

Premier Care (Lancashire) Limited

Gentle Touch Care Services Limited - 67 Turpin Green Lane

Inspection report

67 Turpin Green Lane
Leyland
Lancashire
PR25 3HA

Tel: 01772462675

Date of inspection visit:
29 December 2017
04 January 2018

Date of publication:
26 February 2018

Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Inadequate 

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 of Gentle Touch Care Services Limited - 67 Turpin Green Lane (Gentle Touch) was undertaken on 29 December 2017 and 4 January 2018 and it was announced.

This service is a domiciliary care agency. It provides personal care to people living in their own homes in the community. It provides a service for older people, people with physical disabilities and people with a sensory impairment. At the time of our inspection there were 42 people using the services of Gentle Touch and there were 21 staff appointed. The well-equipped agency office is located close to Leyland town centre. On street car parking is permitted within parts of the surrounding area.

A short time prior to our inspection Gentle Touch had been acquired by the company Premier Care (Lancashire) Limited. The legal entity of the company 'Gentle Touch Care service limited' remained the same for the time being. A new manager had been brought in with the new owners and due to the short time in post had not been registered with the Care Quality Commission. 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.

At the previous inspection on 28 October 2016 we found that staff did not always follow policies and procedures on the administration of medicines. The provider did not have an effective system to monitor the safe documentation of medicines. This was a breach of regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 for Safe Care and Treatment.

Following that inspection the provider submitted an action plan, as requested to show how they intended to improve the management of medicines.

At this inspection we found the management of medicines remained unsatisfactory. A basic medicine audit had been introduced, but this was ineffective, as it only focussed on missing signatures on the Medication Administration Records (MAR) and therefore other shortfalls around medicines management had not been identified.

This was a continued breach of regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 for Safe Care and Treatment. I would perhaps move this and previous paragraph below the next two for flow.

Information about people was gathered before a package of care was arranged. However, the care planning process was not always person centred and did not incorporate all the needs of people who used the service or how these needs were to be best met. People were therefore at risk of receiving inappropriate or unsafe care and treatment.

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

Some risk assessments were in place. However, other areas of identified risk had not been managed within a risk management framework and therefore people could have potentially been at risk of harm.

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

The recruitment practices adopted by the agency were not sufficiently robust to ensure all employees were fit to work with vulnerable people. Relevant checks had not been completed in a timely manner and there was no evidence to demonstrate that police checks had been conducted.

This was a breach of regulation 19 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 for fit and proper persons employed.

We identified a number of shortfalls during our inspection, which resulted in multiple breaches of the regulations and several recommendations; it was evident that systems and processes had not been sufficiently established to ensure compliance with the requirements.

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

New staff received an induction programme. This helped them to understand their role and to learn about their responsibilities. Staff were regularly supervised through one to one sessions, observations and spot checks. This helped to ensure they had the skills, knowledge and experience required to support people with their care and support needs. However, there was no evidence to demonstrate that annual appraisals had been conducted. We made a recommendation about this.

People's mental capacity had been assessed where needed and the policies of the agency protected those who used the service against abusive situations. Staff had received safeguarding training and they understood their responsibilities to report any unsafe care or abusive practices related to the safeguarding of vulnerable adults. However, consent had not always been obtained in relation to care and treatment. We made a recommendation about this.

Those who used the services of Gentle Touch were treated equally without discrimination and their human rights were protected. People told us staff were kind and caring and their privacy and dignity was promoted. They were mostly supported by the same group of staff, which enabled a good relationship to develop. This ensured staff understood the support needs of people they visited and how individuals wanted their care to be delivered. However, it was reported by many of the people we spoke with that the timings of visits were inconsistent and did not always suit people's needs. We made a recommendation about this. We established that the new provider and new manager were addressing this issue. A specialised 'clocking in' and 'clocking out' system had already been implemented, so the timing of visits could be monitored more closely.

The new management team were in the process of prioritising work needed and implementing an auditing system, in order to closely assess and monitor the quality of service provided. We made a recommendation about this.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice.

A staff training programme was in place. However, the views of staff we spoke with varied in relation to e-learning. Some staff told us they would prefer face to face training, particularly in areas where practical support was needed, such as moving and handling and first aid. The provider had recognised the need for 'hands on' training and therefore this had been scheduled for some key members of staff. We were told practical training sessions would also be rolled out to all the staff team.

Staff members received training in relation to infection control and associated policies and procedures were in place. Personal Protective Equipment (PPE) was also readily available. This helped to reduce the possibility of cross infection.

Accidents and incidents were appropriately documented with records being retained in line with data protection. This helped to ensure confidentiality was promoted. Emergency plans had been embedded, which outlined any actions staff needed to take in the event of an emergency situation arising.

Comments we received demonstrated people were, in general satisfied with the service they received. A complaints procedure was available and people we spoke with said they knew how to complain. We saw examples where a complaint had been received, responded to, investigated and the outcome documented. Staff spoken with felt the management team were accessible supportive and approachable and would listen and act on concerns raised.

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?

Inadequate ●

The service was not safe.

The management of medicines needed to be improved in order to protect people from harm.

Staff had been trained in safeguarding procedures and were knowledgeable about abuse and how to report any concerns about people's safety.

Emergency plans were in place and accidents and incidents were recorded. However, identified risks were not being managed within a structured risk management framework.

Recruitment practices adopted by the agency were not sufficiently robust to ensure new employees were suitable to work with vulnerable people.

Is the service effective?

Requires Improvement ●

The service was not consistently effective.

Staff had the appropriate training to meet people's needs, although some staff members told us they would prefer face to face learning. Staff were supervised and observed during their working day. However annual appraisals had not been implemented.

Mental Capacity Assessments were in place as needed, but formal consent had not been obtained for care and treatment provided.

People were protected against the risks of dehydration and malnutrition.

Is the service caring?

Good ●

The service was caring.

People who used the service told us they were treated with kindness and compassion in their day-to-day care.

Staff had developed positive caring relationships and spoke about those they visited in a warm compassionate manner.

People were involved in making decisions about the way their care and support was delivered.

Is the service responsive?

The service was not consistently responsive.

People's needs had been assessed before care was provided. However, the planning of people's care was not always person centred and care records did not incorporate all assessed needs.

The provider was committed to providing a flexible service which responded to people's changing needs, lifestyle and choices.

People told us they knew how to make a complaint and felt confident any issues they raised would be dealt with.

Requires Improvement ●

Is the service well-led?

The service was not consistently well-led.

A robust auditing system to assess and monitor the quality of service was not evident and the timing of visits to people in the community was not consistent.

There was a range of policies and procedures in place at the agency office.

People who used the service and staff members had not recently been given the opportunity to provide feedback on the care and support delivered.

Requires Improvement ●

Gentle Touch Care Services Limited - 67 Turpin Green Lane

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.

This inspection took place on 29 December 2017 and 4 January 2018 and was announced. The provider was given 48 hours' notice because the location provides a domiciliary care service to people living in the community and we needed to be sure someone would be at the agency office, who could provide us with the records we needed to see.

The inspection was carried out by one adult social care inspector and an expert by experience. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service. This expert by experience is a family carer of older people who use regulated services.

Prior to this inspection, we reviewed all the information we held about the service, including data about safeguarding and statutory notifications. Statutory notifications are required to be submitted by the provider to the Care Quality Commission to advise of important events.

We spoke with two social workers and the local authority to obtain their feedback about the care people received. This helped us to gain a balanced overview of what people experienced when accessing the service. At the time of our inspection there were no concerns being investigated by the local authority.

During our inspection, we visited six people in their own homes. The expert by experience spoke with nine

people who used the service and one relative by telephone in order to gain their views about the services provided.

We also spoke with five staff members as well as the manager and two members of the management team. Other records we looked at included the care records of eight people who used the service, training and recruitment records of four staff members and records relating to the management of the service.

Is the service safe?

Our findings

People we spoke with told us they felt safe using the services of Gentle Touch. Their comments included, "The care workers [staff] are fantastic. I always feel safe and comfortable with them"; "They [carers] are excellent with me. I have no issues in that area" and "Yes, I am safe with the carers [staff]. They are very good to me."

At the previous inspection on 28 October 2016 we found that staff did not always follow medication policies and procedures. The provider did not have an effective system to monitor the safe documentation of medicines. This was a breach of regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 for Safe Care and Treatment.

Following that inspection the provider submitted an action plan, as requested to show how they intended to improve the management of medicines.

During this inspection, we checked if medicines were being managed safely. Basic medicine audits had been implemented. However, these just identified missing signatures on the Medication Administration Records (MAR), but did not produce a full overall audit of the management of medicines. This did not ensure that people were always protected from the mismanagement of medicines.

Each person's prescribed oral medicines (tablets) were contained in blister packs. These were listed on the reverse of the MAR charts, with some descriptions of their appearance, such as shape and colour for identification purposes. The front of the MAR charts simply read 'Blister pack' against the time of day they were to be taken. Each blister could contain a number of different tablets. There was no system in place to show which tablets had been taken and no system to record when a specific tablet was omitted or refused. Medications, which were not blister packed were recorded separately on the MAR Charts.

The care files we saw contained a list of prescribed medicines for each individual with a description of their appearance, the prescribed dosage and frequency. A variety of creams for local application were prescribed, which all recorded, 'Apply as required' and oral PRN (as and when required) medicines were also listed. However, protocols had not been implemented in order to provide care staff with clear guidance around when people should be supported to receive such preparations.

We looked at a selection of MAR charts and found that hand written entries had not been signed, witnessed and countersigned, in order to reduce the possibility of any transcription errors.

We noted that some people who used the service had signed a consent form to indicate they wished to manage their own medicines. However, one person we visited, who had signed a consent form, told us their loaded insulin syringe was kept in the fridge and although they administered the insulin themselves, the care workers passed them the syringe, as they were bedfast and unable to access it themselves. This is classified as prompting medicines and therefore in accordance with NICE (National Institute for Clinical Excellence) guidance should clearly be recorded on the MAR chart. We looked at this person's MAR chart and found that although they had signed a consent form to indicate they wished to administer all their own

medicines, the care staff were routinely applying a variety of local creams to various areas of the person's body. The plan of care supported this information.

Systems had not been implemented to ensure the safe management of medicines and therefore our findings demonstrated that the management of medicines was not robust and people were potentially at risk of medication errors.

This was a breach of Regulation 12 of Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 for safe care and treatment.

Care files we looked at contained some risk assessments. This helped to identify, in some cases the potential risk of harm for people who used the service. However, the risk assessing process did not cover many areas, which could have potentially caused harm. For example, risk assessments had not been conducted around the environments in which people lived. One person, whose records we saw was at risk of falling. However, no assessment about how to manage these risks had been completed. Another individual had a diagnosis of epilepsy, was prone to unpredictable and uncooperative behaviour, but risk assessments had not been developed in these areas. Records showed that staff had not been provided with specific training or clear guidance around the management of epilepsy or challenging behaviour. A third person was in bed during our visit. Bed rails were in the upright position and a ceiling tracking hoist was used for transfers. However, there were no risk assessments in place to cover the use of this equipment. Therefore, these people were at potential risk of harm.

This was a breach of Regulation 12 of Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 for safe care and treatment.

We looked at the personnel files of four members of staff and found these were not well organised, which made information difficult to find. This was addressed by the management during our inspection. These records showed that recruitment practices adopted by the agency were not robust enough to ensure prospective employees were fit to work with vulnerable people. For example, there were three written references on file for one member of staff, but one was not dated and did not identify the role of the referee and another was a standard reference, which simply confirmed dates of employment. Two references for this staff member and one reference for another had been received after employment had commenced. Others were not dated and therefore we could not determine when they had been written.

One set of interview notes stated against each pre-planned question, 'Not asked.' There was no evidence available to demonstrate that Disclosure and Barring Service (DBS) checks had been conducted for any of the staff whose personnel records we looked at. A DBS is a police check, which identifies any charges or criminal convictions. This allows providers to determine if applicants are suitable for employment. These findings did not demonstrate that robust recruitment practices were being followed, which was concerning as there was evidence to demonstrate disciplinary action had been taken on three occasions for unsatisfactory conduct.

Therefore, this was a breach of Regulation 19 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 for fit and proper persons employed.

The agency had obtained acceptable forms of identification for prospective employees and application forms and health questionnaires had been completed.

Policies were in place at the agency office, which outlined the importance of respecting people's wishes and

promoting their human rights and equality. We observed people being treated equally during our visits to people's homes and there was no evidence to suggest discrimination practices were taking place.

Records we looked at showed all care staff had completed training in relation to safeguarding vulnerable adults within the last two years and those we spoke with demonstrated a good understanding of safeguarding people from abusive situations. Policies were in place providing staff with clear guidance about reporting procedures and staff members had signed to indicate they had read and understood the information available.

Infection control policies and procedures were in place and staff training was provided in this area. A sufficient supply of Personal Protective Equipment (PPE) was available at the agency office and we observed care staff collecting items of PPE during our inspection. This helped to reduce the possibility of cross infection.

Emergency plans were in place and staff we spoke with were aware of actions they needed to take in the event of a medical or environmental emergency. Accidents and incidents had been appropriately documented and records were retained in accordance with data protection guidelines. This helped to protect people's personal information. Evidence was available to show that lessons had been learned following events. For example, staff discipline procedures were implemented when needed and additional training and supervision for staff was provided, as required.

Is the service effective?

Our findings

One person who used the service told us, "I wouldn't change my regular carer for anything. She is fabulous. She always asks first before doing anything. That's why I like her so much." Another person stated about the same care worker, "[Name] is fantastic. I cannot praise her enough. She is brilliant." Other comments included, "The girls [staff] are good. They know what they are doing"; "I have no problem with their training or skills. They complete all the tasks well" and "The care workers are excellent. They certainly know what they are doing."

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. Where people receive support in their own home, applications to deprive a person of their liberty must be made to the Court of Protection.

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

Policies and procedures were in place in relation to the MCA and Deprivation of Liberty Safeguards (DoLS). Care files we saw contained some mental capacity assessments, where deemed necessary and records showed that staff had received training in relation to the MCA. However, although the care records we saw showed that consent had been obtained in some areas, there was no consent gained from people around care and treatment. It is recommended the provider seeks nationally recognised guidance to ensure records reflect people's agreements to a wider range of areas.

We spoke with staff members and looked at relevant records. We did not see any evidence of annual appraisals being conducted. It is recommended that annual appraisals are introduced in order to support staff with any additional training needs, to identify any concerns they may have and to discuss their personal development.

One member of staff told us that she did support a person who used a hoist for transferring. She said she had not been provided with face to face training in moving and handling, but had completed on line training. We looked at the staff training matrix, which showed she had done on line training three months prior to our inspection and had completed a knowledge check. However, she told us that she had not been shown how to use a hoist in a practical setting, but that she had 'picked it up, as she had gone along'. This could potentially put people's safety at risk. The management team told us that moving and handling training had already been arranged for key staff and this would then be rolled out to the workforce. It is recommended that all staff receive face to face moving and handling training, which includes the use of specific equipment.

Staff told us they received regular supervision and records we saw confirmed this information to be accurate. These were one to one meetings held on a formal basis with the line managers. Staff told us they could discuss their development, training needs and their thoughts on improving the service. They told us they were also given feedback about their performance and that senior staff conducted regular unannounced spot checks in order to observe them at work. Records we saw confirmed this information as being accurate and we saw evidence of additional spot checks being implemented following concerns identified, such as medication errors. This helped to ensure an acceptable level of care and support was provided.

There were good electronic systems in place in relation to information technology and staff records we saw contained a good range of training certificates and competency assessments. Those we spoke with felt they received sufficient training, but their views varied about completing training modules on line. One staff member said, "I would much rather have face to face training. I learn better that way. It is not easy doing training such as moving and handling and first aid by e-learning. These should be practical 'hands on' sessions."

One care worker commented, "I am not so good with computers, so would prefer training in a classroom setting." However, another told us, "I am happy with the method of training, as I am able to do it at home and I get paid for doing it when off duty." We discussed future training plans with a director of the company, the area manager and the manager of the service. We were told that going forward all staff training would be provided face to face rather than on line. It was felt this would be more beneficial for the staff team. However, where the use of technology was needed then staff would be supported to access information.

Staff personnel files demonstrated that new staff were assisted through a recognised induction programme. This was done by e-learning and incorporated modules, such as safeguarding, dementia awareness, privacy and dignity, effective communication, person centred care and equality and diversity. The personnel file of a new care worker showed they had 'shadowed' an experienced member of staff, as part of their induction programme. This helped them to gain confidence, the skills and knowledge required to deliver the care and support people needed.

Records showed that new staff were issued with terms and conditions of employment, which outlined what was expected of them whilst they worked for Gentle Touch. They were also supported by return to work interviews following periods of absence. This was evident during our inspection. This helped returning staff to regain confidence in providing appropriate levels of support.

Staff we spoke with were aware of the importance of good communication with people who used the service, peers and management and this was supported by records we saw. It helped the service to run smoothly and prevented any information being misunderstood.

When required, people were supported to maintain a balanced diet to prevent the risk of malnutrition and dehydration. This included staff preparing meals for people in their own homes. Some care records we saw identified this support and outlined specific dietary needs.

There was evidence to show that staff worked well with people who used the service and their families, as well as community professionals. Those we spoke with confirmed this as being accurate. People we spoke with said their general health care needs were usually co-ordinated by themselves or their relatives. However, care records contained contact details of the relevant community professionals, should medical advice be needed and we saw evidence of GP's and emergency services being called when needed.

Is the service caring?

Our findings

People we spoke with told us they were, in general treated with kindness and staff who visited them were usually friendly and caring. One person told us, "My carers are brilliant. I have a good relationship with them. We get along extremely well." Another said, "I have the same carers, which is nice. It means I get to know them and they get to know me too." However, one person raised a concern with us, which we discussed with the manager of the service, who had identified the issue and was dealing with it appropriately.

People who used the service were provided with relevant information about Gentle Touch. This was in the form of a service users' guide, which outlined the services and facilities provided and important telephone numbers, should people need to speak with someone for advice.

We observed people being treated with dignity and respect. Their privacy was consistently promoted. Care staff knocked on doors and waited for an answer before entering. Where it had been arranged for staff to access people's home with a key we were told staff always called out on entering to let the occupant know they had arrived and who they were. Staff we spoke with demonstrated a good understanding of the importance of maintaining confidentiality, so that people's personal and private information was protected. Staff we spoke with and observations we made confirmed that effective communication was an important aspect of service delivery.

People told us their independence was promoted as far as possible and this was explained in detail by one person we visited, who required help with some aspects of their personal care, but could manage other areas themselves.

People told us they, in general had the same care workers who supported them and this was confirmed by the staff we spoke with. One staff member said, "I go to the same people all the time, which is good for continuity. The only time this might change is to cover sickness or annual leave."

Records we saw showed people had been involved in their care planning arrangements. One person said a member of the management team had recently visited them to review their care plan. People told us they were able to alter visits if they needed to and that the agency would accommodate this as far as possible. This showed the provider was flexible and supported people to be actively involved in the delivery of their service.

When speaking with both people receiving a service, and staff, it was evident good, caring relationships were developed, and carers spoke about those they visit in a warm, compassionate manner. All the staff we spoke to told us they enjoyed working for Gentle Touch.

Records showed that people would be supported to access advocacy services should people require their guidance and support. An advocate is an independent person, who will support people in the decision making process, so that decisions are made in their best interests.

The provider had a Do Not Attempt Cardiopulmonary Resuscitation (DNACPR) policy. A DNACPR decision is

about cardiopulmonary resuscitation only and does not affect other treatment. Records showed that the service had achieved six steps to end of life care accreditation.

Is the service responsive?

Our findings

Comments we received from people who used the service included, "There are a variety of care workers who come to me. I have no problem with this"; "I have two regular care workers. If they are off, then someone else comes" and "I understand that the management has changed over. It is now Premier Care Limited [Gentle Touch]. It is a bit early to say how they are."

One relative told us, "We do not have any major issues. If there are minor problems we speak directly with the carers. There is nothing to complain about." Another family member commented, "I have been through my relatives care plan with management. They seem approachable. We can speak to them."

We looked at two care files, whilst we were at the agency office. We found these were mixed up and not in any specific order. This made information very difficult to find. The management team had recognised this was an area, which needed to be addressed and were in the process of organising the records in a more structured way. The managers showed us examples of how they planned to take the service forward in relation to care planning and person centred information.

We also looked at the care files in the homes of six people we visited in the community. These were more organised. However, the importance of privacy and dignity, independence, equality and diversity and human rights were not incorporated within any care records we saw. 'Task' sheets were on people's care records, which simply listed what care staff needed to do at each visit. They did not always include people's likes and dislikes and assessed needs or how these were to be best met. For example, care staff were not provided with clear guidance about how to manage one person's significant mental health needs, as highlighted within information gathered prior to a package of care being arranged. Another person we visited told us how care staff washed their hair, as they were unable to access the shower. However, this was not explained in their care records, which just stated, 'wash hair when requested.' It would have been more appropriate and person centred if care staff asked the person who used the service if they would like to have their hair washed, rather than wait for the individual to request this aspect of care provision.

This was a breach of Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 for person-centred care.

The management team had recognised care records were not sufficient for the needs of those who used the services of Gentle Touch. Records showed that people's needs had been reviewed and up-dated annually. However, there was no system in place to demonstrate the management team had regularly assessed and reviewed the care files in their entirety, in order to ensure information was relevant, current and accurate.

People's needs had been thoroughly assessed prior to a package of care being arranged and detailed information had been gathered from community professionals, who had been involved in the care and support of people.

People had been involved in planning their own care, where possible and a planned review of care files had

been generated for the first part of the year. We were told this would develop into a rolling programme, so that all support plans would be reviewed on a regular basis. This would help to ensure people's changing needs were appropriately met.

Hospital passports were available on each care file we saw. These provided brief, but relevant information, such as allergies, dietary needs, prescribed medications, mobility, communication and any sensory difficulties, which would be useful to emergency health care services, should the need for hospital admission be necessary.

Care workers we spoke with were able to discuss the needs of people well. A member of staff raised an issue about the length of visit for one person who used the service. We discussed this with the manager at the time of our inspection, who assured us that she would look in to this further.

A wide range of thank you messages had been received by the agency from people who had used the service or their family members. A complaints procedure was in place at the agency office and this was available to people who used the service and their family members. The procedure was clear in explaining how a complaint should be made and reassured people that any complaints they made would be responded to appropriately.

We saw the service had an electronic system for recording incidents and complaints. This included recording the nature of the complaint and the action taken by the service. We saw complaints received had been responded to promptly and the outcome had been recorded, with lessons learned being recognised. People who used the service and their relatives told us they knew how to make a complaint if they needed to do so. Staff we spoke with told us they would know what to do if someone wished to raise a concern or a complaint.

Is the service well-led?

Our findings

Comments we received from some people who used the service included, "I have no issues with the carers coming on time" and "They [staff] do come on time. I am fortunate to have a really good team at the moment." However, others told us, "Timings are an issue, but I understand a new company has taken over. I am glad about that. They [staff] come at 10.30am sometimes, which is too late for a morning call and then they are back again at 12mid" and "The care workers should come at 8.30am. Today it was 11.30am when they arrived. Timings are a problem."

We identified a number of shortfalls during our inspection, which resulted in multiple breaches of the regulations and several recommendations. We found that systems and processes had not been sufficiently established in order to assess, monitor and improve the quality and safety of the services provided.

Therefore, this was a breach of regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 for good governance.

The newly appointed manager was on duty during both days of our inspection. She was co-operative throughout the inspection and provided us with information we needed to see.

It was noted at the time of our inspection that a robust quality monitoring system was not in place. Audits in areas, such as care planning, record keeping, accidents and incidents and recruitment of staff had not been established. Service user surveys had last been conducted in 2016 and there was no record of questionnaires completed by staff members. We found regular team meetings were not held to enable staff to raise concerns or make suggestions about service development. However, all staff spoken with felt any concerns raised would be addressed by the management team. We were told that a meeting for staff had been held when the new company Premier Care had acquired Gentle Touch, but there were no minutes recorded.

The new management team had identified areas which were in need of improvement and they were in the process of prioritising work needed in order to provide a good standard of service. Following the first day of our inspection an action plan was drawn up in response to our initial findings and this was provided during the second day of our inspection. This showed the provider was eager to mitigate risks and to improve the service provided. However, it is recommended that a robust auditing system be implemented, which involves the views of those who use the service, their relatives and staff members.

Staff we spoke with and those who used the service told us that visits in the community ran 'back to back', which did not allow for travelling time between calls. Therefore, staff needed to cut short each visit by ten minutes in order to get to their next client on time. This resulted in each community visit being ten minutes shorter than the time allocated. One person we visited told us their staff member did not often stay for the length of time allocated, as they needed to get to their next visit on time.

We looked at the records of one person which showed they were allocated one hour for a morning call.

However, the staff records varied from a twenty minute call to just over one hour. One person told us, "I have a mixture of carers and it depends who it is whether they are on time. The teatime call should be 5pm, but they come any time up to 6pm. I don't like this. Sometimes they are rushing, because they are late. I only get fifty minutes in the morning, when I should get an hour. Carers tell me they have to go ten minutes early for travel."

We discussed this with the management team, who told us the new company Premier Care (Lancashire) Limited had recognised there were no processes in place for monitoring visits to those who used the service. Therefore, they had made improvements by supplying all staff with mobile phone devices, which enabled an electronic 'clocking in' and 'clocking out' system. This identified times of calls and alerted delegated staff if a carer failed to arrive within half an hour of the expected time. This lateness could then be managed appropriately. It is recommended that the timings of visits to people in the community are reviewed, so that those who used the service received the full amount of time allocated for each visit.

A wide range of policies and procedures were available at the agency office. These covered areas, such as health and safety, equal opportunities, moving and handling, human rights, accident and incident reporting, lone working, Personal Protective Equipment (PPE), infection control, safeguarding and whistleblowing. This helped staff to keep up to date with current legislation and good practice guidelines.

The manager of the service told us she had a good level of support from the providers. Every member of staff we spoke with told us they were well supported by the management team and felt they could ask for advice when needed. One care worker said, "I love my job."

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 care planning process was not consistently person centred, as plans of care did not always incorporate people's assessed needs or how these were to be best met. Therefore, people could have potentially received unsafe or inappropriate care and support.</p>
Regulated activity	Regulation
Personal care	<p>Regulation 12 HSCA RA Regulations 2014 Safe care and treatment</p> <p>Medicines were not being managed properly and therefore people were not protected from possible medication errors or the mismanagement of medicines.</p> <p>The management of risks was not robust and therefore people were not protected from potential harm.</p>
Regulated activity	Regulation
Personal care	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>Systems and processes had not been sufficiently established in order to assess, monitor and improve the quality and safety of the services provided.</p>
Regulated activity	Regulation
Personal care	<p>Regulation 19 HSCA RA Regulations 2014 Fit and</p>

proper persons employed

Recruitment practices adopted by the home were not sufficiently robust, to ensure that all employees were fit to work with vulnerable people.