

Affinity Homecare Shrewsbury Limited

Affinity Homecare Shrewsbury

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

This inspection was carried out on the 22 and 26 March 2018.

Affinity Homecare Shrewsbury is a domiciliary care agency that provides personal care and support to people living in their own homes. It provides a service to older adults some of whom are living with dementia and younger disabled adults. Not everyone using Affinity Homecare Shrewsbury receives a regulated activity. CQC only inspects the service received by people provided with 'personal care': for example, help with tasks related to personal hygiene and eating. Where they do we also take into account any wider social care provided. At the time of our inspection 83 people were receiving the regulated activity of personal care.

There was a registered manager in post who was present during our inspection. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

At the last inspection in August 2017, we found the provider was in breach of the regulations in relation to safe care and treatment, the governance of the service and had failed to notify of significant events in the service which they are required to do so by law.

Following the last inspection, we asked the provider to complete an action plan to show what they would do and by when to improve the key questions Safe and Well led to at least good.

At this inspection we found that the provider had notified us of significant events within the service in a timely manner. However, other areas we identified as requiring improvement at the last inspection had not been sufficiently improved upon. We found there were continued breaches of the regulations in regard to safe care and treatment and good governance.

Sufficient improvement had not been made in relation to how risk associated with people's needs were identified and managed. At our last inspection risks associated with people's needs were not accurately assessed and management plans were not always in place to guide staff how to reduce risks for people. At this inspection although risk assessments were in place these were not always specific to people's individual needs and sometimes lacked detail about how staff could reduce the risks. However, people felt safe when staff supported them.

Sufficient improvement had not been made to ensure that quality assurance checks were completed to identify and make improvements that were required.

We also found concerns around the safe management of medicines. Although people told us they were

satisfied with the support they received to take their medicines, records did not always accurately record when their prescribed medicine should be taken or when and where prescribed creams should be applied. We found gaps in recording where staff had not signed to indicate whether people had taken their medicines or had their creams applied.

People's care plans continued to be brief and did not adequately reflect people's needs and the support they required to meet them. People were involved in planning and reviewing their care however, their care plans were not always updated when changes were identified at the review.

Staff felt well supported by their colleagues and the management team. Staff were satisfied with the training they had received however, they were not always provided with training or information about people's specific needs.

People were protected against abuse, avoidable harm and discrimination by staff who knew how to identify and report any concerns. There were enough staff employed to meet people's needs.

Where required people were encouraged to eat and drink enough. Staff monitored people's health and supported them to access healthcare professionals as necessary.

People found staff to be kind and considerate and had formed positive working relationships with them. Staff sought people's consent before supporting them and supported them to be involved in decisions about their care.

People felt staff treated them with dignity and respect and promoted their independence to enable them to remain living in their own homes.

People and their relatives felt comfortable to raise any concerns or complaints with staff or management and were confident these would be appropriately responded to.

People, their relatives and staff found the registered manager approachable and easy to talk with. The provider sought people's views on the service and responded to any concerns raised.

You can see what action we told 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?

Requires Improvement ●

The service was not consistently safe.

The provider did not ensure people's medicines were managed safely.

Risks associated with people's needs were not always accurately assessed and did not always provide staff with guidance of how to minimise the risks.

People felt safe with the support staff provided both within their home and when they supported them to go out.

There were enough staff available to meet people's needs in a timely manner.

People were protected against abuse, avoidable harm and discrimination by staff who knew how to identify and report any concerns.

The provider had safe systems in place to prevent the risk of infection.

Is the service effective?

Requires Improvement ●

The service was not consistently responsive.

While people felt staff knew them well, people's care plans did not always reflect their needs and the support required to meet them.

People felt that the service was flexible and adaptable to their changing needs.

People and their relatives felt comfortable to raise concerns and complaints with staff or management.

Is the service caring?

Good ●

The service was caring.

People felt staff were kind and considerate and had formed

positive working relationships with them.

People felt involved in decisions about their care and support.

Staff treated people with dignity and respect and promoted their independence.

Is the service responsive?

The service was not consistently responsive.

While people felt staff knew them well, people's care plans did not always reflect their needs and the support required to meet them.

People felt that the service was flexible and adaptable to their changing needs.

People and their relatives felt comfortable to raise concerns and complaints with staff or management.

Requires Improvement ●

Is the service well-led?

The service was not consistently well led.

The providers' quality monitoring systems had not been embedded in the service and therefore they had not identified all the concerns we found at our inspection.

Staff enjoyed an inclusive working culture where they felt supported by management and colleagues alike.

The provider sought people's views about the service. On the whole people were positive about the management of the service.

Requires Improvement ●

Affinity Homecare Shrewsbury

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

The inspection was prompted in part by concerns and complaints we had received about the service that indicated potential concerns about the management of risk. This inspection examined those risks.

This inspection took place on 22 and 26 March 2018 and was announced. We gave the service 48 hours' notice of the inspection visit because they provide care in people's homes and we needed to be sure that someone would be in the office.

The inspection was conducted by two inspectors, one of whom completed two days on site and the second inspector who made telephone calls to people and their relatives.

As part of the inspection we reviewed the information we held about the service, such as statutory notifications we had received from the provider. Statutory notifications are about important events which the provider is required to send us by law. We also asked the local authority and Healthwatch if they had information to share about the service provided. We used this information to plan the inspection.

During the inspection we spoke with 10 people who used the service and two relatives. We spoke with the registered manager the deputy manager and five care staff. We viewed seven records which related to assessment of needs and risk. We also viewed other records which related to the management of the service such as medicine records, policies and procedures and four staff recruitment records.

Is the service safe?

Our findings

At our last inspection we identified risks associated with people's needs were not always accurately assessed and management plans were not always put in place to guide staff how to reduce risks for people. We also found that the provider did not have adequate systems in place to record accidents and incidents and actions taken to prevent reoccurrence. This was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. We rated this key question as requires improvement.

Following our last inspection the provider sent us an action plan telling us what action they would take to meet the regulations. At this inspection we found the provider had put systems in place for reporting and recording accidents and incidents. However, we found insufficient improvement had been made in relation to the management of risk. We also found concerns around the safe management of people's medicines.

The provider told us in their action plan that they had reviewed each person's care plan and risk assessments. As well as completing internal and external risk assessments of people's properties they completed manual handling risk assessments for people. However, we found some people's risk assessments were generic in detail and lacked information about the personalised support people needed to keep them safe. For example, one person's moving and handling risk assessment only recorded the equipment used and how many staff were required. Another person's risk assessment stated the person was at risk of falls but did not guide staff how to minimise these risks. Some people were at risk of skin breakdown but there was no guidance in place to advise staff what action they should take to mitigate the risks. The registered manager and deputy manager took prompt action to review people's risk assessments during our inspection. The examples they shared with us showed improved detail about the risks associated with people's needs and the action staff should take to mitigate these.

Despite this lack of information, staff were able to tell us the action they would take to reduce risks to people's health and wellbeing. One staff member explained that when they had to use a hoist to move a person this was always done with two staff members to ensure the person's safety. They explained they also checked that equipment was in good repair and used correctly. One member of staff said, "We always check and talk with the other carer about what loops you have to use." Another staff member told us they checked for any hazards each time they visited and ensured the property was secure before they left.

People were placed at risk of harm by the unsafe management of medicines. Staff we spoke with told us they had received training in the safe management of medicines and had their competency assessed prior to administering medicine alone. However, we found some people's Medicine's Administration Records (MAR) lacked clarity about what medicine people should take and when. For example, one person's MAR record contained two entries for the same medicine. This placed the person at potential risk of receiving the medicine twice. We also saw that some medicines were crossed out on the person's MAR without any reason provided and there were gaps where staff had not signed to say whether the person had taken their medicine or not. We checked the medicine records for two other people and found there were gaps in recording. One person's MAR stated 'blister pack' which had been recorded as administered for three days and then staff had put a line through the record. This person's medicines had also been listed individually

on the MAR and signed as administered for the same period of time. This caused confusion as it appeared that person had received their medicine twice. The deputy manager clarified that this was a recording issue and the person had not received their medicine twice. They went on to explain and we saw in staff meeting minutes that staff had been instructed to list people's medicines individually on the MAR and not as a 'blister pack'. The registered manager had identified that staff were not entering medicines on the MAR correctly and had taken action to type out MAR in the office. The new MAR had been distributed to staff but no checks had yet been completed to ensure records were now completed as required. However, the registered manager told us they observed record keeping during 'spot checks' on staff practice. Staff had also been told to report any gaps in recording on MAR to the office staff. The registered manager explained they would take action to address the lack of recording with the relevant staff member. We observed that a staff member reported such an incident during our inspection and the registered manager requested that the staff member was asked to come into the office.

Some people needed to take their medicine or have prescribed creams applied on an 'as required' basis. There were no protocols in place to identify and guide staff when these medicines should be administered or when and where people required prescribed cream to be applied. The registered manager told us they were not aware protocols should be in place and agreed to complete these for people where necessary. They also reviewed and provided us with a copy of their improved 'Control of and Administration of Medication' policy which included information about their PRN protocols.

Not all the people we spoke with required support with their medicines. However, those that did were happy with the help they received. One person told us, "They (staff) always make sure everything is in order and take time to make sure it is right." Another person said they were able to self-medicate but staff always checked that they had taken their medicine.

This was a continued breach of Regulation 12 of the Health and Social Care Act 2008(Regulated Activities) 2014.

Staff we spoke with were knowledgeable about the different types of abuse and were clear about how and what action they would take if they witnessed or became aware of any such concerns. One staff member told us, "I would always record and report concerns to the manager. We have to safeguard our clients." Another staff member told us each time they washed people they were mindful to look out for marks or bruises and would report any concerns straight away. The registered manager knew how to report concerns of abuse. They had worked with the local authority safeguarding team to investigate concerns raised and to mitigate any risks to people who used the service.

People and their relatives felt staff supported them safely one person said, "I always have the support I need. Sometimes they bring another carer, but I feel safe with everything they do." Another person said, "I do feel safe, particularly with the staff that I now have more regularly." A relative told us, "I feel that out in the community they (staff) keep my [family member] safe."

People and their relatives told us that staff were usually punctual to attend calls and if they were running late the office staff would contact them to let them know. One person told us, "Carers are occasionally a few minutes late, but I've never had a missed call and they often stay a few minutes over to have a chat." Another person was impressed that staff had been able to attend during the recent inclement weather. They said, "I was amazed the carers came, I never expected them to."

A relative said, "We have absolutely no complaints about the service offered by Affinity. They are reliable, carers who stay the time they should and they are rarely late." Staff we spoke with told us they were allowed

enough time to travel between care calls to people and would let the office staff know if they were running late. This was confirmed by the deputy manager who told us this enabled them to let the next person know the staff member was on their way, or that an alternative staff member would attend.

Staff told us that the provider completed checks to ensure they were suitable to work with people before they started work with them. These included references from previous employers and checks with the disclosure and barring service (DBS). The DBS is a system which allows organisations to check potential staff are suitable to work with people who use their services. Records we looked at confirmed the provider obtained references, completed DBS and identity checks. The provider told us they explored gaps in employment as part of their recruitment process but records we looked at did not always reflect this. The registered manager told us they would revise their recruitment policy and subsequently provided us with a revised recruitment policy following our inspection.

People we spoke with felt staff took appropriate action to protect them from the risk of infection. For example, one person told us, "The staff are very clean and make sure they wear gloves." Likewise a relative said, "They (staff) are always clean and presentable and when I have seen them, they always wash their hands after everything." Staff told us they received training on infection control during their induction. They carried their own supply of personal protective equipment and supplies were readily available for them to collect from the office. This was confirmed by both the registered and deputy manager who also told us they checked that staff were following infection control procedures during 'spot checks' on staff practice.

Staff were aware of what action they should take in the event of any accidents or incidents involving people they supported. One staff member explained a time when they had found a person had fallen; they called for an ambulance, informed the office staff and remained with the person until the ambulance arrived. The registered manager told us accidents and incidents were logged on the scheduling system. They analysed the information and decided what action was required, such as referral to the GP or occupational therapist.

Is the service effective?

Our findings

At our last inspection some people told us staff lacked knowledge about their specific illnesses and how these affected them. We found that staff were not provided with training about people's specific health needs and how to support them effectively. We rated this key question as Requires Improvement.

At this inspection we found that insufficient improvement had been made in this area. While we saw that the registered manager had provided information on some people's conditions and how to support them, this approach had not been consistently applied. When we spoke with the registered manager they told us they were able to access distance learning modules through the local college and were in the process of setting up diploma courses and day courses for staff. In the interim they agreed to source and provide staff with information about people's specific health needs. Following the inspection they sent us examples of information provided to staff about people's specific needs which they had also added to people's care records.

On the whole people were positive about staff's knowledge ability to meet their needs. One person told us, "They do their job to the best of their ability." They went on to tell us they felt staff were knowledgeable about their needs and that any new carers got shown how to meet their needs by experienced staff. This was echoed by another person who said, "In the main they (staff) know what they are doing. The old ones (experienced staff) help the new ones." However, a relative we spoke with felt staff would benefit from further training about how to meet their family member's specific needs.

Staff told us they received a structured introduction into their roles. This involved spending time in the office where they completed basic training such as, manual handling, food hygiene and safeguarding. They then worked alongside more experienced staff to get to know people and their needs for at least 16 hours. If staff did not feel confident at the end of this time, they were able to ask for more time to ensure they felt comfortable and were competent to work on their own. One staff member said of the induction, "It gave me a good insight before I went out on my own." Another staff member explained that they got to ask lots of questions during their induction and found the training to be very good. The registered manager told us they had a meeting with staff at the end of the induction to ensure that they understood their roles and responsibilities. Following their induction staff were supported to undertake to the Care Certificate. The Care Certificate is a nationally recognised training programme that teaches staff about the standards of care required of them.

The majority of staff we spoke with had only worked at the service for a short time and had not had one-to-one meetings with their managers. However, they felt they could call into the office at any time if they wanted guidance or support. Staff told us that the management team completed 'spot checks' during care calls to ensure they were carrying out their role as they should.

The deputy manager told us they or senior care staff completed assessments of people's needs prior to them starting the service. They arranged to meet with the person and with their consent spoke with their relatives where appropriate. They said they also linked in with other professionals as necessary. However,

we found assessments completed were brief in detail and did not always incorporate relevant information provided in assessments from other professionals. This placed people at risk of not receiving care and support that was based on current best practice.

Not all the people we spoke with needed assistance with their meals but those who did were satisfied with the support they received. One person told us, "When I need support with food I get it. I can't say that there has ever been a problem with supporting meals, I like to have some independence." Another person said, "They (staff) help me with my breakfast. No problems." Staff told us they were made aware of people's dietary needs and where required recorded what people had to eat and drink each time they visited. One staff member told us some people liked staff to sit and eat with them and they did so as this encouraged them to eat.

People were confident that staff would identify any changes in their health and support them to access healthcare appointments as required. One person explained that staff were going to support them to a hospital appointment. Another person said, "I only get support with my personal healthcare. They (staff) do this very well. I would say they are effective at what they do." Staff told us they monitored people's health and would contact the office if they were concerned about a person's wellbeing. One staff member explained the more they got to know people, the easier it was to recognise when something was troubling them or if they felt unwell.

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 make particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. We checked whether the service was working within the principles of the MCA. Staff sought people's consent before supporting them. One person told us, "They check what I want done each time and respect what I tell them." Staff we spoke with told us they had completed MCA training as part of their induction into the service. They told us they would always ask people for their permission before supporting them and were clear they could not make people to do something they did not want to do. For example one staff member said, "I wouldn't do anything without asking the person first. It's their home at the end of the day. I just put myself in their situation." Another staff member said, "If a person struggles to make a decision we must propose different things to help them decide." The registered manager told us the people they supported were able to make day-to-day decisions with support. If a person was unable to make certain decisions for themselves they said they would work in partnership with the person and other professionals involved in their care to ensure their rights were protected.

Is the service caring?

Our findings

At our last inspection we found that people's choice was not always respected. This related to the provider not respecting people's choice about the gender of staff that supported them and not consulting with people when new staff were accompanying their regular care staff on calls. We rated this key question as requires improvement. At this inspection we found improvements had been made. The deputy manager told us they now had a new scheduling system that allowed them to log and allocate staff of people's preference gender to their calls. They were looking to develop this further as some people were happy to receive support from either gender when they did not need support with their personal care needs.

People found staff to be kind and considerate one person told us, "The staff are lovely. I can only praise them." They went on to say, "I have nothing bad to say at all about the care I have." Another person said, "I can only praise them (staff), they have not been anything except kind and generous." A relative we spoke with said, "They (Affinity Homecare Shrewsbury) are trying to accommodate and be caring. I do not doubt for a minute that they want anything other than a caring approach."

People had developed positive working relationships with staff. One person told us, "We have a bit of banter we get on and have a bit of a joke." Another person said, "They're (staff) marvellous and friendly." Staff we spoke with talked about people with warmth and respect. One staff member told us, "I love to make them (people) happy. I want to make a difference, lighten their face when I go in." Another staff member said, "We see people every day and if we see they are getting better, it is amazing. It's really nice."

People were offered choice and felt involved in decisions about their care. One person told us, "I was involved in saying what I wanted the carers to do. They listen and I feel involved." Another person said, "They (staff) take notice of me. I get choice and they support me properly." Staff recognised the importance of offering choice and control to the people they supported. One staff member said, "I always give choice back to the person." They went on to explain that one person was initially reluctant to accept support, so they let them take the lead. They followed the person's routine and found as they built up a relationship with them the person would ask them to do things they had difficulty with.

People found staff helpful and obliging. One person told us, "During the snow they (staff) came with bread and milk I didn't expect that and they told me it was so I did not need to worry about shopping. I thought that was really nice and thoughtful." Other person said, "They (staff) will pick things up for me if I want. I wanted a magazine and asked a carer to get me one." They went on to tell us the staff member took care to give them their change and receipt and to fill in the relevant forms.

People were supported to maintain their independence. One person told us, "I like to do some things for myself, so they (staff) help me to help myself." Another person explained that it was important for them to do as much as possible for themselves and the staff encouraged this. They said, "The carers let me do what I can and help me where needed." Staff recognised it was important to maintain people's independence to enable them to stay in their own home.

People told us staff treated them with dignity and respect. Staff told us they kept people covered up as much as possible when helping them to wash. They were mindful they were working in people's own homes and needed to respect them and their environment. Staff we spoke with understood they needed to respect people's privacy and took care not to talk about people outside the work environment.

Is the service responsive?

Our findings

At our last inspection we found that people's care plans were limited in detail and did not always record people's preferences for service delivery. Some people had complex needs and this was not reflected in their care plans. Information provided by healthcare professionals was not always incorporated into people's care plans. We rated this key question as Requires Improvement.

At this inspection we found insufficient improvements had been made. Some people's care plans continued to be brief in detail and some contained inaccurate information. One person told us their care plan contained incorrect detail about their religion and contained another person's name. We also found incorrect information in two care plans we looked at. This included an incorrect name and reference to a spouse that the person did not have. When we spoke with the registered manager they told us there was fault in the template that they used and following our observations they took action to prevent this happening again. We also found one person's care plan had not been updated following a review that identified changes in their needs. In addition people's communication needs were not always recorded in their care plans. For example, two people's care plans indicated they were unable to or had difficulty communicating verbally. However, there was no further information in their care plans to guide staff how to promote effective communication with them. The registered manager and deputy manager took prompt action to update the people's care plans with improved details about their communication needs and how staff should support them with these.

Since August 2016 all providers have a legal duty to meet the Accessible Information Standards (AIS). The standards set out the requirements for all providers of National Health Services care and or publicly-funded adult social care to identify, record, flag, share and meet the information and communication needs of people with a disability, impairment or sensory loss. The registered manager told us they had been made aware of the requirements of the AIS. They advised that information they provided to people about the service was available in different formats on request. However, they had not had the time or opportunity to update people's care plans.

People were involved in developing their care plans and subsequent reviews. One person told us, "I have a care plan review every so often and was involved in and agreed my care plan with staff." A relative we spoke with said, "Care plans are here (in person's home) and I have reviewed and tweaked them with the manager."

One staff member told us, "The first thing you do when you go in (to person's house) is you look at the care plan that's your bible." They went on to explain if there was anything they were not sure about they would check with the person, other staff or the management team. Another staff member told us, "We must look at care plans and interact with clients about what they need." They went on to tell us they used care plans as a base line until they got more familiar with people and their needs. They then monitored any changes and reported these to the office staff so care plans could be updated.

As care plans were not always accurate this meant there was a risk that staff did not have access to up to

date information about how to meet people's needs. We discussed our concerns with the registered manager who told us they would take action to make the necessary improvements. Following this inspection they shared with us care plans they had reviewed and updated for people. These contained more detailed information about people's needs and the support required from staff to meet them.

On the whole people were happy with the quality of the care they received. However, people had mixed views about the continuity of care. While some people benefitted from the provision of regular care staff that had got to know them and their needs well, others had regular changes of staff that impacted on their wellbeing. One person told us, "I've asked them (Affinity homecare Shrewsbury) to get the same carers. Until recently I had the same ones which is important as they know my routine." They went on to explain that the staff that used to attend had been put on other 'care runs' and this had upset them. This was a view echoed by another person who felt this was the only area that the service needed to improve on. We spoke with the registered manager about how they ensured people received consistent support. They told us that they strove to provide flexibility and limit the amount of different staff that attended to people. However, they also had to introduce other staff who could cover in the event of staff absence or if staff left the agency.

People described a flexible service that was responsive to changes in their needs. One person told us, "I am confident that as my health changes the carers will change how they do things to make sure I am still looked after properly." Another person said, "They (staff) always ask if there is anything they can do. They are very good like that."

People felt able to raise any concerns with staff or the registered manager and were confident that their concerns would be dealt with. One person told us, "I have a booklet that tells me how to complain. I know if I needed to, they (registered manager) would listen and do something about it." Another person said, "I'm trying to think of something bad to say about them but can't think of anything." A relative we spoke with told us, "Any complaints would be and are listened to. I do feel valued." We saw that the provider's complaints procedure formed part of the information booklet provided to people when they started to receive a service. Staff we spoke with were aware to report any concerns or complaints to the registered manager to deal with. The registered manager showed us that concerns were logged on the computer system they used for scheduling care calls. They said going forward they would also keep a copy of these in their complaints folder.

Is the service well-led?

Our findings

At our last inspection we found the provider to be in breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. There was a lack of effective leadership and quality assurance systems to ensure people received safe and effective care. The provider did not ensure safe care and support and had failed to notify us of significant events within the service which they are required to do so by law. We rated this key question as Requires Improvement.

Following our last inspection the provider sent us an action plan telling us what action they would take to meet the regulations. At this inspection we found insufficient improvements had been achieved and the provider remained in breach of two regulations. We found continued concerns in regard to risk management and governance of the service and we also identified concerns about the safe management of medicines. Whilst people felt that improvements had been made since the last inspection, further improvements were required.

The provider had developed audit tools to monitor the quality and safety of the service however, these had not been fully embedded and the provider had failed to identify all the shortfalls we identified at this inspection. While the provider had implemented risk assessments for people we found that some of these were generic and continued to lack detail about individual risks and how staff could minimise these. Care plans were limited in detail and were not always updated following reviews with the identified changes that were required. The provider had not ensured the safe management of medicines. This meant that people were placed at potential risk of avoidable harm.

Whilst the provider took prompt action to address immediate risks we identified, we considered this as reactive to our observations. We were therefore not assured that the concerns we had raised would have been identified or actioned without our intervention.

The current registered manager had been in post since August 2017. When spoke with them and the deputy manager about how they monitored the quality of the service they acknowledged that they had not completed audits as they had planned to do. They said there had been a large turnover of staff since the last inspection and they had concentrated on ensuring there were enough staff employed and trained to deliver the service. They had employed a care coordinator and were awaiting recruitment checks to be completed before they started. They felt this additional role would free up time to complete quality assurance checks. In the meantime they relied on spot checks of staff during care calls to identify any concerns around staff practice. They also encouraged staff to provide feedback and report concerns about their colleagues practice should the need arise. In view of the concerns raised at this inspection the registered manager arranged for one of the care staff to spend one day a week in the office to complete audits of care records.

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

On the whole people and their relatives felt the service was well run. One person told us, "I am getting on ok

with the service. Much what you would expect really." Another person said, "No complaints about the service I get or how it is run. I feel quite lucky really." Those people who had been using the service prior to our last inspection talked of improvements within the service since the current registered manager took over. One person said, "They (registered manager) don't take any chances now. We actually have a laugh now when I ring them up. Before they didn't know me and I didn't know them." A relative we spoke with commented, "A definite improvement in how this service has been managed has happened in the past 6 months. This manager is more knowledgeable and approachable." Another relative told us, "We have absolutely no cause for complaint we have full confidence in how the service is run."

People and their relatives were given opportunities to give their views on the service. One person told us, "The manager does contact me to see how things are going sometimes. I have had some questions to fill in about what I think, and I think it is a good service that they give." The provider had recently invited people to express their views through questionnaires about the service. We saw in the main people were positive about the support they received. The deputy manager told us that they contacted people individually if they raised any concerns about the service.

Staff told us they enjoyed a positive working environment where they felt well supported by the registered manager and their colleagues. One staff member told us they found the registered manager understanding and supportive, they said, "I just know [registered manager's name] looks after their carer's and I feel safe in my work." Another staff member said, "We're a really good team. We care for each other." The provider operated an 'on call' service which people and staff could contact outside office hours should they require support. Staff were also part of a secure social network group which they used to contact each other or the management team if they required support. The registered manager told us it was important to create an inclusive environment for staff and they had recently turned the kitchen into a staff room. We saw that this was a meeting place for staff who dropped in during the course of our inspection and spent time chatting with the managers and colleagues. The registered manager had also introduced a 'carer' of the month award where people who used the service and colleagues would vote for the staff member they felt worthy of the award. Staff told this award made them feel appreciated. One staff member told us, "It gives you a boost to think other people think you are doing ok which is nice."

Staff told us they had regular staff meetings where they were asked their views and felt comfortable to contribute. One staff member told us, "We (staff) can talk openly. They (management) are very good at listening. Staff explained they also undertook training at staff meetings and were given questions to complete on what they had been taught. The registered manager confirmed they undertook rolling programmes of training and assessed staff understanding at the end of each meeting. Any staff member who had difficulty answering the questions asked would be given further training and support to make sure they understood and could apply their training to practice.

At our last inspection we found that the provider had failed to notify of significant events that had occurred within the service this was a breach of Regulation of the Care Quality Commission (Registration) Regulations 2009. At this inspection we found that the provider had notified us of all significant events in a timely manner. The provider had also conspicuously displayed their performance rating from their latest inspection at the premises.

This section is primarily information for the provider

Action we have told the provider to take

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

| Regulated activity | Regulation |
|--------------------|--|
| Personal care | <p>Regulation 12 HSCA RA Regulations 2014 Safe care and treatment</p> <p>The provider did not ensure that the risks associated with people's needs were always accurately assessed and guidance was not always put in place to minimise the risks. The provider did not ensure that people's medicines were always managed safely.</p> |
| Regulated activity | Regulation |
| Personal care | <p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>The provider failed to embed effective quality assurances systems to ensure people received safe and effective care.</p> |