

Sage Care Limited

Sagecare (Southwark)

Inspection report

Unit 47
City Business Centre, Lower Road
London
SE16 2XB

Tel: 02073946589
Website: www.sage-care.co.uk

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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?

Requires Improvement ●

Is the service responsive?

Requires Improvement ●

Is the service well-led?

Requires Improvement ●

Summary of findings

Overall summary

About the service:

Sagecare (Southwark) Limited is a domiciliary care agency registered to provide personal care to people living in their own homes. The Care Quality Commission only inspects the service being received by people provided with 'personal care'; help with tasks related to personal hygiene and eating. At the time of our inspection approximately 377 people were using the service. Of those 377 people, 350 received personal care and the remainder received domestic assistance only.

People's experience of using the service:

People reported they felt safe with staff and had developed positive relationships where they received a consistent service from regularly assigned staff. However, some people had experienced disruptions with the delivery of their care and support due to unforeseen changes to staff they were not advised about in advance, late visits, missed visits and visits that felt rushed if care workers were late.

Recruitment practices were safely conducted to ensure new staff had suitable backgrounds and experience to support people who used the service. However, the provider had not ensured that all staff were up to date with their training and received support through regular formal supervision and team meetings.

The provider had not ensured that all people who used the service had suitable care plans, so that their needs and wishes were properly identified and addressed. Some people did not have appropriate risk management guidance in place to reduce risks and promote their safety, health and wellbeing. Although staff had received medicines training, the provider did not have sufficiently robust processes in place to observe and audit how people were supported with their prescribed medicines.

People received care and support to meet their health care needs, and their nutritional needs where required. Although people's mental capacity was assessed and they were supported to make day to day choices about their personal care where possible, the provider's system for recording whether people had appointed attorneys to act on their behalf was not sufficiently detailed.

Most people stated they were happy with the caring attitudes of their regular care staff and they felt that staff promoted their entitlement to dignity, respect and confidentiality. There were mixed views from people in relation to how the provider dealt with complaints. We noted that since the appointment of the new manager there was a focused approach to addressing complaints and the underlying reasons why people expressed their dissatisfaction.

Staff did not feel they had been supported well by the management but felt that the new manager was progressing with improvements in relation to how information was communicated, staff training and support, and the systems used by office staff to plan the visits schedules.

People and relatives had experienced difficulties with the quality of the service and the professional performance of the management team. Some people expressed optimistic views that their care had recently improved. The provider had analysed in a detailed manner where the service was not functioning well and had developed an action plan. Progress was being achieved with the action plan at the time of the inspection. However the provider's own quality monitoring systems had not been properly used, which had resulted in people receiving a service with significant shortfalls.

Rating at last inspection:

This is the first inspection of the service since it was registered by the Care Quality Commission on 16 March 2018.

Why we inspected:

This was a scheduled inspection of the service.

Enforcement:

We found five breaches of regulation. These were in relation to the management of risks to people's safety, the safe management of prescribed medicines, training, supervision and support to enable staff to effectively carry out their duties, detailed care planning to identify and meet people's needs and wishes, and the implementation of robust systems to monitor and improve the quality of the service. Please refer to the 'action we told the provider to take' section at the end of full report.

Follow up:

We will ask the provider to inform us how they will make changes to make sure they improve the rating of the service to at least good. We will continue to monitor information and intelligence we receive about the service until we return to visit in line with our re-inspection scheduling guidelines for services rated requires improvement. We may inspect this service sooner if we receive any concerning information.

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

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 not always caring. Details are in our Caring findings below.

Requires Improvement ●

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 ●

Sagecare (Southwark)

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. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.'

Inspection team:

The inspection was conducted by two adult social care inspectors and two 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 care service. Our experts by experience areas of expertise included supporting older people with general health care needs and older people living with dementia.

Service and service type:

This service is a domiciliary care agency. It provides personal care to people living in their own houses and flats. It provides a service for older adults and younger adults with disabilities and/or long-term health care needs. We only looked at personal care as this is the activity registered with the Care Quality Commission.

The service did not have a registered manager. A registered manager and the provider are legally responsible for how the service is run and for the quality and safety of the care provided. The regional manager (referred to as the manager within this report) was present throughout the inspection and informed us she planned to apply for registered manager status, until the provider recruited a permanent manager for this role.

Notice of inspection:

We did not give notice. Due to the size of the service we expected members of the managerial and supervisory team would be available at the office when we arrived.

Inspection activity commenced on 13 March 2019, when we visited the office location. Visits to the office were also carried out on 14, 15 and 19 March 2019 to see the management and office staff; and to review care records and policies and procedures. We visited two people who used the service on 3 April 2019 and

completed our telephone contact with people on 19 April 2019.

What we did:

Prior to the inspection we reviewed the information we held about the service, which included notifications from the provider, safeguarding alerts and any information of concern from anonymous sources. A notification is information about important events which the provider is required by law to send us. We also contacted the local authority contracts monitoring team for their feedback.

During the inspection we spoke with the manager (a regional manager within the organisation), six care workers, five supervisory/office staff and the regional director. We visited two people in their own homes, where we also spoke with their relative and/or friend. We spoke by telephone with 20 people who used the service and 12 relatives. We looked at 18 care files for people who used the service, six staff files for recruitment, training, supervision and appraisal, the complaints log, medicine administration records, staff rosters, electronic call monitoring data, policies and procedures, and a selection of quality monitoring documents.

Is the service safe?

Our findings

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

Requires improvement: Some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk people could be harmed. Regulations were not met.

Assessing risk, safety monitoring and management

- The risk assessments looked at during the inspection showed that risks to people's safety were identified, and care staff were provided with written guidance to follow to provide people with safer care and support.
- Risk assessments had been developed to address the personal care needs of people, for example where people needed support with moving and positioning, and/or were at risks of falls, pressure ulcers and malnutrition. There were also environmental risk assessments in place to promote people's safety in their own homes and minimise any risks for staff, for example if there were loose cables or mats that needed to be secured to prevent slips and trips.
- However, we found that risk assessments had not been undertaken for all people using the service at the time of the inspection. The manager informed us that 80% of people had a detailed risk assessment in place and the provider was working towards achieving 100% compliance within the next few weeks. Care staff told us they had carried out visits to people's homes where they felt unsure of how to meet a person's needs due to the lack of documents within people's files. For example, one care worker informed us they provided personal care for a person with a PEG tube but did not have written information about the day to day risks associated with maintaining cleanliness where the tube was inserted. Percutaneous endoscopic gastrostomy (PEG) is a medical procedure in which a tube is passed into a patient's stomach through the abdominal wall, most commonly to provide a means of feeding when oral intake is not adequate. The absence of risk assessments and accompanying instructions for staff placed people who used the service at risk of avoidable harm.

This was a breach of regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Using medicines safely

- Where people received support from their care worker to meet their medicine needs we found that the recurring concern was that medicines were administered late, due to care staff arriving late at their homes. Comments included, "They give my medicines and my eye drops and if they are late it knocks everything back", "The carers give the medicines and of course they are late because the visit is late" and "I am on medication that needs food so it's important that my meals are on time which is a problem if they come late, which happens all the time."
- The provider's own action plan identified the need to prioritise improvements to ensure people received safe and timely support to meet their assessed medicine needs. The manager told us that during the couple of weeks she had been in post at the service it was apparent that previously there was a lack of managerial scrutiny and auditing in relation to medicine practices, including how medicine administration records were completed. At the time of the inspection a risk rating system was being introduced so that people with time critical medicines were highlighted in the visiting schedules. The provider also planned for people with

higher risk medicine needs to receive a weekly visit from field care supervisors to ensure closer monitoring to promote their safety.

- Staff received medicines training and their competency was assessed by their line manager through a focussed formal medicine supervision, which was mandatory in line with the provider's training policies and procedures. Care staff told us they had supported people with taking their medicines before they undertook the provider's medicine training. Records showed that medicine training had been completed. Although the provider had identified where improvements were required, people's medicine needs were not safely met at the time of this inspection.

This was a breach of regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Systems and processes to safeguard people from the risk of abuse

- We received mixed views from people in relation to whether they felt safely supported by staff. Comments from people included, "They are wonderful, I do feel safe", "Yes (I feel safe) with my regular carer but I sometimes worry about the others" and "Some of them yes, others have seen 13 people before me and they are too tired to do the job properly." Relatives told us, "I don't think they are trained at all because they don't always do things properly", "Yes, [my family member] feels safe with them" and "While we have carers who don't know [my family member] it is worrying. [He/she] has dementia and doesn't relate to strangers and I am sure this is what caused [recurrence of personal care/health care problem]."
- Prior to the inspection the local authority informed us there had been a significant number of safeguarding investigations, quality alerts, concerns and complaints about the standard of care and support provided to people, which impacted on their safety and wellbeing. People and their relatives had also contacted the Care Quality Commission (CQC) to express their concerns, primarily about late calls, only one care worker turning up when people were assessed to need two staff to ensure their safety and/or calls being missed out entirely. This included visits where people needed support to take their prescribed medicines at specific times. Where required we had raised safeguarding alerts to the local authority, other concerns were reported to the provider and followed up by the former manager.
- Records showed staff had received safeguarding training. Our discussions with care staff during the inspection demonstrated they understood the provider's safeguarding policies and procedures, including how to report any concerns about people's safety and wellbeing to their line manager. Care staff told us they were confident that any concerns would be properly managed, particularly since the provider had established a more stable managerial and supervisory team in the past month. The provider appropriately notified the CQC about safeguarding concerns, in line with legislation.
- Some people and their relatives told us that they experienced problems with the punctuality and reliability of care staff. Comments from people included, "They are reliable and they call to let me know if they are running late", "They always turn up at the same time every day" and "They come when they feel like it, sometimes early, sometimes late." Relatives told us, "There have been a few times when they have not turned up" and "They were not coming at the right times which was a problem and sometimes they were not coming at all, which caused distress. Recently things have been much better."
- We also received mixed comments as to whether care staff had sufficient time to meet people's needs. Comments from people included, "Sometimes the carers say they can't do all the jobs they should as they are late, so they leave things undone", "I used to have a regular carer who was very good, but now they swap them around and with the reduced time there isn't proper time for anything" and "They don't do all the jobs and leave me to take up the slack and I can't cope and I'm so tired."
- Care staff told us that although they were now getting to know the current office team, the provider's past difficulties with retention of care coordinators and field care supervisors had resulted in disorganised rotas and an inability to efficiently respond when care staff contacted the office for guidance. For example, staff

told us they had been given rotas that did not allow enough time to travel from one person's home to the next visit because some office staff were not familiar with the local geography and public transport links.

- The manager told us office staff with responsibilities for rostering staff and scheduling visits were due to receive training where they were new to the organisation or refresher training, if applicable. During the inspection we observed that staff were given information and training on the scheduling system by a visiting business support colleague, who showed us how the system had been developed to make certain people's individual needs and requirements were identified and met. We spoke with a member of the office staff who carried out scheduling and found they were able to describe the system in a knowledgeable manner. The views we received from people who used the service, relatives and care staff during the inspection signalled that further improvements were needed to ensure that the visit planning process provided people with a smoothly and accurately delivered reliable service.
- The provider used an electronic call monitoring system (ECM), which meant that care staff electronically logged their times of arrival and departure at people's homes. At the time of the inspection the provider's own monitoring of the compliance level with ECM demonstrated that it was being appropriately used 75% of the time. The manager told us the provider's own standard was 100% compliance and this was being worked towards. Two administrative staff were employed to monitor ECM and plans were in place to appoint additional staff, so that the monitoring would be contemporary as opposed to staff analysing data from the previous day. The manager was confident this would enable the office team to promptly address potential concerns in relation to whether people had received their visits in line with their assessed needs.
- The provider used safe and thorough recruitment processes to protect people from the risk of receiving their care and support from staff without suitable experience, skills and backgrounds to carry out their roles and responsibilities. We noted that one recruitment record did not have a second reference, although the recruitment officer was able to demonstrate the actions they had taken to chase the reference. This had included a telephone discussion with the staff member's most recent employer to check on their suitability to work for the provider. However, this was not properly documented due to an oversight by the recruitment officer and was addressed during the inspection.

Preventing and controlling infection

- People did not have any concerns about how staff protected them from the risk of cross infection. At the two home visits people showed us supplies of personal protective equipment (PPE), which included plastic gloves, aprons and shoe covers. They confirmed that staff consistently used the PPE.
- The care staff we spoke with had received infection control training. We received comments from care workers that the disposable gloves were not suitable for all staff, particularly if they had any allergies or dermatological conditions. We discussed this with the manager who told us other types of gloves could be obtained to meet specific needs of staff.

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.

Requires improvement: The effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent. A regulation was not met

Staff support: induction, training, skills and experience

- We received mixed comments from people and their relatives in relation to whether they thought their care staff had the right skills and knowledge to competently meet their care and support needs. People who used the service told us, "They know what to do", "Some of the carers just don't seem to know what they are doing and don't do things properly", "A couple of new carers came that I needed to tell what to do" and "They seem to be very knowledgeable and know what they are doing." Relatives commented, "Some of them don't seem to know what they are doing and don't listen" and "There were some staff that were on a learning curve with knowing how to provide care. They all seem to know what they are doing now."
- Some staff told us there had been delays in receiving training when they transferred over from other care providers last April via TUPE arrangements. TUPE refers to the Transfer of Undertakings (Protection of Employment) Regulations, which protects staff if they are moved from an old employer to a new employer by operation of law. The manager informed us that there were difficulties beyond the control of the provider with the TUPE process, which impacted on the quality of the service and its support for new staff.
- At the time of the inspection the provider had identified that the compliance level for mandatory training was 75%, although the provider's own required attainment level was 100%. This mandatory training consisted of an induction, health and safety which included fire awareness, food hygiene, infection control, first aid, prevention of abuse, administration of medicines, moving and handling, and understanding mental capacity. Records showed that staff were booked into forthcoming mandatory training sessions and training was taking place in a meeting room at the service during the inspection.
- The provider had developed an enlarged version of the Care Certificate, with additional modules. This included training and guidance to support staff to care for people who had experienced a stroke and/or were living with Parkinson's Disease. The Care Certificate is an identified set of standards that health and social care workers adhere to in their daily working life. It is usually offered to staff who are new to health and social care but can be used as refresher training for experienced staff.
- TUPE appointed staff completed a 'TUPE Competency Work Booklet' which was then evaluated by a trainer. The provider's audit of how many staff had completed an induction showed that out of approximately 170 staff, 42 did not have any evidence of having completed the TUPE workbook. Therefore, the provider did not have an accurate understanding of the competencies and training needs of a significant number of care staff. The manager told us these staff would be booked into the induction training rather than being asked to undertake the workbook.
- Staff were provided with a 'Care Workers Conduct Book' which covered the provider's expectations of how they performed their roles and responsibilities. However, staff did not receive regular one to one support and guidance from their line managers. The provider's audit of supervision showed that at the time of the inspection 72 staff did not have evidence of supervision on file. We noted that the provider was working towards addressing this, for example staff meetings for care workers had been arranged and one took place

during the inspection visit. The manager was also conducting meetings for the office staff and field care supervisors, to ensure they were clear about their responsibilities. Although the provider was now addressing the deficits caused by the absence of a robustly delivered training and supervision programme, people were not consistently receiving care and support from staff with satisfactory training and enough guidance.

This was a breach of regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014

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

- The care files we looked at demonstrated that people's needs were satisfactorily assessed. The provider's assessments showed that staff carrying out the assessments had read through the assessments carried out by the local authority. This ensured that valuable information about people's needs, wishes and circumstances were not overlooked.
- The assessment tool was designed to ask people about their individual needs, interests and preferences for how they wished to be supported. One person told us they had been involved in their assessment, "I was asked lots of questions about what I needed my carers to do on each visit. There have been teething problems but now it's going fine." Other people said their relatives or friends were consulted as they were unwell at home or still in hospital when their care package was set up.

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

- People and their relatives confirmed that they received satisfactory support from care staff to meet their nutritional needs, where this formed part of their assessed needs. Comments from people who used the service included, "I enjoy the meals they make for me" and "Yes, they do breakfast and sandwiches as well as an early supper, it is always something nice." A relative commented, "They give [family member] breakfast and offer lunch...then they do supper, it works well."
- The care files contained information about people's dietary needs and preferences, for example if they had any food allergies, did not wish to be offered certain foods, or needed to eat soft foods due to swallowing difficulties.
- A staff member told us they had reported concerns about a person's diminishing food and fluid intake to their line manager and the person's relative, in accordance with their training from the provider. The relative arranged for their family member to see their GP.

Supporting people to live healthier lives, access health care services and support.

- People told us they usually managed their own health care needs or were supported to do so by relatives and friends. A relative informed us, "Sage Care called me to make an appointment for [family member] as their [health care condition] was worse, so the carers must have told the office."
- The care staff we spoke with had received training and guidance in relation to the actions they should take if people's health needs rapidly declined, including telephoning emergency services and informing the office where required.
- People's care files contained information about their health care needs and whether these needs affected their day to day health, wellbeing, mobility and ability to manage aspects of their personal care. Staff were working with other agencies to provide consistent, effective, timely care
- People's risk assessments and care plans included details about other professionals and organisations involved in their care and support, where necessary. For example, medicine risk assessments provided details about which pharmacy was responsible for delivering medicines to people's homes and information was recorded in care plans if district nurses regularly visited people to carry out particular nursing care duties. This ensured that staff knew who to contact if they had any relevant queries or concerns about people's care and support. We also looked at care plans where people needed to be ready at specific times

as they attended day centres.

- Prior to the inspection we were contacted by people who were concerned that the poor punctuality of care staff had on occasion resulted in them being unable to attend external commitments that were important for their health and wellbeing.

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 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 with appropriate legal authority.

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

- People and their relatives told us that care staff consulted them about how they wished to be supported and asked for their consent before they delivered care. Some people praised individual care workers for the respectful way they asked for consent before assisting with personal care. Not all of the care staff we spoke with had received mental capacity training.
- There were clear systems in place to assess people's capacity to consent to their care. People who used the service were encouraged to sign their care plans and accompanying consent forms where appropriate. Best interests' decisions were appropriately taken as required.
- The manager told us that relatives and friends were only permitted to sign on behalf of people if they evidenced they held legal authority to do so, for example Lasting Power of Attorney (LPA) for Health and Welfare. The current assessment tool used by the provider did not have a section for field care supervisors or managerial staff to confirm in writing they had been shown an original LPA document. Records did not rigorously demonstrate that staff were liaising with the correct individual with legal authority, to ensure people's rights were protected. The manager told us she planned to raise this issue with the provider's senior management.

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.

Requires improvement: People did not always feel well-supported, cared for or treated with dignity and respect.

Ensuring people are well treated and supported; equality and diversity

- We received predominantly positive remarks from people and their relatives about the caring and helpful approach of the care staff. Comments included, "They are kind and easy to talk to", "We have a laugh and a joke when they come, and the carers are all very kind", "They always take time to listen to me" and "They are absolutely lovely. I don't know what I would do if they leave." One person told us, "The carers judge me and don't listen to me at all sometimes" and another person stated, "There are good ones but sadly there are more bad ones."
- The care plans contained useful information about people's life history and interests, which enabled care staff to initiate meaningful conversations and develop relationships with the people they supported. This included information about where people used to work, how many siblings they had and if they had religious beliefs and cultural practices that were important to them. A relative told us, "They are very kind, making time to chat and share interests." Other relatives said there was insufficient time allocated for care staff to spend time chatting with their family members, but they felt staff were sociable and tried to engage with people.
- People confirmed they received personal care and other support from a care worker of the same gender, if this was their expressed wish.

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

- Some people and their relatives told us they did not feel consulted by the provider about how their care and support should be delivered and did not feel listened to. Comments included, "They do it the way that's easiest for them and don't do what I ask", "I do tell them but truthfully [provider] doesn't listen", "I have told them what I think but they don't listen", "I got completely fed up talking to them and nothing happening, so I speak to social services now", "I find emails the best, they always respond" and "Yes, I tell them what I think and it works well."
- Processes were in place to seek people's views about the quality of their service. The provider had sent out surveys in August 2018 to 317 people who used the service, and the return rate was 18.3%. 63% of the respondents felt the service protected their privacy 'very well' or 'extremely well' and 86% of people who responded felt safe and cared for, and thought staff were polite and courteous. However, only 52% of respondents felt they were involved in decisions about their care and were listened to, and only 49% said they were notified when their care worker was going to be late.
- The manager acknowledged that action was needed to enable people and their relatives to feel their views were listened to and acted on to improve the quality of the service. Quality monitoring phone calls were taking place during the inspection, as part of the provider's own action plan for improvement.

Respecting and promoting people's privacy, dignity and independence

- People and their relatives informed us they felt respected by care staff when they delivered personal care and other support. One relative said, "They treat [my family member] with total respect" although another relative told us, "They don't respect [my family member's] dignity and do things in a way that makes lots of extra work for me and I've explained this so many times that I don't know what to do."
- The main concern that people and relatives highlighted was the unsatisfactory timekeeping of care staff and the lack of effective communication from office staff, which did not promote a respectful and empowering standard of care. Comments included, "I used to have a regular carer who was very good but now they swap them around. On [date] they missed me out completely and I had to phone to find out what was going on" and "I have three visits a day and my regular carer is wonderful and always on time, but when she is on holiday I get all sorts of random carers. The office never tell me who is coming in and they're all over the place for timing."
- Care staff presented a clear understanding of how they protected people's privacy and ease during personal care, for example by making sure windows, curtains/blinds and doors were closed and checking people consented to the presence of any relatives or other persons in the room. People's records were correctly and securely stored at the provider's office. The service ensured they maintained their responsibilities in accordance with the General Data Protection Regulation (GDPR). This is a legal framework that sets guidelines for the collection and processing of personal information of individuals.

Is the service responsive?

Our findings

Responsive-this means we looked for evidence that the service met people's need.

Requires improvement: People's needs were not always met. A regulation was not met.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control

- At the time of the inspection we found that some people who used the service did not have a full care plan in place. The provider's own analysis indicated there was an 80% compliance with people having a full care plan in place. Care staff were using 'care grid service schedules' supplied by the local authority, which did not have the necessary level of detail to promote individual care that reflected people's needs and wishes. The absence of some individual care plans impacted on the ability of staff to robustly meet people's needs.

This was a breach of regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- The care plans we looked at contained personalised information in relation to how people wished to be supported. This showed people and relatives were involved at the initial assessment stage.
- Some people and their relatives felt the service was responsive to their needs. One person told us that care staff had observed they needed new equipment at home to promote their independence and advised the person to speak with their GP.
- People and their relatives predominantly stated that the provider had not reviewed their care. One person told us, "Last week two ladies came and looked through" and another person was not sure if their review was conducted by the provider or social services.
- At the time of the inspection people had received their service for less than a year, therefore annual reviews had not been undertaken. Apart from one person, the care files we looked at did not show that people had been visited by a field care supervisor or member of the managerial team since their care package commenced. Therefore, people could not be assured their care plans were always accurate and relevant.
- People's communication needs were assessed, in line with the Accessible Information Standard (AIS). This was introduced by the government in 2016 to make sure that people with a disability or sensory loss are given information in a way they can understand. It is now the law for the NHS and adult social care services to comply with AIS.

Improving care quality in response to complaints or concerns

- People and their relatives reported mixed views about making complaints to the provider and how the complaints were managed. Comments included, "I've never had anything to complain about", "I've complained several times, and no one listens", "I had a couple of complaints when they first started coming but that's all sorted out now" and "We have had a few hick-ups in the past but now everything is going well. They have listened and changed things, so everything is now much better."
- People and their relatives were provided with written information about how to make a complaint. This included information about the role of the Care Quality Commission and the role of the Ombudsman. Contact details were also given.
- We looked at each complaint the provider had received since registration. Not all of these complaints had

been resolved within the timescales set. All but two complaints on file for 2018 had been followed through to completion. The manager told us she had audited complaints received in 2019 to ensure they had been followed through to completion. Although a significant number of complaints were upheld via the provider's own investigations, we did not see ongoing evidence of how the former management team used this information to improve the quality of the service.

- Actions were in place to address deficits in how complaints were previously managed. The manager had contacted people and relatives, where it was not clear whether they thought their complaint had been satisfactorily resolved. Field care supervisors had been instructed to undertake home visits to re-establish relationships with people who had become disillusioned with the service.
- There was limited evidence of compliments about the service. However, there was a particularly positive letter from a senior health and social professional in relation to how a member of the care staff had transformed the quality of a person's daily life.

End of life care needs

- The manager told us she had sought information about people with critical and complex needs when she commenced at the service, and confirmed the service was not supporting any people with end of life care at the time of our inspection.
- The provider's training programme included end of life care. The manager understood how to guide and support the staff team to meet people's end of life care needs, having had extensive experience in the domiciliary care sector and as a qualified nurse.

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. Requires improvement: Service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care. A regulation was not met.

Planning and promoting person-centred, high-quality care and support; and how the provider understands and acts on duty of candour responsibility

- The provider did not demonstrate there were sufficiently robust systems in place to monitor the safety and quality of the service. For example, at the time of the inspection the provider's own analysis showed that 86 staff had not had a 'spot check' visit by a field care supervisor, to observe how they provided care and support to people who used the service.
- Throughout the inspection we found there were a range of areas that needed improvement, which included ensuring all people who used the service had full risk assessments and care plans in place. The service was working to improve the scheduling of visits to people. Improvements were also required to ensure staff received appropriate training, supervision and support to competently meet people's needs.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- The service did not have a registered manager. The new manager had been in post for two weeks at the time we commenced the inspection. The manager informed us she planned to apply to the Care Quality Commission to become the registered manager, until a new permanent manager was in post.
- The manager told us about the quality monitoring systems developed by the provider to promote a high standard of care for people who used the service, and support staff to capably meet this expectation. This included twice a year 'spot check' visits, three monthly visits or telephone checks to gather people's views, three monthly staff meetings and an annual medicines risk assessment as part of an annual medicine review. These systems had not been in operation although the provider's own spreadsheet showed that progress was being made to address these significant shortfalls.
- Care file audits were now taking place and were being undertaken by the manager and senior staff at the service. We looked at a sample of audited files and saw that areas for improvement had been identified and were being addressed.
- The provider appropriately informed the Care Quality Commission of notifiable events, for example safeguarding alerts, in line with the law.

Engaging and involving people who use the service, the public and staff, fully considering their equality characteristics

- People and relatives expressed mixed views about how the service was managed. Comments included, "When I call the office they are...very friendly and helpful", "I think everything is good and they give me a good service", "I am really not happy about the care we receive" and "I pray every day that things will get better, but I manage just about."
- The manager was found to be actively engaging with people who used the service and with staff to

establish and build on relationships.

- Staff we spoke with during the inspection did not feel well supported by the management team. They noted that some positive changes were now happening, for example team meetings were taking place and they had received their first newsletter with information about the service and guidance about how to effectively carry out their roles and responsibilities.

Continuous learning and improving care; Working in partnership with others

- The service was not able to demonstrate continuous learning and improving care, although the manager showed that she was in the process of introducing these practices. Where people who used the service or their relatives reported concerns to us during the inspection and agreed that we should discuss these matters with the manager, we found that appropriate action was promptly taken to resolve their concerns. • The manager acknowledged that there had been weaknesses in how the service was previously managed and was now supporting staff to implement necessary changes to achieve improvements. The provider's action plan clearly set out what improvements were needed, who was responsible, how this would be achieved and by when.
- The provider attended regular meetings with local authority, where the provider was required to demonstrate its progress with an agreed action plan for improvement.

The findings throughout this inspection show that although action was now being taken to improve the service, the provider had failed to implement and maintain the use of effectual quality monitoring practices.

This was a breach of regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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 9 HSCA RA Regulations 2014 Person-centred care People must be supported to receive person-centred care that meets their needs and preferences. 9(1)(a)(b)(c)
Regulated activity	Regulation
Personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment People's needs must be assessed to identify risks to their health and safety. 12(1)(2)(a) People must be supported to receive their medicines safely and properly. 12(1)(2)(g)
Regulated activity	Regulation
Personal care	Regulation 17 HSCA RA Regulations 2014 Good governance Systems were not in place to ensure the service operated in compliance of regulations. Systems to assess, monitor and mitigate risks were not always up to date or appropriate. Systems to monitor the quality and safety of the service were not sufficiently robust. Regulation 17(1)(2)(a)(b)(c)
Regulated activity	Regulation
Personal care	Regulation 18 HSCA RA Regulations 2014 Staffing

People must be supported by staff with appropriate training, supervision and support to effectively carry out their duties.
18(1)(2)(a)