Nestor Primecare Services Limited

Allied Healthcare Bridlington

Inspection report

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Ratings

Overall rating for this service	Good

Is the service safe?	Good
Is the service effective?	Good
Is the service caring?	Good
Is the service responsive?	Good
Is the service well-led?	Good

Summary of findings

Overall summary

The inspection took place on 24 January and 01 February 2017 and was announced. The registered provider was given 48 hours' notice because the location provided a domiciliary care service and we needed to be sure that someone would be in the location offices when we visited.

The service provides personal care to people who live in their own homes in the Bridlington, Driffield Hornsea and Scarborough areas. At the time of the inspection there were 173 people receiving care and support services from Allied Healthcare Bridlington.

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

During our previous inspection on 09 and 10 May 2016, we found systems and processes to manage medicines in a safe way for people were ineffective. Accurate and complete records had not been maintained and the registered provider had not robustly assessed, monitored or mitigated the risks relating to the health, safety and welfare of people using the service. This was a breach of Regulation 12 (2) (g) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection we checked the management and administration of medicines for people who received a service and we found that actions implemented as a result of our previous inspection meant the registered provider was compliant with Regulation (12)(2) (g) and we found people's medicines were managed and administered safely.

The registered provider had assessed, monitored or mitigated the risks relating to the health, safety and welfare of people using the service. This meant risk to individuals and the service were managed so people were protected and had their freedom supported.

During our previous inspection on 09 and 10 May 2016, we found systems and processes for the deployment and cover of care workers and the allocation of calls were ineffective and care workers often did not spend the full amount of time with a person. This was a breach of Regulation 18(1) of the Health and Social care Act 2008 (Regulated Activities) Regulations 2014.

During this inspection we found the provider had implemented changes and as a result they were not in breach of Regulation 18(1). Calls were managed electronically and travel time had been introduced that helped to ensure staff had sufficient time to travel between people's homes and could stay for the full duration of the agreed visit.

During our previous inspection on 09 and 10 May 2016, we found there was limited or sometimes no evidence to suggest people had been involved in planning or agreeing to the care and support provided.

This was a breach of regulation 11(1) of the Health and Social care Act 2008 (Regulated Activities) Regulations 2014.

During this inspection we found the registered provider was compliant with the previous breach of regulation 11. We found that people or their representatives had signed their agreement to the care and support they received and where one person had been unable to sign their care plan information confirmed why this was the case.

During our previous inspection on 09 and 10 May 2016, we found the registered provider did not have systems and processes in place that ensured where a person might be unable to make decisions for themselves (where they lacked mental capacity), that they had documented mental capacity assessments or a best interest decision to provide care and support. By not documenting mental capacity assessments and best interest decisions, we could not be certain that people's rights were protected in line with the MCA.

At this inspection, we checked and found the registered provider was following legislation under the MCA. We saw that assessments of people's capacity had been completed that recorded if people had the capacity to make their own decisions. The registered manager told us there was no one receiving a service who was being deprived of their liberty.

During our previous inspection on 09 and 10 May 2016, we found care plans were not always up to date. Information was not consistently recorded on the summary sheet and was not always reflective of people's individual needs despite recent reviews. This was a breach of Regulation 17 (2) (b) (c) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

During this inspection we found the registered provider was not in breach of Regulation 17. Care records had been reviewed and updated. A new format was being introduced that provided staff with easy to read information about people's individual needs and preferences and staff told us they had access to written records for people.

During our previous inspection on 09 and 10 May 2016, we found audits and other quality assurance checks were in place but these checks were inconsistent and did not always bring about improvement. We found that training and deployment of staff, management of medicines and care planning were being audited but we had concerns about these areas of practice. Records for people were not always accurate or up to date. This meant that staff did not have access to up to date and complete records in respect of each person using the service, which potentially put people at risk of harm. Where surveys had been completed, actions from feedback were still outstanding and care workers and staff voiced their concerns about the overall communication within the service. This was a breach of Regulation 17 (2) (b) (c) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

As a result of the changes implemented by the registered provider we found, during this inspection, they were not in breach of Regulation 17. The registered manager had revised the way the main office was staffed which had improved communication. Systems and processes that led to improvement were implemented and electronically managed to ensure they were effective in their purpose. Records of people's care had been reviewed and updated and staff had access to up to date and completed records in respect of each person using the service.

People were encouraged to provide their feedback on the service they received. Regular 'customer telephone quality reviews' were completed and the registered manager showed us the outcome of an annual survey dated June 2016. Feedback had been analysed and actions implemented which helped to

improve the service for people.

People were protected from avoidable harm and abuse. Staff had received training in safeguarding adults from abuse and systems and processes were in place to record and investigate any concerns that helped keep people safe.

Staff were recruited safely with appropriate checks and safeguards in place that helped ensure only people deemed suitable to work with vulnerable people had been employed.

We saw staff had completed induction training and other training that was provided to ensure care workers had the appropriate skills and knowledge to meet people's individual care and support needs. Systems and processes were in place to support staff in their roles and provide them with feedback and training opportunities should they wish to progress in the organisation.

There was sufficient detailed guidance for care workers to provide people with their food likes and dislikes and their nutritional requirements.

All the people we spoke with told us they received their care and support from care workers who were caring, thoughtful and understood their individual needs. Care workers we spoke with had a caring approach with the people they supported. It was clear from our conversations that care workers worked with the same people and had a clear understanding of their needs.

People we spoke with told us they knew how to complain and who to speak with if they had any concerns. Care plans in people's homes included a welcome booklet containing information for people to use if they had concerns or needed to complain. This meant the registered provider had systems and processes in place to actively responded to concerns and compliments and that people's concerns were listened to with actions and outcomes recorded.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good

The service was safe.

Care workers knew what signs of abuse to look out for and understood how to raise their concerns.

The registered provider had completed risk assessments for people in their home environment and care workers had adequate information to mitigate and manage risks to people.

Systems and processes in place helped to ensure people received their medicines safely.

Employees were recruited into the service with appropriate checks on their suitability.

Is the service effective?

Good

The service was effective.

The registered provider had a robust induction process that employees completed and training was available to meet people's individual needs.

Care workers had a basic understanding of the Mental Capacity Act 2005 and the registered provider was following the associated legislation.

People had been involved in planning their care and support.

Is the service caring?

Good

The service was caring.

People told us care workers were caring. Records were in place to provide staff with information to deliver care and support that was centred on the person.

The registered provider recognised and documented people's preferences about equality and diversity.

Care workers recognised the importance of treating people with

dignity and respect in particular when providing personal care.

Procedures were in place to support people at the end of their lives.

Is the service responsive?

Good

The service was responsive.

Care plans were centred on the individual and a new simpler process of recording people's wishes and preferences was being introduced.

There was a process in place to monitor and review peoples changing needs and the service was responsive to concerns.

There was an effective process and systems in place to monitor and respond to complaints and compliments.

Is the service well-led?

Good

The service was well-led.

Management understood their responsibilities under their registration with the Care Quality Commission (CQC).

Audits and other quality assurance checks were in place and people's feedback was sought to bring about improvement.

Care workers were kept up to date with best practice and people were supported by other health professionals when required.

Allied Healthcare Bridlington

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 took place on 24 January and 01 February 2017 and was announced. The registered provider was given 48 hours' notice because the location provided a domiciliary care service and we needed to be sure that someone would be in the location offices when we visited.

The inspection was carried out by two Adult Social Care Inspectors on 24 January 2017 and one Adult Social Care Inspector on 01 February 2017. Before our visit, we looked at information we held about the service. We also contacted City of York Council's safeguarding and commissioning teams to ask if they had any relevant information to share.

We asked this service to send us a provider information return (PIR) before this inspection. The PIR is a document that the registered provider can use to record key information about the service, what they do well and what improvements they plan to make.

We spoke with fifteen people receiving care and support over the telephone and we visited two people in their own homes. We spoke with the registered manager, two care coordinators and other admin staff who worked in the main office.

We visited the registered provider's office and looked at six care plans. We looked at personnel and training files for six care staff and other records used in the management and monitoring of the service.

Good

Is the service safe?

Our findings

During our previous inspection on 09 and 10 May 2016, we found systems and processes to manage medicines in a safe way for people were ineffective. Accurate and complete records had not been maintained and the registered provider had not robustly assessed, monitored or mitigated the risks relating to the health, safety and welfare of people using the service. This was a breach of Regulation 12 (2) (g) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The registered provider submitted an action plan which told us they would be compliant with the identified breach of regulation by 30 September 2016.

At this inspection we checked the management and administration of medicines for people who received a service and we found that actions implemented as a result of our previous inspection meant the registered provider was compliant with Regulation (12) (g) and we found people's medicines were managed and administered safely.

People were supported as little or as much as they required with their medicines. Information that provided further guidance to staff had been recorded in the care plans we looked at. Where people were assisted with medicines they told us, "I always get my medicine on time; the carer gets it for me." And, "I just let the carers get on with it; they seem to know what they are doing." Care workers we spoke with all told us they had received recent classroom based training in medicines that focused on the completion of Medication Administration Records (MAR). One care worker said, "There is a real focus on getting people's medicines right, we have received additional training and spot checks." Another care worker said, "We are all getting a lot better, we've had training and the MAR's are checked for any errors in recording." The registered provider had an audit procedure to check medication was well managed. Where any recording errors were found, corrective actions were implemented to prevent re-occurrence. We looked at MAR charts for three people. They had been correctly completed with no issues or concerns noted and it was clear if a person had received their prescribed medication. The registered manager showed us a policy for 'Medication Management'. This had been reviewed and updated in June 2016 and included guidance for all staff that described how people who received care and support may be assisted with managing their medication and associated healthcare requirements.

The registered provider had assessed, monitored or mitigated the risks relating to the health, safety and welfare of people using the service. We looked at care plans for five people. Associated risks were documented for the person's home and their environment and where hazards were identified support plans were in place that helped keep everybody safe from avoidable harm. For example, one person had a rug in their hallway and did not want to remove it. The care plan identified the associated risk from the rug in the person's hallway and staff told us that when they visited the home they ensured it was flat to avoid tripping.

Assessments of risk had been completed where care workers provided personal care and support. We saw activities that included washing, moving and handling and medication included documented associated risks, and support plans to mitigate those risks that helped people received safe care and support. A care

worker told us, "We are not risk averse; as long as we are safe then we can meet people's needs without imposing restrictions on the way they choose to live." This meant risk to individuals and the service were managed so people were protected and had their freedom supported.

During our previous inspection on 09 and 10 May 2016, we found systems and processes for the deployment and cover of care workers and the allocation of calls were ineffective and care workers often did not spend the full amount of time with a person. This was a breach of Regulation 18(1) of the Health and Social care Act 2008 (Regulated Activities) Regulations 2014.

During this inspection we found the provider had implemented changes and as a result they were not in breach of Regulation 18(1).

We looked at staffing levels and we saw there was sufficient care workers employed. The registered manager told us they had no problems with the recruitment of employees and did not need to source staff from employment agencies. A care worker told us, "Recruitment is certainly not a problem" they joked, "I could do with more hours but we have too many staff." Office staff confirmed they had completed full training and at times where staff were unable to make a call they stepped in and provided cover. Care workers told us the rotas were well planned and spoke about the positive changes implemented as a result of their feedback and the previous CQC inspection. Comments included, "We have more time to travel between calls so we can spend the full allocated time with people." "The office staff are much better, the rotas are more flexible to meet our needs and ensure we have enough time with people." However one care worker told us, "I tend to walk between calls and I sometimes struggle to get to the next call on time." They told us, "I start early; if I get behind I ring the office and they let people know but that doesn't happen very often." They told us this was because travelling time between calls is calculated for cars driving between postcodes. They confirmed this was being looked into by management and that people did normally receive a full call at the right time.

The registered manager showed us how they managed calls electronically. The system flagged up when a call was missed and each one was investigated. The registered manager told us they had completed around 2000 calls in December and had identified four missed calls. This had been investigated and was in part due to hospital discharges where information had not been communicated effectively. The registered manager said, 'We are never complacent, one missed call is one to many and we are constantly reviewing this important area of the service." This meant systems and processes were in place and these were reviewed which helped to ensure people received their care and support on time and for the correct duration. One person said, "It's a nice service, they do their best to keep to schedule and contact me if they have any delays."

People were protected from avoidable harm and abuse. Systems and processes were in place to record and investigate any concerns that helped keep people safe. Everyone we spoke with told us that they or their relatives felt very safe with their care workers and that staff knew what they were doing and were kind and respectful. Comments from people included, "I'm very grateful for all they [care workers] do; I'd rather be in my own home than in a hospital." "They [care workers] could not do anymore for me." "I'm absolutely delighted with the service I receive." "I do feel very safe; I asked to change one carer as they made me feel uncomfortable when they were in my home; they [registered provider] changed my carer without any problem." People were protected from avoidable harm. We checked training records for staff and staff we spoke with confirmed they had completed training in safeguarding adults from abuse and understood the types of abuse to look out for. Staff told us they would not hesitate to escalate any concerns. One care worker told us, "I would escalate any concerns to [registered manager] or a care co-ordinator; we have good support and they are quick to respond." Another care worker said, "If I had concerns I would contact the office or the local authority [safeguarding team]; we all have a responsibility to keep people safe from abuse

and to report our concerns.

Where care workers identified any concerns they had about people's welfare such as self-neglect, falls or refusing to take their medication, they documented the concern in an 'Early Warning Signs' (EWS) record. This was kept in people's files and was used to record any changes in people's health and behaviour so early monitoring and prevention measures could be implemented as appropriate.

Details of the whistleblowing hotline were printed on the back of the staff identity badges. Care workers confirmed they had completed training in whistleblowing and knew they could contact the Care Quality Commission (CQC) to raise concerns anonymously if they observed any bad practice in the organisation or with other health professionals.

The registered provider had an up to date safeguarding policy and procedure in place that provided staff with additional guidance. The registered manager showed us a file that documented recent concerns. They discussed recorded incidents, outcomes and we saw that where appropriate, and following local authority guidelines, these had been referred for further investigation. This information was also recorded electronically and evaluated centrally in the organisation to highlight any trends and to reduce re-occurrence.

Checks on employees were completed by the registered provider before they commenced their employment. We saw that the dates references and Disclosure and Barring Services (DBS) checks had been received were recorded. DBS checks help employers make safer decisions and prevent unsuitable people from working with vulnerable client groups. It was clear on records that these checks had been undertaken and that the registered provider had received this information prior to the new employees being allowed to work independently with people.

We reviewed completed accident and incidents forms and saw that appropriate action was taken in response to the identified concerns. We saw these were assigned to the registered manager to review and identify any actions that needed to be taken. Accidents and incidents were recorded electronically and were reviewed centrally. Progress was monitored and the registered manager told us they could not close an investigation without full approval that the outcome had been satisfactorily concluded. This meant appropriate systems and policies were in place to help learn from events and mitigate re occurrence that helped keep people safe from avoidable harm.

Good

Is the service effective?

Our findings

During our previous inspection on 09 and 10 May 2016, we found there was limited or sometimes no evidence to suggest people had been involved in planning or agreeing to the care and support provided. This was a breach of regulation 11(1) of the Health and Social care Act 2008 (Regulated Activities) Regulations 2014.

The registered provider submitted an action plan which told us they would be compliant with the identified breach of regulation by 30 September 2016.

As a result of the action plan and changes implemented by the registered provider we found, during this inspection, they were no longer in breach of Regulation 11. We looked at five care plans and we found that people had signed their agreement to the care and support they received. We saw where a person received support with their medicines that they had signed an additional form to agree to care workers managing this for them. One person had been unable to sign their care plan and their record confirmed this. Information confirmed the person had limited vision and for this reason had chosen not to sign.

During our previous inspection on 09 and 10 May 2016, we found the registered provider did not have systems and processes in place that ensured where a person might be unable to make decisions for themselves (where they lacked mental capacity), that they had documented mental capacity assessments or a best interest decision to provide care and support. By not documenting mental capacity assessments and best interest decisions, we could not be certain that people's rights were protected in line with the MCA.

The Mental Capacity Act 2005 (MCA) provides a framework for acting and making decisions on behalf of individuals who lack the capacity to do so for themselves. Deprivations of Liberty Safeguards (DoLS) are part of the MCA legislation. The legislation is designed to ensure that any decisions are made in people's best interests. The registered manager and staff we spoke with understood the requirements of the MCA.

At this inspection, we checked and found the registered provider was following legislation under the MCA. We saw that assessments of people's capacity had been completed that recorded if people had the capacity to make their own decisions. The registered manager told us there was no one receiving a service who was being deprived of their liberty.

The registered manager told us they had implemented some changes because of the feedback from our previous inspection. Care plans included information on people's capacity to make their own choices. The registered provider told us on the PIR, 'All staff are trained in mental capacity.' Care workers had received training and along with the registered manager had a working understanding of the MCA. One care worker told us, "We assume people have capacity and can make decisions, we encourage people to make their own decisions every day." Another care worker said, "If we have concerns about people's health, for example where they are living with dementia, we document this on the early warning System [EWS] which is then flagged up at the main office." The registered manager told us, "We have policies and procedures in place that provide guidance and information for staff to follow with regards to the MCA and this helps to ensure

people can consent to their care and support; sometimes people's capacity changes and we would then refer the person to the community mental health team for further assessment."

Where a person had a fluctuating lack of capacity we saw care plans included a 'personal best interest plan'. One had been completed and identified the person had short term memory loss and that they received assistance to make some decisions from a named person but it was not clear if the person had a power of attorney. We were also concerned that additional information that included the type of best interest decision was not recorded and we spoke with the registered manager about this. They told us the person had capacity to agree to the care and support provided and required some prompts with day to day activities. This information was recorded elsewhere in the care plan and the registered manager told us they would ensure the information was updated in the 'personalised best interest plan.'

Care workers we spoke with confirmed they completed an induction programme prior to commencing their role. A care worker said, "The induction was thorough we covered everything I needed to know; policies and procedures, on call, procedures for completing visits, expectations for the role, and lots of training." They continued, "Training was completed in the main office; the trainer is great we covered the theory and applied that to practical learning for example, moving handling and hoisting people in a simulated environment." Training which the registered provider deemed to be essential included fire prevention, food hygiene, health and safety, infection control, moving and handling, safeguarding adults from abuse, basic first aid and management of medication. We saw this was managed electronically. The system would not allocate a rota and care workers were unable to commence their duties until this was completed. Care workers confirmed training was very well managed. One care worker said, "I don't have to think about it, I receive an email to attend refresher training before it runs out so I am always up to date." Another care worker told us, "I enjoy the learning side of the job; it's an opportunity to update skills and have a natter with other care workers."

We saw staff had completed other training that was provided to ensure care workers had the appropriate skills and knowledge to meet people's individual care and support needs, which included dementia awareness, buccal midazolam training, epilepsy and PEG training. If a person is having ongoing and serious trouble swallowing and can't get enough food or liquids by mouth, a feeding tube may be put directly into the stomach through the abdominal skin. This procedure is called a percutaneous endoscopic gastrostomy (PEG).The registered manager told us, "If care workers identify they need specific training to meet a person's individual needs we will always try and provide it."

The registered provider told us on the PIR, 'Prior to starting work independently, carers complete a 12 week process which includes regular branch chats and shadowing, and monitoring with our care coaches.' Care workers explained how they found the care coaching and induction an important part of the role. They told us the care coach was a member of staff with specific skills in mentoring staff to become confident in their role. People's records included an induction sign off that was signed by the person and their manager to identify they had completed and met with the requirements to undertake their role independently.

Staff records we looked at confirmed they had received one to one supervision. We saw information had been documented quarterly that included two supervisions one spot check and an annual appraisal. Care workers told us these were completed in private at the main office. One care worker told us, "They are a chance to have a bit of moan and we find out any areas we might need to improve on." Records showed the meetings included objectives, people's care needs, staff training requirements and any personal issues and formed the basis of the annual appraisal. This meant systems and processes were in place to support staff in their roles and provide them with feedback and training opportunities should they wish to progress in the organisation.

People's care records included an initial 'personalised individual nutrition risk assessment' to establish nutritional risk using measurements to obtain a score and a risk category. We saw that if the person was deemed at risk then additional information could be completed to provide care workers with information required to help people maintain a balanced diet. For example one person was a diabetic and records ensured information was available for staff to follow to maintain their sugar levels. One person told us, "I choose my food but the carers cook it for me." Another person said, "They, [carer worker] make my breakfast; I tell them what I want and they make it." Another person told us, "I buy ready meals and the carer cooks it, I choose what I have." This meant there was sufficient detailed guidance for care workers to provide people with their food likes and dislikes and their nutritional requirements.

The registered provider had systems in place to ensure that people were supported to access healthcare services where necessary. Care plans contained information about people's health needs and contact details of health and social care professionals currently involved in providing their care and support. A care worker told us, "I would record any concerns on the early warning system and this would then form the basis of any review or referral to other health professionals but if people needed to see a doctor I would help them to arrange either for them to go to the surgery or for a doctor to make a visit to the person in their home."

Good

Is the service caring?

Our findings

All the people we spoke with told us they received their care and support from care workers who were caring, thoughtful and understood their individual needs. During contact with one person who received their care and support service from the registered provider, we heard a voice in the background that said, "Are you ok [used first name of person]? Would you like me to speak to whoever it is?" We spoke with the person who identified themselves as the persons care worker. The care worker explained that they were concerned over the questions being answered by the person and wondered if our call was legitimate. This showed the carer acted appropriately and checked our identity which helped to ensure the safeguarding, and privacy of the person. The person told us, "The carers themselves are fantastic; I can't give them enough praise." Other people's comments included, "The carers are very pleasant; I've got to know them very well." "I'm quite happy; they do what they are supposed to do on my care plan which is the most important thing." "The carers are very nice, I'm very happy with the service I receive."

Care workers we spoke with had a caring approach with the people they supported. It was clear from our conversations that care workers worked with the same people and had a clear understanding of their needs. A care worker told us, "I visit [person's name] and they are living with dementia so every visit can be different and I never really know what state of mind they will be in," they continued, "I have been [person's name] carer for a long time and I know how to distract them, they don't always know my name but they remember my face; it can be difficult some days but training has helped and I am pleased that they can still live independently most of the time in their own home because that's what they wanted." Further feedback from care workers included, "We do get attached [to people] and we treat them like family; people do become friends." One person confirmed they received regular carers, they told us, "I get the same one [care worker] all the time and that's what I like, I look forward to them coming; we have a laugh." Another person said, "I'm absolutely delighted with the service I receive."

Care workers were aware of the importance of treating people respectfully, maintaining their dignity at all times. A care worker told us, "Everybody has a history, a life, some people I support fought in the war, I feel they need to be treated with the respect they deserve; I have a lot of respect for them and everybody else I see," and, "Whenever I help with personal care I always discuss what they want to do, if they can help and I try and put people at ease and reassure them as I would want to be if it was me."

The registered manager told us they completed spot checks on care workers. They told us this included observations to confirm staff were upholding the fundamental core values of care from uniform to approach and how they communicated with the individual person. A care worker confirmed, "Yes, our care supervisors do turn up at calls, they can be in the person's home when we arrive; it's good it keeps us on our toes and if we are doing our job properly we have nothing to worry about, so I don't mind."

People were supported to express their views and were involved in making decisions about their care. The registered provider told us on the PIR, 'We produce a person centred care plan for each client with input from the customer or were applicable the relatives or a person appointed to make decisions for them; consent is gained by either the customer or the applicable person and signed when all parties are happy

that it is what they are needing from the service." People confirmed they were involved with their care plans as much or as little as they wished. One person said, "I have a care plan but my family are not involved. I talk to them [the registered provider] myself.
The registered provider had a confidentiality policy. Care workers told us they understood how to maintain people's confidentiality. A care worker told us "I never discuss things that people I care for tell me with other people, except those that are involved with their care and only then if the person agreed." And "I would discuss any concerns about a person's wellbeing with the relevant health professionals but would not disclose anything discussed with me on a one to one basis unless it concerned the person's safety."

All staff had received training in equality and the registered manger confirmed the service did not discriminate. Care records we saw included people's religious and cultural needs. Staff who we spoke with displayed empathy in respect of people's needs. We saw no evidence to suggest that anyone that used the service was discriminated against and no one told us anything to contradict this.

Where the service provided end of life care the registered provider told us on the PIR, 'Should we work with an end of life client we have a specialist team of people that we use who have over and beyond the level of care compassion and training behind them. This is to ensure that a person receives the best possible care at the end of their lives.'

Good

Is the service responsive?

Our findings

During our previous inspection on 09 and 10 May 2016, we found care plans were not always up to date. Information was not consistently recorded on the summary sheet and was not always reflective of people's individual needs despite recent reviews. This was a breach of Regulation 17 (2) (b) (c) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The registered provider submitted an action plan which told us they would be compliant with the identified breach of regulation by 30 September 2016.

As a result of the action plan and changes implemented by the registered provider we found, during this inspection, they were not in breach of Regulation 17.

Care workers told us they had access to written records for people. They told us these records formed a care plan for the individual and we saw this information was assessed, reviewed and evaluated with involvement from people, their carers' and where appropriate other health professionals. The registered provider told us on the PIR, 'Care plans have been reviewed and the layouts changed to ensure the relevant information that is required is clearly on view to the person providing the Care.' Care workers confirmed and we saw the new format had improved access to people's information. They said, "There is loads of information in the care plans, the new ones are even better as it's easy to find all the information we might need," and "New care plans are being introduced and the information is laid out better."

We looked at five care plans; all had been reviewed in the previous twelve months. Where care plans had been reviewed since our last inspection, information was recorded in the new format. We found all records contained information that was centred on the individual. Care plans included a section, 'My daily care plan.' This provided a summary narrative of the daily support the person required and was reflective of more detailed information in the person's records.

People had been consulted on their interests and hobbies and the preference for activities was documented. All information was personalised for the individual and one care plan we looked at included a 'personalised breathing plan'. This provided care workers with information that the person was a smoker and became breathless when exercising. Guidance directed care workers to provide the person with a limited number of cigarettes each day as part of their agreed support plan and ensured inhalers were available for the person should they be required. The person had signed their agreement to confirm they were happy with this arrangement and the information helped care workers to support the person with their chosen activity.

We saw a care plan included information a person enjoyed watching certain television programmes and liked to go to a local café where they ate most of their meals. Care workers told us they supported people with their activities and encouraged people to maintain their independence. A care worker told us, "I don't make choices for people; information about their likes and preferences is in their care plans so once I know what they like, I support them with those choices." They said, "If someone wants to go out shopping then

that's fine we go together and they pick what they want from the shops." A person told us, "The thing I like most about the service is getting help when we go out shopping, I really look forward to them [care workers] coming and going out." Other details recorded how people wished to be addressed by care workers, how they liked their coffee and which clothes they preferred to wear. A person told us, "They [care workers] are very friendly and they always make me a cup of tea when they come." Care workers told us the information helped them develop personalised care that was responsive to the person's individual needs.

People we spoke with told us they knew how to complain and who to speak with if they had any concerns. Care plans in people's homes included a welcome booklet containing information for people to use if they had concerns or needed to complain. One person told us, "I had a problem last week but the office has sorted it out, there was a mix up and the care worker should have been here for an hour but only stayed for half an hour." Another said, "If I ever have any problems my Niece rings the office for me, they always sort it out for me." Care workers told us they thought people knew how to complain but they often required encouragement to do so. An example included a person who was not happy with their evening call times. The care worker said, "[Persons name] received a tea time call at 7:30 and when I visited in the morning, they told me this was too late; we discussed their concerns and they contacted the office and the call times were changed."

We looked at the 'complaint, incidents and accidents' management monitoring system. This electronically recorded feedback in all these areas, and included the details of any investigations undertaken and identified the actions necessary to resolve the event in question. The system was accessed by the company's head office, for the monitoring of outcomes and to investigate any trends. The registered manager told us, "We investigate and respond to all events; information is reviewed by our head office and I am unable to close an event until we have a satisfactory outcome." We saw compliments were recorded and passed on to the care worker. This meant the registered provider had systems and processes in place to actively responded to concerns and compliments and that people's concerns were listened to with actions and outcomes recorded.

Good

Is the service well-led?

Our findings

During our previous inspection on 09 and 10 May 2016, we found audits and other quality assurance checks were in place but these checks were inconsistent and did not always bring about improvement. We found that training and deployment of staff, management of medicines and care planning were being audited but we had concerns about these areas of practice. Records for people were not always accurate or up to date. This meant that staff did not have access to up to date and complete records in respect of each person using the service, which potentially put people at risk of harm. Where surveys had been completed, actions from feedback, were still outstanding and care workers and staff voiced their concerns about the overall communication within the service. This was a breach of Regulation 17 (2) (b) (c) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The registered provider submitted an action plan which told us they would be compliant with the identified breach of regulation by 30 September 2016.

As a result of the action plan and changes implemented by the registered provider we found, during this inspection, they were not in breach of Regulation 17.

The registered provider is required to have a registered manager as a condition of their registration. At the time of this inspection, the manager was registered with the Care Quality Commission (CQC), which meant the registered provider was complying with the conditions of their registration. The registered manager was on duty and they supported us during the inspection.

The registered manager knew about the requirements under their registration with the Care Quality Commission (CQC) and was able to discuss notifications they had submitted. The Health and Social Care Act 2008 (HSCA) requires providers to notify CQC of certain incidents and events.

The registered manager told us they had changed the office team to improve communication to help improve the care and support service that people received. People we spoke with told us the service had improved. Comments included, "The main office and administration has improved tremendously over the last few months; I used to have terrible trouble contacting them." "It's improved over the last 12 months; 18 months ago I was going to change provider." "They have had a shakeup in the office and it's made a real difference." Staff spoke positively about the changes the registered manager had made. They told us, "Travel times have improved and we can openly discuss our rotas with the new care supervisor, I am so much happier." "The main office is a great bunch, in fact we all are and communication is so much better compared to this time last year when I was looking for a new job." "We are supporting people better than we were, we have more time and that's what people need."

There was a clear staffing structure. At the time of our inspection the registered provider employed a registered manager, two care coordinators, two field care supervisors and fifty eight care workers. Staff were clear about their roles and responsibilities and understood when to escalate concerns.

An electronic system in place flagged up when scheduled tasks associated with the service were required. We found that training and deployment of staff, management of medicines and care planning were being audited and we had no concerns about these areas of practice. Records for people were up to date and new methodology was being introduced to simply the process further. This meant staff involved with people's care and support had access to up to date records which enabled them to meet people's needs, preferences and keep them safe.

People were encouraged to provide there feedback on the service they received. Regular 'customer telephone quality reviews' were completed and the registered manager showed us the outcome of an annual survey dated June 2016. Feedback had been analysed by response and an action plan implemented to address any concerns highlighted. For example we saw 22% of people had responded to agree that their carers' were punctual. As a result the registered provider had factored travel time into call times and this had improved the service people received.

Electronic systems were used to manage, schedule and record a variety of audits and checks for example on the management and administering of people's medicines, care plan reviews, staff training and staffing. These measures helped the registered provider to evaluate current processes and systems and implement corrective actions where errors or omissions were noted. All complaints and concerns were recorded with actions implemented and these were reviewed to mitigate re-occurrence. This meant people received a service appropriate to their needs and in line with their expectations as documented in the statement of purpose. The statement of purpose included the organisations aims and objectives, the services provided and the complaints procedure.

Care workers discussed with us how they were kept up to date with best practice. They told us, "We have regular staff meetings and one to ones and we receive information electronically." "Care plans now include information on people's individual needs; if they have any diagnosed medical or health requirements there are leaflets in their files which are really useful to look at in particular if we are concerned about any symptoms a person may be showing." "We have an 'early warning system' where we document any concerns; this ensures people receive appropriate support from other health professionals in a timely manner to keep them safe and healthy." This meant people were supported by care workers who had access to up to date knowledge and they were supported holistically with their care needs from other health professionals when this was required.