Mooncare Limited

Mooncare Limited (Domiciliary Agency)

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

We carried out an announced inspection of Mooncare Limited (Domiciliary Agency) on 24 April and 4 May 2018. Mooncare Limited (Domiciliary Agency) provides the regulated activity of 'personal care' to people living in their own houses and flats in the community. At the time of the inspection six people with a learning disability were receiving a personal care service. The service is located within a day resources service operated by the provider and all of the people who used Mooncare Limited (Domiciliary Agency) lived with their relatives and also attended Rosy Care day centre.

At the previous inspection in January 2018 the provider was rated as 'Good'. At this inspection we have rated the service as 'Requires Improvement'. Safe, effective, responsive and well-led have been rated as 'Requires Improvement' and caring rated as 'Good'.

There was a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered managers 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. The registered manager was present on both days of the inspection.

Staff understood how to safeguard people who used the service from abuse, however necessary risk assessments were not in place in order to guide staff how to safely deliver care and minimise the risk of accidents and potential injury and harm occurring.

Systems were in place to safely recruit staff. The staff we spoke with told us that they felt well supported and they received regular supervision from their line manager; however we found that the mandatory training to update staff to safely support people had fallen behind schedule, which placed people at risk of receiving inadequate care and support.

Relatives told us that they received a reliably delivered service and there were sufficient staff deployed to enable their family members to develop good relationships with their regular care staff. People who used the service were also able to spend additional time with the care staff they knew and trusted, as care staff also undertook some shifts at the provider's day centre. This continuity and the small size of both the domiciliary care agency and the day centre enabled people to benefit from the provider's relaxed family orientated approach.

The care and support plans provided basic information about how to meet people's needs. The registered manager addressed this during the inspection and updated three out of the six care plans so that they provided a more detailed level of information for care staff to follow. People were supported to meet their nutritional needs where this formed part of their care package. None of the care and support plans we looked at indicated that people needed support from the care staff to adhere to any guidance from external professionals to meet their health care needs.

Relatives told us that their family members were supported in a very caring and kind manner. Care staff told us that they had worked with people who used the service for several years and the warm interactions we observed between people and the staff team showed that both parties genuinely enjoyed spending time together.

There was a lack of documentation to evidence that the provider had considered how people who used the service gave their consent to care, although relatives told us that they felt staff acted in accordance with the wishes and aspirations of their family members. The provider did not have a clear system to demonstrate that they ascertained whether people's representatives held the appropriate legal powers to sign documents on behalf of their family members.

Relatives told us that they knew how to make a complaint and felt confident that any complaints would be sensitively managed. Relatives reported that they felt consulted by the provider about the quality of the service and found that the registered manager was helpful and responsive to any queries they raised.

The provider did not demonstrate that there was a viable quality assurance process in place in order to continuously assess and monitor how the service operated and check the standard of care and support provided to people who used the service. It was initially unclear on the first day of the inspection as to whether the registered manager undertook any monitoring visits to people's homes. The evidence we were shown on the second day of the inspection demonstrated that these visits took place but were limited in terms of how the visits were recorded.

We have made one recommendation that the provider seeks guidance to develop an inclusive form to record more detailed information for monitoring visits. We have found three breaches of regulation in regards to the provider carrying out essential risk assessments, ensuring that appropriate documentation was in place in relation to whether relatives had the authority to sign care and support plans on behalf of their family members, and implementing a thorough system to scrutinise the quality of the service and make ongoing improvements that reflected current good practice guidelines. You can see what action we asked 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.

The provider had not always ensured that risks to people's safety were identified. Appropriate written guidance was not always in place to mitigate these risks in order to promote the safety of people who used the service and the safety of their support staff.

The registered manager and the staff understood how to keep people safe from abuse and how to report any concerns.

People were provided with a consistent and reliable service from their regular care staff.

Is the service effective?

Requires Improvement

The service was not always effective.

People's care and support plans did not show that the provider consistently operated in accordance with the Mental Capacity Act 2005, as care staff did not have clear information as to whether relatives had the legal authority to make decisions about people's care and support.

People were supported by staff who received supervision and support; however staff training needs had not been addressed in a timely manner.

People were provided with the support they needed to meet their nutritional needs.

Is the service caring?

Good

The service was caring.

Relatives commented positively about the gentle and caring approach of the staff.

Staff understood how to support people in a respectful manner, which promoted their entitlement to dignity and respect.

People received individual care and support to meet their

cultural and/or religious needs.

Is the service responsive?

Requires Improvement

The service was not always responsive.

People's needs were assessed before a care package was commenced. The care and support plans needed more detail to demonstrate that people received person-centred care.

Staff supported people to engage in social activities which promoted enjoyment, confidence building and fulfilment.

People and their relatives were provided with information about how to make a complaint. Relatives were confident that any complaints would be managed in an open and helpful manner

Is the service well-led?

Requires Improvement

The service was not always well-led.

Relatives told us the service was properly managed and staff said they were provided with support and helpful guidance from the registered manager.

The systems to monitor the quality of care and support for people were insufficient to promote people's safety and welfare.

The provider had not implemented methods to ensure that it learnt from reflective practice and continuously developed ways to improve the service.

Mooncare Limited (Domiciliary Agency)

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 was a routine inspection as we had rated the service as 'Good' at the previous inspection in January 2016. We were not aware of any serious incidents or concerns about the service. The announced inspection of Mooncare Limited (Domiciliary Care) was conducted on 24 April and 4 May 2018 by one adult social care inspector. We gave the provider 24 hours' notice of our intention to undertake this inspection. This was because the registered manager and other senior staff are sometimes away from the office location visiting people who use the service and supporting the support staff; we needed to be certain that someone would be available. We advised the registered manager of our plan to return on the second day to complete the inspection.

We reviewed the information we held about the service before the inspection visit, which included the inspection report for our previous inspection. We also checked any notifications sent to us by the registered manager about significant incidents and events that had occurred at the service, which the provider is required to send to us by law.

During our inspection we were introduced to two people who used the service, as they were attending the provider's day centre. The people we met were not able to tell us their views about their domiciliary care, although we observed their interactions with members of the staff team who also supported them in their own homes. We spoke with two members of the care staff and the registered manager, and afterwards we spoke by telephone with the relatives of three people who used the service and one care worker. We looked at a variety of documents that related to people's care and support, which included three care and support plans, policies and procedures, staff training and supervision records and the complaints log. We contacted

two health and social care professionals involved in the care and welfare of people who used the service but did not receive any responses.

Requires Improvement

Is the service safe?

Our findings

Relatives told us they thought their family members received safely delivered care and support. One relative commented, "Yes, we feel [family member] is safe with the carers. We have used the service for four years, we trust the carers and most importantly [family member] is comfortable and happy in their company." Another relative told us their family member had complex needs and was safely supported by trustworthy staff to access local leisure facilities.

Despite these positive comments, we found that the provider's systems to identify and manage risks for people who used the service were not sufficiently robust to promote their safety and wellbeing. The provider had developed some individual risk assessments that addressed the specific needs of people who used the service, for example we saw that risk assessments had been devised to support people to participate in preparing their own lunch or baking cakes and access community resources, with assistance from their care workers. However, we noted that one person who used the service required support from staff for moving and handling, which stated that a hoist was used. We found that there was no assessment and risk management guidance in place in relation to the use of the hoist at the person's home and no checks were undertaken by the provider to determine if this equipment was being professionally serviced in line with the manufacturer's instructions.

Environmental risk assessments were in place, however these risk assessments were limited and only addressed how staff should respond if they needed to support people to evacuate their home due to a fire. The assessments were written in a generic style and did not state if people lived in ground floor accommodation or needed assistance to use internal and/or external stairs. There was no information to indicate that the provider had consulted with relatives to check whether there was any existing written guidance available from reputable sources such as the fire brigade or local council about the recommended actions people should take in the event of a fire at home. The care and support plans we looked at did not demonstrate that the provider conducted comprehensive environmental risk assessments in order to check for risks in regards to the environment, for example loose rugs or cables, clutter or inadequate lighting that could result in the occurrence of slips, trips and falls for people who used the service and/or their support staff. Therefore support staff did not have the information they needed to ensure that they provided care and support that minimised the risk of accidents and other harm for people who used the service and themselves.

The absence of rigorous processes to recognise and address risks to people's safety was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) 2014.

There were clear systems in place to protect people who used the service from the risk of abuse. The support staff we spoke with understood how to recognise signs of abuse and stated that they would immediately inform the registered manager if they had any concerns about the safety and welfare of a person using the service. We noted that the provider's safeguarding policy and procedure stipulated that it was necessary to report any safeguarding concerns to the relevant local authority safeguarding team and notify the Care Quality Commission. The registered manager confirmed that there had not been any

safeguarding concerns since the previous inspection. We noted that the staff team had undertaken safeguarding training in 2015 and during the inspection the registered manager made arrangements for refresher training to take place in May 2018. Staff were provided with written information about how to whistleblow internally within the organisation and/or externally to relevant bodies, if required. Whistleblowing is when a worker reports suspected wrongdoing at work.

Relatives told us that their family members benefitted from receiving their care and support from the same regular staff, which enabled people who used the service and their representatives to develop positive relationships. The staff rotas demonstrated that people were provided with a consistently delivered service and some people also spent time with their support staff at the provider's day centre, as some members of the domiciliary care team also carried out duties at Rosy Care.

At the previous inspection we had noted that although the provider obtained two references before appointing staff, historically some references had not been verified for their authenticity. The registered manager told us she was aware of the need to verify references in the event of appointing any new staff. Appropriate recruitment practices had been implemented in order to ensure that people who used the service were supported by staff with suitable experience and knowledge. The recruitment files we looked at showed that prior to the appointment of staff, the provider obtained proof of identity, proof of eligibility to work in the UK and Disclosure and Barring Service (DBS) checks. The DBS provides criminal record checks and barring functions to assist employers to make safer recruitment decisions.

We had noted at the previous inspection that people were supported with their medicine needs by their relatives, which continued to be the situation at this inspection. There was guidance in the provider's medicines policy to advise staff if they needed to temporarily administer medicines to support a person with a short-term medical need. The provider's training schedule did not evidence that arrangements had been made for staff to attend refresher medicine training and some staff had not received medicines training for over two years.

The registered manager ensured that accidents and incidents were recorded. The minutes for staff meetings and one to one sessions with staff showed that where necessary, accidents and incidents were discussed with the staff team in order to ascertain if there were any trends or changes in people's needs that needed to be addressed. The registered manager told us that she would contact people's social workers if it was felt that they required a new assessment of their needs.

Staff had been provided with infection control training as part of their induction, although refresher infection control training was overdue at the time of the inspection. There was an up to date infection control policy, and the staff we spoke with confirmed that they understood about correct hand washing protocols and were provided with personal protective equipment including disposable gloves and aprons. Following the inspection the registered manager confirmed that staff had been booked into an infection control training session and supplied information about the training provider.

We did not find that the provider had a clear system in place to demonstrate that lessons were learnt and improvements were made when things went wrong. We noted that the registered manager did not always understand what they needed to do in order to promote people's safety, for example the absence of a moving and handling risk assessment for a person who required staff support to use a hoist. This meant the provider did not always recognise the fundamental deficits in the quality of care and support they planned and delivered to people, which hindered their ability to analyse and improve the service.

Requires Improvement

Is the service effective?

Our findings

The Mental Capacity Act (MCA) 2005 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. In order to deprive a person of their liberty within the community, providers are required to notify the local authority who is responsible for applying to the Court of Protection for the authorisation to do so.

The care and support plans we looked at did not demonstrate that the provider had assessed whether people who used the service had the capacity to agree to their care and support. The registered manager told us that she would expect capacity assessments to be undertaken and reviewed where necessary by people's social workers or other health and social care professionals. However, we did not find any evidence that the provider had obtained copies of these assessments or minutes of review meetings in which discussions about a person's capacity to make decisions about their care and support were discussed.

We spoke with the registered manager and members of the staff team to ascertain how they knew whether people consented to their care and support, and found that there was a clear commitment to supporting people to express their day to day choices and wishes. Staff described how the people they supported demonstrated their needs and preferences by using specific words, sounds and/or non-verbal signs, which staff understood well and responded to. For example, we were informed that one person used objects of reference to show their care worker if they wanted to stay indoors to play games or go out to the park. We advised the registered manager on the first day of the inspection that this information needed to be recorded in people's care and support plans, as it showed that staff consistently sought people's consent and respected their choices. On the second day of the inspection the registered manager showed us how she had incorporated this information into three care and support plans and confirmed that this would be carried out in the remaining plans.

The registered manager did not present a clear understanding of consent issues in regards to the signing of the care and support plans for people who use the service. We noted that in some circumstances relatives had signed people's care and support plans and had placed their signatures in the section designated for people who used the service to sign, if they had the capacity to do so. The provider had not obtained any documentation to indicate that the relatives had the legal authority to sign on behalf of their family members, or that there had been a best interests meeting to discuss how to meet the person's health and social care needs. The lack of this information meant that the provider could not be certain that they were communicating with the right representative with the legal authority to make decisions. Therefore, the rights of people who used the service may not have been protected.

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

Relatives told us they were happy with how staff supported their family members and felt that staff had the

appropriate training and skills to meet people's needs.

The provider had updated their policies and procedures, in order to ensure that people's care and support was delivered in accordance with current guidance for good practice. The registered manager informed us that the policies and procedures had been written in conjunction with an external consultant, who also supported the registered manager by providing her with one to one supervision.

The care staff we spoke with told us they found their training useful and they felt supported by the registered manager. Records showed that staff had one-to-one supervision every three months, regular team meetings and an annual appraisal. The supervision records we looked at showed that the registered manager spoke with staff about the needs of the people they supported and discussed their training needs. However, we found that the mandatory training programme for staff was noticeably overdue and the registered manager did not have an effective system in place to monitor that staff had attended training. For example, the training records in staff files showed that some staff had last attended safeguarding training in 2012 but we then discovered other separate records to show that staff had undertaken online safeguarding training in 2015. We asked the registered manager to contact the training provider during the inspection and subsequently mandatory training was scheduled for all of the staff team in May and June 2018. This training comprised health and safety at work, safeguarding adults, first aid at work, food safety and moving and handling. Records showed that staff had attended a workshop about the Mental Capacity Act 2005 (MCA), and received training to understand and respond to behaviours that challenged.

The care and support plans we looked at showed that people who used the service received prompting or assistance with eating and drinking, in line with their assessed needs. People were supported to go out with their care worker to food markets and cafés, to access local community facilities and/or buy ingredients for the cooking and baking they engaged in at home with guidance and assistance from their care worker. Information was recorded in people's care and support plans if they had specific dietary needs and/or preferences, for example if people followed a Halal diet, disliked particular foods or preferred to have fruit or biscuits as a snack. The relatives we spoke with confirmed that they were pleased with how their family members were encouraged and assisted to meet their nutritional needs, where people's care and support plans included this aspect of care and support.

The registered manager informed us that people who used the service received direct payments and their relatives had chosen to purchase personal care services along with attendance at a resource centre, with both services operated by the provider. As people and their relatives lived in three neighbouring London boroughs and procured their own care packages, we noted that the provider did not have specific links with local authorities or other organisations. Although the resource centre was not within the scope of regulation by the Care Quality Commission, we were invited to meet people at the centre who used both services. We saw that people interacted well and had developed positive relationships with members of the care staff who worked between both services.

The registered manager advised us that people who used the service were supported by their relatives to meet their health care needs, for example relatives liaised with health care professionals and accompanied their family members to attend health care appointments. The registered manager told us that either she or the care coordinator attended the annual review meetings chaired by people's social workers as this enabled the provider to discuss any changes in people's health care needs and how these changes might impact on their care package.

Good

Is the service caring?

Our findings

People who used the service were not able to talk to us about their care and support due to their disabilities. During the inspection we observed how staff supported people to participate in a music session at the provider's day centre. We saw that people were relaxed and happy as they danced and used musical instruments with members of the care staff. People's wishes were respected if they wished to take a break or not join in with parts of the session, and staff encouraged people to enjoy themselves and praised their achievements. The supervision records for staff and the minutes for team meetings showed that the registered manager spoke with staff about the importance of supporting people to develop their confidence and increase their independence by getting more involved in their daily routines at home and trying out new leisure interests.

Relatives told us that the care workers who supported their family members were "very kind" and "lovely people." Comments included, "[My family member] is so pleased to see [care worker] arrive. [Family member] smiles and we know [he/she] is so happy. They have a great friendship, we feel very satisfied and positive about the care from Mooncare" and "[My family member] gets excellent support. They (care workers) are wonderful with [him/her], so nice, gentle and patient." Relatives stated that the registered manager and/or care co-ordinator attended annual review meetings at their home and asked their views about their family member's needs and wishes, so that their care and support plan was individual and meaningful.

The provider had developed pictorial guidance for people, including information about safeguarding people from abuse and how to make a complaint. People and their representatives were not given information about advocacy services that could assist them to make a complaint. An advocacy service is a free and independent service that supports people to make informed choices about their life, and helps them to express and present their views. The registered manager informed us she would refer people to their local social services if they wanted an advocate.

The care staff we spoke with told us that they enjoyed being able to develop positive relationships with people who used the service and felt that the service was managed in a way that facilitated this. One care worker said, "[Person who used service] is like a [son/daughter] to me and we have a special rapport with each other. I look after [him/her] at home and also I work here [at day centre] two days a week. I have been here for nearly 10 years and love this work, we get to know our clients so well." Other staff told us that they had noticed how people who used the service had gained confidence and developed new skills over the years they had worked for the provider.

In addition to the provider enabling people to receive their care and support from regularly allocated care workers, people's wishes in regards to having a care worker of the same gender were met. We had noted at the previous inspection that people and their relatives were predominantly from Bengali speaking communities, although the service provided care and support for people from other cultural backgrounds. At this inspection we found that this was still the case, and where possible people who used the service were matched with care workers who shared the same cultural, linguistic and faith backgrounds. For example,

people's care and support plans demonstrated that people could be supported to attend the mosque and/or say prayers at home if they wished to.

People who used the service were treated with dignity and respect. Staff told us that they ensured people's privacy was maintained when they were supported with personal care, for example staff pulled curtains and closed doors when they were assisting people with washing and dressing. We noted that the files which contained confidential information about people were kept in lockable cabinets within the registered manager's office. Following the inspection visit the registered manager informed us that she had booked staff on to a training session about the General Data Protection Regulation 2016 (GDPR), which was implemented on 25 May 2018 and concerns data protection and privacy for people.

Requires Improvement

Is the service responsive?

Our findings

Relatives told us that they were pleased with how the service met the needs of their family members. Care staff were praised by relatives for providing sensitively delivered person-centred care. One relative stated ,"They look after [my family member] so well and really understand [his/her] needs, they know what to do" and "We are very happy, [my family member] receives very good care and we can speak with [registered manager] if we need to change the times of a visit if [family member] has an appointment. They are all helpful people."

However, we found that the care and support plans did not reflect the standard of person- centred work that staff undertook, which was documented in other records including the minutes for staff supervision and team meetings. For example, one care and support plan stated that a person who used the service was supported every morning to have a bath or shower but there was limited information about whether the person was able to independently undertake some aspects of their personal care and whether they had preferences, allergies or health care needs in regards to the use of specific cleansing and hair care products. We discussed this finding with the registered manager on the first day of the inspection and we found that three out of the six care and support plans had been appropriately revised by the time we visited for the final inspection date. The registered manager confirmed that she planned to make detailed changes to the remaining three care and support plans. Relatives confirmed that they had been asked to contribute their ideas during the provider's initial assessment of their family member's needs and they took part in the annual review.

At the previous inspection we had noted that the registered manager had met with new people and their relatives, and the allocated social workers where applicable, in order to assess people's needs prior to the start of their care packages. The service had been providing care and support for eight people. At this inspection we found that the provider had not taken on any new people and was now providing services for six people. We had noted at the previous inspection that the care and support plans did not contain recent assessments and review meeting documents written by people's social workers and other health care professionals involved in their care. This had meant that the registered manager and staff team did not benefit from opportunities to update their own knowledge about people's needs through reading these records. The registered manager had explained to us that she requested current information from health and social care professionals but it was difficult to obtain. At this inspection we found that this was still the situation, however we did not find any evidence to show that the provider made their own notes to document what was discussed when they attended review meetings chaired by people's social workers or asked relatives if they could have a copy of any minutes sent to them.

We recommend the provider seeks advice from reputable sources about ways to ensure that they access current and relevant information and guidance about how to meet people's health and social care needs.

The care and support plans showed that people were supported to participate in meaningful and fulfilling activities in their local communities, and relatives also identified this as being one of the key reasons that they supported their family members to use this service. We saw that people took part in baking, cooking

and creative art activities at home and went out to a range of amenities including parks, travel training sessions, computer and literacy classes, street markets and places of worship.

We had noted at the previous inspection that people and their relatives were asked for their feedback about the quality of the service through annual surveys and the results of these surveys had showed positive levels of satisfaction. The registered manager informed us that they had not sent out surveys since the previous inspection and were due to do so this year. There were systems in place to inform people and their representatives about how to make a complaint, which included an easy read version. We looked at the complaints log and noted that there had not been any complaints since the previous inspection. The relatives we spoke with told us they did not have any concerns about the quality of the service and felt that the registered manager would respond to any complaints in a responsive and fair way.

At the time of the inspection, none of the people who used the service had end of life care needs. As many of the relatives who purchased domiciliary care and support for their family members also purchased the provider's day centre services, the service primarily appealed to the needs and wishes of younger adults who liked to be actively engaged in community activities. The provider had not been asked to meet end of life care needs and therefore had not focussed on staff training in this field.

Requires Improvement

Is the service well-led?

Our findings

Relatives informed us that they thought the service was well managed. The registered manager was described as being approachable and helpful. Relatives stated that she always returned their calls and could be relied upon to make adjustments to the timings of people's scheduled visits if requested, in order to support relatives in their roles as informal carers.

Staff expressed positive views about working for the organisation and said that they were well supported by the registered manager. One member of the care staff said, "We can speak with [registered manager] if we need advice. She arranges our training and supervision and staff meetings, I feel that I have good support." The minutes of the team meetings showed that time was spent discussing the needs of people who used the service and staff were also updated about any changes to their working practices.

The provider's website stated that its mission was to provide care and support that was "high quality, person-centred, flexible and reliable." The relatives of people who used the service spoke positively about the calibre of individualised care and support given to their family member and felt that the long-standing care staff provided a stable, punctual and adaptable service. However, our findings during the inspection demonstrated that the managerial and quality assurance systems in place were not sufficiently robust in order to ensure that people could be assured of consistently receiving safe and appropriate care and support to meet their needs.

At the previous inspection the registered manager informed us that the provider had arranged for an independent health and social care consultant to support her. At this inspection we found that the registered manager was receiving bi-monthly one to one supervision from the independent consultant, however the minutes we saw indicated that these sessions were primarily concentrated on her role managing the day centre. The registered manager confirmed that the independent consultant had supported her to attend commissioning meetings with local authorities in regards to the day centre but was less able to explain the consultancy work being undertaken in relation to the domiciliary care agency. Apart from the registered manager and/or care co-ordinator attending review meetings arranged by people's social workers, we did not find that the provider worked in partnership with external organisations. For example, the registered manager had not developed any links with similar providers so that she could visit and possibly learn about new initiatives. The registered manager told us that the proprietor visited the service but did not produce any monitoring reports and action plans.

During the inspection we noted that sometimes the provider did not demonstrate a clear understanding of regulatory requirements and the associated responsibilities. For example, we found that the risk assessments were incomplete and mandatory staff training was overdue. The registered manager told us that she had tried to book the training for an earlier date but the training provider had not been able to meet the provider's required dates. We did not find any evidence that the provider had implemented a contingency plan to prevent staff from waiting for months to undertake the training they needed to update their skills and knowledge to safely support people. We also observed that the registered manager did not present a clear understanding of the training that staff required. For example, we enquired as to whether

staff had received up to date health and safety training. The registered manager confirmed that this training had taken place. However when we checked the training certificates and spoke with members of the care staff we discovered that the training session had been delivered by the separate organisation that managed the day centre premises and had been focussed on the safe storage of COSHH (Control of Substances Hazardous to Health) items within the building, as opposed to the broader remit of health and safety training. Although it is recognised that this training is important as employers need to either prevent or reduce their employees' exposure to substances hazardous to their health, the provider's own systems for the planning and monitoring of staff training needs should have identified that this was not an equivalent alternative to health and safety training.

The registered manager informed us that she audited the daily records completed by staff at people's homes. We found that the information written by staff was quite limited and did not satisfactorily report upon the care and support delivered. For example, care staff who provided people who used the service with an hour each morning for personal care wrote one or two sentences about the care and support they provided. However, we found that where people were supported for a concentrated period of six hours or longer at the weekend the care staff continued to write two sentences, even though the person's care plan stated that they needed support with personal care, breakfast and lunch, an outing to a leisure facility in the community and stimulation at home through arts and crafts or playing with jigsaw puzzles. The brief nature of these notes meant that the registered manager could not ascertain if people were being supported in accordance with their agreed care plans, and there was no written record to show that people had developed new skills or interests. We noted that even if staff wished to write more, the daily record sheets had been designed in a way that limited how much staff could write on each visit. We discussed this with the registered manager on the first day of the inspection and found on the second day of the inspection that she had implemented a new style of daily record sheet to enable staff to provide a more detailed written account of how they supported people.

On the first day of the inspection we requested to look at the documentation for the monitoring visits by the registered manager and/or the care co-ordinator to people's homes, known as 'spot check' visits. At the previous inspection we had been shown the records for monitoring visits and telephone calls that the registered manager had undertaken and relatives had confirmed that this contact took place. The registered manager told us that monitoring visits were not being carried out and stated she was unaware of the need to carry out this type of quality assurance. Within the domiciliary care sector, people who use the service and/or relatives are ordinarily informed in advance that the provider will be conducting a monitoring visit so that the proposed date is convenient, but care staff are not usually advised. The purpose of these visits is to check that care staff are proving care and support in line with the person's care plan and in accordance with the provider's policies and procedures. On the second day of the inspection the registered manager informed us that she had misunderstood our request for these documents and produced monitoring records. We found that these records were too brief to evidence the scope of checks that the provider needed to carry out in order to determine that people's needs were being safely and appropriately met.

We recommend the provider seeks advice from a reputable source about how to demonstrate that comprehensive monitoring visits are conducted.

During the inspection we did not find suitable evidence that the provider was working in a manner that consistently promoted continuous development, innovation and a culture that learnt from mistakes. For example, although the provider informed us after the inspection that they had arranged training for staff in regards to the introduction of General Data Protection Regulation 2016, we did not find any reference to discussions with staff in relation to the Accessible Information Standard (AIS). From August 2016 onwards, all organisations that provide NHS care and/or publicly funded adult social care are legally required to

follow the AIS. The Standard sets out a specific, consistent approach to identifying, recording, flagging, sharing and meeting the information and communication support needs of people who use services and their informal carers with a disability, impairment or sensory loss. We also noted that the provider's practices did not reflect regulatory changes that have occurred since the previous inspection, for example the introduction of new key lines of enquiry in 2017 which required providers to demonstrate how they evaluated their practice and learnt from accidents, incidents and other events amongst other requirements.

These findings demonstrated that the provider did not operate suitably robust systems that identified and addressed issues, and developed the service in line with new legislation and models of good practice. This was a breach of Regulation 17 of the Health and Social Care Act (Regulated Activities) Regulations 2014.

The provider had not needed to notify the Care Quality Commission of any significant events that had occurred since the previous inspection and was aware of the applicable notifiable events for domiciliary care agencies to report. We noted that the rating of the service was displayed in the office used by the registered manager but was not available on the website for Mooncare Limited (Domiciliary Agency).

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 11 HSCA RA Regulations 2014 Need for consent The registered manager did not always ensure that care and support was only provided with the consent of the relevant person. Regulation 11(1)

Regulated activity	Regulation
Personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment The provider's quality checking arrangements did not consistently assess, improve, monitor and sustain the quality of experience for people who used the service. 17(1)(2)(a)(b)

Regulated activity	Regulation
Personal care	Regulation 17 HSCA RA Regulations 2014 Good governance The registered manager did not always identify and assess the risks to the safety of people who used the service and did not take reasonably practicable steps to mitigate the risks. 12(1)(2)(a)