

Quality Home Care (Barnsley) Limited

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## Inspection report

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## Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Requires Improvement 

Is the service caring?

Good 

Is the service responsive?

Requires Improvement 

Is the service well-led?

Requires Improvement 

# Summary of findings

## Overall summary

The inspection of Quality Home Care took place on 11 and 19 September 2018 with telephone calls being made to staff on 18 September 2018. We previously inspected the service on 13,14,16,28 February 2018. At that time the service was not meeting the regulations related to safe care and treatment, staff training, good governance and fit and proper person employed. The service was rated Inadequate.

Following the last inspection the registered provider told us the improvements they would make to comply with the regulations. On this inspection we checked and found some improvements had been made, however the registered provider was not meeting the regulations related to consent, good governance and fit and proper persons employed.

Quality Homecare (Barnsley) Limited is a domiciliary care agency registered to provide personal care for people living in their own homes. Not everyone using Quality Home Care receives regulated activity; CQC only inspects the service being received by people provided with 'personal care'; help with tasks related to personal hygiene and eating. At the time of the inspection the agency was supporting approximately 61 people.

There was a manager at the service who was registered with the Care Quality Commission (CQC.) A registered manager is a person who has registered with CQC 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 and associated Regulations about how the service is run.

At our last inspection a robust system of recruitment was not in place. At this inspection we found there was a continued risk that staff employed by the service had not been robustly vetted to work with people that might be vulnerable.

At our last inspection we found a system was not in place to ensure sufficient time was left between visits, so people received their medicines in accordance with the prescription to reduce the risk of accidental overdose. At this inspection we found some improvements had been made in this area, although we saw some minor issues remained.

Whilst most risks were assessed and measures put in place to reduce the risks, we found one care plan in the office had not been updated to reflect current moving and positioning risks. Following our inspection the registered manager sent us an updated risk assessment they said had been left in the persons home, but not copied to the office.

A more effective system was in place to assess, monitor, record and reduce the risks associated with very late or missed visits in line with the registered provider's policy, although evidence was not always recorded about follow up of gaps in the electronic logging in and out system.

Staff competency checks, in respect of medicines, had been carried out in line with National Institute for Clinical Excellence (NICE) guidelines.

There were mixed responses from people about visits being completed at the scheduled time.

Care staff had a good understanding of what to do if they saw or suspected abuse during their visits and we saw concerns had been acted on when they arose.

People were not always supported to have maximum choice and control of their lives because mental capacity assessments and best interest processes had not been completed in line with legislation. We saw evidence some people had given their consent to the care and support they were receiving.

Staff told us they felt supported and received supervision and training and we saw regular observations of practice were completed.

People and the relatives we spoke with told us they were treated with consideration and respect by care staff during their visits.

Care plans did not always contain sufficient up to date and relevant information to provide direction for staff. Staff we spoke with told us they were familiar with people's individual needs.

Complaints and concerns were acted upon.

Audits were not always effective in identifying and addressing the issues we found on inspection and accurate records were not always kept.

The registered provider had put some measures in place to monitor and improve the quality and safety of the service.

This service has been in Special Measures. Services that are in Special Measures are kept under review and inspected again within six months. We expect services to make significant improvements within this timeframe. During this inspection the service demonstrated to us that improvements have been made and is no longer rated as inadequate overall or in any of the key questions. Therefore, this service is now out of Special Measures.

Full information about CQC's regulatory response to any concerns found during inspections is added to the reports after any representations and appeals have been concluded.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

**Requires Improvement** 

The service was not always safe.

Recruitment procedures were not robust to protect people from unsuitable staff.

The registered provider's overview of missed calls and medicines safety had improved, but not all issues had been identified.

People and relatives provided a mixed response that staff came at the identified time.

### Is the service effective?

**Requires Improvement** 

Is the service effective?

The service was not always effective.

Mental capacity assessments and best interest decisions were not always completed in line with legislation.

Staff had received supervision, observation and training to enable them to provide effective support to people who used the service.

People were supported to have sufficient to eat and drink and access healthcare professionals when necessary.

### Is the service caring?

**Good** 

The service was caring.

People told us staff were caring.

Staff spoke in a professional and caring manner about their job and the people they supported.

The service took account of people's preferences regarding the carers who supported them.

People told us they were supported to be as independent as possible in their daily lives.

### Is the service responsive?

The service was not always responsive.

Care plans did not always contain sufficient and relevant information to support staff to deliver effective care.

People told us they were involved in the development of their care plans.

**Requires Improvement** ●

### Is the service well-led?

The service was not always well-led.

The provider's systems or processes were not established and operated effectively to ensure compliance with the requirements of regulations.

Accurate and up to date records were not always kept.

The registered manager and registered provider had taken some action to address the concerns we found at our last inspection and meet the regulations, although improvements were still needed.

**Requires Improvement** ●

# Quality Homecare (Barnsley) Limited

## **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.

This inspection took place on 11 and 19 September 2018 and was announced. The registered provider was given notice because the location provides a domiciliary care service; we needed to be sure someone would be available to meet with us. The inspection continued on 18 September 2018 when one adult social care inspectors made telephone calls to staff. The inspection team consisted of two adult social care inspectors. An expert by experience made telephone calls to people using the service and their relatives to gain feedback about the service provided. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service. Their area of expertise was with older people.

Prior to our inspection we reviewed all the information we held about the service. This included information from notifications received from the registered provider and feedback from the local authority and health service commissioners. We also received information of concern regarding an alleged incident, which was currently being investigated. At the time of the inspection a Provider Information Return (PIR) was not available for this service. This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make.

We were unable to make visits to people in their own homes on this inspection as the registered manager told us none of the people they spoke with consented to a visit. We visited the office location on 11 and 19 September 2018 to see the registered manager and office staff; and to review care records and policies and procedures. During our visit we reviewed six people's care records. We also looked at six records relating to staff recruitment, training and supervision, and various documents relating to the management of the service. We spoke with the registered manager and the training officer. We spoke with three members of care

staff on the telephone on 18 September 2018. We also spoke on the telephone with five people using the service and one of their relatives.

# Is the service safe?

## Our findings

Most people we spoke with told us they felt safe with staff from Quality Home Care. One person said, "The carers who come are brilliant. They are very careful. I use my Zimmer frame because I do like to try and do things for myself, like getting washed, but they are always standing by ready to hold me if they think I'm getting unsteady." A second person said, "They can be late sometimes. Sometimes as much as half an hour, but I know they can get really stuck in traffic so I'm not complaining. When they come, they do everything they should do, and they always do come so I'm quite happy." A third person said, "I feel very safe with them. I wouldn't have a wrong word said about them. It's not an easy job they do but they are very conscientious. They are lovely people and I feel safer just by having somebody come every day."

One relative said, "I feel my relative is very safe with the carers. I have absolutely no worries at all about safety."

At our last inspection a robust system of recruitment was not in place. At this inspection we found there was a continued risk that staff employed by the service had not been appropriately vetted to work with people that might be vulnerable.

We looked at the recruitment process for four new staff members and found the process was not robust. One staff member had commenced employment in September 2018, with only one character reference evidenced in their recruitment file. The training manager told us two further references had been chased up, but did not provide this evidence upon request.

Two references for each of a second and third staff members were not dated, and so it was not possible to evidence satisfactory conduct in previous employment had been received prior to the staff members commencing employment with people in their own homes. One further reference was typed and not signed and so we asked if the reference had been verified by the provider. The office manager told us the reference was from a member of staff currently employed by the service, however this was not recorded. The above issues meant the registered provider failed to ensure systems were robust to ensure fit and proper persons were employed to work with people who may be vulnerable.

A Disclosure and Barring Service (DBS) check provides information about any criminal convictions a person may have. Following our last inspection, the registered provider sent us a risk assessment for a staff member who had several convictions on their DBS. At this inspection, we checked this had been reviewed in April 2018 as stated on the assessment. This risk assessment update was not available during the inspection and was sent to us following our inspection. It did not contain any information about the period of extra supervision that had been planned or how the risks had been mitigated, and evidence of additional supervision and monitoring was not available in the staff's members records.

The above issues were a continuing breach of regulation 19 (1), fit and proper persons employed, of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, because robust recruitment procedures were not in place to ensure people employed were suitable to work with people who may be

vulnerable.

At our last two inspection we found a system was not in place to ensure sufficient time was left between visits, so people received their medicines in accordance with the prescription to reduce the risk of accidental overdose. At this inspection we found some improvements had been made in this area, although we saw some issues were still evident, which had not been picked up by the registered managers audits of medicines administration records (MARs).

We looked at MARs that had been audited for one person and found a gap on 13 July 2018 of three hours and 53 minutes between 2 x 500mg co-codamol being administered and on 4 July 2018 a gap of three hours and 57 minutes. The 'as required' protocol for the persons medicine stated a minimum four-hour gap and contained no further information, for example any side effects to look out for. Whilst the gaps were nearly four hours the issue had not been picked up by audits completed by the registered manager.

We asked the registered manager what they were looking for in the audits and they said use of blue and not black pen and gaps in signatures. The registered manager showed us two occasions, where medicines had been administered sooner than was recommended and the action they had taken with the staff members concerned, as well as highlighting the required gap on people's medicines care records to remind staff and to ensure this did not happen again. They had also addressed the issues in a series of staff meetings to prevent recurrence.

PRN protocols were in the process of being completed for some people, however others did not have them in place. For example, MARs audits for June 2018 stated for one person to check PRN protocols were in place for Salbutamol and Laxido, however these protocols had not been completed. The registered manager completed these by the second day of our inspection.

At our last inspection an effective system was not in place to assess, monitor, record and reduce the risks associated with very late or missed visits in line with the registered provider's policy. At this inspection, we found some improvements had been made, however there were gaps in the staff log in records, where the reason for the gaps had not been recorded to show effective action had been taken to ensure people were safe. We followed up the gaps with the registered manager who showed us information for some of the gaps to show why they were present.

The above issues contributed to a breach of regulation 17, Good governance, of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At our last inspection we found not all risk assessments contained sufficient detail to provide information and support to staff. At this inspection we found improvements had been made with the detail in some risk assessments, whilst others were in the process of being updated.

Basic risk assessments had been completed in relation to skin integrity, moving and handling, falls, fire safety, the environment and infection control. We saw risk assessments were in place to support both people and staff, although not all of these had been updated in the office.

At our last inspection, staff competency checks, in respect of medicines, had not been carried out in line with National Institute for Clinical Excellence (NICE) guidelines. At this inspection we found improvements had been made and medicines competence assessments had been completed.

Three incidents had been recorded since our last inspection and we saw action had been taken to address

these and learning was shared with staff.

We asked people if their care visits were ever missed or late. One person said, "They do sometimes seem a bit rushed but as long as they do everything. I have contacted them because at one time they always used to phone if the carer was going to be late, but that seemed to fall by the wayside. I think there might have been changes in the office staff. I don't always get a call, but it is getting better." No one we spoke with told us the service had missed any of their calls. One relative said, "The only problem we've had was that they started coming too early. For example, they'd come first thing at about 9.30 and then make the lunchtime call at 11.30. I had to speak to them about it because they had only just left from one visit before coming back for the next which was a bit too much for my relative. I look at the log now and again to make sure they're coming at sensible times."

Most staff told us there were enough staff to complete visits and the training manager showed us no staff members working hours were excessive. One staff member said, "There are enough staff. You don't always get two days off though."

Care staff we spoke with were clear about their responsibilities to ensure people were protected from abuse and they understood the procedures to follow to report any concerns or allegations. Staff knew the whistleblowing procedure and said they would be confident to report any bad practice in order to ensure people's rights were protected.

People and relatives we spoke with told us staff took steps to reduce the spread of infection, saying staff wore protective clothing, such as gloves and aprons when completing personal care tasks. Staff members we spoke with said aprons and gloves were kept at the office and all staff were able to collect what they needed when they visited the office. This showed the service had taken steps to ensure the people and staff were protected from the risk of infection.

# Is the service effective?

## Our findings

One person said, "I think they (staff) are well trained and know what they are doing." A second person said, "I think the carers are very good. I make all my own decisions and if they are doing anything for me, they constantly ask if it's alright. I have freezer meals at lunchtime and they will fetch a selection out for me in the morning to look at to decide what I fancy."

One relative said, "I do think they are well trained. My relative used to have a mobile hoist but now they have a tracking hoist and I've seen when they've been training other staff how to use it."

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

People can only be deprived of their liberty so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. For this type of service any applications to deprive a person of their liberty must be made to the Court of Protection.

At our last inspection we found people were not always supported to have maximum choice and control of their lives because mental capacity assessments and best interest processes had not been completed in line with legislation. The registered manager told us none of the people using the service lacked mental capacity to consent to their care.

At this inspection we found mental capacity assessment paperwork had been added to care files, however where there was evidence to suggest that one person may lack mental capacity to consent to their care. The registered manager had not completed the mental capacity assessment in the files and instead told us the person did have the mental capacity to understand the information and were able to consent to care. The person's relative had previously told us the person lacked mental capacity and we saw best interest decisions had been made on their behalf by their relative and community professionals regarding important decisions prior to our last inspection in February 2018.

The registered manager told us the relative had previously signed the consent form because the person could not physically sign, although this reason was not recorded on the form. There was no evidence the relative had power of attorney to make decisions on the persons behalf. A mental capacity assessment and best interest discussion had not been completed by the registered provider to check if the person was able to provide valid consent to the care contract and care plan.

The registered manager gave us conflicting information about a second person's mental capacity and said the person was unable to understand the need for personal care, however said they believed they were able to meaningfully consent to the care plan, which involved personal care. A mental capacity assessment and

best interest decision had been completed by a Community professional and the persons relative in August 2018 to say they lacked mental capacity to consent to their care plan. The registered manager said they disagreed with the persons relative and community professional, although they had not recorded this.

Mental capacity assessments and best interest discussions, where required, had not been completed for the above people on decisions such as medication or use of bed rails. The above issues meant the registered provider had not ensured all the correct processes were followed to protect the rights of the people they supported.

This was a continued breach of regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, need for consent, because mental capacity was not always considered when decisions needed to be made in line with legislation.

At our last inspection the registered provider was not meeting the regulations related to staff training and supervision because some staff training records were not available either during or following the inspection.

At this inspection we found improvements had been made and staff training, supervision and training records were available on the day of our inspection, although we had to request some training certificates for people following our inspection. One staff induction booklet had not been signed by a member of the management team to confirm the information had been checked as correct, and two staff supervision and competence assessments had not been signed by the staff member, which meant evidence was not always available that staff had completed them. Two staff members probationary periods had not been recorded as completed. The training manager told us for one staff member this was because their probationary period had been extended, however this was not recorded in their joint supervision and training file. They sent us the record of this after our inspection.

This contributed to a breach of regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, good governance because accurate records were not always kept.

We looked at how new staff were supported in their role. In the staff records, we saw staff completed induction training including safeguarding, health and safety, equality and diversity, mental capacity, fluid and nutrition and moving and handling. Staff new to care were supported to complete the Care Certificate. The aim of the Care Certificate is to provide evidence that health and social care support workers have been assessed against a specific set of standards and have demonstrated they have skills, knowledge and behaviours to ensure they provide compassionate and high-quality care and support.

Staff told us they shadowed more experienced staff for at least three shifts. Staff received some on-going refresher training in a variety of topics as well as practical training in the use of equipment, such as the safe use of hoists. This meant staff had the appropriate knowledge and skills to perform their job roles effectively.

Staff told us they felt supported by senior staff in the field, who also did spot checks and competence assessments. The training manager told us supervision was completed in the field in the form of observation followed by a written discussion. Staff told us they worked well as a team. One staff member said, "The carers are excellent and lovely. I couldn't wish for a better team."

People were supported with their choices if support with meals was required. Staff told us if people were assessed as requiring support with preparing food or drinks, they would prepare a meal of the person's choice. Care plans recorded where people needed support with eating and drinking and details of their

preferences and requirements. Meals and drinks were recorded in daily records.

Each of the care plans we looked at recorded the contact details for the person's GP and other relevant health professionals. Staff we spoke with explained if they thought someone's health needs had changed they would prompt them to visit the doctor or would contact the person's family and pass on their concerns to them if appropriate. We saw from records, concerns about a person's health had been passed on to the relevant health professional or family member when people were not able to do this for themselves. This showed people using the service received additional support when required for meeting their care and treatment needs.

## Is the service caring?

### Our findings

People we spoke with told us staff were caring and they had a good relationship with the staff who supported them. One person said, "I can't fault the carers in terms of kindness. It doesn't matter how busy they are, they will always make time to have a little chat and listen to me." A second person said, "They make my day really. When you live on your own it can get a bit lonely and sometimes I do feel very low. Every single one comes in with a smile and I end up having a laugh with them. It makes all the difference to me." And a third person said, "The carers really go the extra mile all the time."

One relative said, "The carers who come definitely need some kind of award. They always make sure my relative is comfortable in the chair before they leave. I can sleep easy because if they are at all worried about her, they will let me know straight away."

Staff told us they enjoyed working with people who used the service. One staff member said, "All the clients are adorable." Another said, "I love my job. The best thing is the one to one contact in the client's own home." A third staff member said, "The clients are brilliant. I get a lot of satisfaction seeing a client happy. Making people comfortable."

Staff told us they usually supported a regular small group of people and people confirmed this was usually the case. One person said, "There's been a few different carers, but they have done their best to get regulars in place." This meant most of the time people were supported and cared for by staff who knew them well.

We saw care files and profiles contained information about the tastes and preferences of people who used the service, including a short personal profile. Care staff spoke about the people they supported in a caring and professional manner. They expressed knowledge of people's needs and demonstrated an understanding of the need to treat people as individuals.

Staff we spoke with told us they showed people who had communication impairments a choice of clothes or food to enable them to communicate their preference. Care plans informed staff how to communicate in the most effective way with people.

Staff told us they respected people's diverse needs by ensuring they understood the person through their care plan, talking with them and their families and supporting their lifestyle choices. Care plans recorded any religious or cultural needs. Each of the care records noted if people had a preference for the gender of the care worker who supported them. This indicated the service took note of people's individual preferences.

We asked people if staff maintained their privacy and dignity; they told us they did and daily records reflected this. People told us they were supported to remain as independent as possible in their daily lives and we saw from records they were encouraged to do what they could for themselves. One staff member said, "I always make sure I do the care the way they (people) are comfortable with it. Let them do what they can for themselves. They take the lead." Care plans detailed what people could do for themselves and areas

where they might need support.

Staff were aware of how to access advocacy services for people if the need arose. An advocate is a person who is able to speak on a person's behalf, when they may not be able to, or may need assistance in doing so, for themselves.

## Is the service responsive?

### Our findings

People said they had originally been involved in their care plan and involved in agreeing the support they needed. One person said, "They came and had a chat with me about what I needed. They said that if I need more support they can come and review things with me. There hasn't been any review of the care plan, but I've only been with them for six months." A second person said, "If anything was going wrong or bothering me, I'd talk to the main carer who comes here first because [they are] really good. I feel really comfortable talking to [them]." A third person said, "I always had the same regular carers but now I don't always know who is coming. It is nice to have the same person even if only for two or three days together. It takes me a while to get to trust people and feel safe with them. I think the carers are a happy bunch, so they are working really well with me."

At our last inspection the registered provider was not meeting the regulations relating to good governance because care plans did not always contain sufficient up to date and relevant information to provide direction for staff. At this inspection we found the registered provider was attempting to improve care plans and was in the process of changing care plans to a new format.

We found not all care plans were up to date, for example; We found in one of the care plans we viewed there was no care plan or risk assessment in place relating to the persons current moving and positioning needs, which involved use of a ceiling tracking hoist that had been installed into a person's home five months prior. Care plans related to mobility and transfers recorded the person was using a turner to transfer, which had not been used for some time. There was no record in the care file that the person used a tracking hoist, or of the date the care plan changed. We asked the registered manager about this, having been told by a third party that the person used this equipment. The registered manager asked staff to send a photo of the equipment label, when they were at the persons house, to clarify the date of installation as they were not sure when this was.

The registered manager told us an updated risk assessment had been left at the person's house for their relative to check and they sent us a copy of a risk assessment dated April 2018 following our inspection. This had been signed by the training manager only. We saw another person's care plan that had not been updated in the last year.

This meant up to date information was not always available to managers or office based staff to manage and mitigate risks, and up to date records were not always kept. This contributed to a breach of regulation 17, good governance, of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The registered manager told us when they accepted a care package for a new person, a senior member of staff went to meet the person to discuss their needs and to see how they wanted to be supported. They said the care file was developed from there and a copy of the care file was put in the person's home and a copy retained in the office.

Staff told us there were care plans in people's homes and any changes in people's needs or concerns were

passed on to the office. Staff we spoke with told us they were familiar with people's individual needs. Care plans included personal information, such as details of people's preferences and hobbies, for example, "Interested in gardening" and details of what people liked to eat or drink or the way they had their hair. These details helped care staff to know what was important to the people they cared for and helped them take account of this information when delivering their care.

Following our last inspection we found one person's care plan had been improved to include more information and guidance for staff regarding their complex personal care needs. Care plans contained information in areas such as health, nutrition, hygiene and infection control, interests, financial, practical support, service provided and risk assessments.

In one person's care records we found a detailed person-centred plan of care, along with relevant information regarding the persons preferences. We found information regarding people's communication needs and the communication needs of their carers was recorded in care plans. This covered, for example information about people's hearing, vision, communication and memory. One staff member said, "One person uses a communicator. We lay out a choice of nightwear."

A brief care plan summary was recorded every month in some of the care plans we reviewed noting any significant events or stating there were no changes until April 2018, when this had been discontinued. The registered manager told us this was because they were reviewing and changing all care plans.

'Comments sheets' were completed by staff on each visit. These were detailed and recorded the date and times of visits and a record of the care and support provided. The registered manager was in the process of changing comments sheets to comments books, to ensure daily records were kept together and they told us, so far, this was working well.

People told us they would feel comfortable raising issues and concerns with any of the staff. One person said, "I don't have any complaints. If there have been any little niggles, I've got in touch with them and it's been sorted out straight away. I would say that everything is going well. They are very professional."

The service had a complaints procedure which was included in each person's contract agreement when they started using the service and people we spoke with and staff were aware of this and the procedure to follow for making a complaint. The registered manager told us there had been no complaints since our last inspection in February 2018. One concern had been recorded, which the registered manager showed us they had acted on.

In some of the care plans we sampled, people and their relatives had discussed preferences and choices for their end of life care. The registered manager said they would continue to discuss this with people to record preferences for the future if people wished to do so, to ensure people's wishes were respected.

## Is the service well-led?

### Our findings

We asked people and their relatives if the service was well-led. One person said, "I can't think of any improvements they could make. All the carers and everyone involved gives me a bit of support. I can get through to the office on the phone, but I don't usually have to bother because the carers will pass on any messages. When I do [ring the office] they are very approachable and listen to me." A second person said, "I feel very well looked after and very safe. The people in the office are always very nice too."

At our last inspection on February 2018 the service was not meeting the regulations related to good governance because effective systems were not in place to assess, monitor and improve the quality and safety of the service, for example, medicines administration records (MARs) completed in people's home had not been audited to ensure medicines were administered safely.

Following the last inspection, the registered provider told us the improvements they would make to comply with the regulations. At this inspection we checked and that found, though some improvements had been made in relation to governance of the service, some thematic issues remained and the service was still in breach of three regulations. This meant that the service had not put in place sufficient quality oversight to ensure that improvements had been made to achieve compliance with the regulations.

We asked staff if the service was well led. One staff member said, "Yes. [Name of manager] is great. What I pass to her gets sorted." A second staff member said, "On the whole I feel supported." A third staff member said, "Sometimes they are absolutely excellent and sometimes not. Communication is our biggest issue from them to us. We get in trouble if we don't report things. Sometimes calls are cancelled and we are not informed."

We asked the registered manager to show us the visit records for the last two weeks for five people. Where some planned visits were blank there was no indication on the records of whether this visit had been missed, cancelled or the staff member had failed to log in. The training manager showed us information elsewhere on the second day of our inspection that indicated most of the calls had been cancelled by the person, and told us one member of staffs' log in phone was not working properly and so they could not log in. They said this had been addressed with the staff member.

We asked how the registered manager knew from the system whether visits had been missed or if the correct amount of time was being spent on the visit to meet the persons assessed needs. The training manager said they monitored calls every day on the computer and showed us they had followed up one call from the day before that had not been logged in as planned. They showed us they had texted the allocated staff member, however the staff member did not reply until the next day. The training manager told us they had telephoned the person's relative, who confirmed they had cancelled the call, however this was not recorded. This meant accurate and up to date records were not always kept.

Since our last inspection the registered manager had recorded quality checks on MARs returned to the office to look for gaps. They showed us an audit spreadsheet which identified some issues such as checking 'as

required' medicines protocols were in place for some people on the June 2018 audit. When we followed this up we saw some 'as required' protocols had still not been completed to give important information to staff about the use of these medicines. Some protocols were in place, but contained no information about possible side effects. On the second day of or inspection the registered manager showed us the protocols were fully completed.

Audits of daily records in June 2018 had identified some missing daily records. Action taken to locate the records was not recorded on the audit spreadsheet. When we asked what had happened to these records the registered manager told us they had been located and they were shown to us during our inspection, however this had not been recorded. The registered provider was in the process of replacing comments sheets with booklets so daily records could be kept together and audited more easily and said they would record the outcome of the audits going forward.

The above demonstrated a continuing breach of regulation 17 (1) and (2)(a)(b)(c)(d) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, good governance, because systems were not always operating effectively to assess, monitor and improve the quality and safety of the service and accurate records were not always kept.

The registered manager told us sometimes staff forgot to log in and out of visits and showed us meeting minutes where they had addressed the issue of logging in and out of calls with care staff. They felt this had improved in recent months. The registered manager told us their aim was to improve the service and this was a work in progress.

The registered manager held regular managers meetings with senior staff to keep an overview of the safety of the service and plan improvements. Regular staff meetings were held to share information with staff and staff were also able to provide feedback and ideas. Topics included rotas, confidentiality, safeguarding, uniform, MCA, whistleblowing, length of visits, record keeping and training and supervision. Meetings are an important part of a registered manager's responsibility to ensure information is disseminated to staff appropriately and to come to informed views about the service.

We saw feedback was sought from people when individual care staff were being observed in people's homes by senior staff and when people's reviews were held. A questionnaire had been sent to people in August 2018 and the responses were mostly positive. A care staff survey had also been recently completed and whilst the results had not yet been analysed, individual responses were positive.

This section is primarily information for the provider

## Action we have told the provider to take

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

Regulated activity	Regulation
Personal care	Regulation 11 HSCA RA Regulations 2014 Need for consent  Mental capacity assessments and best interest decisions were not completed in line with legislation.  (1) and (2)
Regulated activity	Regulation
Personal care	Regulation 17 HSCA RA Regulations 2014 Good governance  The provider's systems or processes were not established and operated effectively to ensure compliance with the requirements of regulations.  Accurate records were not always kept.  17 (1) (2) (a) (c) (d)
Regulated activity	Regulation
Personal care	Regulation 19 HSCA RA Regulations 2014 Fit and proper persons employed  Recruitment procedures were not robust to protect people from unsuitable staff.  (1) (2)