

Agincare UK Limited

# Agincare UK Medway

## Inspection report

Nelson Court Care Centre  
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Date of inspection visit:  
15 July 2019  
22 July 2019

Date of publication:  
17 September 2019

## Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?	<b>Requires Improvement</b> 
Is the service effective?	<b>Good</b> 
Is the service caring?	<b>Good</b> 
Is the service responsive?	<b>Good</b> 
Is the service well-led?	<b>Requires Improvement</b> 

# Summary of findings

## Overall summary

### About the service

Agincare UK Medway is a domiciliary care agency providing personal care to people living in their own homes. Not everyone who used the service received personal care. CQC only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they do we also consider any wider social care provided. The service was providing personal care to approximately 90 people at the time of the inspection.

### People's experience of using this service and what we found

The service people received was not always safe. The recording and administration of people's medicines were still not carried out in a safe way, for those who needed the assistance of staff to help them to take their medicines. Other elements of care had improved. Individual risk assessments were now in place and plans to manage the risk and prevent harm were better recorded. People told us they felt safe with staff and were confident in their care. People said they felt there were enough staff as their care was rarely cancelled and staff stayed the full length of time when visiting.

The systems to monitor the quality and safety of the service had failed to pick up the areas of concern we found around people's medicines and how these were managed and recorded. People did not provide positive feedback about how the service was run. They told us the office staff did not always contact them to make them aware of changes, such as when staff were going to be late, or not able to get to them.

Assessments were carried out with people before they started to use the service to make sure their needs could be met. People were supported to access healthcare advice and given assistance with their nutrition and hydration when this was needed. People and their relatives told us they were involved in and directed their care, making their own choices and decisions. Staff received the training and support they needed to provide safe care.

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

People and their relatives were positive about the staff supporting them, saying staff respected them and describing them as caring and kind.

Care plans were more person centred than before and provided better information about people's lives and what was important to them. People had the information they needed to make a complaint if they needed to and any complaints made were investigated and followed up.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

### Rating at last inspection and update

The last rating for this service was requires improvement (report published 17 July 2018) and there were four breaches of regulation. The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection we found improvements had been made in some areas which meant the provider was no longer in breach of two of the regulations. However, further improvement was needed in other areas and there were two continued breaches of regulation.

### Why we inspected

This was a planned inspection based on the previous rating.

### Enforcement

We have identified two breaches, in relation to the management and administration of people's medicines and the monitoring of the quality and safety of the service, at this inspection.

Please see the action we have told the provider to take at the end of this report.

### Follow up

We will request an action plan from the provider to set out what they will do to improve the standards of quality and safety. We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

The service was not always safe.

Details are in our safe findings below.

**Requires Improvement** ●

### Is the service effective?

The service was effective.

Details are in our effective findings below.

**Good** ●

### Is the service caring?

The service was caring.

Details are in our caring findings below.

**Good** ●

### Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

**Good** ●

### Is the service well-led?

The service was not always well-led.

Details are in our well-Led findings below.

**Requires Improvement** ●

# Agincare UK Medway

## Detailed findings

### Background to this inspection

#### The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

#### Inspection team

The inspection was carried out by one 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.

#### Service and service type

This service is a domiciliary care agency. It provides personal care to people living in their own houses and flats or specialist housing.

Although the service had a manager, they were not registered with the Care Quality Commission. This means that the provider is legally responsible for how the service is run and for the quality and safety of the care provided.

#### Notice of inspection

We gave the service 48 hours' notice of the inspection. This was because it is an agency and we needed to be sure that the provider or manager would be in the office to support the inspection.

Inspection activity started on 15 July and ended on 22 July 2019. We visited the office location on 15 July 2019 and spoke to staff after this date.

#### What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they

plan to make. We took this into account when we inspected the service and made the judgements in this report. We used all of this information to plan our inspection.

#### During the inspection

We spoke with eight people who used the service and five relatives about their experience of the care provided. We spoke with six members of staff including the manager, senior care workers and care workers.

We reviewed a range of records. This included five people's care records and medication records. We looked at three staff recruitment files, and five staff training and supervision files. A variety of records relating to the management of the service, including policies and procedures were reviewed.

#### After the inspection

We continued to seek clarification from the manager to validate evidence found. The manager sent us information we requested about senior manager audits and the complaints procedure.

# Is the service safe?

## Our findings

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

At the last inspection this key question was rated as requires improvement. At this inspection this key question has remained the same. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

### Using medicines safely

At our last inspection the provider and registered manager had failed to manage people's medicines in a safe way. This was a breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection, we found the provider had not made improvements in this area and were still in breach of regulation 12.

- Some people did not need support from staff to take their medicines and other people needed prompting only, to make sure they did not forget. Some people needed assistance, for example, for staff to get their medicines ready to take themselves. Others needed full support from staff to take their medicines.
- The records continued to be unclear around what support people had been given by staff which meant people were still at risk of unsafe practice when staff assisted with their medicines.
- One person's care plan said they only needed to be prompted by staff to take their medicines. Some staff had written in the person's daily records that they had 'prompted' them to take their medicines and other staff had recorded they had 'given' their medicines. The person's medicines administration record (MAR) showed staff had signed to say they had 'assisted' the person with their medicines.
- MAR's had a list of codes, intended to be used by staff only when people did not take their medicine as prescribed by a healthcare professional. For example, if people refused their medicine. People's MAR's were not completed correctly. Staff were using codes that were not shown on the MAR, for instance using 'AS' for assisted, when this was not a listed code they should use. This meant it was unclear if staff were following people's care plans, intended to make sure people received the support they were assessed as needing and in line with their preferences.
- People's MAR's were missing essential information. The chart was clear staff should write the 'Name of medication and instruction'. However, only the name of the medicine was recorded, and not the crucial instruction as prescribed by the healthcare professional. For example, once a day or four times a day, or 'as and when required' (PRN). This meant people were at risk of not receiving their medicines as prescribed.
- Staff had changed people's MAR's by crossing through some medicines, changing when they should take their medicine, or adding a cream or medicine. No explanation was given, either on the MAR or in the daily records to account for these changes to people's prescribed medicines.
- Staff had changed when one person took their medicine on 6 April 2019, recording, 'changed from tea to bed'. No explanation was given for this or who gave this instruction. Staff had also crossed out 'am' and added 'bed' to another medicine. On 7 April 2019, staff had signed both am and bed, which suggests the

person had the medicine twice that day when they should have had it only once.

- Staff had made handwritten additions of medicines to the MAR without explanation about who had prescribed the new medicine and the reason why. Staff had added a medicine to one person's MAR. The addition was untidy and not legible as staff had hand drawn the chart which meant the recordings were unclear as to whether they had been signed in the correct place.
- There were many gaps in people's MAR's, where some staff thought they did not need to sign. This meant unsafe practice was being used as staff were not clear what the provider's medicines procedure was. This meant people were at risk of not receiving their medicines as prescribed.
- One person who had diabetes needed staff assistance to take regular blood sugar tests. Some staff recorded this on a blood sugar monitoring chart, some staff recorded on the MAR and other staff had not recorded the results at all. The person kept their own records, so they could monitor their blood sugar levels. However, the unclear methods of recording and communication between staff posed a risk if the person became unwell.
- The manager spoke to their senior manager during the inspection and the provider organised additional training for all staff to commence the week after the inspection.

Systems were not robust enough to demonstrate people's medicines were managed effectively and safely. This was a continued breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Body maps were in place when people had prescribed creams. These gave clear guidance for staff, clearly showing which areas of the body each cream should be applied.
- For medicines prescribed to be taken as and when required (PRN), guidance was in place, advising staff what the medicines were prescribed for, the side effects to watch out for and how many tablets could be taken within a given period of time. For example, pain relief tablets to be taken no more than four to six hourly and only up to eight tablets in 24 hours.

#### Assessing risk, safety monitoring and management

At our last inspection the provider and registered manager had failed to robustly assess and review the risks relating to the health, safety and welfare of people. This was a breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection, we found enough improvement had been made to the assessment of risk and the response to accidents and incidents, meaning people were receiving safer care. This meant the provider was no longer in breach of this part of regulation 12.

- People and their relatives told us they felt safe with the staff supporting them, one person said, "I feel very safe with the carers, they help me in and out of the electric bath chair." A relative commented, "I feel my relative is safe when I leave her with the carers."
- A more comprehensive system was in place to identify individual risks in relation to people's health and welfare when receiving care within their home. Risk assessments were in place and the plans needed to manage and reduce the risk were recorded.
- Some people were at risk of pressure sores as they spent long periods of time in one position or needed the help of two staff or equipment to move around. People's individual circumstances were recorded in each risk assessment and the guidance for staff to follow to protect them from harm.
- Detailed steps to ensure staff used safe moving and handling techniques were recorded for one person who was not able to bear any weight on their legs and needed a hoist to help them to move. The size and



type of sling to use with the hoist was included in the risk assessment with guidance for staff to check all the equipment before each use to make sure it remained safe to use.

- Environmental risks had been looked at before support commenced to make sure people and staff were safe during visits. These included for example, the outside of the person's home, lighting and stairs; and inside the property – where the essential utilities were sited or if the person had a pet.

#### Staffing and recruitment

- The provider employed enough staff to make sure people received the care and support they needed. Staff told us they did not think there was a problem with the numbers of staff needed to provide safe care.
- The manager told us they continued to recruit new staff to try to keep suitable staffing levels and so new referrals could be accepted, or support increased if people's needs changed.
- Staff rotas showed there was time available to get from one care visit to the next in most cases, although there were occasions where travel time had not been included. Staff told us they did not always have the time to get from one visit to another in the times given. This is an area that needs improvement.
- The people we spoke with told us staff always stayed for the full length of time they were allocated and assessed as needing. Staff said visit times were never cut short.
- An electronic system was used to plan the staff rotas so people received their personal care support at the time they expected. Staff received their rota each week electronically onto their phone, so they could refer to it at any time. Any updates or changes to the rota were also sent electronically, as an alert.
- Staff continued to be recruited safely. Application forms were completed with no gaps in employment, references and proof of identification were checked. Disclosure and Barring service (DBS) checks had been completed which helped prevent unsuitable staff from working with people who could be vulnerable.

#### Preventing and controlling infection

- Staff had training to make sure they understood the precautions they should take to prevent the spread of infection.
- The provider made sure enough personal protective equipment was available for staff to use, such as disposable gloves and aprons.

#### Learning lessons when things go wrong

- Accidents and incidents were documented by staff. All incidents were monitored by the manager who checked appropriate responses had been completed and if any themes were apparent, such as the time of incidents or if the same staff were present.
- The manager logged the details of accidents and incidents onto the providers electronic monitoring system. Improvements needed were identified by the provider's senior management team to feedback to the manager and staff team the action expected to make sure lessons were learnt and action taken.
- Improvements and learning from incidents was cascaded to staff through staff meetings, memos and staff supervision.

# Is the service effective?

## Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At the last inspection this key question was rated as requires improvement. At this inspection this key question has now improved to good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

At our last inspection the provider and registered manager had failed to make sure people's assessment records provided the personal guidance staff needed to provide care that met people's needs and preferences. This was a breach of regulation 9 (Person Centred Care) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection, we found enough improvement had been made to the detail provided in people's care records and the provider was no longer in breach of regulation 9.

- People's care and support needs had been assessed before receiving a personal care service from Agincare UK Medway. A relative confirmed this, "We had an assessment before the start of the service and it was reviewed a few weeks ago by the manager."
- Assessments had improved and were used to develop each person's individual care plans. Care plans provided the detail to enable staff to provide the care people needed and in the way they had requested. For instance, one person had a catheter in place and needed staff to check it at each visit as well as changing the catheter bags during the morning and night visits.
- The manager used the initial assessment to make sure they had the staff numbers and skills needed to support people.
- Assessments included the information needed to make sure support was planned for people's diverse needs, such as if they had religious and cultural needs that needed to be taken account of when care was being provided in their home.

Staff support: induction, training, skills and experience

At our last inspection the provider and registered manager had failed to make sure staff's competency to carry out their role had been checked regularly by a competent staff member. This was a breach of regulation 18 (Staffing) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection we found improvements had been made and the provider was no longer in breach of regulation 18.

- Staff had the training and skills they needed to meet people's needs. People and their relatives told us

staff knew what they were doing and were knowledgeable and well trained. One person said, "I think the carers are well trained."

- Staff told us the induction they received when they joined the service was good and they felt well supported. New staff were supported to build their confidence following their induction training by shadowing more experienced staff to make sure they were introduced to the service and to build their skills.
- Staff had completed the training they needed to carry out their role proficiently and most had kept up to date. The provider's training systems helped the manager to identify and chase staff who needed to complete refresher training each month. They checked the next month to make sure staff had completed the training they needed. Additional training had been given when necessary to meet people's specific health and care needs.
- Staff told us they had regular supervision to support their personal development needs and observational checks to make sure they continued to use good practice when providing people's care.

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

- Many people did not need support with their meals or planning a nutritious diet as family members made their meals, or sometimes other agencies delivered meals to their home.
- Those people who did need staff assistance chose what food they wanted from their own store of food. Some people had convenience foods that were quick to make in the microwave and others preferred to have fresh food cooked from scratch. One person told us, "The carers get me toast and jam and a drink for breakfast, it is all I want."
- One person's care plan recorded they did not like to eat breakfast as soon as they got up, but would have some fruit. Staff were guided to leave a bowl of cereal by their chair with a small jug of milk in a small fridge next to their chair so they could have their breakfast once staff had left.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- Many people either arranged their own healthcare or their family members did this.
- People's medical conditions and how they managed them were documented in their care plans.
- Where people did sometimes need assistance, staff contacted the office staff to alert a health care professional or family member if they had concerns. Staff told us office staff were responsive if they raised a concern about people's health, making sure they got the help and advice they needed.
- The manager, senior care staff and office team made sure people were supported if and when needed, by arranging assessments for specialist equipment that might enhance their lives, such as specialist beds or mattresses.

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

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

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. Where people may need to be deprived of their liberty in order to receive care and treatment in their own homes, the DoLS cannot be used. Instead, an application can be made to the Court of Protection who can authorise deprivations of liberty. None of the people using the service had court of protection authorisations in place to deprive them of their liberty.

- People consented to their care where needed, such as staff assisting with personal care or administering their medicines. One person told us their choices and decisions were listened to, "They (staff) ask me what is to be done and how I want it done."
- Where people lacked capacity to consent to particular decisions, assessments had been undertaken and decisions had been made in people's best interests. Others, such as relatives or healthcare professionals had been involved in best interest's decision making when necessary, such as healthcare decisions.

# Is the service caring?

## Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- Most people told us they had mainly the same staff supporting them. Two people told us they didn't have the same staff always but said they had not been using Agincare UK Medway for long and expected this to change. One person said, "I am new to the company, at the moment I have too many different carers but hopefully things will settle down."
- Other people said staff knew them well as they had regular staff. This meant staff were quick to pick up on small signs if people were unwell or needed a bit of extra time. The comments we received included, "I only have one carer, she knows me well and knows the routine"; "On the whole the carers are very good, very helpful and kind and caring" and "My carer is lovely and nice; she is always happy and very caring."
- Staff told us they were happy in their work and knew the responsibility they had to keep people safe. One staff member said, "The whole point is to give people good, safe care" and another staff member commented, "I love my job."

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

- People were involved in the development of their care plans and signed them to confirm this. People told us they had been involved. One person said, "I was involved in the care plan" and another person told us, "I have someone from the office visit me every so often to review the care plan."
- On a day to day basis people directed their care. People told us they were comfortable chatting with staff. One person said, "I have the same carer, she is great and we get on fine; we have a chat and a laugh."
- Staff worked closely with people's relatives and friends, as appropriate, to make sure people got the support they needed as people's relatives were often providing their loved one's care most of the day.

Respecting and promoting people's privacy, dignity and independence

- People and their relatives told us staff always treated their home with respect. One person said, "The carers definitely treat me and my home with respect" and another person commented, "The carer is very respectful to me and my home."
- Care plans directed staff to respect people's privacy within their home, by closing doors and curtains while assisting with their personal care.
- Care plans described what people were able to do for themselves and the areas they may need time and encouragement. Where people needed full support with their personal care, how they preferred this to be carried out was clearly set out.
- Information was locked away as necessary in a secure cupboard or filing cabinets in the office. Computers and electronic devices used by the provider and staff were password protected to keep information secure.

# Is the service responsive?

## Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At the last inspection this key question was rated as requires improvement. At this inspection this key question has now improved to good. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

At our last inspection the provider and registered manager had failed to make sure people's care documents were kept up to date to accurately reflect their needs and wishes. This was a breach of regulation 9 (Person Centred Care) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection we found improvements had been made and the provider was no longer in breach of regulation 9.

- The provider had made changes to people's care plans to make sure they provided more personal detail to meet their needs and preferences and these were updated. Care plans were comprehensive, providing clear details about each person and what they wanted.
- People told us they had been involved in the care planning process. One person said, "I was asked how I wanted to be supported and about my preferences."
- One person's care plan recorded they liked to have their small table beside them so they could reach what they wanted at any time once staff had left. They also liked to have a cardigan by their side so they could reach it.
- People had been involved in planning the care they needed. This meant detailed guidance about how they liked to be supported with their personal care was available for staff. Care plans included important things such as the products they liked to use and how they liked these to be applied.
- Important detail about people's life history and the important people in their life was recorded in the care plan. For instance, what employment they had been in, if they had a partner or were married and who made up their family. This gave staff the opportunity to start conversations and find out what people liked to chat about.

Improving care quality in response to complaints or concerns

At our last inspection we recommended the provider consider reviewing how they process complaints to learn lessons and make improvements. The provider had made improvements to the complaints process.

- People and their relatives told us they knew how to get the information to make a complaint, even though they had not needed to do this. One person said, "I have not complained but if I wanted to I would look in the folder and phone the office."

- Each person was given a copy of the complaints procedure to keep in their home when they started to use the service. This gave them the information they needed to refer to if they had concerns they wished to raise, including which organisation they could refer to if they were not satisfied with the response from the provider.
- Complaints had been received by the manager since the last inspection. All complaints had been investigated and the outcome reported to the complainant, following the provider's complaints procedure.
- One person's relatives made a complaint during the inspection. The manager made arrangements to meet with relevant staff members to investigate the concerns raised. The manager spoke to the relatives on the telephone, updating them on the action they planned to take and what to expect regarding further communication.
- The manager shared the learning from complaints with staff and the provider monitored complaints across the organisation, cascading lessons learnt to all services.

#### Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- People were happy with how the information they needed was presented. They said staff always took the time to help them to understand if they needed it.
- Most people were supported by family members or friends who helped them to understand information on a day to day basis if they needed it. Care plans were presented in a way that was appropriate for the needs of people using the service.

#### End of life care and support

- The service was not supporting anyone who was needing end of life care at the time of inspection.
- People were asked if they wanted to share their wishes in advance. Where people had agreed, a care plan documenting their wishes and the specific care they needed from Agincare UK Medway was in place.
- End of life care in people's homes when needed was arranged in conjunction with healthcare professionals such as hospice teams, GP's and District nurses.

# Is the service well-led?

## Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At the last inspection this key question was rated as requires improvement. At this inspection this key question has remained the same. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

At our last inspection the provider and registered manager failed to have effective systems in place to check the quality and safety of the service. This was a breach of regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection, we found the provider had not made enough improvement in this area and they continued to be in breach of regulation 17.

- Audits of people's care records were carried out every month by coordinators and checked by the manager. Although medicines administration records were monitored as part of this process, none of the issues we found had been picked up, either by the auditor or the manager. The manager was unaware until we pointed our concerns out. We found a number of areas that caused concern as reported in the safe domain of this report.
- One person's MAR in March 2019 showed a pain relief medicine had not been given and the code 'O' was used by staff to record the reason why each day. The code 'O' meant, 'other reason. The other reason was recorded on the back of the MAR. For three weeks the reasons for not giving the medicines each day was that staff could not find the pain relief medicines so they were unable to give it to the person. No action was recorded on the MAR or in their care records as having been taken. This was not found during the March audit and therefore gone unnoticed. This meant the person could have been left in pain for a three week period and staff were not challenged about what action they had taken.
- A registered manager was not in post. Although a manager had been appointed, they had not made an application to register with the Care Quality Commission. This meant a registered manager had not been in post since the previous manager deregistered on 7 September 2018.

Systems to monitor the quality and safety of the service were not robust enough to identify areas that were in need of improvement. This was a continued breach of regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Senior managers from the providers head office staff visited regularly to monitor the service provided. An



action plan was produced which was shared with the manager, identifying areas that needed to improve.

- The manager uploaded key information onto the provider's electronic system to enable the organisational oversight of the quality and safety of the service. Information such as complaints, accidents and incidents, missed calls and medicines errors.
- The provider had informed CQC of significant events that happened within the service, as required by law.
- It is a legal requirement that a provider's latest CQC inspection report rating is displayed at the service where a rating has been given. This is so that people, visitors and those seeking information about the service can be informed of our judgments. We found the provider had displayed a copy of their ratings in the office base and on their website.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- There were mixed views about the organisational management of the service, although people were clearly happy with staff and the care they received. The comments we received included, "Sometimes there is an answer phone and they don't always get back to me; the office can sometimes be a problem"; "It can be difficult getting through to the office first thing in the morning but otherwise it is good" and "I think the problem is with the management and their planning." This is an area that needs improvement. We will check this at our next inspection.
- Some people told us staff were sometimes late, and although they understood this could happen, they were not always informed by the office that there were problems. One person said, "I have only recently been having the services of the company. The carers are lovely but so far, I have had many different ones (staff) and they have not been able to stick to the scheduled arrival times. I have not received calls to say they are going to be late, so I have kept having to phone the office." Another person told us, "The carers usually arrive on time but a few weeks ago they were about three hours late and we did not get a telephone call informing us." Some staff confirmed this, one member of staff said the office staff do not always contact people to let them know if staff are going to be late. This is an area that needs improvement. We will check this at our next inspection.
- Most people said they would recommend the service, and this was mainly because of the staff who supported them. One person told us, "I would definitely recommend the company, the carers are very considerate and helpful", and a relative said, "The carers do a lovely job, so I would therefore recommend the company."
- Staff were mainly positive about the management team, saying the manager was approachable and they felt well supported. Some staff said they did not always feel listened to, but they knew who to go to within the organisation if they felt they needed to.

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

At our last inspection we recommended the provider consider the communication benefits of recording regular office staff meetings. The provider had continued to hold regular office staff meetings and these were now recorded with plans for any actions discussed.

- The manager told us it continued to be difficult to hold meetings with care staff any more than every six months, as coordinating continuing support for people at these times was problematic. The last full staff meeting had been held in March 2019 where staff had been able to share their views and experiences and receive updates from the manager.
- Memos were sent out to staff on a regular basis to provide information and updates staff needed to be aware of.

- A telephone survey was completed with staff each month. Action was taken to address individual concerns raised. For example, one member of staff was given additional training at their request as a result of the survey. Some staff had said in their survey they had not had the opportunity to attend staff meetings. The manager had investigated and recorded in their action plan that one was a new member of staff and two others had been invited to the last meeting but were unable to attend.
- People were asked their views of the service they received in two ways. A questionnaire was completed during each of their regular care plan reviews. A telephone survey was undertaken each month by office staff, with a random sample of people, to check people's views.
- People and their relatives told us they had taken part in giving feedback. One person said, "We had a questionnaire about three or four months ago" and a relative commented, "We had a phone call from the office about six months ago to see how we were getting on."
- The manager monitored the feedback, analysing concerns for themes that needed to be addressed across the service. Individual issues were dealt with and recorded at the time to improve the service received.

#### Continuous learning and improving care; Working in partnership with others

- The manager met with other managers and registered managers in the provider's group every 12 weeks. These provided peer support as well as the opportunity to share new guidance and good practice.
- The manager attended local provider networks to increase their local knowledge, keep in contact with other services and managers in the local area and share good practice.
- They worked closely with health and social care professionals such as GP's, specialist nurses and district nursing teams.

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 12 HSCA RA Regulations 2014 Safe care and treatment  The provider failed to ensure medicines administration and support was managed in a safe way.  12(1)(2)

Regulated activity	Regulation
Personal care	Regulation 17 HSCA RA Regulations 2014 Good governance  The provider failed to ensure the systems to monitor the quality and safety of the service were robust enough to identify areas that were in need of improvement.  17(1)(2)