Belgravia Care Limited

Care Your Way Limited (Bexhill on Sea)

Inspection report

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Ratings

Overall rating for this service	Requires Improvement

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

Summary of findings

Overall summary

The inspection took place on the 11 July 2018 and was announced. The provider was given 48 hours' notice because the location provides a domiciliary care service. We wanted to be sure that someone would be in to speak with us and that we could meet with people using the service.

Care Your Way is a domiciliary care agency registered to provide personal care and support services to a range of people living with physical disabilities, sensory needs and people living with dementia. It provides care to people living in their own houses and flats.

At the time of our inspection the service was supporting 11 people who were receiving a regulated service. Not everyone using Care Your Way receives 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.

At the last inspection on 14 June 2017, the service was rated Requires Improvement. A breach of legal requirements was found. Following the last inspection, we asked the provider to complete an action plan to show what they would do to meet the legal requirements in relation to the breach of Regulation 17 of the Health and Social Care Act Regulated Activities Regulation 2014. This was in relation to the governance of care and risk planning, management of medicines and staff training. They provided an action plan on 4 August 2017 detailing what they would do and by when to meet the breach.

We undertook a comprehensive inspection on 11 July 2018 to check whether the required action had been taken, improvements made and the breach met. Many improvements had been made, however we found some new areas for improvement and a further failing of the provider to comply with legal requirements. This report discusses our findings in relation to this.

A registered manager had not been in post since October 2015 and Care Your Way was therefore not meeting a condition of registration to have a registered manager. 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 of the Health and Social Care Act 2008 and associated Regulations about how the service is run. A potential new provider was preparing to take over the service and a manager was appointed in February 2018. Both the potential new provider and the manager had begun the process of registering with the Care Quality Commission (CQC).

The service had made improvements since the last inspection to the management of quality assurance systems, care and risk planning and management of medicines, continence and staff training. People's care plans and risk assessments had been reviewed and the manager and care co-ordinator carried out regular audits as well as contacting people regularly to discuss and monitor their needs. Changes in needs or concerns shared by people, their relatives or staff were addressed in a timely way and clear guidance for staff to ensure they could meet people's needs. Staff training was updated and planned for, where required

staff had received competence training in relation to manual handling and medicines administration including the use of PEG tube, to support administration of medicines. However, we have identified other issues relating to the governance of medicines that suggest the improvements made, require more time to be embedded fully.

Quality assurance systems and processes were still being embedded. Staff had a good understanding of the needs of people. However, in relation to the recording of one person's care planning and medicines guidance the quality assurance systems had not ensured that staff practice was fully informed when administering the person's 'as required' medicine.

The management arrangements of the service were still being established. However, there were known lines of responsibility and accountability and the values discussed and demonstrated by the manager were reflected in their staff team's descriptions of what was important to them. One staff member told us, "I have respect for people, my relative had carers. It's important to treat people as we would want to be treated." The manager was committed to supporting people with dementia to gain as much community presence and independence as they could achieve. The service had an open transparent culture, where complaints and surveys were encouraged and acted on.

People and relatives told us they felt the service was safe. One person told us, "I have no complaints, they are very helpful, I do feel safe with them." People were protected from the risk of abuse because staff understood how to identify and report it and were confident if they raised concerns that they would be taken seriously.

There were good systems and processes in place to keep people safe. Risks and accidents were assessed and staff received guidance on what actions to take to mitigate risk and ensure people and staff's wellbeing at the service site and in the community. People were supported by staff that knew them well. People's health was promoted and they had assistance to access health care services when they needed to. One person told us, "The regular staff see me that often, they know me well, they know if I am unwell and help me." Staff had a good understanding of the needs of people living with dementia.

Safe recruitment practices were followed when new staff were employed. There were sufficient suitably skilled staff available to meet people's needs. Staff received an induction and training to ensure they had up to date guidance on how to carry out their roles and responsibilities. One person told us, "They are very good, I am very comfortable with their care, I think they help me to maintain my independence." Staff told us they felt well supported through supervision, appraisal and regular contact with the manager and care co-ordinator.

The service and staff considered people's capacity and worked in line with the Mental Capacity Act (MCA) 2005. People's capacity to make decisions was assessed and staff recognised the importance of respecting people's choice and self-determination. People told us they could make choices and felt listened to and independent. One person told us, "Each day I make all my own choices, food, clothes, the care helps me to maintain independence." People's right to privacy, to be different and to be treated with dignity was respected.

People and their relatives told us the service was caring and kind. One person told us, "The carers could not improve, they are friendly, respectful, in fact they are excellent." Staff adapted their communication to fully understand people's needs and choices in respect to all areas of their lives including what they ate and drank. People were supported to access the necessary adaptations and equipment they needed to live as independently as they could. A relative told us, "One staff member is particularly good, although my relative

does not speak or respond, they still talk to my relative and you can see my relative is listening, and sometimes reacts to the staff member."

We found areas that needed improvement and a further failing of the provider to comply with legal requirements. This is therefore the second consecutive time that the service has been rated Requires Improvement.

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

People were not consistently supported to access medicines safely.

People were protected by staff that were trained and understood their responsibilities in relation to safeguarding.

There were sufficient staff to meet the needs of people. Staff were recruited safely.

Is the service effective?

Good

The service was effective

People were supported by staff that knew them well. Staff received support and training that ensured their competence to meet people's needs.

Staff had a good understanding of the Mental Capacity Act 2005 and worked in line with its principles.

People were supported by staff that understood their needs and promoted their independence.

People's nutritional needs were met. Staff promoted, monitored and planned for people's health needs.

Is the service caring?

Good

The service was caring

People were supported by staff that knew them well, understood their preferences and respected their important relationships.

Staff adapted their communication style to meet the needs of the people. Staff supported and encouraged people to be independent

Peoples' dignity, diversity and privacy was respected and their important relationships promoted.

Is the service responsive?

Good

The service was responsive

The service provided information in an accessible format that aided people's understanding of the care available to them.

People and their families were involved in their care planning and encouraged and supported to raise and issues or concerns they had with the service.

Staff were knowledgeable and responsive to people's emotional and health needs.

Is the service well-led?

Requires Improvement

The service was not always well led

The registered manager condition had not been met.

Quality assurance processes needed further embedding.

People and relatives spoke positively about the management of and improvements made to the service.

The service had a clear value base that promoted people's wellbeing and there were clear lines of responsibility and accountability.

Care Your Way Limited (Bexhill on Sea)

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.

We gave the service 48 hours' notice of the inspection visit because we needed to be sure the manager, staff and people we needed to speak to were available.

The inspection took place on the 11 July 2018. It included visiting the site office, and visiting and speaking to one person at their home. We also spoke with people and a relative by telephone prior to the site visit so that we could further understand their experiences. The inspection team consisted of one inspector 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 gathered and reviewed information we held about the service. This included notifications from the service and information shared with us by the commissioning local authority. We had not requested that the provider send us a Provider Information Return (PIR) on this occasion. 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.

During the inspection we spoke with five staff and the manager. We looked at five people's care plans, three staff files, staff training records, policies and procedures, quality assurance documentation and information and policies in relation to people's medicines. We spoke with four people using the service and one relative during the inspection process. We have included their feedback in the main body of the report.

At the last inspection on 14 June 2017, the service was rated Requires Improvement. At this inspection we

found the service remained Required Improvement.

Requires Improvement

Is the service safe?

Our findings

At the last inspection in June 2017, people did not consistently have their needs met safely. We found a number of shortfalls in the management of risk in relation to the administration of medicines including the use of a percutaneous endoscopic gastrostomy (PEG) tube (feeding tube through the stomach that can be used for nutritional and medicines needs). There was also a lack of guidance for staff in relation to people's continence care, eating and swallowing needs and how staff should monitor telecare and hoist equipment. The lack of guidance had not caused people harm, but had placed them at potential risk. At this inspection on 11 July 2018 the provider had made some improvements. However, we found areas of practice that needed improvement.

The provider demonstrated some good areas of practice in managing medicines. Policies and procedures had been drawn up by the provider to help ensure medicines were managed and administered safely. For example, one person had their medicines administered by staff by a PEG tube. The care plan and risk assessments detailed what action staff should take to ensure the PEG tube was maintained safely and included documentation from the prescriber confirming the medicines used could be administered in that way. Staff received medicines training and competency checks. Staff could describe how they completed safe medicines practice including the use of the Medication Administration Records (MAR) and the process they would undertake. There was guidance in the majority of people's care plans as to the level of support they required. Staff could describe the importance of gaining consent and the importance of including people and their relatives in their medicines care planning.

People and their relatives told us they felt their medicines were administered safely. One person told us, "I feel my relative is safe with medicines, as they all get entered onto a MARs sheet by staff." However, one person's care plan and medicines records lacked guidance for staff in relation to an 'as required' medicine for 'agitation.' The care plan detailed the person could experience sleeplessness, but did not include information that the person experienced agitation. We spoke with the staff member who worked regularly with the person. They told us and the Medication Administration Records (MAR) confirmed the 'as required' instructions detailed 'PRN, to calm agitation and restlessness.' Good practice guidance for supporting people in the community produced by the National Institute for Clinical Excellence (NICE) states that PRN medicines, that may include variable doses, should have clear guidance for staff regarding when and how to use such medicine, what the expected effect will be and the maximum dose and duration of use. The staff member confirmed they had administered the medicines based on their experience of the person and what was noted on the pharmacy notes on the Medication Administration Records (MAR). This demonstrated that staff administered PRN medicines without detailed guidance and although there was a low impact on the person, this meant there was an increased risk that people might not receive their medicines as the prescriber intended. For example, on occasions where less familiar staff were supporting them. This is an area that needed improvement.

People and their relatives told us they felt safe with the staff that cared for them. One person told us, "Care is a lot better than it used to be, new care co-ordinator has made a big difference." Another told us, "I have no complaints, they are very helpful, I do feel safe with them." A relative told us, "They all work very hard, they

were superb when they looked after my relative some time ago." Another relative told us, "The regular staff seem to know my relative's needs."

At this inspection improvements had been made to people's risk assessments and staff guidance in relation to the three areas that needed improvement in the June 2017.These included; catheter care, the administration warfarin and the management of dysphagia. For example, one person's warfarin guidance detailed where health professional assessments were held in the person's file and what action staff should take to ensure the person received the correct dose of their medicine. The provider no longer provided support with eating or drinking for people with dysphasia. However, one person with swallowing difficulties was supported by the relative when eating and drinking and their care plan detailed this. The provider had reviewed people's care plans and risk assessments including; continence care, their moving and handling needs and their nutritional needs. Where people required equipment such as telecare care plans and management audits detailed who was responsible for maintenance oversight.

Risks to people including; their environment, community and emergencies in their home were assessed. The provider completed risk assessments including; fire safety, infection control and lone working. One staff member told us, "There's a lone working and on call policy, I have never felt unsafe and would always contact the on call if concerned about someone's wellbeing." Staff 'spot check' visits were regularly completed by the care co-ordinator and manager and guidance given on potential hazards. Staff received infection control and food hygiene training. Staff were aware of the importance of using personal protective equipment (PPE), and the provider provided staff with gloves and aprons to be used when needed.

Accident and incidents records demonstrated that staff and the manager took appropriate action and were proactive in identifying risks to people and in addressing concerns. The manager had systems in place to spot themes when accidents occurred and worked proactively to keep people safe. This was done by looking at what happened prior to the incident, so that risk assessments could be developed, lessons could be learned and care plans adjusted to reduce the likelihood of reoccurrence. For example, one person was at increasing risk of leaving their cooker on which could present a fire risk. This was noted and in response to the risk, the cooker was secured with a sensor alarm.

There were sufficient staff to meet the needs of the people. Staffing levels were planned around the needs of people and rotas adjusted to meet people's needs including health appointments. People, their relatives and staff confirmed this. One person told us, "Timekeeping is good, they ring if they are going to be late." Staff told us they had the time needed to meet people's needs, including people living with dementia. One staff member told us they had enough time to, "Be patient, encourage and make sure people are reassured and comfortable." Staff absences including annual leave or sickness, could be covered at short notice by the care co-ordinator or the manager.

Staff recruitment processes were followed to ensure that staff were safe to work with people. Staff files included previous work history, application forms, proof of identity and suitable references. Records demonstrated that checks had been made with the Disclosure and Barring Service (DBS) to ensure staff were suitable to work with people. The DBS is a national agency that keeps records of criminal convictions.

Good

Is the service effective?

Our findings

People and relatives told us their needs were met and they were confident in the training, skills and competency of the staff. One person told us, "They are very good, I am very comfortable with their care, I think they help me to maintain my independence." Another person told us, "I know the staff really well and like them, one new staff member took longer to get to know, but I do now." A relative told us, "The staff look after my relative's medication, they seem well trained and know what they are doing."

Training was specific to the needs of the people using the service and included competency based training. This included caring for people who required artificial feeding directly into the stomach through a tube (PEG), medicines and moving and handling training. The manager benefitted from an electronic training programme that alerted them when updates were required ensuring staff received regular updates and remained up to date with best practice. There was an electronic system in place to ensure that only staff trained to support people with specific tasks for example PEG and medicines support were allocated. Staff told us and records confirmed that only staff trained as competent to deliver specialist care did so. The manager recognised the importance of best practice and continual professional development. As many of the people they supported lived with dementia the manager and care-coordinator had accessed dementia training and had joined local dementia networks to inform best practice. They ensured that established staff had relevant qualifications and that new staff had access to the Skills for Care certificate. The Skills for Care certificate is a set of standards for health and social care professionals that ensures that workers have the safe introductory skills, knowledge and behaviours to provide safe care.

Staff told us that they felt well supported through regular supervision sessions and management 'spot checks.' One staff member told us that during spot checks their practice, medicines and care records were viewed and feedback given. Staff undertook a variety of training, had annual appraisals and received thorough inductions which included shadowing experienced staff that could demonstrate how to work with people with more complex needs. Staff felt this equipped them with the skills and knowledge needed to carry out their role.

The Mental Capacity Act 2005 provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack 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 to receive care and treatment when this is in their best interests and legally authorised under the Mental Capacity Act (MCA) 2005.

People's rights had been protected because staff were knowledgeable and demonstrated a good understanding of the Mental Capacity Act 2005. Policies and training were in place and staff had access to guidance within people's records about people's level of capacity. Staff encouraged choices and recognised that the needs and capacity of people living with dementia could change. The manager told us that they reviewed capacity assessments in relation to people making specific decisions. For example, when one person had a fall during the night, the manager had completed a capacity assessment. This was to ensure

the person could still understand the decisions and risks they were taking in relation to their care and treatment.

To ensure people could be offered choice in an accessible and meaningful way staff adapted to their environments and used a range of communication methods. For example, one person's care plan noted, 'I enjoy a calm, tranquil environment. I do not like to be rushed.' We spoke with this person about the care they received and they confirmed. "I am not rushed, they stay the correct amount of time they should, they ask if I need anything else before they go." Further to this, where people chosen lifestyles required flexibility in the delivery of care, this was provided. For example, one person visited their church each Sunday and visits were provided earlier on these days to support their religious expression.

Staff told us that the team worked well together and had good communication systems in place to ensure information about people's care needs and wellbeing remained current and was shared between the care co-ordinator, manager and staff working in the community. We observed evidence of this in the people's care plans, individual daily visit records and staff communication records. This ensured people's ongoing and changing needs could be planned for.

Records demonstrated that people were regularly offered appointments with health professionals including occupational therapists and their GP. Staff worked with relatives, and GPs to ensure health needs were reviewed and planned for. One person told us, "The regular staff see me that often, they know me well, they know if I am unwell and help me" One persons' relative gave an example of how the carers had visited one morning and noticed their loved one was unwell. The relative had called the GP, but the relative found it reassuring that the carer agreed their loved one looked unwell and shared the relative's concerns.

People were supported by professionals and staff to access adaptations to their home including; grab rails, mobility aids and telecare alarms so they could access help in an emergency. This promoted their independence and enabled them to live within their own home.

People's nutritional preferences and needs were met. People were supported to access meals in their community or prepare meals and drinks at home by staff that were trained in safe food handling. Staff could describe how they monitored people's nutritional intake and how they ensured people were well hydrated and nourished. One staff member told us how they ensured one person drank enough, but also paid attention to their heating as they often turned the heating up and this could cause them to become dehydrated. People and their relatives were involved in menu planning and confirmed that staff ensured people's preferences were met. Guidance provided to staff supported these choices. For example, one person's support plan stated, I like a late breakfast, usually cereal. I also like a cup of tea, milk no sugar please."

Good

Is the service caring?

Our findings

People and a relative told us that staff were caring, friendly and kind. One person told us, "The carers could not improve, they are friendly, respectful, in fact they are excellent." People were also positive about their contact with the office based staff. One person told us, "They are nice, friendly and very efficient." The relative told us, "They never leave my relative until they are comfortable, even if their time runs over, they will stay until my relative is happy and comfortable."

People received care from staff that knew them well. People told us and rotas evidenced that individuals received support from a small number of regular staff. Where people requested their support to be provided by particular staff who they felt comfortable with this was respected. Staff could describe the people's, likes, dislikes, background and daily routines. For example, one staff member told us how one person was very sociable, enjoyed dressing smartly, going to their local shops and occasionally walking along the seafront, but only if it was not 'too blowy.' During the inspection we visited one person who lived with memory issue's during a regular visit. Throughout the visit the person spoke openly and was comfortable in the staff member's presence, exchanging humour and seeking reassurance when less confident. The staff member adapted their tone and always gave the person time to express themselves or to confirm that they had understood what had been said to them.

People were supported to have contact with and maintain their important relationships; including their partners, children and grandchildren. For example, one staff member told us that they supported one person who was in an established couple and that they were mindful that they had their own routines including; one laid out the other clothes for them, and that they needed to respect that. Staff supported people to write, make phone calls and arranged visits with loved ones when needed. people had relatives actively involved in their lives. However, where people did not have relatives involved the manager and staff told us that people had the right to have an advocate involved and knew of local advocacy providers. An advocate is a person who is able to speak on a person's behalf, when they may not be able to do so for themselves.

People told us that they could express their views and be actively involved in making choices about their care and preferences. One person told us, "The staff are very good, and always ask if they can do anything else for me." One person's relative, whose loved one was less able to share their views due to their communication, told us, "One staff member is particularly good, although my relative does not speak or respond, they still talk to my relative and you can see my relative is listening, and sometimes reacts to the staff member."

People, a relative and staff told us that with consent, relatives were regularly informed and updated about changes affecting the person including; health appointments, activities or any incidents involving their wellbeing. People told us they trusted staff, that they never felt rushed and that they would always stay the right amount of time, or longer if needed.

People's independence was encouraged and promoted. Care plans identified personal goals that people

wished to achieve or maintain. For example, one person's goal was to keep their bungalow clean and tidy, and to remain living in their home. They told us, "Each day I make all my own choices, food, clothes, the care helps me to maintain independence." Staff told us that the people were supported to be as independent as possible, with their daily routines.

People's diversity was respected and promoted within their day to day experiences and care planning. Religious and cultural beliefs and activities were respected and staff were aware of the significance religion played in people's lives. For example, two people with a very strong faith, requested that staff never use language that could show a lack of respect towards their religion or sacred things. Staff told us, they were always mindful of what they said when they visited them. One staff member told us, "If they speak about religion, I am honest, and respectful of their faith." Another staff member gave an example of how they had improved communication and rapport with one person who whose first language was not English, and no longer used speech but did respond to music by singing with them to ensure they maintained a rapport.

People's privacy and dignity was respected. Staff spoke respectfully and without judgement about and to the people they supported and were provided with clear guidance on how people liked to be supported. For example, one person's care plan told us, 'I will let you know what help I need and what products I like to wash with." Staff could describe how they would approach personal care including; ensuring people were always in a private space, understood and had consented to their support and that their dignity was respected. People's right to privacy was ensured as personal information was stored securely at the office in a locked room. The provider had gained written consent for the person as to what third parties they could share their information with other professionals, for example GPs and community nursing services.

Good

Is the service responsive?

Our findings

People and a relative told us they received the care they wanted and that it responded to their needs. One person told us, "They are very good, I am very comfortable with their care, I think they help me to maintain my independence." Staff listened to people and were knowledgeable about their life history and personal goals and changing needs. People and their relatives told us they were involved in making decisions about their care and support needs and were given an opportunity to check and sign that they agreed with their care plan. Staff told us that they understood people's likes and dislikes and had positive relationships with them and their relatives.

People's needs were assessed before the care and support service was agreed. These assessments were completed by the management team so that the provider could ensure they were able to meet the person's needs. Care plans were personalised and detailed people's life experiences, daily routines, interests, preferences and what the goals and outcome of their support were. For example, one person's written goal was to, 'live at home and feel socially included in all aspects of my life.' The manager and staff were aware of the importance of people remaining as independent as possible. One staff member told us, "One person likes to lay their table each day, it's the little things that can mean a lot as it's important they don't feel you're taking over."

Care plans and risk assessments provided guidance on how people needs were to be met and risks mitigated; including physical, emotional and communication needs. For example, one person who was recovering from a fall had a mobility assessment detailing specific guidance in relation to the different types of transfers they would require including; in and out of bed, chair to chair, using the toilet and bathing. The guidance noted that until the person's strength returned they would use a mobility aid for short periods of time. Staff we spoke with found the care plans to be detailed and informative. This demonstrated that care plans were reviewed and updated as people's needs changed.

People told us communication with the care staff and the office had improved over the past 12 months. One person told us, "The new member of staff in the office is really helpful, and really cheerful. They rang me to make an appointment for them and the manager to call next week and review my needs."

Information for people and their relatives, when required, could be created in an accessible format to meet their needs and in a way to aid their understanding of the care available to them. For example, when the new rota schedules were sent through, some people preferred an email so they could study the visit times straight away. Other people were happy with a phone call and a letter in the post. Staff received guidance and information in relation to people's needs. Care plans included detailed information about people's communication needs and specialist health needs, including nutritional needs and hearing loss. For example, one person's care plan detailed, "I'm a little hard of hearing so please speak clearly and in an appropriate tone of voice so I can hear you."

Staff were knowledgeable about the emotional and health care needs of the people they supported. Staff could describe how they supported one person to maintain their community presence. This promoted their

self-esteem, socialisation and emotional wellbeing. They knew that it was important that when this person ate a meal, that they did so with another person as they enjoyed the interaction. People and their relatives felt confident that staff, particularly the regular staff would recognise if the person was unwell and act appropriately. Records and staff demonstrated that staff were confident on how to respond to a medical emergency, for example when one person had fallen and required support from the ambulance service. Staff were also confident and knew how to obtain support and advice from their managers through an on-call system.

People's choices and emotional needs were considered in relation to end of life care. Staff were aware of people's individual wishes through care planning. For example, they told us that one person had lived in their home for a number of years and wanted to remain there as long as they could. Staff were able to describe how they would support people to have a comfortable and dignified death that included their wishes and those of their loved ones. The manager gave an example of how during one person's end of life care they had supported the person, and their relative as their caring role became more emotionally challenging. The manager told us, "Staff always take care with relatives, we look at each person as one of our parents or grandparents."

People and relatives were confident that complaints were taken seriously and were happy to raise concerns they had with the manager. People received a copy of the statement of purpose and written complaint information explaining what they could do if they were unhappy with the service. In addition, the manager regularly contacted people and their relatives for feedback. One person told us, "I have no concerns at all, and I would speak to the manager if I needed to" A relative told us that they had requested a change in staff and that this was respected and the change made. This demonstrates that people can make comments and complaints about the service, and that they will be acted on in an open and timely manner.

Requires Improvement

Is the service well-led?

Our findings

At the last inspection in June 2017, Care Your Way was rated Requires Improvement in Safe, Effective, Responsive and Well Led, with a breach in Regulation 17 of the Health and Social Care Act 2008 (Regulated activities) 2014. This was because their quality assurance systems and supporting documentation had failed to mitigate risk and ensure staff received training and guidance in relation to continence care, the administration of medicines and people's eating and swallowing needs. There was also a lack of oversight from the service on who monitored equipment based in people's homes. Care Your Way, sent us an action plan on 4 August 2017 explaining what they would do to ensure that they were meeting the regulations by 30 September 2017. During this inspection we found that significant improvements had been made to the quality assurance and care planning systems of the service. However, despite these improvements we found further areas of practice in relation to the medicines and care planning governance of the service that needed to improve. This also included a breach of the CQC registration regulation.

At this inspection on 11 July 2018, the day to day management arrangements of the service were still being established. The service had benefitted from the systems and processes of a potential new provider since February 2018. There were applications in process with the Care Quality Commission to register the new provider and a registered manager to carry out the regulated activity of personal care from the site. The manager was overseeing the day to day management of the service and had been employed by the potential new provider since January 2018. However, the service had not had a registered manager in post since October 2015 when the previous registered manager left Care Your Way, Bexhill On Sea. This person was still registered with the Care Quality Commission and their name detailed on certificates that had been issued in relation to changes in the provider's details in 2016 and 2017. The provider was aware that their departure from the service had been permanent and had failed since October 2015 to fully complete the required registration processes to ensure they could meet the condition of their registration. They had presented two applications to the Care Quality Commission since September 2017 but had not completed the full process to ensure that the regulated activity was managed by an individual who was registered as a manager in respect of the activity at or from the location of the service.

This demonstrated that Care Your Way had failed to comply with the registered managers condition of their registration. This is a Section 33 Offence of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection the service had made improvements to their quality and monitoring systems and processes. Care Your Way's action plan had been implemented and the service and people had benefitted from the audit and quality assurance systems of a potential new provider and manager since February 2018. People told us that the service had improved since the last inspection. One person told us, "The ship has been steadied by the new office staff." Another person told us, "Absolutely no complaints at all, I only have them once a week, but as I grow old I will certainly stay with this company." However, there were still some issues identified in the inspection that the quality assurance systems had not identified or improved. For example, medicines and care plan audits had not identified that one person's care plan and medicines guidance did not fully record how staff should support their needs in relation to the use of an 'as required'

medicine. This demonstrated that the quality assurance systems needed to be embedded further to sustain the improvements made. We have identified this as an area that needed further improvement.

We saw some areas of good practice in relation to quality assurance. Improvements were made in relation to reviewing care plans, risk assessments, improving training and guidance provided in care plans for staff. Systems were in place that advised responsibility in relation to the monitoring of equipment. In addition, other improvements had been made. Weekly and monthly management contacts were completed with people, staff and relatives to ensure any change of need or concerns were addressed in a timely way. All staff were reassessed in relation to their competence in manual handling and medicines administration including the use of a PEG tube. The manager used these systems to drive further improvements in relation to people's Mental Capacity needs and staff recording of care activities. For example, management spot checks highlighted that some staff needed to provide more detail of the support given in people's daily notes. Reviews of care plans highlighted that assessments of capacity in relation to specific decisions were required.

People and their relatives spoke positively about the management of the service and the change in management arrangements that had taken place since July 2017. One person told us, "The company has gone through many changes over the years, some not very good. The company stabilised about a year ago. The manager is very good." Another person told us, "I have no reason to complain, the manager keeps in touch and I am very satisfied."

Throughout the inspection the atmosphere created by staff and the manager was friendly and professional. The manager and care co-ordinator had oversight of the day to day management of the service and had a genuine regard and good knowledge of the people supported by the service. Staff told us the leadership of the service had improved and there were clear lines of accountability and responsibility through their roles. Daily records, emails and care plan underpinned the day to day service delivery tasks ensuring that staff were supported and individual one to one support needs were met. Staff communicated well and in a timely manner with people, their relatives and local health care professionals. For example, sharing ideas, and updating health professionals and GPs of changes and raising any concerns about risks to people. This was demonstrated on the day of the inspection through observations of the interaction within the management team and conversations they had with staff calling for advice.

The service value base and culture was known and demonstrated by staff. The manager told us, "We treat people as individuals, when we look after people, we look after family." One staff member told us, "I have respect for people, my relative had carers. It's important to treat people as we would want to be treated." Staff spoke positively about their roles within the service and how they were supported within their roles by approachable managers. For example, in relation to spot checks completed by the manager, one staff member told us, "They are useful, they check I do all I need to and I get good feedback." The manager and staff demonstrated that the service would engage positively with staff and people who may have experienced discrimination in their lives and gave examples of how they may promote equalities, diversity and human rights within their service and when people were making care and support decisions.

The manager was aware of their responsibilities under the Duty of Candour. This is where a registered person must act in an open and transparent way in relation to the care and treatment of people. They encouraged an open and transparent culture and was continually looking to improve the service. For example, they were actively involved in developing partnerships through local dementia networking events. The manager told us this was to promote best practice and improve community access for people living with dementia. Staff were supported as lone workers through 'spot checks' and audits to ensure the culture of the service remained focussed on delivering personalised effective care. The manager contacted people

and their relatives by phone and carried out spot checks with staff and looking at daily notes and procedures. People and relatives were confident they could discuss any concerns they had with managers and were confident they would be heard.

Satisfaction surveys were completed in September 2017, which provided people and their relatives with an opportunity to feedback about the quality of the service provided. The areas discussed in the survey included, access to regular workers, punctuality, time given to support, staff knowledge, relatives involvement and quality of care plan information. The survey outcomes were consistently positive and identified that people had positive benefits from the service. For example, one person wrote, "I feel less stressed and maintain my health." Where people gave feedback that required a change the manager acted.

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	Section 33 HSCA Failure to comply with a condition The provider had failed to ensure that the regulated activity was managed by an individual who was registered as a manager in respect of the activity at or from the location of the service.