

Lauriem Complete Care Limited

Lauriem Complete Care Limited

Inspection report

Graphic House, Suite 2
Honeywood House
Dover
Kent
CT16 3EH

Tel: 01304361222
Website: www.lauriem.co.uk

Date of inspection visit:
23 July 2018
30 July 2018

Date of publication:
11 October 2018

Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Requires Improvement 

Is the service caring?

Good 

Is the service responsive?

Requires Improvement 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

The inspection took place on 23 and 30 July 2018 and was announced.

Lauriem Complete Care Ltd is a domiciliary care agency. It provides personal care to people living in their own houses and flats in the community. It provides a service to adults who want to remain independent in their own home. Most of the people who use this service are older adults. The service also provides care and support to people living in specialist 'extra care' housing. Extra care housing is purpose-built or adapted single household accommodation in a shared site or building.

The accommodation is rented, and is the occupant's own home. People's care and housing are provided under separate contractual agreements. CQC does not regulate premises used for extra care housing; this inspection looked at people's personal care and support service. The service provides 'background support' to all of the residents in the extra care housing. Not everyone using Lauriem Complete Care Ltd or the background support 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.

At this inspection we rated this service is rated as 'Requires Improvement' as we identified breaches of the Health and Social Care Act 2008 (Regulated Activities) 2014.

A registered manager continued to be employed at the service. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run. The registered manager ran both this service and the providers other service in Deal.

Risks to people had not always been assessed and there was not always a plan in place to minimise these risks. This included risks associated with nutrition and hydration. When people's circumstances changed their care plans and risks assessments were not always updated to reflect these changes.

Medicines were not always managed safely. Medicine administration records were not always complete. Non-prescribed medicine was treated in the same manner as prescribed medicine and this led to confusion.

Care plans were not always up to date and people's preferences and wishes were not always taken in to account. When people needed emergency medical assistance they were supported to do so. However, some people needed referrals to health care professionals for further support and equipment and this was not always done.

Complaints and incidents were not always recorded appropriately and were not always investigated and acted upon.

Auditing of the service to check the quality of service provision was not consistent and did not identify the concerns found on inspection. Systems and processes were not always effective in ensuring that the service was well led and meeting the requirements of the regulations.

There were sufficient numbers of staff to meet people's needs and cover the care calls provided by the service. New staff had been recruited safely and pre-employment checks had been carried out. Staff were appropriately supervised and had annual appraisals. Staff training was up to date and staff had the skills and knowledge they needed to support people. The provider undertook spot checks to monitor staff performance and competency assessments for medicine administration and manual handling. Staff at the service had supervision and appraisals as appropriate. However, staff were not always happy and did not always feel supported in their role.

People were protected from abuse. Staff had undertaken training in safeguarding and understood how to identify and report concerns. Staff had access to gloves and aprons and people were protected from the risk of infection.

People were treated with respect, kindness and compassion. People's privacy was respected and they were supported in a dignified way. People were supported to maintain and increase their independence where appropriate. People consent to care was sought and their choices were respected. The service was meeting the requirements of the mental capacity act 2005.

The provider undertook an annual survey and people were provided with opportunities to express their views about the care and support they received.

The service worked in partnership with other agencies and attended events and conferences to develop and share best practice.

We found four breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. You can see what action we told the provider to take at the back of the full version of the report.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement ●

The service was not always safe.

Individual risks were not always identified to help protect people's safety.

Accidents and incidents were not always followed up by reviewing people's care to keep them safe.

The administration of people's prescribed medicines was not always safe and needed improvement.

Sufficient staff were available to provide the support required. Staff were recruited safely.

Risks to the environment were checked to keep people and staff safe.

Staff knew how to keep people safe from the risk of abuse and reported any concerns they had.

Is the service effective?

Requires Improvement ●

The service was not always effective.

People had an initial assessment to determine the care and support they required from staff.

Some people were supported with eating and drinking. However, some people were not effectively supported to maintain their hydration.

People were not always supported to access healthcare services when they needed it.

Observational checks to monitor staff performance and check staff competency had been carried out regularly.

Some staff had received one to one supervision and an annual appraisal. Suitable training was provided to develop staffs' skills appropriately.

People had control over the choices and decisions they wished to make.

Is the service caring?

Good ●

The service was caring.

People told us that the staff were kind, caring and compassionate.

People were given information when they joined the service about the support and the standards they could expect from the staff.

Care from staff respected people's privacy, dignity and helped them to maintain their independence.

Is the service responsive?

Requires Improvement ●

The service was not responsive.

Care plans were not always person centred as the information contained in them was not up to date. Plans were not always reviewed when people's needs changed.

Complaints were not always accurately recorded and therefore were not always investigated and acted upon and responded to. The complaints procedure gave people the information they needed to know.

Is the service well-led?

Requires Improvement ●

The service was not always well led.

Monitoring processes were in place to check the safety and quality of the service. However, these had not been effective in identifying areas that required improvement or ensuring that improvements were made.

Staff meetings were held although staff were not always happy and did not feel that communication was effective.

Feedback from people was sought through an annual survey.

Lauriem Complete Care Limited

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

We gave the service 24 hours' notice of the inspection visit because it is small and the manager is often out of the office supporting staff or providing care. We needed to be sure that they would be in.

Inspection site visit activity started on 23 July 2018 and ended on 30 July 2018. This was a comprehensive inspection. We visited the office location on 23 July 2018 to see the manager and office staff; and to review care records and policies and procedures. On the 30 July we visited the extra care housing unit and spoke to people who lived there who received a service. We also shadowed staff undertaking care calls to people to see how care was delivered.

The inspected team consisted of one inspector and one expert by experience who undertook telephone calls to people who used the service and their relatives. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Before the inspection, we asked the provider to complete a Provider Information Return (PIR). This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make. We looked at notifications about important events that had taken place in the service which the provider is required to tell us by law. We used this information to help us plan our inspection.

We sought feedback from relevant health and social care professionals and staff from the local authority involved in the service on their experience of the service. We contacted Healthwatch. Healthwatch are an

independent organisation who work to make local services better by listening to people's views and sharing them with people who can influence change.

During the inspection, we visited four people in their own home and spoke to 12 people and one relative on the telephone to gain their views and experiences. We looked at seven people's care plans and the recruitment records of five staff employed at the service.

We spoke with one of the providers, the registered manager and five other members of staff. We viewed a range of policies, medicines management, complaints and compliments, meetings minutes, health and safety assessments, accidents and incidents logs. We also looked at the providers survey.

Is the service safe?

Our findings

People using the service told us that they felt safe. People said, "I have to be hoisted and feel safe when they do it.", "They get me out of my chair, I feel safe in their hands.", "They always remind me to take my regular antibiotics.", "The carers cream my legs and do it fantastically", and "They come regularly, they help clean me up and help me shower, I can't speak badly of any of them."

However, we found that individual risks had not always been identified to ensure staff had the guidance necessary to follow a specific plan to prevent harm. One person was being cared for in bed. There was no assessment for the risk of skin break down and no information for carers on how to support the person to maintain their skin integrity. The daily notes showed that staff were using pressure relieving equipment which was not mentioned in the persons care plan. There was no guidance for staff on how this equipment should be used and when. This meant that the person was not protected from risk.

One person had bed rails in place. The bed was not provided by the service. There was no information regarding the bed rails in the persons care plan and no risk assessment relating to the bed rails. This meant that staff did not have the information they needed to keep the person safe from the risk of harm from becoming trapped in the rails. Staff also did not have guidance as to when the rails should be used. Since the inspection an appropriate risk assessment has been put in place. The provider has also updated the assessment forms to ensure that bed rails are risk assessed in future and documented in people's care plans.

Information regarding using a hoist to support people to move was detailed and included what sling to use and how to attach the different straps. There was information on when hoist equipment had been checked and when it was due to be serviced to make sure it was kept in good working order. There was also person specific information where people had complex medical conditions such as epilepsy to guide staff in the event of an emergency such as having a seizure.

Accidents and incidents were not always managed safely. Incidents and accidents were recorded on the service's IT system. We saw that not all incidents were categorised correctly which meant that they were not always easily identifiable as incidents or accidents. There were a huge number of categories for office staff to pick from which had led to confusion and made it difficult to track concerns. There was also no facility on the IT system to confirm that an incident had been dealt with. This meant that there was no clear system to ensure that incidents had been dealt with fully and appropriately. For example, in April 2018 care staff were sent a text message that there had been an incident relating to one person in that they were displaying behaviours that could present a risk to themselves or the staff supporting them. The registered manager referred the person to specialist services to address these concerns. However, the persons care plan had not been updated and some staff were not aware of the risk nor how to deal with the concerns when they arose again. Since the inspection the persons care plan has been updated.

Another person choked when taking medicine. Records stated that staff "back slapped" the person who was struggling to breath and the person coughed the pill up. This incident falls in to the category of a 'near miss'

as the person did not suffer harm. On inspection we look at whether staff understand their responsibilities to raise concerns, to record safety incidents, concerns and near misses, and how these are investigated and information shared. This near miss was recorded in the persons daily notes and telephone notes but it was not recorded as an incident or near miss. Therefore, it was not investigated and the persons care plans was not reviewed as a result. This meant that staff may not always have the information they needed to support people appropriately and make sure they were safe. During the inspection the service contacted the persons GP to raise our concerns and the person is no longer taking this medicine.

Medicines were not always managed safely. The provider stated in the Providers Information Return (PIR) that "All medication administration is documented on Medication Administration Record (MAR) charts which are returned to the office, they are then checked for accuracy, any discrepancies are followed up, once discrepancies have been rectified they are filed in the service user's file". However, we found that MAR charts had not been properly checked. Some people had MAR charts from the pharmacy. We found that there were gaps in the MAR charts that were not always accounted for.

One person used a cream to help protect them from the risk of developing pressure sores. The person had 3 calls a day and from the midday call at lunch time on 16 June 2018 to the 30 June 2018 care staff had noted "M" for medication missing on the MARS. We raised this with the registered manager and office staff who were not aware of the missing medicine. During the inspection, office staff spoke to a carer on the phone who confirmed the person had decided to no longer use this cream. MAR charts were being used for both prescribed and non-prescribed medicines. There was no information for staff to enable them to understand what medicines were prescribed and what were purchased over the counter by people. This resulted in confusion as office staff and care staff did not know what medicines were prescribed and what were being used as a preference.

Some MAR charts were created and printed by office staff. There were errors on the office printed MAR charts. For example, one person's MAR had an incorrect similar named cream printed on it for April and May 2018. The April MAR chart had been amended by hand but the May chart had not been amended and was printed with the same error. Since the inspection the provider commenced a review of people's medicines to ensure that MARs are accurate and that staff have the information they need to identify prescribed and non-prescribed medicine.

After the first day of the inspection the provider commenced an internal investigation to identify why the service was not always providing safe care. The investigation identified that information was not always being managed as it should be. The provider has taken action to address this. However, this change has not yet had time to be embedded or reviewed by the provider to ensure that it improves the safety of the service.

The provider had failed to do all that was reasonably possible to mitigate risks to people's health and safety. Medicines were not always managed safely. This is a breach of Regulation 12 of the Health & Social Care Act 2008 (Regulated Activities) Regulations 2014.

There was sufficient staff employed to give people the care they needed and to ensure that all calls were covered. People told us that staff were reliable, never had a missed call and that staff stayed for the full length of the call. People said, "I get my full half hour", "I haven't had any missed calls" and "The staff usually stay for their allotted time".

People told us that there had been occasions when calls were late or they did not know when to expect their carers. People told us, "Sometimes staff have arrived late without warning", "I would prefer to know what

time they are coming", "Sometimes they are late and I have not been informed". However, the provider undertook a quality survey where people were asked if care staff arrived within 45 minutes of the planned time. This survey was a joint survey of people who used this service and the service run from the providers Deal location. 45 minutes was used as a benchmark as the local authority contract defined early or late calls as 'A call starting 45 minutes or more from the time stated'. Results of the last survey for May 2018 noted that, 103 of the 112 people who responded indicated that staff arrived within this time. Three people did not respond to the question and six people responded that staff did not arrive within 45 minutes of the planned time. The provider had recently introduced a new app which care staff used to sign in when they get to calls. This application will enable the provider to have access to more detailed information about call times and late calls for analysis. The provider told us that they plan to use this information to identify where the concerns are and that this will enable them to address these.

The service was following safe recruitment policies and guidance when employing new staff. Pre-employment checks were carried out; these included obtaining a full employment history, identification checks, references from previous employers and Disclosure and Barring Service (DBS) checks. A DBS check helps employers to identify people who are unsuitable to work with adults in vulnerable settings.

Staff were made aware of environmental risks and important information, such as parking and street lighting arrangements and water stopcock were in case of an emergency. Details of how to enter people's properties were recorded, such as whether or not there was a key safe.

People were protected from the risk of abuse. There was a safeguarding policy and procedure in place and staff had undertaken training. Staff were able to demonstrate that they knew what the possible signs of abuse were such as bruises and a change in behaviour. Staff told us that they knew how to raise concerns about abuse and that they were confident that the registered manager would deal with any concerns. Staff were also aware of what to do if the concern was not addressed. Staff said, "I have reported concerns to the registered manager, they have always dealt with the these." There had been two safeguarding concerns in the last 12 months. Both relate to concerns outside of the services direct control. These were reported to the care quality commission and the local authority. There was clear information for staff on how to blow the whistle in the welcome pack given to new staff. The staff we spoke to staff were aware of this guidance and knew how to blow the whistle if they had concerns about poor practice.

People were protected from the risk of infection. Personal protective equipment such as gloves and aprons were available to staff and we saw that staff used these. We also saw that staff demonstrated and understanding of food hygiene and prepared food in a safe way.

Is the service effective?

Our findings

People told us that staff had the skills they needed to support them. People said, "The carers are very knowledgeable and good.", "They know to put me on a special chair and push me into the bathroom on it.", "I broke my foot, the carers understood my needs and helped.", "They are all very nice.", "They always offer me a choice for lunch and always make me a drink." and "I suffer from vertigo so the carers empty the washing machine for me."

People's needs were assessed before they started receiving a service. Records showed that people's relatives had been invited to support them at the assessment meeting where this was wanted. Assessment visits were undertaken by the supervisors. These forms included information on people's needs including mobility, personal care, medication, finances and needs relating to a person's culture, social customs and communication. The assessment information was used to develop a care plan and risk assessments for each person based on their needs.

However, people's needs were not always re-assessed when their care needs changed. For example, one person had had a fall which resulted in a broken hip. The risk assessments from March 2018 stated that "[name] uses a zimmer frame to mobilise around the home." After the person came out of hospital the risk assessment was reviewed but no changes were made to the person's mobility risk assessment. When we visited the person, we found that the person was no longer mobilising independently. The person had lost their confidence since the fall and was waiting for care staff to assist them. Since the inspection the person's care has been reviewed and updated.

Many people could either make their own meals and drinks or had a family member who helped them. Some people required the support of staff to assist with their nutrition and hydration. We observed staff offered and made people food and drink whilst they were visiting people to provide care. People told us they were happy with the support from staff. People said, "They make me hot drinks and leave water and fruit juice on the tray next to me", "they make me bacon and egg if I want". We observed that staff offered people food and drink and made these when people wanted this support. Staff also made sure that people's food and drink was in reach before they left the person's home.

However, one person was at risk of dehydration. The person's care plan stated that they needed encouragement to eat and drink. There was no guidance for staff to enable them to ensure that the risk of dehydration was being minimised. The person was receiving support with toileting therefore care staff were aware when the person did not pass urine and when the urine was dark. However, there was no regular monitoring of the person's hydration. There was no information for staff on the signs that the person could be at risk or what to do if they had concerns. Where staff had identified concerns, these had been recorded in the daily notes and reported but had this not been acted upon. Since the inspection the person's care has been reviewed and a fluid chart has been put in place to monitor fluid input and output.

Not everyone using the service needed assistance from staff to support them with accessing healthcare, as they managed this themselves or a family member or friend assisted them. The service provided

'background support' for everyone living at the extra care housing unit. This meant that staff were available 24 hours a day to respond to emergencies and when people rang their alarm. We observed that staff always checked that the person was wearing their pendent alarm during care calls and that this was recorded in people's daily notes. The people we spoke to at the service all told us that staff were quick to respond if they pressed the alarm. One person told us, "I feel a lot safer here because of the staff." Another told us, "The carer who found me in a diabetic coma called for an ambulance."

However, we found that referrals to non-urgent healthcare services were not always made when people needed these. For example, one person needed a referral to help them regain their confidence to walk after a fall and this had not been done. The person would also benefit from further aids and equipment and had not been supported to access these. Since the inspection the registered manager had reviewed the persons care and the appropriate referrals for support from health care professionals and equipment had been made.

Since the inspection changes have been made to at the service to ensure that communication is responded to and concerns in the daily notes are picked up. However, this change had yet to be embedded to assess if it results in improvements to the service.

The provider had failed to do all that was reasonably possible to mitigate risks to people's health and safety. This is a breach of Regulation 12 of the Health & Social Care Act 2008 (Regulated Activities) Regulations 2014.

There was information about people for them to take with them if they needed to go to hospital. For example, the staff providing this background support had access to critical health information about people such as whether someone had a heart condition or epilepsy which they could use when contacting an ambulance or when someone needed to go in to hospital.

Staff had the training they needed to support people. These included manual handling, safeguarding people, equality and diversity, food hygiene, dementia and infection control. New staff were also given a handbook and a welcome pack which included a copy of the medicine handbook and policy, and information on health and safety and lone working. Records showed and staff confirmed that new staff had a period of shadowing more experienced staff before they carried out tasks on their own. Staff told us they were offered shadowing until they felt confident to undertake the role themselves. Staff told us, "The training is quite thorough and done face to face."

There were four staff who worked as field supervisors who were responsible for observing staff to assess their competency when carrying out medicines administration and moving and handling. Records showed that observations were carried out every three months to check staff performance. Competency assessments for medicine and manual handling were also completed to ensure that staff had the skills they needed to undertake these tasks safely. The registered manager told us where people did not pass the competency assessment they had a one to one support session with a supervisor and then re-assessed. If they still needed more support they were provided with further training. We looked at staff supervision records and confirmed that this was the case and staff had been supported to re-learn and maintain their skills where this was needed. Staff confirmed that they had regular supervision and annual appraisals.

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.

When people had the capacity to do so they had signed their care plans to agree to the care and support. When people had a Lasting Power of Attorney (LPA) in place this was checked and documented in their care files and staff liaised with the responsible person about the persons care and support. LPA is a legal tool that allows you to appoint someone to make certain decisions on your behalf. Staff we spoke with understood the principles of the MCA 2005 and were aware of how to respect people's choices. We observed staff offer people choices about what they wanted to eat and drink, where they wanted care to be provided and what tasks they wanted to complete themselves and what support they wanted.

Is the service caring?

Our findings

People told us that the care staff were kind and treated them with compassion. People said, "The staff are blinking marvellous, both young and old, kind and caring.", "They are kind and caring particularly when they moisturise my legs.", "The carers always have a chat with me." "They asked how I like to be referred to; they call me by my first name which I like." "They are nice people, always courteous and don't swear.", "They are all lovely ladies.", "I look forward to seeing them, they are very caring people [carers name] is very good." And "I have a really good laugh with some carers."

A record was kept of compliments received by email, letter, card or telephone and shared with staff. Comments included, "[name] is a proud man and does not like to accept help but has done so and we are really pleased.", "Everyone who helped me on Friday. It is lovely to know that someone really does care.", and "Thank you for ensuring that our relative was safe and cared for. We feel comforted in the knowledge that you worked as a team to ensure that our relative was looked after throughout their time. You gave my relative the best, especially the last couple of months. Thank you for putting up with me. You were wonderful at scraping me off the ceiling and pulling me back together." A health and social care professional also contacted the office and feedback, "A big thank you to everyone involved in ensuring that [name] attend their appointment yesterday."

We observed staff treat people kindly and with patience and respect. People were happy to see the staff and were comfortable in their company. People led the conversation and staff knew people's interests and chatted to them about these. We observed that staff asked people if they were in pain and whether they wanted any pain relief medicine.

People told us that staff respected their privacy and respected their home when they visited. We observed that staff always knocked on people's door or used the bell even when they had the key to let themselves in. When staff were undertaking personal care tasks then ensured that we left the room first and closed the door. Staff asked people's permission before they undertook care tasks and talked to the people about what they were doing before they did it. People said, "They help maintain my dignity and privacy when they shower me, they make sure I don't feel embarrassed.", "I have a bed bath, I am happy how they maintain my dignity, they let me wash my bits.", and "They ask before they wash my privates."

We observed that staff supported people to remain as independent as possible in their own homes by helping them to continue to do as much as they could. Staff asked people what tasks they wanted assistance with and what they wanted to do for themselves. When people said they wanted to do something themselves staff offered assistance but respected people's wishes. One person told us, "I like to maintain my independence, they ask if I need any help with washing."

When staff had completed the tasks on the person's care plan they asked the person if there was anything else they needed before they left. We observed that people were comfortable with asking staff for more support when they wanted this and staff gave this support. For example, one person had several vases of flowers and asked staff to refresh the water. Staff completed the task and told the person that the flowers

were "lovely". Staff were aware that the persons garden and flowers and plants were important to them.

The provider had developed a service user guide which was given to people when they began to receive support to provide them with the information they would need about the service and their rights.

Information included what they could expect from staff, contact numbers and how to make a complaint.

The service was working according to the Accessible Information Standard (AIS) and its requirements. AIS is a framework put in place in August 2016 making it a legal requirement for providers to ensure people with a disability or sensory loss can access and understand information. For example, information was provided in plain English using clear large print format and, where needed, staff used these documents to discuss and explain information to people.

Peoples records were kept confidential. Records stored at the main office and the office at the extra care housing unit were kept in a locked cabinet. There was information for staff in the new staff welcome pack to ensure that staff understood the importance of confidentiality and the procedures they needed to follow to protect people's privacy.

Is the service responsive?

Our findings

Most people told us that they were happy with the care provided. People told us, "The care plan was reviewed recently, I am happy with the contents", "I have not had to complain but I know how to", "I think it's a good service and I look forward to seeing them".

However, we found that care plans were not always person centred. Peoples care plans included information on their life history, what was important to them and their preferences but were not always up to date so care staff did not have the information they needed to provide person centred care. Care plans were reviewed annually and people told us that they were involved in these reviews. However, care plans were not up dated when people's needs changed. One person had been unwell and was worried about this re-occurring. The person was particularly concerned about hygiene and told us "The carers don't always know to wash the toilet and I worry about getting the [illness] back." The person also had a list of foods which upset their tummy, whilst the person was aware of this and gave care staff direction when they were making them food there was no information about this in the persons care plan.

There was information on what people liked to do for themselves and what tasks they needed support with. However, some people's needs had changed and this information was not kept up to date. For example, one person was no longer mobilising independently and their care plan had not been updated to reflect this so the person was not being supported appropriately. Another person liked care staff to help them apply a cream. There was a body map in place to show staff where the person wanted this applied, however this was not clear and did not give staff the guidance they needed. When we observed carers visit people to provide their care we saw that the staff always checked the persons care plan and previous daily notes before providing care to ensure that nothing had changed. However, one member of staff told us that care plans were not as good as they needed to be and that "it makes the job difficult, especially when you have a new person." One person told us, "I am wheelchair dependant and sometimes wet the bed. The carers used to put the soiled sheets in the machine but last week they said they could no longer do it. I phoned the office but it has not been resolved yet."

The provider had failed to ensure that care always met people's needs and reflected their preferences. People were not always supported to access the health care services when this was needed. This is a breach of Regulation 9 of the Health & Social Care Act 2008 (Regulated Activities) Regulations 2014.

The provider had a complaints procedure in place. There was information about how to complain detailed in the new service user guide that was issued to people when they started receiving a service. This gave people or their relatives the information they needed to be able to make a complaint if they wished to. We looked at the complaints log in the office and saw that the complaints detailed on the log had been investigated and responded to appropriately. However, when people called the office to complain this was logged on to the IT system and categorised. We saw that not all complaints were categorised correctly which meant that they were not always actioned on as they should be. This also meant that the registered manager and provider were not able to analyse trends and pick up on repeated concerns. There were a huge number of categories for office staff to pick from which had led to confusion and made it difficult to

track concerns. There was also no mechanism on the IT system to confirm that a complaint had been dealt with. One person told us, "When I complained that I wasn't getting a good service nothing changed". One member of staff told us that they were, "not confident that complaints were always dealt with". We saw that this complaint and others were not recorded as complaints and not on the complaints log. Other people did tell us that their complaints had been dealt with and that they were happy. People told us, "I know how to make a complaint, once they were very late so I phoned. The problem was sorted and it has not happened since", and "My relative was not happy receiving personal care from a male carer; I contacted the office and he did not come again."

We raised our concerns with the provider. Since the inspection the provider has commenced working with the designer of the IT system to reduce the number of categories to a manageable number and add in a box to record that actions had been taken to ensure that complaints are always picked up and dealt with appropriately. However, this change has yet to be completed, embedded and reviewed to ensure that it results in an improvement.

The provider had failed to ensure that complaints were always investigated and action was taken in response to any failure identified by the complaint or investigation. This is a breach of Regulation 16 of the Health & Social Care Act 2008 (Regulated Activities) Regulations 2014.

Is the service well-led?

Our findings

People we spoke to said they would recommend the service. People said, "I would recommend the service. They are very nice and helpful. I am happy with the service.", "I have excellent service. Some of the carers really brighten my day.", "I would recommend the service, particularly compared to some I know of.", "They are good people." And "We recently received a questionnaire asking our views on the service."

The feedback we received from health and social care professionals about the service was not entirely positive. They told us that there had been issues and concerns over the management of medicines during the past year but they also said that "the service does respond to requests and are working with partner agencies to deliver support within the extra care schemes."

Quality audits had been completed to monitor and assess the service. However, checks had not identified the issues we found at this inspection in that concerns recorded in some daily records and reported by staff via the telephone, were not being acted upon appropriately. Audits had also failed to identify that care plans were not up to date and that complaints and incidents were not being recorded accurately or always responded to appropriately. The registered manager did not have oversight of all the incidents or complaints that had occurred and could not analyse trends.

Audits had identified that there were concerns regarding medicine management however the provider had failed to improve the quality of medicine administration. For example, on 21 March 2018 the staff meeting notes stated, "MARs charts – These are shocking" (MARs charts are Medication Administration Records). And "Medication is not always being signed for." We also looked at the minutes of staff meetings for 7 July 2018 and saw recorded "The creams on MARs charts are correct. [Office staff] has rung all the doctor's surgeries to make sure what we are documenting on the MARs is correct". However, we found that creams on MARs were not always correct. The providers checks on the service had failed to identify that there was a continuing issue with medicine administration. There was a failure to account for the issue that some creams on MARs charts were not prescribed for people or to provide clarity for staff which creams were prescribed and which were not.

The staff we spoke to told us that they were not always happy at the service. We saw that the registered manager was aware of this as notes from the supervisors meeting on the 6 July 2018 stated that "Some carers are not happy in Dover". We found that the main concern was that communication was not effective which caused a number of issues which we have discussed throughout this report. Staff told us, "The biggest challenge is communication. If you don't have that then things go wrong." And "I love the staff and the service but the only qualm is the lack of communication." Staff also told us that they didn't always feel valued and that they felt blamed for "mistakes made by staff in the office".

Although there have been improvements made since the inspection these improvements have not yet had time to be embedded in to the service.

The provider failed to consistently assess, monitor and improve the quality and safety of the services

provided. The provider had failed to establish and operate effectively systems and processes to ensure compliance with the requirements. This was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulation 2014.

Records showed that the service held regular staff meetings for all staff. There were also staff meetings for those staff who worked at the extra care housing unit to discuss issues specific to their role there. At these meetings staff discussed any concerns they had about specific clients. Staff also told us that they had opportunities at these meetings to make suggestions about the running of the service and improvements that could be made. There was a monthly supervisors meeting where supervisors and the registered manager discussed management issues and issues relating to people's assessment and the assessment process.

Staff had regular supervisions and annual appraisals. The supervisors undertook spot checks on staff performance to ensure that they were providing safe and effective care in line with the providers policies and procedures. Where staff needed extra support, this was provided through one to one sessions with supervising staff or extra training.

Annual questionnaires were sent out to the people and their relatives. This survey was undertaken jointly with people who used the Deal service which was managed by the same registered manager. The last questionnaires were sent out in May. Responses were mainly positive. For example, out of 112 responses 100% of people agreed that they had a good relationship with their care worker. Comments included "I am happy with the care that I am given", "[Staff name] is a star – My days start so much better with one on the team to enable me." Where comments were not always positive the service wrote to all the people who used the service to highlight the improvements that were needed and what their plans were to address these. For example, one person had commented that they would like to score the questions 1-10 rather than answer yes or no and the service had agreed to this change.

The provider was very involved in running the service and the registered manager told us they had a good support from them. Management team meetings were held to discuss the future of the business, recruitment and staffing, safeguarding concerns, issues and complaints. The registered manager and the providers worked with health and social care professionals and attended a number of local forums, conferences and strategic events. Recently they had attended a conference focused on medicine management to learn about best practice in medicines management and apply this learning to the service.

Registered persons are required to notify CQC about events and incidents such as abuse, serious injuries, Deprivation of Liberty Safeguards (DoLS) authorisations and deaths. The provider had notified CQC about important events such as deaths and safeguarding concerns that had occurred.

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 9 HSCA RA Regulations 2014 Person-centred care</p> <p>The provider had failed to ensure that care always met people's needs and reflected their preferences.</p>
Regulated activity	Regulation
Personal care	<p>Regulation 12 HSCA RA Regulations 2014 Safe care and treatment</p> <p>The provider had failed to do all that was reasonably possible to mitigate risks to people's health and safety. Medicines were not always managed safely. People were not always supported to access the health care services when this was needed.</p>
Regulated activity	Regulation
Personal care	<p>Regulation 16 HSCA RA Regulations 2014 Receiving and acting on complaints</p> <p>The provider had failed to ensure that complaints were always investigated and action was taken in response to any failure identified by the complaint or investigation</p>
Regulated activity	Regulation
Personal care	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>The provider failed to consistently assess, monitor and improve the quality and safety of the services provided. The provider had failed to establish and operate effectively systems</p>

and processes to ensure compliance with the requirements.