Mach Care Solutions Limited

Mach Care Solutions (Birmingham)

Inspection report

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Ratings

Overall rating for this service	Requires Improvement

Is the service safe?	**Requires Improvement**
Is the service effective?	**Good**
Is the service caring?	**Good**
Is the service responsive?	**Requires Improvement**
Is the service well-led?	**Requires Improvement**

Summary of findings

Overall summary

This inspection took place on 15 December 2016 and was an announced inspection. At the last inspection in February 2016 the provider was found to be requiring improvement in four out of the five areas we looked at; safe, effective, caring and well-led. Therefore we re-inspected within 12 months to check that improvements had been made.

Mach Care Solutions (Birmingham) is a Domiciliary Care Service which is registered to provide personal care and nursing care services to people in their own homes. At the time of our inspection Mach Care Solutions (Birmingham) were providing care to 155 people. They were not providing any nursing care to people at this time.

Mach Care Solutions (Birmingham) is required to have a registered manager in post. 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 a legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run. A registered manager was in post at the time of our inspection.

We found a clear leadership structure within the service, however, the leadership style was not always supportive to staff.

People's safety was not always protected because risks assessments did not always identify risks that were specific to their needs and care plans were not always individualised. Quality monitoring systems had not always identified when people's needs had changed or where shortfalls in service delivery were evident.

People were supported by sufficient numbers of staff who were kind and caring. Most people were pleased with the consistency of the staff that provided their care.

Most people knew how to make a complaint if they were unhappy; however, not all complaints were identified, recorded or investigated reliably.

People were supported by staff who had the knowledge and skills they required to fulfil their roles and responsibilities effectively. People were protected from the risk of abuse because staff understood their responsibilities and knew how to raise concerns if needed. People were supported to have their prescribed medication safely.

People were treated with dignity and respect and received their care with consent. People were also encouraged to be as independent as possible and staff were mindful of the need to involve people in making choices and decisions about their day to day needs.

The management team were compliant with the Duty of Candour regulation and were co-operative

throughout the inspection process.

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 consistently safe.

People were not always protected against the risks specific to their individual needs because staff did not always have the information they required.

People's needs were not always met safely and effectively, because people did not always receive their full amount of care time and quality assurances processes did not always identify these issues.

People were supported by sufficient numbers of staff.

People were protected from the risk of abuse because staff understood their responsibilities and knew how to raise concerns if needed.

People were supported to have their prescribed medication safely.

Is the service effective?

Good

The service was effective.

People were supported by staff that understood their responsibilities to protect people's rights and the provider had taken the appropriate measures to ensure that care was provided to people lawfully.

People were supported by staff who had received the training they needed to do their job effectively.

People received enough food and drink and were supported to have food that they enjoyed.

People were supported to maintain good health and to have access to other health and social care agencies when required.

Is the service caring?

Good

The service was caring.

People were treated with kindness, dignity and respect by staff that knew them well.

People were encouraged to maintain their independence as far as reasonably possible.

People were encouraged to express their own views, preferences and opinions.

Is the service responsive?

Requires Improvement

The service was not always responsive.

Care was not always delivered in a way that met people's individual needs because quality monitoring systems had not always identified when people's needs had changed or where shortfalls in service delivery were evident.

Care plans were not always person-centred and the Provider was in the process of reviewing and updating care plans to ensure they were specific to people's individual needs.

Most people knew how to make a complaint if they were unhappy and were confident that their concerns would be acted upon responsively. However, not all complaints were identified, recorded or investigated reliably.

Is the service well-led?

Requires Improvement

The service was not always well-led.

We saw improvements had been made to monitor the quality and safety of the service since our last inspection. However, further improvements were required. Improvements in this area have been required over the last three inspections and whilst some improvements have been made, these have not been to the required level to ensure the quality and safety of people's care.

We found a clear leadership structure within the service, however, the leadership style was not always supportive to staff.

The management team were compliant with the Duty of Candour regulation and were co-operative throughout the inspection process.

Mach Care Solutions (Birmingham)

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 15 December 2016 and was an announced inspection. The provider was given 48 hours' notice because the location provides a domiciliary care service; we needed to be sure that someone would be in. The inspection team comprised of two inspectors.

As part of the inspection we looked at previous inspection reports and checked the information that we hold about the service. This included notifications from the provider that they are required to send to us by law, including safeguarding alerts and information from local authorities. We also received feedback from external agencies and other health and social care professionals who are familiar with the service, including service commissioners from the local authority and Health Watch.

During our inspection we spoke to 13 people who used the service, two relatives of people who used the service, five care staff, an administrator, the Registered Manager and the Operational Manager.

We looked at the care records of five people, reviewed the records of three members of staff and at records maintained by the provider about the quality of the service including audits of medication, care records and daily reports, as well as training records, feedback surveys and telephone reviews, staff meetings and spot checks.

Requires Improvement

Is the service safe?

Our findings

At the last inspection although no breaches of regulations were found the service was required to make improvements to their risk assessment and management plans, quality and safety monitoring processes as well as their recruitment records and processes. People we spoke with and records we looked at confirmed that some improvements had been made; however, further improvements were still required.

Most of the people we spoke with told us that the carers were reliable and rarely late. They were confident that if their regular carer was unable to attend their care call, that this would be covered by the office staff to prevent a missed call. One person told us, "I love my carers, they always turn up and they are rarely late; but if they are, it's never too late, I understand that traffic and other things may cause them to be five or ten minutes late, but that's ok… I have no complaints". Another person said, "I am very very happy with my carer, they have been consistently good and reliable, I usually have the same carer but if they [carer] need cover they [provider] always send someone else, I never go without". However, some of the people we spoke with told us that the carers did not always stay for the full duration of the care call as planned, and it seemed that this was not reviewed or monitored by the provider. One person said, "I am struggling at the moment and I wonder what else they [carers] can do for me? They are only here 10 to 15 minutes, when they are supposed to be here for 30 minutes, so I am sure they could do more to help me, but no-one has spoken about it with me". Another person told us, "I used to monitor the time they [carers] stayed for, but I have given up now, nothing is ever done about it, but it is never the time they record in the book, it's always rushed; I think they worry about getting to their next call on time". Information we hold about the service showed us that concerns had been raised since our last inspection about missed, late and/or the short duration of care calls that people had experienced. These had been investigated by the local authority as part of their safeguarding processes and on many occasions, the provider had also facilitated their own internal investigations at the request of the local authority. Where these concerns had been upheld, the provider had acknowledged the service deficiencies and assured us that improvements would be made. However, from speaking with people during our inspection, further improvements are required.

It was difficult for us to check the concerns that had been raised by people about the times and duration of home care calls from the records that we looked at because staff were recording the planned time of care calls in both the daily logs and their time sheets, rather than the actual times in which they arrived and left people's homes. This also meant that the provider's audits on late/missed calls were also difficult to monitor and instead they told us that they relied upon people who used the service notifying the office to inform them that staff had not turned up or were late to support them, which was then recorded and audited separately. This meant that people, who were unable to independently notify the office, were potentially at risk of not receiving the care they needed when they needed and the provider would be unaware of this service deficiency. We fed this back to the management team at the time of our inspection and they told us that since our last inspection, when this issue was first identified, they had looked in to ways of improving this and were now in the process of implementing an electronic call monitoring system to enable them to detect late or missed calls. They said, "This will be piloted with our most vulnerable clients first; those who are unable to notify us independently, if a carer has not turned up, then it will be rolled out across the service. This will also help us to monitor the length of time carers are staying in people's homes

and hopefully improve people's experience of the service in this area too". They also informed us that they would increase the number of spot checks that they do, for people who do not have the new electronic call system. We will monitor the effectiveness of this new system at our next inspection.

At our last inspection we found that the provider had assessed and identified potential risks to people's health and well-being and that these had been formalised in to risk assessments which were recorded in people's care files. However, we found that some of these were standardised and lacked personalisation. For example, we saw that where the risk management plans made reference to a clinical condition; the information provided was presented generically with a list of potential symptoms, which were not always specific to the symptoms experienced by that individual specifically. At this inspection, we continued to find the same issues. Nevertheless, staff we spoke with told us that although they found the care plans and risk assessments useful, they did not always rely on them because they saw the same people regularly so they got to know what people needed and knew how to support them. Thus, no negative impact was identified on the care people received. However, if a carer was supporting a person they were unfamiliar with, they would not always have the information they needed to provide a safe, person-centred service. We fed this back to the registered manager at the time of our inspection. They told us that they were currently reviewing all of the care plans and risk assessments as part of an action plan, following a quality monitoring review with the local authority and assured us that improvements will be made.

People we spoke with told us that they felt safe receiving care from Mach Care Solutions. One person said, "I feel very safe, they [carers] are very good". Another person told us, "I feel safe with them [carers], they are lovely and I trust them". A relative we spoke with told us, "I know mom is safe, they are excellent, Mach Care Solutions cannot be faulted, and they are even looking at putting an emergency package in place now in case I am ever unexpectedly taken ill…it's brilliant".

It was difficult for us to be able to determine the level of understanding staff had regarding the types of harm people could be exposed to and whether staff knew what actions to take if they suspected abuse. This was because information we had received from the provider indicated that staff had been given guidance on how to respond to questions asked by inspectors during the inspection. Whilst most of the staff members we spoke with were able to explain to us their understanding of abuse and were aware of their roles and responsibilities, including what the reporting procedures were, it was evident that some staff members were reading the responses from an information sheet provided to them by the provider in a recent team meeting because answer's were very similar, some staff were unable to answer the questions we asked them initially and were heard to be flicking through paper's searching for the correct answers. Information we received from the provider also, showed that on 1 December 2016 staff were sent a group message that said, "The question and answers for all the CQC questions are found on the sheet given to every member of staff in last month's meeting". Carers were reminded to, "Go over the questions and learn them". This was fed back to the manager's at the time of the inspection and they were advised that this is not helpful to the inspection process as we were unable to ascertain the staff's knowledge, understanding and awareness independent of these support aids. The registered manager agreed with our feedback and assured us that this was not the intention of the information sheet, it was merely provided as a training resource and staff have now been advised of this for future inspections. The registered manager told us that they were confident that the staff are aware of what action to take to protect people from harm as they monitor this in staff training and supervision.

Records we looked at showed that staff had recently received training on how to keep people safe from avoidable harm and abuse and we saw that 'safeguarding adults' was a regular agenda item for team meetings and staff supervision. The operational manager told us that the safety of people using the service was a priority and they wanted to ensure that staff felt confident to deal with any risk issues such as

safeguarding if they were to arise. One member of staff told us, "We have training on it [safeguarding]; keep people safe, avoid abuse, financial …people taking money from them, physical abuse… maybe ripped clothes, they may be upset; I report it to office and police if I need to". Another member of staff said, "Safeguarding adults, no harm, abuse and neglect; no concerns now, I would report it and let manager know". A third member of staff said, "It [safeguarding] is protecting people from abuse and harm; physical, financial, neglect. I tell the office to report it".

Multiple safeguarding concerns had been raised with us either by people who used the service, the local authority or the provider themselves since their last inspection. We found that on most occasions the provider had taken appropriate action and had liaised with the appropriate investigating bodies in order to assess and address the issues being raised. However, they had not consistently notified us [CQC] as required by law, which meant that if we had not received the concerns directly, or from the local authority, we would not have been able to monitor the provider's ability to keep people safe from abuse or avoidable harm. This is a breach of Regulation 18 of the Care Quality Commission (registration) Regulations 2009.The provider has been reminded of their responsibilities to notify and keep us informed of the outcome of all safeguarding concerns that have been raised, in accordance with their registration regulations.

Staff recruitment files we looked at and all of the staff we spoke with confirmed that the provider's recruitment processes included a formal interview, and obtaining references and a Disclosure and Barring check (DBS). The Disclosure and Barring Service (DBS) helps employers make safer recruitment decisions and prevent unsuitable people from working with people who require care. One member of staff said, "I found the job online, I filled in an application form, went for interview and then done training and shadowing before I started working". They also said, "Yes, they took references and I had a [DBS] check".

Some of the people we spoke to told us they needed support with their medication. One person told us, "They [staff] help me with my medication". Another person said, "I do my own medication, but it is an option, I am sure they would help me if I need them to". A third person said, "I have good days and bad days, on bad days I need them to help me with my blister pack [medication pack]". Care plans and risk assessments we looked at confirmed that staff were required to support some people with their medication either by prompting or administering their medication. We found that both the care plans and risk assessments provided step by step instructions to staff to promote safe medication management. Staff we spoke to and training records we looked at showed us that staff had received training in medication management and that medication management was one of the topics included in the team briefings as a refresher session. This showed us that arrangements were in place to support people with their medication if identified as a support need.

Good

Is the service effective?

Our findings

People we spoke with told us that the staff who visited them seemed to have the knowledge and skills they needed to meet their needs. One person told us, "They definitely know what they are doing, there are no worries there, I think they must be very well trained". Another person said, "They [staff] are very good at their jobs they know exactly what they are doing, I have no concerns at all". A relative we spoke with told us, "I don't know what she [person] would do without them, they do everything they are supposed to do, in the way it's supposed to be done; they are excellent". Staff we spoke with told us they felt confident in doing their job and confirmed that they received sufficient training. One member of staff told us, "Training is good; we have refresher training every month at the team meetings". Another member of staff said, "We do a lot of training; it's good, it helps me to do my job well". Another member of staff told us, "I have worked as a carer for six months, my first time as a carer, training was good and I shadowed other carers, I was skilled to do it [provide care] when I started on my own".

The provider had a record of the training that staff had completed and this showed that all staff had received the training the provider thought that they needed to meet people's needs. Staff we spoke with told us that the registered manager and operations manager had encouraged them to attend training and team meetings where learning and development were on the agenda. We saw that team meetings were held on the first working day of each month, at three different times throughout the day to optimise attendance. Team discussions were recorded and made available to staff together with information sheets, for future reference.

Staff we spoke with told us that these meetings, together with regular supervision and easy access to the management team, meant that they felt supported in their roles. We found that staff could access help and advice either by contacting the office or by using the on call system. One member of staff told us, "I feel very supported, I can call the office any time and they will help me". Another member of staff said, "If I need anything at all, they [management] will get it for me; it's very good".

People we spoke to told us that care was provided to them with their consent. 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. At our last inspection we found that some people were known to the provider to lack the mental capacity to consent to the care they received but we did not find any evidence of a mental capacity assessment, a best interests meeting having been held or an application to the court of protection to authorise another person to make a welfare decision on their behalf. During this inspection, people we spoke with and records we looked at showed that improvements had been made. The provider was able to articulate their knowledge and understanding of the Mental Capacity Act 2005 and now had processes in place to fulfil their roles and responsibilities in complying with this legislation. We saw that where a person was suspected to lack the mental capacity to consent to the care being provided to them, the provider had contacted the appropriate agencies for a formal assessment and application to be made to the court of protection, where required.

People we spoke with told us that they felt their rights were protected and staff offered them choice. One person told us, "They [carers] are very respectful, they always ask before doing anything". Another person said, "I have been having the same girl [carer] for a long time, they know me well now, but they do ask me what I want". Staff we spoke with understood the need for consent and were able to give examples of how they offered choice and protected people's rights. One member of staff said, "I talk to people, I always ask if it's ok for me to help and what they want or need today". Another member of staff said, "I will ask people, if they can't tell me, I will show them things [to give them choices], like food, clothes…family are good too, they help us [get to know people]. One lady don't speak English, so her son asks her, then tells me what to do or what she wants; if he is not there, we get by, I show her things and she points or nods her head".

We found that people were supported to have sufficient to eat and drink and were given choices. One person told us, "She [carer] always asks me what I like and she does what I ask for". Another person said, "They leave me with drinks and a sandwich". Staff we spoke with told us how important it was to make sure people had access to food and drinks in between their care calls and the provider showed us how the care staff kept a record of peoples diet and fluid intake if they were at risk of malnutrition or dehydration.

Records we looked at identified people's likes, dislikes and preferences and staff we spoke with told us how important it was to offer choice around meal times. One member of staff said, "People like different things or have special diets like diabetes or maybe for their religion, we respect that and always give choice to people".

People we spoke to told us that staff supported them if they were feeling physically unwell. One person said, "They [carers] make sure I am ok and they are good at suggesting I see the doctor if they think I need to". A relative we spoke with told us, "I know they [carers] are concerned for her [person] and will make sure she sees a doctor if she needs to, I know she is safe". Staff we spoke with were clear about the signs and symptoms people may present with to indicate that they were physically unwell and knew what action to take. One member of staff said, "I would report it and call emergency services". Another member of said told us, "If I found someone on the floor, I would make sure they were breathing and call 999, I would also get them a pillow for comfort while we waited for the paramedics to arrive". Records we looked at showed that staff are advised to report any physical or mental health changes and seek medical treatment as required. We also saw referrals and liaison had been made to external health and social care professionals as required, to promote on-going health and social care support.

Good

Is the service caring?

Our findings

Most of the people we spoke with were happy with the staff and the consistency of the staff who visited them. One person told us, "I love my carers, they are very kind and friendly; I look forward to seeing them". Another person told us, "I don't know what I would do without them [carers], they are like friends, I look forward to them coming now". A third person said, "They are excellent, what I like is that I can have a laugh with them, nothing is too serious… they are lovely people". A different person told us, "I was a bit apprehensive at first, but there was no need, they have been lovely from day one, very kind and very helpful, they will do anything for you". Staff we spoke with told us how they developed positive relationships with the people they cared for. One member of staff told us, "It's nice that we get to see the same people because we get to know each other; it's nice".

We found that people were supported to be independent. One person told us, "I have good and bad days, on good days they [carers] allow me to do what I can for myself, but on bad days they help me a little bit more; they let me decide depending upon how I am feeling". Another person said, "They [staff] are very good, they help me get washed and that, but they only do the bits I can't reach myself". We saw care plans reflected people's level of independence and informed staff of ways to promote independence as far as possible. For example, one care plan we looked at read, "I usually take my medication on my own, however, I may need support on days when I am too unwell to do it for myself". Another care plan stated, "I am able to wash my top half of my body myself, but I am unable to wash my legs, feet and back". Staff we spoke with told us how they encouraged people to remain as independent as possible. One member of staff told us, "We encourage people to be as independent as possible as long as they are safe". Another staff member said, "Giving people choices gives them independence too".

We found that people were encouraged to express their own views, preferences and opinions. One person we spoke with told us that staff always asked her what she liked and the management team called her to make sure that the care she was receiving was being provided in the way she wanted it. Records we looked at showed that people were given choices about their care, such as the times staff visited, whether they preferred male or female staff and what they needed help with. We also saw that the provider facilitated care reviews with people as well as satisfaction surveys, to enable people to express their views and be actively involved in their care planning. Staff we spoke with were aware of how important it was to work with people and involve them in every aspect of their care, as far as reasonably possible.

All of the people we spoke with said that the staff treated them with dignity and respect. One person said, "I am not easily embarrassed, but she [carer] is very good and very respectful". Another person told us, "Oh yes, it's very dignified, there are no concerns there". A relative we spoke with told us that the care staff were polite and friendly and very respectful of their parent's privacy and dignity. Staff we spoke with told us that they always ensured doors and curtains were closed when they provided personal care to people and that they respected people's privacy by turning their backs, covering people up as much as possible and only assisting when required.

Requires Improvement

Is the service responsive?

Our findings

Most of the people we spoke with told us and some of the records we looked at showed that people were involved in and contributed to the planning and review of their care. One person told us, "They came to see me one day, did an assessment and it [care package] started the next day". Another person said, "They called me yesterday to make sure everything was okay and that I was happy with the carers". We saw that care reviews were facilitated 28 days after the care package was initiated to ensure that the care being provided met the needs of people. We were also told that reviews were then facilitated annually or sooner, as required. However, one person we spoke with told us that they were struggling and needed more help now, but they were not sure what additional support they could receive as no-one had asked them. We also found that where new needs had been identified during a care review, the action taken had not always been recorded. We also saw that where changes to care plans had been made, it was not always clear when, how or why this change had been implemented, or who had been involved in making these changes. We fed this back to the operations manager at the time of the inspection, who acknowledged this shortfall and explained that a new comprehensive review form had been developed and was now being used to improve the care and risk review process. We saw evidence that a more recent care review that had been facilitated using the new form had been completed more comprehensively and recorded electronically than the previous hand-written documents. We will continue to review the effectiveness of this newly improved process at our next inspection.

We found that the care plans we looked at were detailed and mostly personalised with mention of people's preferences, which corroborated with what people had told us. We also found that staff we spoke with knew the people they cared for well and staff told us that this was because they were able to get to know people well by caring for them regularly. However, feedback from the local authority told us that upon their recent review, concerns had been raised with the generic style of care plans, which did not always reflect person-centred care. For example, care plans were found to include generic statements such as, "If there is a hospital bed, please adjust it to the correct height". However, care assessment and reviews should have already identified the equipment in situ and therefore, details like this should already be known. The provider had acknowledged these shortfalls and had requested a three week suspension from the local authority, to allow them the time to review and update all care plans before taking on any more care packages. Our inspection coincided with the end of this three week suspension and therefore the sustainability of any improvements made will be reviewed at our next inspection.

Staff we spoke with were mindful of respecting equality and diversity one member of staff told us, "I make sure people are treated equally but also respect their individual needs, like their religion or cultural preferences with food, clothes and so on…". We saw care plans acknowledged people's cultural needs and preferences and people were referred to by their preferred name. The registered manager told us, "We are mindful of both our service users and our staffs cultural needs; for example, some staff members will not provide care to the opposite gender or handle certain meats and we respect that. We have a diverse staff mix so we try to make sure people are cared for by people who can speak their language". However, we found that some people did have difficulty communicating with staff due to 'language barriers' and that this also impacted upon record keeping. Whilst we recognised the value of having a multilingual staffing team to

provide care to people from a range of diverse backgrounds, staff should be able to communicate with people they are caring for and undertake effective record keeping as a part of their role. We saw that this had been recognised by the provider previously and that staff had been encouraged to take English speaking, reading and writing courses outside of the workplace. We also fed our findings back to the management team at the time of our inspection and they agreed to identify and support staff members that may be having difficulty in this area. They were encouraged to be more mindful of this during their recruitment processes.

People told us that questionnaires were sent out asking for feedback and the provider would call them occasionally to make sure they were satisfied with the service. One person told us, "I have written an appraisal for the carers and sent it back". However, not everyone was pleased with this process. One person told us, "I have had a questionnaire, but I think they should be given in envelopes because they say it's anonymous but you have to hand it to the carers; it's silly". Another person told us, "I prefer to speak to people in person; I would like a home review really". Many other people we spoke with told us that they had received a telephone call from the provider the day before our [CQC] telephone interviews and some of these were late at night. One person said, "I had a telephone call late last night to ask me how things are going, which is probably because they knew you [CQC inspector] would be calling me, but it's not acceptable at that time of night, I was in bed and I was not happy; I have called this morning to complain but I am still waiting for a response". We found that this complaint had not been recorded in the complaints log and the registered manager was unaware when we fed this back to them that this complaint had been raised. This meant that not all complaints were identified, recorded or investigated reliably. The registered manager told us, "It is regrettable that the complaint [process] did not make us aware of this complaint, hence the opportunity to investigate was missed". They assured us that, "Lessons have been drawn" and that improvements will be made. Other records we looked at in relation to the telephone calls, also showed that the dates and times recorded did not correlate with times and dates people had told us. This meant that the records did not account for the additional contact that had been made with people and the subsequent feedback. This suggests that the records were not always accurate. We fed this back to the provider at the time of our inspection for their review and closer monitoring.

People we spoke with told us that they knew how to complain. They told us if they were unhappy or had any concerns they would contact the office. One person said, "I have never had to make a complaint but the number is in the book if I need it". Another person told us, "I am very happy with the service, and if I wasn't I would complain, I have the number". A relative we spoke to told us, "They [management] are very good and very flexible; I am confident they would deal with anything untoward if they needed to". The registered manager told us that they had not received any formal complaints recently and any constructive feedback (concerns that had been raised that required action or follow-up, but were not raised as formal complaints) they had received had been acted upon to improve the service. Records we looked at showed that the provider had kept a record of the complaints and constructive feedback that they had received from people, which also detailed what action they had taken. For example, we saw that where a person had raised a concern relating to a lunch call being facilitated at 11:00 instead of 13:30 as planned, the provider had kept an audit log of this concern which detailed what action they had taken to address the issues raised and follow up contact was also made to monitor the improvements. However, as noted previously, not all complaints that we were made aware of during our inspection had been recorded as a complaint and had not been investigated in accordance with the provider's complaints policy.

Requires Improvement

Is the service well-led?

Our findings

At the time of our last inspection, the service was found to be requiring improvement in this area. Whilst no breaches of regulations were found, the service was required to make improvements to the quality assurance systems and record keeping. People we spoke with, records we looked at and from observations we made during our inspection, confirmed that some of these improvements had been made; however further improvements were required. This means that improvements in this area have been required for three consecutive inspections and whilst some improvements have been made, these have not been to the required level to ensure the quality and safety of people's care. The provider has been asked to provide us with feedback on how they plan to ensure their quality assurance processes are improved to the required standard ahead of the next inspection.

We found that despite some improvements in the quality assurance processes, they had not always identified the shortfalls we found during our inspection and further analysis of the information they had collated was required. For example, we saw that daily record logs were 'checked' and 'audited' when care staff returned them to the office and a record was kept of the improvements that were required. However, we saw that one person's daily record log had been checked and audited, but this had not identified a missed entry or potentially missed call. We could not see any evidence that this call had been cancelled by the service user in the variation record log, or that the call had been logged as a missed/late call and therefore the reason for the gap in the daily record log was not clear or explained. We also found that where audits had been facilitated, such as medication audits, late/missed call audits and daily record audits, further analysis was required to enable the provider to identify any themes or trends in areas requiring improvement or further checks to monitor the effectiveness of any action taken and/or whether improvements had been made. We discussed this with the management team and they acknowledged the constructive feedback and the opportunity to develop their quality monitoring systems further.

We found that the management of records also continued to require improvement. At our last inspection, we experienced a considerable time delay between us requesting information from the provider and the information being made available to us. Feedback we received from the local authority, also told us that at their recent quality monitoring visit, they too experienced significant time delays in getting the information they requested. During our inspection, we continued to find the same issues, which brings in the question the provider's recording keeping with regards to the organisation and access to records. The provider also experienced a power cut during our inspection and they were unable to access their electronic data base, where people's care records and other quality monitoring records, were stored. The provider's access to this data base was problematic for a number of days, which caused further delays in us receiving the information that we had requested. Whilst we acknowledged that these system failures were outside of their control, there did not appear to be a contingency plan in place, to ensure that they had access to information pertinent to people's care needs, in the event of such situations occurring.

We also found that staff were advised that if any information was missing from the daily record logs when they returned them to the office, for example a statement relating to promoting people's privacy and dignity, then they would be required to re-write the entries. However, we were assured by the provider that staff

were asked to re-write daily records in the context of training and the re-written parts do not form part of the official record. Furthermore, we found that care staff were recording the planned times of care calls on the daily record logs as well as their time sheets, rather than the actual times of their visits. This made monitoring late/missed calls difficult for the provider as well as raised concerns that people were being charged for the full duration of calls, when we had been told that staff frequently leave early. Additionally, times and dates recorded on the quality monitoring records that documented the telephone calls that the provider had made to people about their satisfaction with the service, did not correlate with the times and dates people told us that the provider had called them. This means that the accuracy of record keeping is brought into question.

The service was required to have a registered manager in place as part of the conditions of registration. There was a registered manager in post at the time of our inspection. Information we hold about the service showed us that the provider was meeting the registration requirements of CQC. The provider had mostly ensured that information that they were legally obliged to tell us, and other external organisations, such as the local authority, about were sent, although the registered manager needed reminding on some occasions.

Staff we spoke with confirmed that they felt supported in their role through open communication links with the management team via supervision, team meetings, regular text message alerts and on call support systems. They also told us they felt comfortable and confident in raising concerns with the registered manager. One member of staff told us, "They [management] are very good, I can talk to them about anything". Another staff member said, "Any problems and I will call the office; they [management] will help me with anything I need". A different member of staff told us, "I would always report to the manager if I thought something was not right; I know they [management] would deal with it straight away".

However, whilst staff told us and records showed that they had regular supervision, we found that at times this was used more as a communication system for the managers to formally exchange information to staff rather than as an opportunity for staff to access support. One member of staff told us, "Yes we have supervision, they [manager's] set the agenda and tell us what we need to know". We also found that during some team meetings, any concerns raised by staff were not always acknowledged or addressed in a supportive way. For example, on one occasion, staff members were reminded that they needed to wear a uniform at all times. Staff members collectively raised concerns that they were finding it difficult to wash and dry their uniform everyday given that some of them worked six days a week and they were only supplied with one uniform. The response from the management team was focussed around disciplinary action if staff were to be found not to be wearing their uniforms rather than considering a solution focussed approach to the problems raised by staff. Whilst staff did not raise any concerns about this style of leadership as part of the inspection, it had been raised by whistle-blowers, since our last inspection. Whistleblowing is the term used when someone who works in or for an organisation raises a concern about malpractice, risk, wrongdoing or illegality and they do not wish to address their concerns with the provider directly. The provider had co-operated with us and the local authority to investigate the concerns that had been raised and changes to the leadership style have been recommended.

We asked the registered manager to tell us about their understanding of the Duty of Candour. Duty of Candour is a requirement of the Health and Social Care Act 2008 (regulated activities) Regulations 2014 that requires registered persons to act in an open and transparent way with people in relation to the care and treatment they received. The registered manager and operations manager was able to tell us their understanding of this regulation and explained that they also expect this level of openness and honesty from the staff they employed. We saw an example of where a complaint had been raised and investigated by Mach Care Solutions, a report had been produced and sent to the complainant which stated the provider's

duty of candour and recognised their accountability of errors and lessons learned.

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 18 Registration Regulations 2009 Notifications of other incidents The provider had not consistently notified us of incidents regarding the safety of the service such as notifying us when safeguarding concerns had been raised, which they are required to do by law.