

Care Solution Bureau CIC

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Inspection report

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Date of inspection visit:

20 November 2018

21 November 2018

22 November 2018

28 November 2018

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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

What life is like for people using this service:

People who used the service and their relatives told us that staff were kind and caring and treated them with dignity and respect. There was evidence that language and cultural requirements were considered when carrying out assessments and allocating staff to work with people.

People told us that they felt safe using the service and staff were confident that any concerns would be dealt with appropriately. The provider had just introduced a new electronic call monitoring system where staff logged in and out of their calls, which enabled care workers visits and punctuality to be monitored.

People and their relatives knew who to contact if they needed to make a complaint and people were happy with how their issues or concerns had been dealt with. Health and social care professionals felt the provider was responsive and responded to concerns positively.

People had regular care workers who knew how they liked to be supported. Care workers were aware of people's dietary needs and supported people to maintain their health and wellbeing. We saw the provider had contacted the necessary health and social care professionals when people's health deteriorated.

Although people told us that they did not have any concerns with how they were supported with their medicines, we continued to see inconsistencies in how records were completed. We saw the provider had offered extra refresher training and discussed medicine recording issues with staff to make them aware of their responsibilities.

Improvements had been made in how the provider sought consent to care and treatment in line with the Mental Capacity Act 2005 (MCA). Minor improvements were needed in how the provider assessed risks to people as there were inconsistencies across the records we reviewed.

Although we found improvements had been made, the provider was still in the process of fully implementing all of their systems and processes. The provider regularly reminded staff to complete the appropriate records however we found that this was not always being done with people's daily logs and medicines administration records. Not all of the records we requested were available as they had not been returned to the office.

The provider was aware of the challenges they faced and were committed to making the necessary improvements. They had started a pilot project which offered literacy support to staff where English was not their first language to help them carry out their responsibilities.

The provider continued to promote an open and honest culture and the majority of people and their relatives told us they were happy with the management of the service. Staff spoke positively about the

support they received and the working environment.

We found a continuing breach of regulations in relation to safe care and treatment. You can see what action we told the provider to take at the end of the full version of this report.

More information is in Detailed Findings below.

Rating at last inspection: Requires Improvement (report published 24 May 2018).

About the service: Care Solutions Bureau CIC is a domiciliary care agency. It provides personal care to people living in their own homes in the community. It provides a service to older adults and younger disabled adults. At the time of the inspection they were supporting 280 people in the London Borough of Tower Hamlets.

Why we inspected: This was a planned inspection based on the rating at the last inspection. The previous inspection was a focused inspection on 21 and 22 March 2018 to check that improvements to meet legal requirements had been made. At this inspection, despite some continued improvements that had been made, we found that there were still inconsistencies across all the records we reviewed and improvements were still in the process of being fully implemented. Although improvements had been made in the Effective and Responsive key questions and were rated Good, the overall rating remained Requires Improvement. This is the fourth time this service has been rated Requires Improvement.

Follow up: We will ask the provider following this report being published to tell us how they will make changes to ensure they improve the rating of the service to at least Good. We will revisit the service in the future to check if improvements have been made.

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 effective.

Details are in our Effective findings below.

Good ●

Is the service caring?

The service was caring.

Details are in our Caring findings below.

Good ●

Is the service responsive?

The service was responsive.

Details are in our Responsive findings below.

Good ●

Is the service well-led?

The service was not always well-led

Details are in our Well-Led findings below.

Requires Improvement ●

Care Solution Bureau CIC

Detailed findings

Background to this inspection

The 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.

Inspection team: This consisted of three inspectors and three experts by experience. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of service. They were responsible for contacting people during the inspection to find out about their experiences of using the service.

Service and service type: Care Solutions Bureau CIC is a domiciliary care agency. It provides personal care to people living in their own homes in the community. It provides a service to older adults and younger disabled adults. At the time of the inspection they were supporting 280 people in the London Borough of Tower Hamlets. Not everyone using Care Solutions Bureau CIC 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. Where they do we also take into account any wider social care provided.

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 provider 48 hours' notice because we needed to ensure somebody would be available to assist us with the inspection.

Inspection activity started on 20 November and ended on 7 December 2018. We visited the office location on 20, 21, 22 and 28 November 2018 to see the registered manager, office staff and to review care records and policies and procedures.

What we did when preparing and carrying out this inspection: We reviewed information we had received about the service since the last inspection. This included details about incidents the provider must notify us about, such as allegations of abuse. We also reviewed the action plan that the provider submitted to the

local authority after they had carried out quality monitoring visits between July and September 2018. We also spoke with the local authority commissioning and contract monitoring teams. We used all this information to plan our inspection.

During the inspection, we called 53 people using the service and managed to speak with 26 of them. We also spoke with 18 relatives and 27 staff members. This included the director, the registered manager, the operational lead, two care coordinators, two risk assessors, an external consultant, the human resources administrator and 18 care workers.

We reviewed a range of records. This included 25 people's care plans, 16 staff recruitment files, staff training files, staff supervision records, audits and records related to the management of the service. We also looked at a variety of policies and procedures developed and implemented by the provider.

Following the site visit we contacted nine health and social care professionals who worked with people using the service for their views and feedback and heard back from seven of them.

Is the service safe?

Our findings

Some aspects of the service were not always safe and people were not always protected from avoidable harm.

Assessing risk, safety monitoring and management

- Staff we spoke with were able to explain to us how they supported people to reduce the risk of avoidable harm. However, there were inconsistencies in the care plans we reviewed as to how people's risks were assessed and what control measures and guidelines were in place for staff to follow.
- For example, where one person had reduced mobility, their assessment had been recently updated in August 2018 and there was guidance in place for care workers to follow to ensure safe moving and handling practices to prevent them from falling. However, for another person that was being supported with hoisting, there was limited information about how the care workers transferred this person and the risk assessment had not been completed. Daily logs confirmed a hoist was being used but this had not been updated in the care plan. We did see correspondence that the provider had liaised with the occupational therapist and provided training for care workers. We spoke with the care workers who supported this person who confirmed they had received the appropriate training and instructions to follow. The registered manager told us that there was regular monitoring of this service with input from the occupational therapist and acknowledged that the care plan needed to be updated to show the current level of care that was being provided.
- Internal and external environmental risk assessments had been completed and covered areas including lighting, gaining access and gas and electrical appliances. Fire safety assessments were also in place to check if there were fire alarms or if people smoked.

Using medicines safely

- People and their relatives told us that they were happy with the support they received in managing their medicines. One person said, "My tablets are written in my book when I have taken them." A relative told us that their care worker knew about the medicines that their relative needed and had once noticed the pharmacy had made a mistake and reported it to the office. Only one relative told us that they had concerns with how medicines were managed as there had been an incident where a care worker had made an error.
- We continued to find inconsistencies and errors on people's medicines administration records (MARs) which had not been picked up when they were returned to the office. For example, we saw gaps in people's MARs with no explanation as to why they had not been recorded. One person's MAR chart for September 2018 did not include the name of the medicines they were given. Another person's daily logs showed that care workers were prompting pain killers but there was no information about medicines support in their care plan. A third person's care plan stated that relatives were responsible for medicines however we saw entries in the daily logs that care workers were supporting the person with their medicines. The provider's medicines policy said that a list of people's medicines should be recorded whether they prompt, support or provide no support, but there was no medicines information available.
- The registered manager and director acknowledged this and said they had found this one of their biggest challenges. The registered manager said, "We are trying to give additional help to staff and encourage them to make the necessary improvements." We saw that the provider regularly reminded staff about the

importance of completing MARs correctly and invited care workers in for discussions about following instructions on completing MARs.

The above information demonstrates a continuing breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Safeguarding systems and processes

- The provider had robust safeguarding systems in place and all the staff we spoke with had a good understanding of their responsibilities to ensure people were protected from harm and abuse. Staff received safeguarding training which was refreshed annually.
- People and their relatives told us that they felt safe using the service and when staff were in their home. Comments included, "I do feel safe. I've had the same carer for two years and I trust her" and "I'm very safe. I get the same people in the morning and they help me in and out of the bath. They are doing their job nicely."
- Staff were regularly reminded in supervision and weekly memos about the importance to report and record any concerns. One care worker said, "They always remind us about this and that we have to let them know. I am very confident that they will take action."
- Although a safeguarding log was in place, it did not always contain the documents related to the investigation, the action taken or record when the case had been closed. The registered manager acknowledged this and agreed to update the log with all the necessary records.

Staffing levels

- The majority of people and their relatives told us that they had regular care workers and they had no major issues with their time keeping. We did receive some feedback that people were not always informed if their care worker was running late. Comments included, "His timing is pretty good, I have confidence in him and he rings me if he is going to be late", "The time keeping is 90% good", "Normally, they are on time and come in together, I have no complaints" and "With timekeeping, they are late most of the time but don't always phone to tell me."
- At the time of the inspection, the provider had 270 care workers to support people using the service. Where people had transferred from previous care agencies, they had recruited their regular care workers to ensure continuity of care. One relative said, "We have had the same wonderful carer for six years. They have moved agency twice to carry on looking after my [family member]."
- The provider had recently started using an Electronic Call Monitoring system (ECM) where care workers logged in and out of their calls, either through the person's landline or through an app on a smartphone. Although we reviewed logging data for five people for the period of the week prior to the inspection, we were unable to fully analyse it as the provider was still in the process of setting it up and people's schedules were still being checked and uploaded onto the system. The director also told us that there had been some technical issues in getting it set up, which the local authority confirmed. People told us they had been made aware of this and that care workers were starting to log in at the beginning of their visit.
- The provider followed safe recruitment procedures to ensure staff were suitable to work with people who used the service. All appropriate checks for staff had been completed and there was evidence of photographic proof of identity and proof of address, two references and documents confirming the right to work in the UK.

Learning lessons when things go wrong

- We saw correspondence that showed the provider used incidents as a learning opportunity and shared it across the organisation to improve practice and remind staff about their responsibilities.
- We saw one incident where the registered manager had found a care worker had supported a person by

using their bank card. Correspondence was sent out to all care workers that they should not be using people's bank cards unless it had been approved. We also saw a recent safeguarding incident had been discussed at a management meeting and how the investigation had been carried out.

Preventing and controlling infection

- People's care records highlighted personal protective equipment (PPE), such as gloves and aprons, were necessary when supporting people with personal care or preparing food. They also reminded staff to ensure areas were kept clean to prevent any cross infection.
- Care workers received weekly memos to remind them about carrying PPE items and staff checked this when they carried out spot checks on care workers in people's homes. Staff received training in infection control and from a recent staff survey, 141 out of 147 care workers said they were happy with the PPE available to them.

Is the service effective?

Our findings

People's care, treatment and support achieved good outcomes, promoted a good quality of life and was based on best available evidence. People's outcomes were consistently good and people's feedback confirmed this.

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

- People's needs were assessed before the service began to provide care and support. We saw correspondence that showed care workers, where needed, had shadowing opportunities and demonstrations with health and social care professionals on how to use mobility equipment to fully understand people's needs.
- We saw the provider had discussed partnership working with the East London NHS Foundation Trust to arrange discharge planning meetings to ensure they were fully aware of people's needs before they started using the service.

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

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 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. We checked whether the service was working within the principles of the MCA

- The provider had made improvements since their previous comprehensive inspection in November 2017. Their care records had been updated and staff recorded information about people's capacity to make decisions about their care and support. Where people had capacity, the provider ensured they had signed to consent to their care. One person's care plan had been signed by a relative and recorded that they had the Lasting Power of Attorney (LPA). However, it was not recorded what kind of LPA was in place and the provider did not have a copy to confirm the relative had the legal authority to make these decisions. We spoke to the registered manager and director about this who confirmed they would follow this up with the relative. Where one person's care plan had not been signed, we saw correspondence with the person and their main family carer that they were involved in decisions about their care. We discussed this with the registered manager who acknowledged they would make sure all records confirmed people's consent to their care.
- Care workers we spoke with confirmed they had received training on the MCA and told us they would contact the office if they had any concerns. One care worker said, "We make sure we give people choices for everything they do. We support them to make certain decisions and if we have concerns, we contact the manager who will ask professionals to carry out a mental capacity assessment."

Staff skills, knowledge and experience

- The majority of people we spoke with and their relatives told us that they felt confident with the level of experience of their care workers. One person said, "They seem well trained and are competent when using

the hoist." A relative told us that they had worked closely with the staff and that the staff team had also helped show them safe ways of transferring their family member. Only two relatives we spoke with felt there was room for improvement. One relative told us they were not happy with how the care workers used the hoist and we followed this up with the registered manager. They were proactive and arranged a home visit to discuss their concerns.

- Staff were knowledgeable about their role and completed an induction and programme of mandatory training when they started with the service. Care workers who had transferred over to the provider from another agency spoke positively about the support available when they started. One care worker said, "I did an induction and they also carried out some spot checks when I first started." Care workers received training in topics including health and safety, moving and handling, medicines, safeguarding, dementia and malnutrition, which was refreshed annually. We also saw training about pressure sore awareness and guidance to follow if there were any concerns carried out at a recent staff meeting.
- Staff received supervision approximately every three months and spoke positively about the support they received during these meetings. One care worker said, "We can discuss any issues that we have and they do listen and take action with anything that I have brought up." Where supervision records highlighted training needs, they did not always record what kind of training was needed and when it should to be completed by. The registered manager acknowledged this and said they would make sure more detail was included for future records.

Staff providing consistent, effective, timely care. Supporting healthier lives and access to healthcare services

- People were supported to maintain their health and we saw the provider worked closely with a range of health and social care professionals to ensure people received effective care and support. For one person, we saw the provider had liaised with an occupational therapist regarding concerns that had been reported about their mobility equipment. A health and social care professional told us that the registered manager responded quickly when they were informed of any incidents and followed up with visits to people and their relatives at their home. They also told us that they were kept updated and notified if care workers did not get a response when they attended a visit.
- Care workers were aware of what to do in emergency situations and we saw memos were sent out reminding them if they noticed that people's health had deteriorated they should call the GP or dial 999. For one person, we saw that a care worker had reported to the office that they had seen them wandering outside in a confused state, whilst they were on their way to another call. The care worker took the person home and the care coordinator had contacted social services to raise the issue and request a reassessment of their needs. One relative told us that the care worker had called an ambulance when their family member was unwell and waited with them until it arrived. They added, "It puts my mind at rest that they know what they are doing."

Supporting people to eat and drink enough with choice in a balanced diet

- Peoples dietary needs and the level of support they needed was recorded in their care plans, including the support that relatives provided.
- Nutritional risks were highlighted and guidance was available for care workers to follow. One person had diabetes and information was available for staff to follow and a reminder to leave a bottle of water at the end of the visit to avoid them becoming dehydrated. For another person, care workers monitored their food and fluid intake and recorded it in their daily logs, reporting any concerns. Daily logs for a third person confirmed that care workers had followed instructions to make sure they enriched the person's hot drinks with double cream.
- One person said, "They don't make my food, but they always check I'm eating and make sure I've got drinks between visits." A relative said, "[Family member] has dietary requirements and fluid restrictions. The carers are aware of everything and would never do anything differently without asking me. They understand

their needs."

Is the service caring?

Our findings

The service involved and treated people with compassion, kindness, dignity and respect.

Ensuring people are well treated and supported

- People and their relatives spoke positively about the kind and caring nature of staff that supported them. Comments included, "I couldn't wish for a finer person. He has been a godsend and makes sure I have everything I need", "Anyone would be in good hands if they had my carer. She is wonderful and I really rely on them for some company. I love them coming in" and "They are like part of our family and treat us all well. We are completely confident in their care."
- People had regular care workers which helped to develop positive relationships. One person said, "Having a regular person who is thoughtful and caring means a lot to me." One relative said, "Over four daily calls including the weekends, we have a regular team of five staff and I think it is great. They all know [family member], and they love them all, which gives me confidence." Where possible, the provider made sure care workers were introduced to people before they covered for a regular care worker.
- People also told us how staff had gone above and beyond their duties. One relative said, "They go over the allocated time until they've finished and settled my [family member]. I have seen how calm he/she becomes when they are here." Another relative told us that on one occasion their care worker was not able to get to the call because there was no public transport but the registered manager had picked them up to make sure they attended the call.
- Care workers spoke kindly about the people they supported and told us about the importance of building a relationship and working closely with them and their relatives. One care worker said, "The family want a regular service and I work with them every day, we are like a team." One person said, "I can see that they care with a passion and they do it with love." One person also told us that the care workers had been very sympathetic to them and their family and provided emotional support when they had dealt with a bereavement. Another person said, "We talk about our histories and we have got to know each other."

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

- We saw records that showed people using the service and their relatives were involved in making decisions about their care and support. One relative said, "When we started, they came and visited and looked at [family member's] needs. We were both involved." For one person with no relatives, we saw that the provider had involved a staff member from the supported housing service where they lived and was present at the initial assessment.
- Staff were able to communicate with people in their own language which supported them to be fully involved and understand the decisions made about their care. We saw examples when staff had communicated with health and social care professionals on behalf of people using the service and their relatives due to language difficulties. A health and social care professional told us that it was helpful that if people did not understand they could work with Bengali speaking staff to make sure they knew what had been discussed. The registered manager told us they had staff that could speak Bengali, Sylheti, Urdu, Punjabi, Somali and Cantonese.

Respecting and promoting people's privacy, dignity and independence

- People and their relatives told us that staff respected their privacy and dignity and encouraged them to be as independent as they could be. Comments included, "They are all very respectful to me, even the ones that come to cover. They are so kind", "They don't rush me and they let me do things in my own time. It is good I can do more because they are here for me" and "They encourage my [family member] to do the things they can. They will wet a flannel and put soap on but will then let him/her wash what they can."
- Care workers were aware of the importance of ensuring they respected people's privacy and maintained their dignity, especially during personal care. One care worker said, "When they are in the bathroom, I make sure certain body parts are covered and encourage them to do what they can."
- Feedback from the provider's most recent satisfaction survey showed that 43 out of 45 respondents felt care workers always treated them with respect. People and their relatives also told us for cultural reasons, they were able to request their preferred gender of care worker, which was important when it came to providing personal care. One relative said, "They have a male carer, which was their preference and they can communicate in Somali, which is very helpful and understanding."

Is the service responsive?

Our findings

People received personalised care that responded to their needs.

Personalised care

- Care plans were personalised and contained a profile of the person that identified how they should be supported. They included an overview of the service delivery and covered people's health conditions, communication, physical abilities, preferences and what was important to them. People and their relatives told us they were involved in reviews to discuss their care needs. One relative said, "At the last review the carer had told them how [family member] was slowing down and needed more time in the morning so the company got in touch with social services and pushed for extra time which was agreed. They included me in all the talks and decisions." We saw one person's care plan had been reviewed four times in the last year due to changes in their needs.
- Staff knew people's likes, dislikes and preferences and told us how people liked to be supported. One relative said, "Our carer is exceptional. They know [family member] well and have got into a good routine, they have a pattern of doing things together." Another relative told us how the care worker supported their family member with simple exercises if they had spare time. They added, "This simple stretching has helped to build an appetite and given them more movement in their arms." A third relative told us they were happy how their care workers had learned to communicate around their family member's needs, which helped as they had regular care workers. They added, "It was difficult at first, but the carers are managing to understand. They sit with him/her and try to interact."
- We saw the provider discussed people's care and support and tried to be flexible to accommodate people's needs. One person had regular visits to hospital and the care workers tried to work around their schedule. Their relative said, "They come earlier or later, as necessary. Sometimes they don't sleep well and I call to ask if the visit can be put back and they always try to accommodate this." Another person was supported going to a day centre. Their care plan highlighted this and different schedules were in place for when they went to the day centre.
- The provider listened to people's preferences with regard to how they wanted staff to support them with their cultural or religious needs. One relative said, "We wanted a Somali carer as it is important for communication. They understand about halal food and they have built up a good relationship. They speak about current affairs and update my [family member] with the news." Another relative said, "For cultural reasons, we have a Bengali speaking male carer." This information was recorded in people's care plans so care workers would be aware of their needs. One care worker told us they came to the office between breaks because they could do their prayers and the provider created a comfortable environment for this.

Improving care quality in response to complaints or concerns

- There was an accessible complaints procedure in place and a copy was given to people when they started using the service. People and their relatives told us they knew who to call if they had any concerns and would feel comfortable making a complaint if they had to. The majority of people told us they had never needed to make a complaint.
- Where people had made a complaint, they were satisfied with how it was dealt with. One relative said, "When I complained to the manager, they came around very promptly. They wrote a report and kept me

informed. I was very happy with the quick way they dealt with it." Only one person we spoke with felt when they raised issues they were not always addressed.

- We saw correspondence that showed the provider had responded to issues that had been raised by the local authority when they had carried out quality monitoring visits between July and September 2018. A health and social care professional told us that they felt the provider was responsive when issues were raised and approached resolving them in a positive manner. The registered manager said, "One of our positives is that we receive minimal complaints. We always encourage people to call and get in touch with us so we can deal with it immediately."

End of life care and support

- At the time of the inspection the provider was supporting one person who was receiving end of life care. We saw the provider had discussed the needs of people receiving palliative care at a recent management meeting. We saw the provider had been flexible with the family and had arranged a later evening call that was more suitable to the person's needs. We did highlight that the person's care plan needed to provide clearer information for care workers to follow regarding their preferences. It was also difficult to read the person's daily log records as the entries were not always legible. We did speak with their relative who confirmed that they were always involved and updated. They added, "They do take good care of him/her and know how to look after them. They know how to change [family member]."

Is the service well-led?

Our findings

Service management and leadership did not consistently assure high quality care. There was a fair and open culture however relevant records were not always checked or updated.

Leadership and management

- At the time of our inspection there was a registered manager in post. Our records showed he had been formally registered with the Care Quality Commission (CQC) in April 2017. He was present each day and assisted with the inspection, along with the director and office team.
- The majority of people using the service and their relatives spoke positively about how the service was managed and the support they received. Comments included, "I would like to say that they are an exceptional company. We have had a couple of agencies and these are the best" and "I find the management approachable and comfortable making contact. I can't fault their attitude."
- Negative feedback related to communication issues with the office. One person told us that they were not always called back when they said they would, which could be irritating. Another person said, "The management is a bit hit and miss at times, with room for improvement with their back up staff."
- All of the staff we spoke with were positive about the registered manager and director. One staff member said, "[Registered manager], he calls us all the time to check everything is OK and he is hands on with everything. It is the same with [director]. They are always available and it feels like we are all one big family."
- The majority of health and social care professionals were confident in the management of the service. One health and social care professional felt the provider was one of the best agencies they had worked with and found them extremely responsive to meeting people's needs, with the management team flexible and ready to go the extra mile.

Provider plans and promotes person-centred, high-quality care and support and good outcomes for people

- Staff told us they felt well supported in their role and there was a positive culture and inclusive working environment. Comments included, "I have a good relationship with all staff, I can approach them at any time and ask for help and support. I have no issues" and "They look out for us, are very attentive and understand it is important to look out for us. They treat us like a family."
- One health and social care professional felt the provider needed to be more proactive and was struggling to be consistent in their delivery of care. Although they had received positive feedback from people using the service about their care workers, they believed some of the issues that had occurred was the result of gaps in leadership and levels of communication not being consistent across the management team.

Managers and staff are clear about their roles, and understand quality performance, risks and regulatory requirements

- The registered manager was aware of their registration requirements regarding statutory notifications and we saw they had submitted the necessary notifications for any incidents that occurred across the service. A health and social care professional told us that the provider followed procedures in a timely manner regarding safeguarding concerns and were always willing to attend meetings to discuss and find solutions to complex issues.
- Although we saw the provider regularly reminded staff about their responsibilities in carrying out their

role, the shortfalls we highlighted found that this was not always being done. The provider was aware of these challenges and was committed to making the necessary improvements. From the positive feedback we received from people using the service and their relatives, we were reassured the shortfalls did not have a direct impact on the care and support that people received.

- One health and social care professional told us they were confident with their progress and thought the provider was moving in a positive direction, but needed more time to embed their processes. Where they excelled in some areas, such as links with the community and responding to concerns, improvements were needed with working practices as the organisation expanded.

Engaging and involving people using the service, the public and staff

- The provider sought people's and their relative's views about the service on the level of care they received and what improvements could be made. Over 150 satisfaction surveys were sent out to people in June and July 2018, however only 45 were returned. The director told us that they would provide stamp addressed envelopes in the future to encourage more people to reply. The majority of responses were positive and feedback highlighted that channels of communication could be improved, especially when related to timekeeping.
- The provider had also produced a staff survey since the previous inspection. We saw the majority of care workers felt supported in their role, had access to training and could contact the office easily. Learning from feedback resulted in team meetings being arranged by the area care workers covered.

Continuous learning and improving care

- The registered manager had systems in place to assess and monitor the quality of service provided. However, we identified some improvements were needed around the collecting, auditing and reviewing of people's care documents as issues that we found had not always been picked up.
- The provider acknowledged the challenge of keeping up to date with people's daily logs and medicine administration records (MARs) to ensure they were aware of any concerns within the service.
- For example, not all of the daily logs or MARs were available for the care records we reviewed. One person's daily logs had not been returned since July so we were unable to get an up to date review of the care they received. There were inconsistencies with how financial transaction records were completed and increases to people's care and support was not always updated in their care records. The provider had just implemented a new audit programme for people's care records and were recruiting a new quality assurance officer as the previous staff member was no longer working there. The registered manager and director acknowledged where improvements needed to be made and told us that some of the records we had reviewed were still in the process of being checked as part of their quarterly audit cycle. The registered manager added, "Maybe the paperwork isn't up to speed but we have actioned everything that we have needed to." We saw the registered manager was committed to make improvements and had recently attended a medicines workshop with updates from the CQC, Skills for Care and The National Institute for Health and Care Excellence (NICE). The registered manager said it had been a positive experience and had been able to discuss guidelines, best practice and share top tips to ensure people's medicines were managed safely.
- We saw that staff meetings had discussed these issues and care workers were reminded in memos about returning records monthly to reduce the backlog for office staff. Spot checks were also completed to check on the quality of the service. Where concerns had been raised, we saw spot checks were carried out to monitor the service. One relative said, "The manager has been around three times to check that all is well and make sure the carers are coming on time."

Working in partnership with others

- The provider worked in partnership with other agencies for the benefit of both people using the service

and staff teams. They had created links with a local community centre to support people to make sure they had a Christmas meal if they were living alone. They had also donated money to help fund the project. The local authority had praised the provider on how they were involved in the local community.

- The provider had created links with the Alzheimer's Society and had arranged for care workers to access training and become dementia champions. Although this was still in the early stages, a representative from the Alzheimer's Society spoke positively about the provider's approach and that they had been enthusiastic about engaging people from the local community, raising their awareness of dementia and finding additional expertise to help improve their service.
- The provider was working to address challenges they faced by working with a local organisation to provide literacy support for care workers where English was not their first language. We saw they had started a pilot project and initial literacy assessments had been completed in the first week of November 2018, with applicants signed up to a ten week education and learning programme.

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	<p>Regulation 12 HSCA RA Regulations 2014 Safe care and treatment</p> <p>The provider did not ensure that care and treatment was provided in a safe way as systems for the proper and safe management of medicines were not operated effectively. Regulation 12(1),(2)(g)</p>