

NR Care Ltd

NR Care Head Office

Inspection report

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Good 

Is the service effective?

Requires Improvement 

Is the service caring?

Good 

Is the service responsive?

Requires Improvement 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

We inspected NR Care Head Office on 20 and 21 September 2018. We returned on 25 September to provide feedback to the management team. The inspection was announced so we could ensure someone would be available in the office to support the inspection.

We last inspected the service in August 2017 where five breaches to the regulations were found. At this inspection we found four of the previous breaches remained. We have also made three recommendations to help drive improvement.

This service is a domiciliary care agency. It provides personal care to people living in their own houses and flats in the community. It provides a service to older adults, some of whom were living with dementia and had physical disabilities.

At the time of the inspection NR Care Head office was supporting 105 people in their own homes. NR Care had an accessible office where staff were available during office hours. A managed out of hours on call service was also available to support staff and people in receipt of the service.

Not everyone using NR Care received a regulated activity; CQC only inspects the service being received by people provided with 'personal care'; help with tasks related to personal hygiene and eating. Where they do we also consider any wider social care provided.

NR Care had a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered 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.

The registered manager was about to go on an extended period of leave and a replacement manager had been recruited to cover their absence.

We had previously noted the service had not acquired consent from people to share information with other professionals. The service had developed and acquired this consent at this inspection but had not taken the steps required to ensure all consent was acquired in line with the principles of the Mental Capacity Act. This included assessment to determine someone's capacity to give consent when this was in doubt.

People were mostly supported to have maximum choice and control of their lives and staff did support them in the least restrictive way possible; the policies and systems in the service did not always support this practice. This meant that appropriate assessment and decision-making procedures had not routinely been followed.

It was noted at the last inspection the service was not managing complaints in line with the regulation. This

was still the case and we found the provider had not developed a system to manage complaints in line with their own procedure. This meant that when complaints were received they were not routinely; responded to, investigated and managed as the service's policy dictated.

Notifications for certain incidents including potential safeguarding concerns are required to be sent to the CQC. At this inspection we saw the provider was reporting incidents to the Local Authority safeguarding team in line with their guidance. Where the safeguarding team had notified them, an incident was not being investigated further they had failed to notify the CQC. Notifications should be made to both the safeguarding team and the CQC in line with their associated guidance.

At the last inspection we found that there was not a developed system of quality audit. We found improvements had been made in this area and some audit and reviews had improved. However, some consisted of only the simple collation of figures and basic detail. The analysis of this information required further development to drive improvements and prevent reoccurrences if possible.

At this inspection we have made recommendations to support the provider in the area of contingency planning to ensure the risks are managed to prevent a major incident; also in care planning areas around end of life care and monitoring people's weight to ensure people receive a good standard of support in these areas.

The previous inspection had found concerns around poor staff performance which had not been investigated or managed appropriately. This had left some people at risk of a poor service. We found action had been taken in this area and feedback was more actively sought and acted upon if concerns were noted.

At this inspection we found assessments of the risks to some people had not been updated or reviewed as risks had changed. We found where risks had been identified action had not routinely been recorded to mitigate risks. This included risks to people's skin from pressure ulcers and following accidents including falls. However, this was only the case in the office records. In the homes of the people we visited we found risks were recorded appropriately and staff took the required action to reduce and manage any associated risks

When we visited people in their homes and reviewed medicines we saw these were managed safely and people received their medicines as required when supported by the service.

The service was supporting some people with complex needs who were supported by equipment to keep them safe. Staff told us they received training in using this equipment. The service had recently recruited a nurse who would be responsible for safety of delivery of any clinical tasks and staff competence in this area.

People told us staff treated them with respect and they mostly received a good service. Staff were well trained and competent in their role.

Staff were recruited safely and the appropriate checks were made to ensure people were suitable for the role for which they were recruited.

You can see what action we told the provider to take at the back of the full version of the report.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe.

Staff were trained in protecting people from abuse and the service had a comprehensive policy

There was enough staff to cover the rota and staff helped in short notice if required

Office held risk assessments were not up to date and identified risk was not always mitigated. But, information in people's homes reflected the support required to keep them safe.

Medication was managed safely and staff were trained

We saw the service collated information on how to make improvements

Appropriate protective clothing and equipment was used as required.

Is the service effective?

Requires Improvement ●

The service was not always effective.

The principles of the Mental Capacity Act 2005 were not routinely followed

The provider did not monitor the weight of people to ensure they were receiving adequate nutrition.

Staff were well trained and supported to deliver an effective service

The service supported people in using assistive technology

People were referred to additional support services if this was required

Is the service caring?

Good ●

The service was caring

People told us they had good relationships with consistent staff

People we spoke with felt involved with the delivery of their care

Staff showed the people they supported respect and consideration

People told us they could choose when their support was delivered

Is the service responsive?

The service was not always responsive.

Complaints were not managed in line with the services procedure

The service supported people to be as independent as possible

Records were person centred and included information specific to the individuals supported

Requires Improvement ●

Is the service well-led?

The service was not always well led

Systems introduced to ensure the service was delivered to expected standards were not developed and required further thought

Feedback was collected from people using the service which was predominantly positive

Staff felt supported by each other and the management team

Requires Improvement ●

NR Care Head Office

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 checked 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 20 and 22 September 2018 and was announced. The provider was given notice because the location provides a domiciliary care service. We needed to ensure someone would be available at the office to support the inspection.

The service was inspected by two adult social care inspectors and an expert by experience. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Prior to the inspection we reviewed information we held about the service including the previous inspection findings and any notifications received. We used information the provider sent us in the Provider Information Return. This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make.

We contacted key stakeholders to find out their views of the service and reviewed information we received from the local safeguarding team. We reviewed all this information and developed a plan which we used to inform the inspection.

During the inspection one inspector visited three homes of people receiving support from the service and spoke to them, their families and care staff. The expert by experience spoke with staff, relatives of people using the service and people using the service over the phone. We had email communication with people who used the service and reviewed information held in the office.

We spoke with eight staff including care staff, the registered manager and nominated individual. We spoke with or had contact with 11 people who used the service and four relatives.

We looked at six care plans in the office and the three plans in the homes we visited. We reviewed records used to monitor how the service administer medication and keep people safe. We also looked at four recruitment files of staff employed by the service.

Is the service safe?

Our findings

We last inspected the service in August 2017. At that time, improvements were required to make the service safe. During this inspection we found the required improvements had been made and the service was now rated 'good' for safe.

People using the service told us they felt safe. People and the relatives we spoke with told us that they understood what safe meant and were encouraged to raise concerns if necessary.

One person told us, "Absolutely, I trust them [care staff] implicitly. I feel totally safe in their hands." One person's relative, who was also their live-in carer, explained, "Oh yes, definitely. I know they [family member] are safe with the staff during the night. It's so reassuring, as it means I can get a good night's sleep, which is really important for me."

At the last inspection we found the service in breach of the safeguarding regulation. Incidents of potential abuse were not thoroughly investigated. At this inspection we found systems had been put in place to manage this. This included better recording of information and more timely investigation when directed to do so by the lead authority. The provider was no longer in breach of this regulation.

A member of staff told us that up to date safeguarding information was effectively communicated to all staff. This member of staff told us they had completed training and understood the responsibilities of safeguarding.

This member of staff also told us how they followed the appropriate reporting procedure whenever they had any concerns regarding a person's safety or needed to make a safeguarding referral. This person gave us examples such as, missed medication or if a person using the service made an allegation which could constitute abuse.

We looked at information on the risks to people in both the care files held at the office and the files held at people's home. We found information was not up to date in the office files. We were told they should be the same in both the office and people's homes but it was clear this was not the case. We were assured the files staff used to direct the support they delivered were up to date. When we visited people in their homes we found this to be the case. We were assured records were to be reviewed and moving forward records held in the office would reflect the same as those held in people's homes.

In one person's home we saw risk assessments that included the safety and management of their oxygen equipment. This also included clear instructions of what action to take in the event of a fire in the person's home. Another supported one person at risk of acquiring pressure ulcers. This person's relative told us, and records confirmed, that staff followed the guidance appropriately about minimising the identified risks. This included checking the person's skin integrity, applying prescribed creams and supporting the person to reposition at regular intervals.

Risk assessments were completed on people's properties identifying potential risks to staff as they provided support and to the person whose home it was. This included lighting, electrics and utilities. A contingency and business continuity plan was in place that included details of people using the service and the staff employed by the service. However, the plan did not include generic risk assessments to reduce the risks of the service facing major incidents. There were no risk assessments to include the risk of an illness pandemic, risks of extreme weather including access to people's homes and of any other major incidents including fire.

We recommend the provider develops generic environmental risk assessments to support the need to implement the business contingency and continuity plan.

The people we visited in their homes all told us that they felt there were generally enough staff at the service and that they mostly had the same staff visit them.

One person's relative told us, "Generally yes, although on one occasion I wanted some extra help for a week or so and rang to ask. I had to ring back a few days later as I had heard nothing and was told that it was not possible."

The service is consistently recruiting staff to allow for increased service requirements.

Five personnel files were reviewed as a part of the inspection. We saw appropriate checks were made to ensure people were suitable to work with vulnerable people. References were received and where required risk assessments were completed. At the last inspection the inspector recommended the provider ensured application forms did not have any gaps in employment. We looked at the files referred to and found the updates had been made. We were assured all the personnel files were due to be audited to ensure all records were held as required.

Medicines for the people we visited in their homes were predominantly managed by their relatives and we saw that medication assessments had been completed by a senior member of care staff to reflect this. Where topical creams were used records were kept as required.

One person occasionally required care staff to administer 'as needed' (PRN) medicine to be administered during the night. There was clear guidance for staff to follow and when the medicine was administered it was recorded appropriately on the person's medicines administration record. This ensured everyone supporting the person was aware when medicine had been given and ensured it was not administered outside of the prescription.

For another person, we saw their relative prepared a weekly pill box and care staff checked the medicine had been taken or prompted the person to take it.

People using the service were helped to stay safe and well because the service followed effective procedures for the prevention and control of infection.

A member of staff told us that they had been trained to understand how to identify potential risks and prevent and avoid the spread of infection. This person also confirmed that they were provided with appropriate personal protective equipment such as gloves and aprons.

Is the service effective?

Our findings

We last inspected the service in August 2017. At that time, improvements were required to make the service effective. The service remains as 'Requires Improvement' to be effective.

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

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. We checked whether the service was working within the principles of the MCA

At the last inspection we found the service had not acquired consent before sharing information with other professionals. And a breach was evidenced for Regulation 11.

People we spoke with, who used the service, told us that staff consistently obtained their consent before providing support. For example, one person told us, "They always ask if I'm ready before they start washing me." Another person's relative told us, "[Family member] gets a bit confused sometimes and can't always say what they want. Staff are very good and they always ask and check it's okay with [family member] before they do anything for them."

We did not see any formal capacity assessments in the office or home care files for people. Where capacity had been assessed in the Local Authority pre- assessment the service had not taken additional steps to ensure the principles of the MCA were followed. Best interest decisions were not recorded and where consent documentation was signed by a person other than the person using the service there was not any evidence to show they had the authority to do so.

For one person, who had capacity which fluctuated, we did see that information was recorded in their care plans to explain which decisions the person could make by themselves and which they needed assistance with, but there was not a decision specific capacity assessment to support this. Clear decisions on how this person was to be supported were not undertaken.

We spoke with the provider about the completion of capacity assessments and were told they did not complete them. We found contradictory information within records about people's capacity and confusion which required clarity for staff to effectively support people in this area.

When people are not appropriately assessed to determine their needs to understand specific decisions and give informed consent there is a risk these decisions will be taken away from them. When others agree to decisions on behalf of people using the service there must be evidence to show the person in receipt of service agrees to this. This can be done by them appointing a power of attorney to make decisions on their

behalf or by the office of public guardian appointing individuals or groups of people to act in someone's best interest.

We have found the service in continued breach of Regulation 11 of the Health and Social Care Act (Regulated Activities) Regulations 2014.

We sent information following the inspection which showed us all seniors had completed training in the implementation of the Mental Capacity Act

The Local Authority or Clinical Commissioning Group provided assessments of people's needs for the service to develop people's ongoing care plans.

One person's relative told us that they and their family member had provided the information for staff and that they agreed with how the care plan was set up. This person said, "It's exactly what we discussed and it's all spot on."

We saw that people's assessments detailed their specific needs, and covered areas such as health, medication, mobility, personal care, pressure care, communication and meal preparation. Each area explained any difficulties the person had and what needed to be done to ensure the person's needs and preferences were met.

One person's assessment for personal care explained that they required support with having a shower. This person could mostly wash themselves independently, but they required some help to wash areas they could not reach and to make sure they had dried themselves properly.

One person who preferred to communicate via email had some difficulties with the office adhering to this line of communication and conversations had been relayed over the phone by the care staff. We spoke with the manager about this who assured us that moving forward email communication would be restored where ever possible.

The service ensured that all staff had the skills, knowledge and experience to deliver effective care and support. Staff told us all training was delivered face to face which they told us was the most effective way for them to learn.

One member of staff told us there completed training included, dementia care, moving and handling, medication and infection control. In addition, they had also completed 'person specific' training in the use of breathing apparatus, tracheostomy care (Where a tube is fitted to the main airway in the throat to aid breathing) and Percutaneous Endoscopic Gastrostomy (PEG) feeding and care. (PEG is a procedure where a feeding tube is surgically inserted through a person's skin, and into the stomach, to give the person the nutrients and fluids they need.)

This member of staff spoke enthusiastically when asked about the quality and availability of training and said, "They [the service] really look after the staff. There is always lots of training available; we had training for continence care this morning." They added, "We also have lots of refresher courses, which I make sure I do when I need to. To be honest, the more training I have, the more comfortable I am doing my job. If I think I want a bit more training for anything I'm still not sure about, I can just do it again."

Staff told us they received regular supervision and we saw management information prompting management when staff were due one to one supervision. Staff and management team meetings discussed

the service provided and how staff should be supported to deliver it.

Where applicable to people's care agreements, people using the service were supported to have sufficient amounts to eat and drink and maintain a balanced diet. One of the people we visited at home told us that care staff prepared a meal for them when they visited. They said, "I tell them what I want and they prepare it for me. I usually only want a sandwich for tea but they cook things for me when I ask them to."

One person's relative told us that they visited their family member twice a week. They explained how they prepared meals, which the care staff could heat up in the microwave on the days the relative was not there.

Staff told us that they had also been trained in food hygiene and understood how to support people to store, prepare and cook food safely. A member of care staff arrived for their afternoon visit at one person's home and were to prepare the person's tea.

We did not see any information in the files we looked at which showed us people's weight was monitored.

We recommend the provider [with people's consent] weighs people regularly to assure itself people were maintaining a healthy weight.

People were referred to external professional services to meet any additional needs identified. This included referrals to dietitians, district nurses and mental health services. People using the services told us staff would support them to appointments and would arrange for them to see the GP if necessary.

Is the service caring?

Our findings

At the last inspection we found the service required improvement to be rated as caring. This inspection found steps had been taken to address any previous concerns. The service has now been rated 'good' for caring.

All the people we spoke with who used the service, as well as their relatives, told us that staff were caring and consistently treated them with kindness, compassion, empathy and respect. People said they felt they mattered and that staff listened to them.

One person told us, "They are all so very kind; they're lovely people. [Name] is my main carer and she is excellent." Another person's relative told us, "I honestly can't fault them. They are always so kind and caring with [family member]. I would know if [family member] wasn't happy with anything but I've got no concerns whatsoever."

A further relative told us, "I get peace of mind that [family member] is okay, as it would be hard for me to be there every day. Also, [two regular care staff] are both excellent."

A member of staff we saw during one person's afternoon visit demonstrated that they knew the person well. For example, we heard the staff member engaging in meaningful conversation with the person, chatting about what the person had been doing since the staff's last visit.

People told us they were asked what was the preferred gender of their main care staff and this was adhered to. Where one person had requested a female member of staff then a female staff member was sent to support them. This showed us the service respected people's wishes and met their preferences.

One person who had recently stopped using the service told us, "Nothing is too much trouble for them, the girls really care it's not just a job for them."

The same person told us, the service could not be any better. They would work the call times around their small son so it meant changing the times of the calls on the weekend at short notice. That was no trouble. They could cancel calls at the last minute and this was never problematic.

People told us they were involved with the development of their care plans. We saw records of reviews and spot-checks which recorded the views of the person at the time of the review.

When asked about how their dignity was respected we were told by one person, "The carers draw the curtains and keep me covered when appropriate while they are showering me." A relative told us, "I am not usually in the room when the carers are washing [family member] but I hear them and they are very respectful towards him."

People were supported to express their views and were actively involved, as much as possible, in making

decisions about their care, support and treatment.

From the records we looked at for one person and a discussion with the person's relative, we could see that staff responded appropriately to people when they experienced pain, discomfort or emotional distress. This included administering appropriate medication or referring to the GP as appropriate.

Is the service responsive?

Our findings

The inspection in August 2017 found the service to 'Require Improvement' to be responsive. This inspection identified similar concerns and the rating remains 'Requires Improvement'.

At the last inspection we found the service in breach of Regulation 16 in relation to complaints. We previously found the manager was not handling and managing complaints in line with the service's policy and procedure. We found this was still the case. People told us they knew how to raise any concerns or complaints and believed they would be handled appropriately.

We reviewed the complaints file held in the office. Six complaints had been made since the last inspection. There were no details of the formal outcome to the complaints. We saw that the complaints procedure clearly identified how complaints were to be handled. This included the categorisation of complaints and how they should be investigated, recorded and responded to. The procedure had not been followed for any of the complaints held in the complaints folder.

We spoke with the registered manager about this who assured us all complaints had been concluded appropriately and one was due to reach conclusion shortly.

However other people were very happy with the service and one person told us, "To be honest I haven't had any reason to complain but I can ring the office whenever I need to and there's always someone willing to listen and help." Another person who used the service told us, "No complaints whatsoever, they [care staff and the service] are all absolutely wonderful; excellent."

Whilst we found people we spoke with were mostly happy with the service, records showed us that when people did complain they were not managed in line with the provider's policy. When complaints are made, the people making them have a right to be informed of how and when a response will be received. How they will be investigated and how practice will change to ensure it does not happen again. There was no record this was happening within the information we reviewed.

How the provider managed complaints were found to be a continued breach of Regulation 16 of the Health and Social Care Act 2008 (Regulated Activities) Regulation 2014.

The people we met and spoke with confirmed that the care and support they received was personalised and responsive to their needs. For example, one person told us that although they usually only required care staff to apply cream to their legs in the mornings, there were occasions when this also needed to be done in the evenings. This person said, "They [care staff] are very good, each time they come they always check what I need them to do and do it for me. I sometimes need some cream on my legs at night and they always do that for me before they go."

Another person told us they had recently needed to attend a hospital appointment at 7am in the morning. The person said that, because their morning care was not until 7.30am, they had been worried about how

they would manage to get washed and dressed before the appointment. This person told us that when they mentioned it to the care staff, the staff member had replied, without hesitation, that it was not a problem and they would just come earlier on that morning to help. The person using the service told us, "And they did you know; they came in at 5.30am to help me get washed and dressed, which was very good of them and such a big relief."

People were supported and encouraged to actively contribute to their assessments and care planning. We saw care plans were personalised and described the holistic care and support each person required.

The care plans we looked at had all been completed appropriately with the person using the service and, where applicable, the person's family. Care staff completed clear and detailed notes, following each visit. People using the service and their relatives told us that they read the notes and agreed that they were accurate.

One person's relative told us, "I have met very few of the staff but I do read the care book so that I know what is happening and of course I can see some things for myself." We asked this relative if they felt that the care staff knew how to meet their family member's needs properly. This relative told us, "From what I can tell yes. Sometimes they have rung me about something and each time I have been glad that they have done so."

People's health, care and support needs were regularly assessed and reviewed, with any updates and changes recorded clearly and accurately. However, one person who used the service and their relative did comment that the care staff did not always read the care plan or daily notes before providing support. The relative said, "It concerns me a bit because I think they need to check the folder and the notes first, just in case there have been any changes since the last time they came."

People using the service told us they were involved with making decisions regarding how any identified or potential risks to their safety were managed. For example, one person liked to be supported to use the commode but, due to their fluctuating physical ability, was not always able to do this. We saw it documented that, in agreement with the person, care staff would assess them and determine their ability on each specific occasion. We saw regular records that confirmed the person had been supported to mobilise, together with records of occasions when it had not been viable and so bed care was provided instead, with the person's agreement.

Care plans were reviewed regularly within the homes and we saw trackers that showed us the plans included everything they should. Different people's care was reviewed at different points dependant on their needs and funding source. The people in receipt of support or where applicable their family members were involved in the reviews. One person told us they wanted to get out into the community more and they were supported to do this.

The service was not supporting anyone at the end of their life at the time of the inspection. Some people were in receipt of palliative care and we saw the short-term care plans were used in this event. One person the service provided a sleep-in service for was reaching the end of their life and we were told by the person's wife that the care staff were very good at following the requirements in the care plan and ensuring their [family member] was comfortable and free from pain, agitation or emotional distress.

The provider did not have a dedicated plan of care to support people at the end of their life

We recommend a dedicated care plan is developed and implemented for people at the end of their life.

Is the service well-led?

Our findings

At the inspection in August 2017 we found the service 'required improvement' to be well led. This was found to still be the case at this inspection.

At the last inspection five breaches to the Regulations were identified. At this inspection we found one of those breaches had been addressed and the requirements of the Regulation was now met. Action had been taken to meet the remaining four but further action was required. The last inspection rated all key questions as required improvement. This inspection has found evidence to show the key questions, Safe and caring have improved and are now rated as good.

At the last inspection the service was found in breach of Regulation 17 good governance. We saw specific action as detailed on the provider's action plan following the last inspection had mostly been met. However, concerns remained and additional concerns were noted.

At the last inspection it was found that audits were not robust enough to identify concerns. The provider had now developed an auditing system for medication, complaints, safeguarding, accident and incidents and missed calls. Whilst the auditing had provided the registered manager with the tools to analysis this information and identify themes and trends upon which improvement planning could be completed this was not done.

For example, we saw the medicines administration records (MARs) were audited every month. At the end of the MAR medicines record it was brought into the office and the management team reviewed it for accuracy. Concerns were identified and recorded on the audit. But, this was all that was done and we saw the same issues being identified month after month. We discussed this with the registered manager and nominated individual who were aware of this. We were told more in-depth analysis would be completed and supervisions and additional training would be provided.

We reviewed the accident and incident, complaints and safeguarding audits and found whilst there was some detail of the action taken following the incident, safeguarding or complaint the audit was a list of them rather than a tool used to drive improvement. We checked to determine if the action was taken following two medication errors. Both had an action identifying the staff member should receive additional training. This had happened in one of the cases. When actions are identified as required to improve standards or keep services safe and then not completed there is a risk the practice may continue and people may not receive the quality of care required.

We also found the audit records were not accurate. For example, the complaints log identified five complaints since January 2017 and the complaints folder had six. The missed visits audit details did not correspond to the figures identified within the newly formed clinical governance meetings.

Audits were not developed or detailed enough to identify themes and trends. Analysis of the records was difficult as the format had not been developed consistently to classify and categorise issues and responses.

We discussed this with the registered manager and nominated individual who understood there was more to do.

At the last inspection concern was noted in relation to the service monitoring and responding to missed and late calls. The provider's action plan detailed how a system was to be developed where these could be identified. Within this inspection the registered manager told us they had been unable to log and monitor late visits with the same accuracy as they had been able to monitor missed visits. When we spoke to people the biggest concern was around missed or late calls.

We discussed missed and late calls in more detail with the registered manager and nominated individual. A system had been installed to monitor this following the last inspection. When staff were in the office they could see when calls were undertaken or if they were missed and were able to act to cover the call. But, at weekends and evenings this was more difficult. We were told texts and emails were sent to staff working out of hours. The registered manager told us the system was not as effective at weekends and people told us weekends and evenings were the most problematic for missed and late calls.

A person using the service told us that there was the occasional missed visit and that the staff were not always on time in the evenings. This person told us that they would not mind so much if staff contacted them beforehand, particularly to say when they were going to be late; otherwise it left them feeling uncertain and unable to get on with things like having their evening meal.

One person's relative told us, "There has only been one missed visit, which I contacted them [the service] about. They investigated it and got back to me. It was a computer glitch as it had not been scheduled. These things happen, and it was only once, so I am not concerned.

This relative also told us, "The times of the evening visit vary every day, even though it is supposed to be a set time and sometimes it is too late." This person added that they would like more consistency with the times of the evening visits and said, "Some variation would be okay, but within set parameters."

When systems are not developed to identify concerns and poor practice there is a risk this will continue and people in receipt of services will continue to receive care and support that is not to expected standards. This is a continued breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At the last inspection the service had not sent to the Commission the notifications required in respect of other incidents and we had found them in breach of the associated Regulation. At this inspection we reviewed the incidents reported to the service and saw they had forwarded many of them to the Local Authority safeguarding team. However, these incidents had not been notified to the commission as required. We again discussed this with the nominated individual and registered manager. This allowed them to better understand their obligations under their registration with the Commission and the requirement to send notifications of other incidents.

When notification of incidents are not sent to the Commission these incidents cannot be monitored as required by the provider's registration. We have found the provider in continued breach of Regulation 18 of the Health and Social Care Act (Registration) Regulations 2010.

We found the provider worked with people who required support with aspects of clinical care including support with tracheostomy care and oxygen therapy. Some people supported were funded by the Clinical Commissioning Group through Continuing Health Care. We spoke with the provider to ensure they were not

providing support outside of their registration. We have asked the provider to ensure they are not the primary support service in these cases. If this were to be the case the provider may be required to revise their registration with the Commission accordingly.

We spoke with staff about the service they provided and the support they received to deliver it. Staff told us they felt supported and enjoyed the job. They felt able to raise concerns and were confident they would be dealt with appropriately and sensitively if this was required.

One staff member told us, "The service never put any pressure on us to undertake any duties we are not confident to do."

During the inspection we reviewed records in people's care files both in the office and at people's homes. We found the quality of the information varied. Records we looked at in the office were not always updated to include the latest information and risk assessments did not routinely identify risk management strategies. We were assured the information in people's homes was up to date and staff had the information they needed to deliver safe and effective care. However, we recommend consistent records are kept at both locations to ensure a consistent approach is kept on both the support required and the service delivered.

A registered manager was in post who was about to take an extended period of leave. We met a manager who was to cover their post whilst they were off. Further staff had also been recruited to the office to support the management of the service including a nurse and recruitment and quality manager.

We saw questionnaires had recently been returned by some people who used the service. The results were predominantly positive but there were issues raised by some people. We saw the registered manager was aware of these and had begun addressing them. This included discussion in team meetings and supervisions.

The provider attended county meetings and liaised with other services to share best practice and keep informed of changes to local best practice. The service worked within the Local Authority medication and safeguarding policies and procedures.

This section is primarily information for the provider

Action we have told the provider to take

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

Regulated activity	Regulation
Personal care	Regulation 18 Registration Regulations 2009 Notifications of other incidents Notifications of other incidents were not routinely sent to the commission as required.
Regulated activity	Regulation
Personal care	Regulation 11 HSCA RA Regulations 2014 Need for consent Care and treatment was not always delivered within the principles of the Mental Capacity Act 2005.
Regulated activity	Regulation
Personal care	Regulation 16 HSCA RA Regulations 2014 Receiving and acting on complaints Procedures for managing, investigating, recording and responding to complaints were not followed. Regulation 16 (1) (2)
Regulated activity	Regulation
Personal care	Regulation 17 HSCA RA Regulations 2014 Good governance The service did not have effective systems to monitor the service. Key documentation used to protect people from unnecessary risks was not monitored and quality assured. Regulation 17 (1) (2) (a) (b) (c)

