J.W.S. Services Limited

Bluebird Care (Bradford North)

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

Bluebird Care (Bradford North) provides a wide range of home care services and support to older people who live across the Bradford local authority area. Their headquarters are located within the town centre of Shipley.

A registered manager was in place. 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.

People and their relatives all spoke positively about the service. They said Bluebird Care (Bradford North) provided them with effective and responsive care that met their needs. They said that generally the service was reliable and staff arrived at the same time each day and stayed for the correct amount of time.

All the people we spoke with told us they felt safe from abuse whilst using the service. They said staff treated them well and managed risks to their health and safety appropriately. Staff demonstrated a good awareness of safeguarding and how to act to keep people safe.

Although people who used the service provided good positive feedback about the service, we found a number of issues with care records and medication documentation. This meant that we could not evidence a consistent and high quality service in these areas. The provider was transitioning from paper based records to computerised record keeping. During this transition period we found a number of people did not have up-to-date care records or risk assessments.

The service had recently reduced the number of care packages it provided, to ensure it could continue to meet people's needs. At the time of the inspection we found there were sufficient staff employed to ensure people received a reliable and consistent service. Safe recruitment practices were in place.

Medicines were not consistently managed in a safe way. We found a number of gaps on Medication Administration Records (MAR) where we could not confirm people had received their medicines as prescribed and care records did not always reflect the medicines people were taking.

Staff received a range of face to face training and support from a recognised training provider to help ensure they had the correct skills and knowledge to care for people. People told us that staff undertook tasks carefully and competently. Most people told us they received care from a consistent group of staff, although a number of people said this wasn't always the case and they would prefer a smaller group of staff to visit their homes.

The service was acting within the legal framework of the Mental Capacity Act (MCA). People told us they were supported to make choices about their care and support.

People told us that staff were consistently kind and caring and always treated them well. People said they felt listened to by staff and management. Wherever possible the service promoted people's independence to help them do more for themselves.

Care records contained information on people's likes, dislikes and preferences for example with regards to mealtime choices. This demonstrated staff had taken the time to understand the people they were caring for.

We saw evidence the service liaised with external health professionals such as GP's, and district nurses to help ensure people's healthcare needs were met by the service. Feedback from health professionals about the service was positive.

People told us complaints were appropriately managed by the service.

People and staff all spoke positively about the way the service was managed. They said the management were responsive in answering the phone or getting back to them regarding any queries or concerns.

Some systems were in place to assess and monitor the quality of the service. However this was not consistently so. We found records of daily care and medication records were not routinely audited as part of a system to check staff were providing appropriate care and support. We found a number of discrepancies within documentation which should have been identified and investigated by checks of this paperwork.

We saw the provider was committed to further improvement of the service. Plans were in place to ensure the electronic care recording system provided a system to robustly monitor that staff arrived on time, stayed for the correct amount of time and completed all required tasks. The registered manager told us their plan was to ensure the system was fully implemented by March 2016.

We found two breaches of the health and Social Care Act 2008 (Regulated Activities) Regulations 2014.You can see what action we asked the provider to take at the back of this report.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement

The service was not consistently safe.

People told us they felt safe whilst using the service. They said staff treated them well. We saw evidence safeguarding investigations had been undertaken and recommendations implemented to continuously improve safety.

Medicines were not consistently safely managed. An accurate record of the medicines people took was not always maintained and we found a number of gaps on medication administration records.

There were sufficient staff to ensure a reliable and consistent service.

Is the service effective?

Good

The service was effective.

People told us the service provided effective care and that staff completed all tasks competently. Staff were provided with regular and comprehensive training.

People told us the service met their healthcare needs. We saw the service regularly liaised with health professionals

People were supported appropriately to eat and drink .

Is the service caring?

Good

The service was caring.

People told us they were cared for by kind and caring staff. They said they were always treated with dignity and respect and felt listened to by staff.

Detailed information on people's likes, dislikes and preferences was recorded to help staff provide a personalised service.

Is the service responsive?

Requires Improvement

The service was not consistently responsive.

People told us they received a responsive and reliable service.

Care records were not consistently up-to-date and did not always reflect people's individual needs.

People told us their concerns and complaints were effectively dealt with. However more minor complaints were not always logged by the service.

Is the service well-led?

Requires Improvement

The service was not consistently well led.

People who used the service and staff told us the service was well managed and they were able to get in contact with management should they have any concerns.

Some systems to assess the quality of the service were in place, however care documentation was not robustly audited to identify shortfalls in care delivery.

Bluebird Care (Bradford North)

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 look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

The inspection took place between 4 and 8 January 2016 and was announced. The provider was given 48 hours' notice because the location provides a domiciliary care service and we needed to be sure that someone would be in. The inspection team consisted of two inspectors 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, in this case experiences of services for older people.

We used a number of different methods to help us understand the experiences of people who used the service.

Prior to the inspection we send questionnaires to people who use the service, their relatives, staff and community health professionals. We received responses from 13 people who used the service, three relatives, three staff and one community health professional.

During the inspection we spoke with 15 people who used the service and three relatives. This consisted of a mixture of telephone calls and visits to people's homes. In addition we spoke with ten care workers, the care co-ordinator and the managing director. The registered manager was not available on the dates of our inspection, however following the inspection we requested further information from them which was provided in full. We looked at eight people's care records and other records which related to the management of the service such as training records and policies and procedures.

We asked the provider to complete a Provider Information Return (PIR) which was returned to us in a timely manner. This is a form that asks the provider to give some key information about the service, what the

service does well and improvements they plan to make. We reviewed all information we held about the provider and contacted the local authority to ask for their views on the service. We also spoke with two community health professionals who had experience of working with the service.

Requires Improvement

Is the service safe?

Our findings

People told us they received appropriate support from the service with their medication and creams. During home visits we examined two people's medication and records. We saw accurate records were maintained of the medicines people were taking. We saw complete records of the assistance staff provided were kept including the time of administration demonstrating these people had received their medicines as prescribed. We saw appropriate arrangements were in place for medicines which had special instructions about how they should be taken in relation to food.

However we found in other cases medicines were not managed safely. In one person's records the care/support plan stated the service was not providing support with medicines. However, the information in the daily care reports showed staff were supporting the person to take medicines. The care co-ordinator said this had been a recent change, however, it was not reflected in the persons care plans. There was no list of medications in the person's care records to show what medication they were prescribed. There was also evidence that staff were required to support the person by applying a barrier cream, however, there was no information in the care plans to indicate where the cream should be applied and how often.

In two people's care records we saw medication lists with details of their prescribed medicines. However, when compared with the current mediation administration records, (MARS), we found the lists were not up to date.

In four people's records we found gaps on the MARs which meant there was no way of knowing if the medication had been given as prescribed. The medication records had a code so that staff could record when people refused medication but we found this was not being used consistently.

We found changes to people's medicines were not being recorded properly. For example, in one person's records we saw a new medication had been added to the MAR by hand and not signed. There was no information on how often it was to be administered. Records showed the medicine had started on 16 October 2015 but it had only been added to the MAR on 23 November 2015 meaning there was a gap in records of administration. After the 23 November, there were gaps in the MAR with records indicating it not being given at consistent frequencies or at all. For example during one week, the records showed it had been signed for as given twice, on five days, Monday to Friday, four times on Saturday and once on Sunday. We asked the care co-ordinator if any checks were done on the MARs when they were returned to the office and they said the MARs were filed but not checked.

In another person's records we saw one of their medicines had been changed from the morning to night. The change was hand written and not signed. The medication was to be given once a day. On the MAR for the week commencing 16 November 2015 we saw the medication had been signed for as given on two occasions on three days of the week. The unsigned hand written change was on the MARs for three separate weeks which demonstrated the change had not been reported to the office.

This was a breach of Regulation 12 (1) (2) (g) of the Health and Social Care Act 2008 (Regulated Activities)

Regulations 2014.

The provider was in the process of introducing a new electronic recording system to robustly record of the support people received with medication. This would ensure that an up-to-date list of people's medication needs was maintained and clear records kept of administration. This was partially implemented, we looked at examples where this had been introduced and saw records demonstrating safe administration of medicines were improved. The system flagged up if people had not received any of their medication for immediate attention by management.

Prior to the inspection we sent questionnaires to people who use the service and their relatives. The 16 responses we received showed people all felt safe from abuse whilst using the service. People we spoke with during the inspection confirmed this was the case and said they felt safe or very safe in the company of Bluebird Care (Bradford North) staff. They said staff were kind and treated them well. For example one person told us "No concerns about any of them, get on well together." Another person told us "I've no complaints, I've no reason to worry about my personal safety or the safety of any valuable."

Staff we spoke with had a good understanding of how to identify and act on allegations of abuse. They told us the registered manager took any concerns seriously and would take action to keep people safe. Staff told us they were happy in their role and did not raise any concerns about people's safety.

We saw that following safety related incidents, the service had generally conducted investigations. These were thorough and included recommendations. The service had recognised where suboptimal practice had occurred and taken steps to prevent these circumstances from reoccurring. However we found one example where a concern identified by staff was not recognised as safeguarding by the service. Although action had been taken to keep the person safe it had not been reported to the local authority safeguarding team. We reminded the managing director of their responsibilities regarding safeguarding.

Disciplinary procedures were in place and we saw evidence these had been followed to help keep people safe.

The service had taken care to ensure that the number of care packages it provided reflected the number of staff available to deliver care. The managing director told us the service had struggled to recruit and retain staff over the last few months. Towards the end of 2015, the service had recognised they had a shortage of staff, and a number of care packages had been given back to the local authority. Recruitment was ongoing and we saw the care provider carefully considered new care packages and rejected them if they thought there were insufficient staff to meet these people's needs. This demonstrated a well thought out approach to ensure there were sufficient staff available to keep people safe and meet their needs.

Staff we spoke with told us their rotas were generally well planned with sufficient breaks and that they were not pressured into working long hours. Rotas' we looked at confirmed they were not overly demanding and were carefully planned based on the geography of care packages. A small amount of travel time was allocated between calls, although some staff told us that this was not always sufficient. However staff told us they had no major concerns and were able to visit people at the same time each day and stay for the full amount of time.

People we spoke with told us the service was reliable, calls were not missed and staff were able to arrive at the roughly the same time each day. We reviewed daily records of care which showed visit times were generally consistent from day to day, this demonstrating there were sufficient staff to ensure a safe and reliable service. People told us that calls were not missed and they always received care and support. They

said that where two staff were required two always visited to ensure safe moving and handling.
People told us staff took care and attention to undertake care tasks safely for example transfers using hoists. No concerns were raised over staff practice. One relative told us how there were well defined responsibilities with regards to the input the relative and the care workers provided in moving and handling tasks and it worked well. Care records showed that in some cases risks to people's health and safety were fully assessed but some documentation required review. For example some people's records had been transferred to the new electronic system and contained up-to-date and relevant environmental and moving and handling assessments. However for other people whose records had not been transferred to the electronic system we found examples where they were out of date or not present. For example we found one person did not have a risk assessment for hoist transfer and falls and another person's moving and handling plan was out of date and did not reflect their current needs.

Procedures were in place to help ensure care workers responded appropriately in emergencies for example if there was no response on arriving at a person's house. Staff we spoke with understood these procedures and how to respond to help keep people safe.

Safe recruitment procedures were in place. This included ensuring people completed an application form detailing their previous employment and qualifications. Sufficient checks on people's backgrounds took place including ensuring a Disclosure and Baring Service (DBS) check and references were undertaken. Where candidates had any criminal convictions, a risk assessment was undertaken to determine whether they were suitable to work with vulnerable people. Staff we spoke with confirmed that when they were recruited the required checks had been undertaken.

Good

Is the service effective?

Our findings

Prior to the inspection we sent questionnaires to people who used the service and their relatives. These demonstrated that people thought that the service was effective in meeting their needs. For example 92% of people and 100% of relatives said they would recommend the service to other people. People we spoke with also told us the service provided effective care. For example one person told us "I've got a regular carer who comes each morning, she prepares my breakfast, makes my bed and prepares my lunch. She does a very good job."

People and their relatives all told us that staff had the correct skills and knowledge to care for them. For example one person told us "The regular carers have the right skills and training and they know what I need and they recognise the symptoms where I need more help."

Care workers were provided with face to face training by a recognised training provider. On induction care workers were required to complete the Care Certificate which provides structured induction training based on recognised standards. This included training in manual handling, safeguarding, nutrition and the Mental Capacity Act. The manager delivered medication training to staff which included practical examples and competency assessment to ensure staff had learnt the required skills. New staff undertook a period of shadowed experienced staff to ensure they became familiar with the practicalities of delivering care before working alone.

Regular refresher training was provided in core subjects to staff such as safeguarding, manual handling and medication.

Staff told us training had been effective in giving them the skills to do the role effectively. Staff told us they felt well supported by the registered manager. Staff received regular supervision and appraisal to assess and discuss their performance and support them to develop further skills and knowledge. Staff had a good knowledge of the people we asked them about and how to deliver appropriate care.

The service had plans to further develop training. For example it had identified a need to provide more comprehensive dementia training to staff based on its evaluation of staff practice. Staff had been encouraged to sign up to complete an accredited course in Dementia. The service was liaising with external health and social care professionals to provide more detailed training in areas which included end of life and safeguarding.

Staff and management said that wherever possible the service tried to ensure care was delivered to people by a consistent group of staff with each person having a small group of core support workers. People told us that generally, they received care and support from the same group of staff. However some people told us this wasn't always the case, for example one person told us "All the staff seem quite well trained but there is quite a turnover of staff which can be unsettling" and another said "Every day can vary and I would be happier if I had the same one or two girls coming regularly." People said that staff knew their individual needs and the tasks to complete at each visit. This helped to ensure effective care was provided.

People all told us that staff stayed for the correct amount of time and that they said they didn't feel rushed by staff. For example the questionnaire responses received, showed that 92% of people said that staff stayed for the correct amount of time and 100% of people said staff completed all required tasks.
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. In the case of Domiciliary Care applications must be made to the Court of Protection. The service had not needed to make any applications to the Court of Protection. We found the service was working within the principles of the MCA.

Where people were making decisions on behalf of others it was acknowledged these were best interest decisions. In some cases we saw care plans were missing signatures from people who used the service, we raised this with the managing director who told us they would ensure they consistently asked people to sign their care plans in the future. We saw evidence in daily records of care that people were asked for their choices with regards to how they wanted their care and support tasks to be delivered. All people and relatives we spoke with confirmed that their permission was sought before assistance or care was provided.

People told us they were supported appropriately with food and drink where appropriate. Daily records of care provided evidence people received appropriate support with food and drink. Information on people's likes and dislikes was recorded within their care files. During a home visit we saw the care worker took care to leave a range of different drinks and flasks out for a person to help ensure they were kept hydrated until the next care visit.

We saw evidence the service liaised with external health professionals such as GP's, and district nurses to help ensure people's healthcare needs were met by the service. People and their relatives told us the service was good at liaising with health professionals where appropriate. For example one relative told us that the care workers worked closely with the district nurses to co-ordinate visits to ensure they took place at appropriate times to meet their healthcare needs. One person who used the service told us "My carer recognises the signs when I'm not well and she suggests I see my GP. If I agree she will phone them and get them to come out." We spoke with two health professionals who spoke positively about the service and told us they had no concerns over the way it was delivered. For example one told us "I have dealt with Bluebird on several occasions over the years and I have always been happy with the care provision as have my service users. If I have to call the office [registered manager] is always very helpful and has up to date knowledge of what is happening with the service users and does call back when he says he will." Another health professional told us "Two service users I have worked with were pleased with the level of service."

Good

Is the service caring?

Our findings

People told us they were happy with the care and support they received. They said they were treated with dignity and respect. For example questionnaires responses showed that 100% of people were happy with the care and support provided and 100% said they were treated with dignity and respect and that care workers were kind and caring. People told us they didn't feel rushed by care workers during visits.

Some of the comments we received from people included "The girls are all very nice, very helpful and are usually on time," 'All the girls are very, very nice actually", 'They are all very good, I like what they do and I appreciate what they do" and "The staff do change quite regularly but they are all kind, caring and helpful."

The service helped ensure staff provided a consistently caring service by ensuring that staff attitude was regularly monitored through the spot check process. We reviewed recent spot checks and saw feedback was all positive regarding staff attitude. Staff also received training in dignity and respect. The service regularly promoted dignity and respect and equality for example dignity champions had been appointed by the organisation. Although this initiative was in its early stages, information had been collated and steps had been taken to promote with staff. The registered manager had also recently issued the updated equality policy and talked it through with staff prompting discussion and promoting awareness. The staff code of conduct was also periodically promoted with staff to help ensure staff displayed the service's values.

Information on the care service, and how to access advocacy services was present within the service user guide which was present within people's homes.

During visits to people's homes, we saw staff were kind and friendly and interacted well with them. It was clear they had developed good relationships with people and knew their individual likes, dislikes and preferences for example around their mealtimes preferences. Information was present within people's care files to inform staff on what was important to people, their backgrounds and preferences such as what they liked to eat and drink. This assisted staff in provided a personalised care service.

Care was taken to help ensure people received care from a consistent staff group who were able to develop good relationships with people. Most people said this was the case although a number of people did say they would prefer a smaller more consistent group of care workers. Some people told us they were not always introduced to care workers before they delivered care and staff confirmed this was sometimes the case. For example one person told us "occasion strangers but generally a fixed group." The managing director told us they tried to ensure that people were introduced but this was not always possible if staff were absent at short notice.

All people we spoke with told us that their carers listened to them and that they received person-centred care. People told us that they were able to talk freely to their care workers and that they their views were listened to and acknowledged.

Care records demonstrated that people's independence was promoted, for example assessing the tasks

they could do for themselves as well as areas where they needed assistance. People we spoke with told us the service got the balance right between providing support and promoting independence. One relative told us "They (carers) are helping to keep Mum independent and she enjoys their company."

Requires Improvement

Is the service responsive?

Our findings

The provider was transitioning from paper based care records to an electronic system. Currently, one of the two geographic areas had transitioned over to the new system with the other area due to transfer shortly. Where electronic care records were in place we saw generally these were up-to-date and generally contained evidence people's needs had been fully assessed. They demonstrated that people had received the required care at each visit.

However where the transition had yet to take place some care records were significantly out of date and did not reflect people's current needs. For example, the care co-ordinator told us about one person who used the service who had four calls a day and required two staff on each visit. The care co-ordinator told us the person needed a hoist to help them move but was currently on bed rest. When we looked at the person's care plan we found it was due to be reviewed in February 2015 but there was no evidence this review had taken place. The person's care plans were not up to date. A message had been sent to care staff on 23 December 2015 which stated the person was staying in bed until lunch time and was to be helped to go back to bed at tea time. This information was not in the person's care records or care plan. There was information in the daily care notes made by staff which showed they were supporting the person to drink more, however, there was no information in the care plan about this.

In other people's records we found the care plan reviews were not up to date. For example, one person's care plans had been updated onto the new electronic system in May 2015 and were shown as being due for review again in November 2015. There was no evidence this review had taken place. In another person's records there was no evidence a review had taken place since June 2014. During a home visit we found one person was missing care plans or risk assessments and in another home we found the care plan had not been reviewed since 2014 which meant there was a risk consistent care would not be provided.

Some information on people's care or changing needs was only stored in text messages and the care co-ordinators communication book and had not been transferred to people's individual care plans.

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

People told us the service was reliable and consistent and responsive to their needs. For example one relative told us that in three years there had been no missed calls and only a couple of occasions where they had to ring the office to find out where staff were. People said all required tasks were completed and that their needs were met by the service.

People told us that they received care and support at the times they needed it. They said staff generally arrived at a consistent time each day. For example, questionnaires showed that 83% of people said that staff arrived on time. Our review of rota's and daily records confirmed this was the case with staff arriving at a similar time each day and staying for the correct amount of time, albeit some minor variations. Staff confirmed to us that there were no problems visiting people at the times they needed care and support.

Concerns or changes in people's needs were discussed during staff meetings, supervisions and more informal contact between staff and the office. We saw these mechanisms had been effective in making changes to people's care and support. People told us the service was flexible and responsive, for example one person told us "If I need to change my care arrangement because I've got family coming or I'm going away for a couple of days I just phone the office and they sort it out." Another person told us "I' contact the office to alter the days that I have care and to extend the length of time and they deal with it immediately". People we spoke with told us that they or their relatives were involved in the planning and decisions about their care. .

People we spoke with told us generally they had no cause to complain and told us they were satisfied with the service. For example one person told us "they're all excellent, they are very, very good and I've no complaints." People said where minor niggles had been reported they were dealt with effectively by the provider for example one person told us they had an issue with one care worker and the management had ensured they no longer visited. 100% of questionnaire responses said that the care and support workers respond well to any complaints or concerns. Where formal complaints had been previously received, we saw evidence these were promptly responded to and thoroughly investigated by the manager.

However records relating to complaints were not well organised. There was no complaints log in place detailing the number of complaints received within the last year, which made monitored for any trends or themes difficult. The provider's complaints policy stated that minor concerns should be logged but we found this was not always taking place. We saw examples where minor concerns were not routinely recorded as complaints. Although we had confidence from speaking with people and staff that these were dealt with, there was a lack of documented evidence of this. The managing director recognised that minor complaints needed to be recorded and said they would immediately action.

Requires Improvement

Is the service well-led?

Our findings

A registered manager was in place.

People spoke positively about the service and said they were provided with a high quality service. For example one person told us "Everything is working just fine and I'm entirely satisfied" and another person told us "I've increased the homecare from Bluebird recently, everything is working fine and I'm extremely satisfied." People told us that they were able to get in contact the agency or manager if they needed to. They said office and management staff were friendly and resolved any issues they had. For example one person said, "Never had a problem with management, if we need to change something, they do it quickly".

Staff told us that morale was good within the organisation and they felt well supported. They said management support was always available, for example the on call phone was promptly answered should they need assistance out of normal office working hours.

We saw evidence of thorough investigations and recommendations being put in place and actioned followed some incidents. Within 2015, an incident occurred which resulted in new placements being temporarily suspended by the local authority. This resulted in the registered manage putting in place a new safety related protocol which had been signed by staff to demonstrate they understood the protocol and how to react should a similar incident occur.

However we found more minor incidents were not consistently recorded. We found examples of more minor incidents and complaints which should have been logged to help the provider identify any reoccurring trends and themes.

Some methods were in place to assess and monitor the quality of the service. For example people were formally asked for their views on the service on an annual basis through the service user questionnaire. We looked at the responses from the most recent report in January 2015, which showed that people were generally satisfied with the service. For example 89% of people said they were satisfied with the service. An action plan and recommendations had been put in place to ensure continuous improve of the service and this was reviewed after 6 months. A follow up survey was due shortly.

Staff performance and practice was monitored through spot checks of their practice. These covered a range of areas including their timeliness, appearance, attitude, completion of tasks and documentation and the views of the people who used the service. We saw most staff had a number of spot checks done, however this was inconsistent for example one new staff member had six checks done since October but another had not had any who started at the similar time. The managing director told us this was the result of one of the team leaders leaving which had meant they had reduced capacity to complete spot checks in one of the localities. There was no up-to-date record of the number of spot checks each person or care worker had received to help ensure these were appropriately distributed to capture quality issues across the area of service delivery.

There were no systems in place to review daily records of care and medication records once they were returned to the office. We found a number of issues and discrepancies which should have been identified and rectified through audits of this paperwork. We saw that these issues would be likely resolved through the introduction of the electronic care monitoring system; however there was no system in place in the interim to ensure existing documentation was properly checked.

For example, in the case of one person who had four calls a day, their call times were 8am, 12.30, 4pm and 19.30. The 8am call was a one hour call and the remainder were scheduled for 30 minutes. The daily records notes showed that for the most part the calls took place within half an hour of the agreed time and staff stayed for the agreed amount of time. However, we saw an entry dated 6 December 2015 which showed the morning call had not taken place until 9.20am. There was nothing in the records to explain this. We asked the care co-ordinator what had happened, they said they had not been aware of this until we brought it to their attention because they did not check the daily care notes when they were returned to the office. They checked the staff rotas and found a member of staff had been absent that morning and the call had been late because the care worker had been allocated two additional calls. There was nothing in the records to show whether or not the person who used the service had been informed about the delay.

In the records of another person who was received four calls a day there was no record of the tea time call (mid-afternoon) on 11 December 2015. We asked the care co-ordinator if this call had been missed and they said they did not think so because the person in question would have been in touch with the office if the carer had not arrived. After checking the staff rota they were able to confirm the call had taken place but had not been recorded.

Medication administration records contained a number of gaps. These were not reviewed to ensure these gaps were investigated to determine whether they were a recording error or if the person had not received their medicines as prescribed.

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

At the time of the inspection the service had not fully implemented the electronic logging in and out system and therefore they relied on care workers or people who used the service letting them know if calls were late or missed. We saw that where the system was in place, it flagged with the office if any care tasks were not completed by staff at the pre-planned time. The office manager then went through this data, to investigate the reasons these tasks were not completed. This system also flagged up if care workers did not arrive. The managing director told us that once this system was fully implemented, robust checks on care delivery and timeliness could be done as part of a number of auditing and quality tools which the system provided.

An external audit had been conducted by head office. We saw the audit had reviewed the service against the five CQC domains. It was generally positive with a small number of actions and recommendations for the future. A further audit was due early in 2016.

Periodic staff meetings were held. Staff were also met with more informally in small groups, where any training needs were addressed, and any additional support.

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 did not take formal enforcement action at this stage. 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 Systems were not in place to ensure the safe management of medicines.

Regulated activity	Regulation
Personal care	Regulation 17 HSCA RA Regulations 2014 Good governance An accurate, complete and contemporaneous record in respect of each service user was not maintained . Systems were not in place to fully assess and monitor the quality of the service.