

Allcare Agency 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

About the service

Allcare Agency Limited is a domiciliary care agency that provides personal care to older adults and younger disabled adults in their own homes. Not everyone who used the service received personal care. CQC only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they do we also consider any wider social care provided. They were providing personal care to 11 people at the time of the inspection.

People's experience of using this service and what we found

At our last inspection in April 2019 we found there had been breaches to regulations on safe care and treatment, fit and proper persons employed, staffing, person centred care, good governance and also a breach of the Registration Regulations Act 2009, a failure to notify the CQC of incidents that affect people in receipt of regulated activity. At this inspection we found improvement had been made, though the service remained in breach of safe care and treatment and good governance; specifically, medicines management was not always safe, risk assessments needed clarity, there was not always recording of lessons learned when things went wrong, spot checks were completed infrequently, and staff meetings were either not recorded or poorly recorded.

Staff received an induction, but this was recognised as needing improvement by the registered manager. Staff received supervision, though two staff had yet to receive their annual complement of supervision. We have made a recommendation about following best practice about recording people's end of life wishes.

There were robust recruitment practices in place and sufficient staff working at the service. There were safeguarding systems and processes in place. Recruitment was carried out with people's safety in mind. Staff used infection control practices. Staff understood and used infection control practices.

Staff received training to complete their roles. People were supported to have maximum choice and control of their lives and staff did support them in the least restrictive way possible and in their best interests; the policies and systems in the service did support this practice. People's needs were assessed before they used the service. People were supported with their health care needs and the service worked with other agencies to support people. People were supported to eat healthily.

People and relatives told us staff were caring and paperwork at the service sought to ensure people's rights. People and relatives were involved in care plan reviews and were able express their views. People's independence was promoted and their dignity and privacy respected.

Care plans were person centred. People's communication needs were met, and people were supported to avoid isolation. People knew how to make complaints though there had not been any since our last inspection.

People thought highly of the management. People and staff were able to give feedback about the service. The management acted responsively to concerns.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection and update

The previous rating for this service was inadequate (published 11 June 2019). The service has improved to requires improvement.

The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection enough improvement had not been made/ sustained and the provider was still in breach of regulations.

This service has been in Special Measures since 10 April 2019. During this inspection the provider demonstrated that improvements have been made. The service is no longer rated as inadequate overall or in any of the key questions. Therefore, this service is no longer in Special Measures

Why we inspected

This was a planned inspection based on the previous rating.

Enforcement

We have identified continued breaches in relation to safe care and treatment and good governance.

Please see the action we have told the provider to take at the end of this report.

Follow up

We will meet with the provider following this report being published to discuss how they will make changes to ensure they improve their rating to at least good. We will work with the local authority to monitor progress. We will return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

the service was not always safe.

Details are in our safe findings below.

Requires Improvement ●

Is the service effective?

The service was not always effective.

Details are in our effective findings below.

Requires Improvement ●

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

Is the service responsive?

The service was not always responsive.

Details are in our responsive findings below.

Requires Improvement ●

Is the service well-led?

The service was not always well-led.

Details are in our well-led findings below.

Requires Improvement ●

Allcare Agency Limited

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

Inspection team

There were two 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.

Service and service type

This service is a domiciliary care agency. It provides personal care to people living in their own houses and flats.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

We gave the service 24 hours' notice of the inspection. This was because we needed to be sure that the provider or registered manager would be in the office to support the inspection. Inspection activity started on 04 December 2019 and ended on 04 December 2019. We visited the office location on 04 December 2019.

What we did before inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all of this information to plan our inspection.

During the inspection

We spoke with seven people who used the service and three relatives about their experience of the care provided via telephone. We spoke with five members of staff including the registered manager, the deputy manager and three care workers.

We reviewed a range of records. This included six people's care records and multiple medicine administration records. We looked at four staff files in relation to recruitment and staff supervision. We also viewed a variety of records relating to the management of the service, including policies and procedures were reviewed.

After the inspection

We continued to seek clarification from the provider regarding medicine management, induction, training and spot checks to validate evidence found. The provider sent us documentation we sought.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At the last inspection this key question was rated as inadequate. At this inspection this key question has now improved to requires improvement. This meant people were not safe and were at risk of avoidable harm.

Using medicines safely; Assessing risk, safety monitoring and management; Learning lessons when things go wrong

At our last inspection the provider had not always managed medicines safely, they had failed to assess individual risk to people to ensure they received care and support that kept them safe from harm, and they did not effectively monitor the care and support provided to people to ensure lessons could be learnt to minimise risk and ensure people were kept safe at all times. These were all continued breaches of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection we found that whilst improvement had been made the provider was still in breach of regulation 12.

- People told us they were happy with the support they received with their medicines, however, we found they were not always managed correctly. One person told us, "I get my medication four times a day- staff help me with this. [I'm] quite happy, seems to work for me." At the time of inspection, the service supported three people with medicines. Staff completed Medicine Administration Record (MAR) charts to record medicines administered and these charts were audited by management. The information provided in MAR charts had improved since our last inspection, however, they did not record what medicines were for and this information was not recorded anywhere else. This meant the service did not know why people received the medicines they did, which potentially puts them at risk of harm.
- MAR charts did not include the route of administration. This information is required by the provider's own medicines policy. However, it should be noted that the route of administration was recorded on the medicines risk assessment. This meant there was the potential to confuse medicines which would put people at risk of harm.
- We looked at several MAR charts and found one area of concern where reasons for a person not being administered their medicines had not been recorded in their daily logs. The registered manager remembered this incident and told us the person had not taken their medicines because they did not have any left. Whilst there is no concern about the ordering of medicines as at that point in time the service was not in charge of ordering the person's medicines, however in their recording of events this incident was not apparent. Nor was this event recorded as an incident although it could be warranted as one or a safeguarding concern.
- Since the last inspection auditing of medicines has improved. The registered manager or deputy manager checked each completed MAR chart that was returned to the office and completed an audit form for this. However, the audit had not picked up the issue we found where the reasons for a person not having been administered had not been recorded.
- Risks to people were recorded and monitored. Risk assessments we saw included moving and handling,

medicines and the physical environment. However, it wasn't always clear why people had certain risks associated with their care. For example, we saw one person had a health condition where their risk of serious health concerns and/or death was increased with weight loss or malnutrition. The care plan highlighted the person should drink prescribed extra nourishment drinks but there was no reference as to the complications if they should not.

- We spoke with the registered manager and deputy manager about this and they agreed that when people had risks associated with, for example, health conditions, they would create risk assessments for those health conditions. This would make it clear for staff providing care the reason why a risk factor had been recorded and what it was associated with.
- Lessons were learned when things went wrong. Incidents and accidents were recorded, and actions completed to keep people safe. We noted that relevant risk assessments were reviewed where incidents had occurred, and information was sought from medical health professionals where necessary. However, we discussed with the management team that learning was not particularly overt in team meetings minutes or staff supervision notes. We were told this would happen moving forward.

We found no evidence that people had been harmed. However, systems were either not in place or robust enough to demonstrate risks or medicines were managed effectively. This placed people at risk of harm. This was a continued breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The registered manager and deputy manager were receptive to inspector feedback and made changes to relevant documentation following our inspection.

- All staff had completed medicine administration training as well as evidence of a competency test for staff in relation to medicines administration. A medicines risk assessment had also been developed.

Staffing and recruitment

At the previous inspection the provider had failed to ensure that recruitment procedures were robust in ensuring that all staff were of good character and had the skills or competence required for their role. This showed a breach of regulation 19 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection we found sufficient improvement to meet the breach.

- People told us that staff arrived on time. One person said, "The staff are respectful, have good time keeping." Records indicated there were enough staff to carry out the calls at the service.
- Recruitment processes had improved since our previous inspection. At the last inspection we had found staff were not always recruited in a safe manner and people were not always cared for by staff who were suitable for the role. At this inspection we saw that one new member of staff had been recruited since our last inspection, and this had been done in safe manner with the service checking their proof of ID, their record of past employment history and their employment references.
- The service completed Disclosure Barring Service (DBS) checks. DBS checks are made by employers to ascertain the suitability of employees to work with vulnerable people. They state people's criminal convictions and or whether they've been added to any lists which would mean they were unsuitable to work with vulnerable people. Where employees had positive DBS checks the provider completed risk assessments with them that considered the nature of the offence, how long ago it was committed, the age of the person at the time and their explanation of events. These assisted the service to safeguard people by ensuring employees with criminal histories were transparent about their past and the risks associated with their history were mitigated.

Systems and processes to safeguard people from the risk of abuse

At the previous inspection we found there were inadequate systems in place to safeguard people from the risk of abuse. This demonstrated a breach of Regulation 13 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, Safeguarding Service Users from abuse and improper treatment. At this inspection we found the service was no longer in breach.

- People told us they felt safe. One person said, "I feel very safe with the staff, yes absolutely -no problems at all." There was an up to date safeguarding policy and procedure in place. Since the previous inspection all staff had received safeguarding training and knew what to do if they suspected abuse. One staff member said, "[I will] go straight to team leader or manager and have a discussion with them." We looked at safeguarding alerts the service had raised since our last inspection and saw had been completed appropriately and sought to keep people safe.

Preventing and controlling infection

- Staff understood infection prevention. One staff member said, "We wear gloves, aprons and sometimes masks." Staff received training on infection prevention and the service had an infection control policy. This provided guidance about reducing the risk of the spread of infection.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At the last inspection this key question was rated as inadequate. At this inspection this key question has now improved to requires improvement. This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

Staff support: induction, training, skills and experience

At the previous inspection we found the provider had failed to ensure staff received adequate training and support and there was insufficient evidence to show that staff were able to carry out their role effectively. This demonstrated a continued breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection we found the service was no longer in breach.

- New Staff received an induction, so they would know what to do when they started working with people. This induction comprised of shadowing experienced staff and discussions with the registered manager about topics such as the values of the service, personal care and policies and procedures. The registered manager recognised improvements to the induction process would benefit their staff. They planned to incorporate some mandatory training topics, an assessment of staff competence and new staff would complete the Care Certificate (a training programme designed for staff who are new to the care sector). We will follow this up at our next inspection as we have not yet seen evidence for this.
- In contrast to our previous inspection, we saw that staff had completed essential and relevant training. However, the provider had not created a list of what they considered to be mandatory training. This meant people were receiving care from staff that might be inconsistent, as staff had received varied levels of training. The registered manager told us they planned to work on this following the inspection. We saw that staff had all completed training on safeguarding, medicine administration and moving and handling. We saw that staff had completed specific training on working with people with certain health conditions. The deputy manager showed us that they were creating a matrix to record both face to face and online training as their online training software was unable to do this.
- Since the last inspection improvements had been made to supervision of staff. Staff told us they received supervision and records confirmed this. One staff member said, "Yes, we do get supervision, to be honest I get a lot of help." Records showed that topics such as training, performance, medicines, service user issues and CQC were discussed in supervision. Staff supervision was monitored by management through the use of a matrix we saw on the office wall. The registered manager told us that staff should receive at least three supervision sessions a year. We saw that two staff had not received three supervision sessions and these were planned, following the inspection. All staff had also received an annual appraisal and development meeting.

Ensuring consent to care and treatment in line with law and guidance

At the previous inspection the service was not always providing care and support in line with the Mental Capacity Act 2005 (MCA). As a result, people were at risk of having decisions made without their consent and not in line with their best interests. This demonstrated a breach of Regulation 11 of the Health and Social Care Act 2008 (Regulated Activities). At this inspection we found the service was no longer in breach of this regulation.

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 to receive care and treatment when this is in their best interests and legally authorised under the MCA. When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty. We checked whether the service was working within the principles of the MCA.

- Care plans contained consent forms. These were signed by people to indicate their consent to care provided by the service. We saw that these had been signed by people or those who had responsibility for them. However, we noted in some instances other people had signed for people when they shouldn't have, and the service did not have evidence of whether relatives held power of attorney when they said they had. The management team told us in future they would not seek signatures if people were unable to sign and would gather evidence of legal powers.
- Where required, care plans contained mental capacity assessments and best interest forms. Mental capacity assessments recorded people's ability to retain information and make decisions and sought to discover whether care interventions were necessary for a person. Where it was deemed people need the care intervention and were unable to make decisions for themselves, best interest forms were recorded, with family members included in their completion.
- People told us staff sought their consent. One person said, "They always treat me with respect and ask first [before doing anything]." Staff confirmed they understood the need for consent and acting in people's best interest. One staff member told us, "Every time we do something for them, when we go in, we greet and ask whether they want something. We give them choices all the time." Care plans contained information about people's mental capacity stating whether they had a diagnosis of a health condition where capacity might fluctuate, such as Alzheimer's.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- People's needs were assessed before they began using the service, so the service knew whether they could meet their needs. Assessments followed best practice guidance and covered different areas of people's lives where they needed support. This support covered people's health concerns and needs, their social relationships and other information that supported the service provide care.

Supporting people to live healthier lives, access healthcare services and support; Staff working with other agencies to provide consistent, effective, timely care

- People were supported with their health care needs. One person told us, "The carer called the ambulance and waited with me until it came. Even when my [spouse] arrived, they were brilliant and kept my spouse calm as well as they were in shock, they really do care about the people they support. They are wonderful." Care plans recorded details of health professionals involved with people's lives and where necessary the service communicated with those health care professionals.

- People and relatives told us that the staff and the service supported them by working alongside other agencies. One relative said. "My family member had a problem with their care package with the council and the funding and the staff were all there with us and supported us until we got it sorted-you cannot ask for better than that." We saw evidence of the service working with other agencies to meet people's health care needs. This included various services that support people with their health needs but also other agencies such as local authority social services.

Supporting people to eat and drink enough to maintain a balanced diet

- People were supported to eat and drink food they liked or needed. Where the service supported people with eating drinking and food preparation, this was detailed in their care plans. The information was person centred, for example, for one person the care plan stated, "Soft foods are required due to difficulty with swallowing, please ask if I would like sauce, as it depends on what food I am eating at the time." For another person, the care plan recorded that they were vegetarian and stated, "Food needs to be of a soft texture and any sauce needs to be thick and hold its shape on the plate." Where required, the monitoring of people's food and fluid was completed to ensure people were eating and drinking enough.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At the last inspection this key question was rated as requires improvement. At this inspection this key question has improved to good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- People told us staff were caring. One person said, "The staff that support me are kind and caring and like family really." Another person said, "Staff are so kind and professional, very caring indeed."
- Training at the service sought to ensure people were well treated. All staff were trained in equality and diversity. One staff member told us how they maintained people's culture and diversity, "Everyone can have their own god, and they have their own beliefs - you have to understand them, so you don't offend them. Care plans are the first call for these things."
- Care plans recorded people's sexual orientation and religion. They also included good detail about the persons past life and interests. For example, for one person it said they like the theatre, gardening, travel and painting. This assisted staff know how people liked to be treated.
- Various policies supported people's human rights, identifying relevant law and principles. The provider also sought to follow practice with respect to equality, diversity and human rights as an employer. Staff recruitment was carried out in line with EDHR principles. The registered manager also said they were flexible with staff working patterns to allow for staff to take time off for reasons related to their religion.

Supporting people to express their views and be involved in making decisions about their care

- People and relatives told us they were involved in people's care. One relative told us, "I cannot fault the service, they always keep me up to date on my family member which is great." Another relative said, "The management always inform you if there are any problems or update you with any changes regarding your family member." The service held care plan reviews with people and their relatives to ensure everyone was kept up to date with how care was going and provided people with the opportunity to express their views to the service. Care plans were then signed to demonstrate people's involvement.
- The opportunity to provide feedback was also offered at the end of each week through feedback sheets which the service provided alongside time sheets which people or relatives had to sign. This meant people were able to provide their views on the service as regularly as they liked.

Respecting and promoting people's privacy, dignity and independence

- The service promoted people's independence. One staff member said, "By giving them as much independence as possible, we encourage them to drink and do their own personal care, do as much as they can for themselves." Care plans included information about supporting people to maintain their independence. For example, the care plan for one person stated, "[Person] requires support in the bath to wash their hair and back and can wash the rest themselves."
- People told us their privacy and dignity was respected. One person said, "They do respect my dignity and

are very caring and respectful yes very much so." A relative said, "I feel they are very respectful to my family member and that's very important to me and my family member."

- People's confidential information was stored on password protected computers or in lockable filing cabinets. Staff had signed a confidentiality agreement whereby they agreed not to disclose confidential information about people. There were policies to support data protection and people's confidentiality. There was training on privacy and dignity that all staff completed.
- At the time of our inspection the service was providing care and support for a small group of people. After the inspection we spoke with the provider about how they would be able to maintain the improvements they had made in relation providing a caring service as the service developed. They assured us that they would gradually grow the service to ensure they did not compromise on the care they provided.
- The provider told us that they would only accept new care packages if they were confident they could meet people's needs and do so without having an impact on the care provided to people they were already supporting.

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At the last inspection this key question was rated as inadequate. At this inspection this key question has improved to requires improvement. This meant people's needs were not always met.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

At the previous inspection we found that care plans did not reflect people's preferences and therefore the care was not person centred. This demonstrates a continued breach of regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection we found the service was no longer in breach.

- People told us they received the care they needed. One person said, "The staff are absolutely brilliant, they really help and support me." The registered manager told us since the last inspection they had gone back to the beginning with regard to care plans. They said they accepted the previous ones were not fit for purpose so had redeveloped all of them. They told us they had gone to each person's home and met with them, and where appropriate, their relatives, to renew all the care plans.
- Care plans we looked at had been completed or reviewed within three months of this inspection and were person centred, detailed and of a good standard. They covered areas including mobility, aids and equipment, medicines, hearing, communication, washing and dressing, eating and continence. They provided guidance on what care people needed.
- Care plans included tasks to be carried out by staff at each visit. These were presented in a person-centred way. For example, the morning call tasks for one person included this, "Breakfast is to be prepared, it is [cereal brand] and hot milk. You will need to feed [person]. This is a slow process, be patient." This meant that staff knew what people wanted.

End of life care and support

- At the time of our inspection no one receiving end of their life care. However, the service was able to demonstrate their capability to do so. One staff member stated they had received training and told us what they felt good end of life care looked like, "To make sure they are comfortable and pain free." Records confirmed staff had received training on end of life and the service had an end of life care policy.
- Some people at the service had "Do Not Attempt Resuscitation" documentation in their care plans, which people, their families and GP had been involved in creating. We saw evidence of the service working with other agencies to ensure that people would receive the care they needed at the end of their life. However, the service did not record people's end of life wishes as standard practice, though they told us all people had stated they did not want their end of lives wishes recorded.

We would recommend the service follow best practice guidance with respect to following end of life wishes

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- The registered manager told us all people using the service spoke English as a first language which helped staff to communicate with them effectively. Care plans covered communication, for example, the care plan for one person stated, "Care workers to listen very carefully and watch [person] as they may use their hands and eyes to speak. If their voice is very low they will spell the word out. If you have to ask [person] to repeat, they will do so. Don't try and finish their sentences as this is when they become agitated and frustrated." The management team told us they would be able to seek support from the local authority with respect to communication needs, such as translation, if the need arose.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- Where required, people were supported to avoid social isolation. Where most people using the service were visited for short periods of time where they received personal care, there was at least one person supported to attend occasional activities. We saw evidence that this was something the person wanted to do, and we heard from staff it had occurred.

Improving care quality in response to complaints or concerns

- People knew how to make a complaint and told us they would feel able to do so. One person told us, "I have no complaints at all with them - but I would say something if I wasn't happy." A relative added, "If I needed to complain or thought that my family member was not happy in anyway, believe me I would without a doubt say something." There was a complaints policy and procedure and all people had signed forms to indicate they had received copies of the complaint procedure.

- There had been no complaints to the service since our last inspection.

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At the last inspection this key question was rated as inadequate. At this inspection this key question has now improved to requires improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

Planning and promoting person-centred, high-quality care and support with openness; and how the provider understands and acts on their duty of candour responsibility, Continuous learning and improving care; Engaging and involving people using the service, the public and staff, fully considering their equality characteristics: Working in partnership with others:

At the previous inspection the provider had failed to ensure there were effective systems and process to assess, monitor and improve the quality of care provided by the service. This demonstrated a continued breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection we saw that whilst improvements had been made to the service, the provider was still in breach.

- Quality assurance systems and processes were not sufficiently robust. We have highlighted various issues that require improvement; we found that whilst the service had made improvements to their medicine managements, risks assessments and learning lessons when things went wrong, these areas still needed to improve to ensure the service was providing safe care and treatment. Similarly, improvements were required to training and staff induction.
- Team meeting minutes were either not recorded or poorly recorded. They did not accurately record what was said at the meetings, where wellbeing of people who used the service was often discussed and instruction for staff given.. Not recording meetings or doing so inaccurately meant the provider could not be assured that staff were aware of what is happening with the people using the service and other information they needed to know. Management at the service admitted minutes did not truly reflect what was being discussed at meetings and would seek to rectify this at future meetings
- Spot checks were infrequent. The service completed spot checks of staff working at people's homes to assure the quality of care being provided. However, we saw that none had been completed since August 2019, some four months before this inspection. This meant that the provider was not assuring itself of the quality of care being provided by their staff, which potentially put service users at risk. The management at the service stated spot checks were completed randomly. After discussion with CQC inspectors at inspection, the management stated that they would seek to make them regular ensuring time was set aside to complete these.

At this inspection the provider had failed to ensure that effective systems and processes to assess and monitor and improve the quality of care provided by the service. This demonstrated a continued breach of

The registered manager told us staff had worked hard to improve the service since our last inspection and would continue to do so. We acknowledged the improvements that had been made; quality assurance processes were being completed regularly which increased consistency of better practice with regards to training, care planning and medicines. These improvements have led to a dramatic reduction in the number of regulatory breaches, However, we highlighted further improvement was required.

- People and relatives spoke positively about the management of the service. One person said, "The management and carers are all lovely and approachable." Another person said, "I think that the service is very well run, I would one hundred percent not go anywhere else even if I was paid-I think they are the best." One relative said, "I feel the service is well led indeed. Yes, the management are great." The service had a statement of purpose and a service user guide. Both these documents highlighted the aims of the service, to provide quality person-centred care to people in their own homes.
- Improvements on the gathering of feedback had occurred since our last inspection. We saw there was the opportunity to feedback to the service on weekly basis via forms supplied with timesheets people signed to corroborate the hours staff worked. Feedback we read was positive and commended the care.
- The deputy manager told us they had introduced a staff survey, which was sent out to staff in September/October 2019. The registered manager told us they intend this to become a regular thing, but as yet were not sure of the proposed frequency. We viewed completed feedback forms which contained mostly positive feedback. For example, one staff member had written, "At the moment I am very happy with the management... You know how to deal with things."
- The service had professional relationships with the local authority and other health and social care providers. These relationships were maintained to the benefit of people using the service. We saw various examples of when staff supported other agencies to provide care to people.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The registered manager acted responsibly and responsively when things went wrong. Records indicated relatives were contacted when things went wrong and also the local authority were notified. However, we had one concern about a notification that should have been sent to Care Quality Commission (CQC) but had not been sent. The registered manager explained that they had not sent it due to wording on the CQC website which we agreed could confuse them given the circumstances. Following our conversation, we asked them to complete a notification which they did.

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 12 HSCA RA Regulations 2014 Safe care and treatment Medicines were not always managed safely. Lessons were not always learned when things went wrong. Reasons for risks were not always clear.
Regulated activity	Regulation
Personal care	Regulation 17 HSCA RA Regulations 2014 Good governance Spot checks were infrequent. Record keeping of team meetings were poor.