.

Regulated activity	Regulation
Personal care	Regulation 17 HSCA RA Regulations 2014 Good governance (1) (2a) Systems were not fully established and being effectively operated to robustly assess, monitor and improve the service.

The enforcement action we took:

We issued a warning notice requesting the provider to ensure it was compliant with the regulation by 31 July 2016.

Regulated activity	Regulation
Personal care	Regulation 18 HSCA RA Regulations 2014 Staffing Staff had not always received timely training and supervision.

The enforcement action we took:

We issued a warning notice requesting the provider to ensure it was compliant with the regulation by 30 June 2016.