Quality Home Care (Barnsley) Limited

Quality Homecare (Barnsley) Limited

Inspection report

Unit 2
Oaks Business Park, Oaks Lane
Barnsley
South Yorkshire
S71 1HT

Tel: 01226249577

Date of inspection visit:
05 December 2018
11 December 2018
12 December 2018
18 December 2018

Date of publication:
31 January 2019

Ratings

Overall rating for this service	Requires Improvement

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

Summary of findings

Overall summary

The inspection of Quality Home Care took place on 5 and 11 December 2018 with telephone calls being made to staff on 12 December 2018 and people who use the service on 17 and 18 December 2018. We previously inspected the service on 11, 18 and 19 September 2018. At that time the service was not meeting the regulations related to consent, good governance and fit and proper persons employed. The service was rated requires improvement.

Following the last inspection the registered provider told us the improvements they would make to comply with the regulations. On this inspection we checked and found some improvements had been made, however the registered provider was not meeting the regulations related to good governance.

Quality Homecare (Barnsley) Limited is a domiciliary care agency registered to provide personal care for people living in their own homes. Not everyone using Quality Home Care receives regulated activity; CQC only inspects the service being received by people provided with 'personal care'; help with tasks related to personal hygiene and eating. At the time of the inspection the agency was supporting approximately 54 people.

There was a manager at the service who was registered with the Care Quality Commission (CQC.) A registered manager is a person who has registered with CQC 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 and associated Regulations about how the service is run.

Staff employed by the service had been vetted to work with people that might be vulnerable, although one gap in employment had not been explored.

We found improvements had been made to the system in place to ensure sufficient time was left between visits, so people received their medicines in accordance with the prescription, although some gaps in governance still remained.

A system was in place to monitor, record and reduce the risks of very late or missed visits. Evidence was not always recorded about how inconsistencies in the electronic logging in and out system were followed up.

Most people told us there had been no recent missed calls and their visits were completed at the scheduled time.

Risks were assessed and measures put in place to reduce the risks. Staff competency checks, in respect of medicines, had been carried out in line with National Institute for Clinical Excellence (NICE) guidelines.

Care staff had a good understanding of what to do if they saw or suspected abuse during their visits and we saw concerns had been acted on when they arose.

We saw evidence people had given their consent to the care and support they were receiving. However some consent records were inconsistent and evidence of representatives' legal authority was not always recorded.

Staff told us they felt supported and received supervision and training and we saw regular observations of practice were completed.

People and the relatives we spoke with told us they were treated with consideration and respect by care staff during their visits.

Care plans usually contained sufficient up to date and relevant information to provide direction for staff, although there were some inconsistencies. Staff we spoke with told us they were familiar with people's individual needs.

People told us they knew how to complain and no complaints had been made to the service since our last inspection.

The registered provider had put some measures in place to monitor and improve the quality and safety of the service, however they were not always consistently applied. Some evidence was available that issues arising from audits had been followed up, however this was not always recorded.

We found a continuing breach of regulation 17 (1) and (2)(a)(b) (c) (f) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, good governance, because systems were not always operating effectively to assess, monitor and improve the quality and safety of the service and accurate records were not always kept.

Full information about CQC's regulatory response to any concerns found during inspections is added to the reports after any representations and appeals have been concluded.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement

The service was not always safe.

People told us they felt safe.

The registered provider had an overview of medicines safety and missed calls, however some issues had not been identified.

Recruitment procedures were in place to protect people from unsuitable staff, although one gap in employment had not been explored.

Safeguarding concerns where acted on when they arose and measures put in place to keep people safe.

Is the service effective?

Requires Improvement

The service was not always effective.

Consent was usually recorded, although there were some inconsistencies, and for two people, where records stated relatives had power of attorney to consent, this was not evidenced.

Staff had received supervision, observation and training to enable them to provide effective support to people who used the service.

People were supported to have sufficient to eat and drink and access healthcare professionals when necessary.

Is the service caring?

Good

The service was caring.

People told us staff were caring and supported their privacy and dignity when delivering care.

Staff spoke in a professional and caring manner about their job and the people they supported.

The service took account of people's preferences regarding the

carers who supported them.

Is the service responsive?

Requires Improvement

The service was not always responsive.

New care plans were in place, however one contained conflicting information.

People told us they were involved in the development of their care plans.

People told us they knew how to complain and managers were approachable.

Is the service well-led?

Requires Improvement

The service was not always well-led.

Accurate records were not always kept, because some records contained conflicting information.

The provider's systems and processes were not always operated effectively to assess, monitor and improve the quality and safety of the service.

Feedback had been sought from people and analysed by the registered manager in order to improve the quality of the service.

The registered manager and registered provider had taken some action to improve the quality and safety of the service.

Quality Homecare (Barnsley) Limited

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection checked 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 5 and 11 December 2018 and was announced. The registered provider was given notice because the location provides a domiciliary care service; we needed to be sure someone would be available to meet with us. The inspection team consisted of two adult social care inspectors and an expert by experience, who made telephone calls to people using the service and their relatives to gain feedback about the service provided. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service. Their area of expertise was with older people.

Prior to our inspection we reviewed all the information we held about the service. This included information from notifications received from the registered provider and feedback from the local authority and health service commissioners. At the time of the inspection a Provider Information Return (PIR) was not available for this service. 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 visited the office location on 5 and 11 December 2018 to see the registered manager and office staff; and to review care records and policies and procedures. During our visit we reviewed four people's care records in depth and other people's care records for specific information. We also looked at records relating to two staff recruited since our last inspection, four staff training and supervision records and various documents relating to the management of the service. We spoke with the registered manager, the training officer and the administrative assistant. We spoke with four members of care staff on the telephone on 12 December 2018. We also spoke on the telephone with six people using the service and four of their relatives.

Requires Improvement

Is the service safe?

Our findings

People we spoke with told us they felt safe with staff from Quality Home Care, although one person told us one care visit had been missed with no explanation. We followed this up with the registered manager who explained the situation and sent evidence that the person was safe. One person said, "Yes I feel safe. Yes, they are alright. I can't say anything against them. They are on time and have not missed any calls." A second person said, "I am extremely happy with the care workers, they always make me feel safe and comfortable."

A system was in place to ensure sufficient time was left between visits, so people received their medicines in accordance with the prescription to reduce the risk of accidental overdose. However, this system was not always operated effectively. Since our last inspection the registered manager had recorded quality checks on the medication administration records (MARs) returned to the office to check staff were recording the times of administering medicines on their visits. The majority of gaps in recording of administration times had been identified during the registered managers audits, although we found two that had not. We checked the call times for the two periods of time and found there was sufficient gaps between care call times to administer medicines as prescribed. The registered manager told us they would ensure a more consistent and methodical audit of MARs to ensure any gaps in the recording of administration times were consistently followed up.

The registered manager showed us they had highlighting the required time gap on people's medicines care plan to remind staff. They had also previously addressed the issue in a series of staff meetings to reduce the risk of recurrence.

The registered provider did not always keep accurate records. On 5 December 2018 the registered manager told us there had been no missed calls since our last inspection in September 2018 and we saw no missed care visits were recorded in the incident folder. The registered manager told us there had been some late visits. Following our inspection one person we spoke with told us a care visit had been missed since our last inspection. We asked the registered manager to send us information about this and the action taken to ensure the person was safe at the time and prevent it from happening again. This evidence was satisfactory; however, an incident report had not been recorded in line with the registered providers policy.

The registered provider used an electronic visit recording system called 'care free', where staff logged in and out of people's homes using a smart phone, when completing care visits. We found two electronic records of visit times on the 'call free' system were not accurate. The registered manager had not updated the system when the calls had been altered to ensure an accurate record of the care delivered was recorded in line with the care plan.

The above issues contributed to a breach of regulation 17 Good governance, of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, because accurate and up to date records were not always maintained.

Staff we spoke with said they always gave medicines on time and discussed the importance of leaving appropriate intervals between doses of medicines such as antibiotics or pain relief. One said if they were unable to give medicines on time, they would inform their manager.

Staff competency checks, in respect of medicines, had been carried out in line with National Institute for Clinical Excellence (NICE) guidelines. Some medicines are prescribed 'as required'. We found 'as required' protocols, to provide staff with the information they needed, were in place in three of the four care plans we reviewed. The registered manager said they would address this.

Records of the administration of topical creams were kept in people's homes, but returned to the office every few months. One person's records were incomplete. The training manager told us this was because the cream was administered as required and the persons skin was not currently at risk. However, there was no protocol in place regarding this to provide information and direction for staff.

At our last inspection in September 2018 the registered provider was not meeting the regulations related to fit and proper person employed. Evidence was not available for two staff members of satisfactory conduct in previous employment prior to commencing employment with people in their own homes. During this inspection we checked staff recruitment files for two staff who had been employed by the service since our last inspection and found improvements had been made. However, one staff member had not had a gap in their previous employment history explored during the recruitment process. The registered manager told us they had discussed this with the person but this was not recorded on the first day of or inspection. This meant a system was in place to ensure fit and proper persons were employed to work with people who may be vulnerable, although records needed to improve.

Staff told us they recorded the time they arrived and left each visit, in daily care records and also used phones to scan an electronic tag on care files when they arrived and left each home. The training manager said they monitored calls every day on the computer and we saw alerts notified managers if a planned care call had not been logged as completed. On the second day of our inspection six calls were alerted as not been completed in the morning, however the training manager showed us the staff member had texted in the call times as their log in handset was not working correctly. This meant the provider could accurately track staff attendance, although this system had not been effective in identifying the missed care visit one person told us about.

People told us the carers usually came on time. One person said, "I like them coming at [time of visit]. They come at this time, they always let me know when they are late, they have never missed a call. They do all the tasks I need, they never rush off, they do make a good cup of tea." One staff member said, "My calls are always punctual." Carers said if they were delayed because they needed to stay longer with a person they contacted the office and informed a manager or telephoned the next person directly.

Risk assessments contained sufficient information to support staff to deliver safe care. Basic risk assessments had been completed in relation to skin integrity, moving and handling, falls, fire safety, the environment and infection control.

Staff told us there were enough staff to meet people's needs and complete visits. They said they were only occasionally asked to cover extra calls and only on their days off. They could agree or refuse to do extra work if they wished. The registered manager told us if care staff were absent at short notice and staff were unable to cover, a member of the management team would deliver the care to ensure continuity of service.

Care staff we spoke with were clear about their responsibilities to ensure people were protected from abuse

and they understood the procedures to follow to report any concerns or allegations. Staff knew the whistleblowing procedure and said they would be confident to report any bad practice to ensure people's rights were protected.

Records showed safeguarding incidents had been dealt with appropriately when they arose and measures were put in place to ensure people were kept safe. Safeguarding authorities had been notified, however the Care Quality Commission (CQC) had not been notified on one occasion. Registered providers are required to notify CQC of certain incidents, including safeguarding allegation as required by Regulation 18 (2) (e) of the Care Quality commission (Registration) Regulations 2009 (Part 4). The registered manager told us they would ensure notifications were sent in line with legislation.

People and relatives we spoke with told us staff took steps to reduce the spread of infection, saying staff wore protective clothing, such as gloves and aprons when completing personal care tasks. Staff members we spoke with said aprons and gloves were kept at the office and all staff were able to collect what they needed when they visited the office. This showed the service had taken steps to ensure people and staff were protected from the risk of infection.

Requires Improvement

Is the service effective?

Our findings

People told us staff gained their consent before delivering care. One person said, "They are always asking my consent, they just do not do things, but discuss and inform me what they are doing." A second person said, "Always, they always tell me what they are going to do."

At our last inspection in September 2018 the registered provider was not meeting the regulations related to consent, because mental capacity assessments and best interest decisions were not completed in line with legislation. At this inspection we found some improvements had been made and mental capacity assessments had been completed for some people where there was evidence to suggest that they may lack mental capacity to consent to their care.

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 so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. For this type of service any applications to deprive a person of their liberty must be made to the Court of Protection.

Care staff said they had received training to care for people living with dementia. One staff member said they cared for two people who sometimes lacked capacity to make their own decisions. However, they said both were able to communicate verbally and make choices about everyday living such as food, clothing and personal care. Other staff members said either they did not currently care for people living with dementia, or if they did, they had capacity to make their own decisions. If people became unable to answer questions, staff said they would inform a manager.

Whilst mental capacity assessments had been implemented for some people, where required, there were some inconsistencies in the records. Two people's care plans noted a relative had power of attorney to make some decisions on the persons behalf, however evidence of this was not present in the care records. The registered manager told us they had seen the evidence but not recorded the date of this or taken a copy of the authorising document. This meant they had not recorded evidence that the relative had the legal authority to consent to the care provided. The registered manager said they would copy evidence of legal authority.

The training manager told us relatives had signed two peoples consent forms because the person could not physically sign, although this reason was not recorded. The registered manager told us they would alter the consent form to ensure the reason the person was unable to sign was recorded. Some consent forms were unsigned, such as information sharing consent for one person. The registered manager told us they would address this.

The above issues meant the registered provider had not always ensured accurate and up to date records were kept. This contributed to a breach of regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, good governance.

People told us they thought staff had the skills and knowledge to meet their needs. One person said, "I am happy with the skills and training all the care workers have, even the young ones are very good." A second person said, "My regular care workers are marvellous, they certainly know what they are doing, fully trained to me." A third person said, "They are brilliant, they know what to do, they do the job right as well, no complaints at all."

One relative said, "Very good skilled and trained staff, also nice to see the young workers have the same skills." Staff had the skills, knowledge and experience to deliver effective care and support. We looked at how new staff were supported in their role. In the staff records, we saw staff completed induction training including safeguarding, health and safety, equality and diversity, mental capacity, fluid and nutrition and moving and handling. Staff new to care were supported to complete the Care Certificate. The aim of the Care Certificate is to provide evidence that health and social care support workers have been assessed against a specific set of standards and have demonstrated they have skills, knowledge and behaviours to ensure they provide compassionate and high-quality care and support.

Staff shadowed more experienced staff and received on-going refresher training in a variety of topics as well as practical training in the use of equipment, such as the safe use of hoists. Staff told us they felt supported by senior staff, who also did spot checks and competence assessments. The training manager told us supervision was completed in the workplace in the form of observation followed by a written discussion.

People were supported with their choices if support with meals was required. One relative said, "They prepare the food for [my relative]. They make sure they eat as this was the problem, [my relative] used to forget to eat." Staff told us if people were assessed as requiring support with preparing food or drinks, they would prepare a meal of the person's choice. Care plans recorded where people needed support with eating and drinking and details of their preferences and requirements. Meals and drinks were recorded in daily records.

Each of the care plans we looked at recorded the contact details for the person's GP and other relevant health professionals. Staff we spoke with explained if they thought someone's health needs had changed they would prompt them to visit the doctor or would contact the person's family and pass on their concerns to them if appropriate. We saw from records, concerns about health had been passed on to relevant health professionals or family members when people were not able to do this for themselves. This showed people using the service received additional support when required for meeting their care and treatment needs.

Good

Is the service caring?

Our findings

People we spoke with told us staff were caring. Comments included, "All the care workers I get are friendly, great personalities, very helpful, they cannot do enough for me. They are always kind and caring, even the young ones are respectful to me." "Nice, gentle care workers, professional, caring, compassionate. They are very respectful as well, this works both ways." "They smile, they are very welcoming, they always speak to me respectfully. Dignity is always given to me by all the care workers."

Staff told us they enjoyed working with people who used the service. One staff member said, "I love my job." Staff told us they usually supported a regular small group of people and people confirmed this was usually the case. This meant most of the time people were supported and cared for by staff who knew them well. Staff talked about individuals in a way that showed they knew their social history as well as care and support needs. One said, "We know people well; we know if something is different or wrong with them."

We saw care files and profiles contained information about the tastes and preferences of people who used the service, including a short personal profile. Care staff spoke about the people they supported in a caring and professional manner. They expressed knowledge of people's needs and demonstrated an understanding of the need to treat people as individuals.

Staff we spoke with told us they showed people who had communication impairments a choice of clothes or food to enable them to communicate their preference. One relative said, "It is great to listen to the care workers laugh and joke with [my relative]. [My relative] can't talk, so they have their own communication with them. They are so kind, caring, respectful care workers." Care plans informed staff how to communicate in the most effective way with people.

Staff told us they respected people's diverse needs by ensuring they understood the person through their care plan, talking with them and their families and supporting their lifestyle choices. Care plans recorded any religious or cultural needs. Each of the care records noted if people had a preference for the gender of the care worker who supported them. This indicated the service took note of people's individual preferences.

We asked people if staff maintained their privacy and dignity; they told us they did and daily records reflected this. One person said, "Oh yes the care workers are really, really good. They are kind and caring. They always give me dignity and respect, especially in the shower."

People told us they were supported to remain as independent as possible in their daily lives and we saw from records they were encouraged to do what they could for themselves. One relative said, "They are brilliant, confident, caring, always trying to make my relative independent where possible, but not pushy. They work as a team."

Staff were aware of how to access advocacy services for people if the need arose. An advocate is a person who is able to speak on a person's behalf, when they may not be able to, or may need assistance in doing

so, for themselves.

Requires Improvement

Is the service responsive?

Our findings

People said they had been involved in their care plan and in agreeing the support they needed. One person said, "[Name of manager] comes to see me, the daughters [employed by the service] also come, we have a great relationship. They are approachable. They always take time to listen to me. We have been through the care plan, lovely people." A second person said, "Management are very approachable. We have been through the care plan together, they are there if I need to call them. They listen to me, which is what one needs." A third person said, "I do not recall seeing them about my care plan, but I always know they are their if I need to ring them. I have never needed to call them as the care workers deal with everything I need."

One relative said, "Management are brilliant, they are very respectful to us, they listen, they are only a phone call away. They provide excellent care workers and consistency." A second relative said, "We discuss the care plan at least once a year." A third relative said, "The regular care workers are excellent. We have an excellent relationship with them, they know what my relative needs are. When someone comes in place, this is a problem as we have to explain and support the stand in person, however this happens rarely."

At our last inspection we found the registered provider was in the process of improving care plans. However, at that time, not all care plans were up to date and this contributed to a breach of regulation 17, good governance, of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection we found care plans had been transferred into a new format and the previous records we viewed had been updated. Care plans were generally up to date and accurate. Three out of four care records we reviewed included a detailed plan of care, along with information regarding the persons preferences. One care plan contained inconsistencies, for example the care visit times had recently changed to three visits a day, however the historic care plan discussed what staff should do on the two care calls. It also contained conflicting information about the support the person required with meals. This meant further improvements were needed to care plans to ensure people received care which was consistently responsive to their needs. We discussed this with the registered manager who said they would address this.

Staff told us there were care plans in people's homes and any changes in people's needs or concerns were passed on to the office. Staff we spoke with told us they were familiar with people's individual needs. Care plans included personal information, such as details of people's food and drink preferences and hobbies. These details helped care staff to know what was important to the people they cared for and helped them take account of this information when delivering their care.

Care plans contained information in areas such as health, nutrition, hygiene and infection control, interests, financial, practical support, service provided and risk assessments.

We saw one person's care plan was overdue for the planned review date by a month and the registered manager told us this was because they had been admitted to hospital. This had not been noted on daily records where there were unexplained gaps in dates of visits. The registered manager told us they would address this with staff. We asked the registered manager about reviewing care plans now they had all been

transferred onto the new format. They said they would complete an annual review and would update care plans with any changes as and when they occurred.

We found information regarding people's communication needs and the communication needs of their carers was recorded in care plans. This covered, for example information about people's hearing, vision, communication and memory.

'Comments sheets' were completed by staff on each visit. These were detailed and recorded the date and times of visits and a record of the care and support provided. The registered manager had changed comments sheets to comments books, to ensure these records were kept together to return to the office for review, and they told us this was working well.

People told us they would feel comfortable raising issues and concerns with any of the staff. One person said, "I have no complaints. If I had a complaint I would tell my [relative] and they would sort it out." A second person said, "No complaints whatsoever. The service I can highly recommend."

The service had a complaints procedure. This was included in each person's contract agreement when they started using the service and people we spoke with and staff were aware of this and the procedure to follow for making a complaint. The registered manager told us there had been no complaints since our last inspection in September 2018.

No one using the service was currently being supported with end of life care. In the care plans we sampled, people and their relatives had not recorded preferences and choices for their end of life care and the registered manager told us most people did not want to discuss this. The registered manager said they would record preferences for the future, if people wished to do so, to ensure their wishes were respected.

Requires Improvement

Is the service well-led?

Our findings

We asked people and their relatives if the service was well-led. One person said, "Yes they are well organised. I have no complaints." One person said, "They are a service I can really recommend. I am moving home. I am not having the same company and this will be a great loss to me." A second person said, "I am extremely happy with the service I get. I could certainly recommend this company to others. No complaints at all." A third person said, "I can certainly recommend the service. It is run well. The care workers are excellent." A fourth person said, "I have very little to do with the management. I do not really rate them. It is the care workers that are brilliant. The management cannot even get the rotas of the care workers right. I may have seen them when I discussed my care plan. That is it really."

One relative said, "Brilliant, no issues. A weight off our mind having someone professional to rely on. I feel I can have a life as well." A second relative said, "I can recommend this service. Very much so. Brilliant." A third relative said, "The management and care workers are excellent. We can certainly recommend the service."

We asked staff if the service was well led. Three staff members said the managers were supportive and approachable. One staff member said managers did not communicate well with people using the service or carers. For example, if a call was cancelled by the person, managers did not always communicate this to care staff. However, another carer said the manager was very helpful and had supported them through problems which they had been really concerned about. They said the manager was, "Approachable, down to earth and gives clear and concise instructions. They don't cut corners." All staff said they would not hesitate to inform a member of the management team of any concerns and they would act on it.

At our last inspection in September 2018 the service was not meeting the regulations related to good governance. This was because the provider's systems and processes were not established and operated effectively to improve the quality and safety of the service and accurate records were not always kept.

Following the last inspection, the registered provider told us the improvements they would make to comply with the regulations. At this inspection we checked and found some improvements had been made in relation to governance, however some issues remained. The registered provider was not operating effectively a system of consistent quality oversight to ensure compliance with the regulation.

Since our last inspection the registered manager had recorded quality checks on MARs returned to the office. We found in two audited MARs files there were gaps in the recording of times of medicines administration which had not been identified by the registered managers audit. We checked the call times for the two periods of time and found there was sufficient gaps between care call times to administer medicines as prescribed. The majority of MARs where gaps in recording were identified had been identified by the registered managers audit, however they had not recorded how they had followed these up. They said they had addressed the issue with the staff concerned and said they would record the action taken when issues were identified on the audit in the future. After the inspection we asked them to send us evidence of this.

MARs and daily records had been audited for September 2018, and October 2018 audits were in progress on the second day of our inspection. On the first day of our inspection daily records (comments sheets) for one person had not been returned to the office since before our inspection in September 2018, although MARs had been returned. These were returned by the second day of our inspection. The above issues meant systems were not always operating effectively to assess, monitor and improve the quality and safety of the service.

We asked the registered manager to show us the 'care free' care visits recorded for two people. There were two records where the planned visit times conflicted with the daily notes. The training manager showed us information elsewhere that indicated the reason for this, however the care visit record had not been updated.

Evidence of power of attorney was not present in care records for two people and some consent records were inconsistent.

Care plans were generally up to date and accurate, however one care plan contained inconsistencies, which had not been identified at review.

The registered provider failed to notify CQC of one safeguarding allegation as required by Regulation 18 (2) (e) of the Care Quality commission (Registration) Regulations 2009 (Part 4).

The above issues demonstrated a continuing breach of regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, good governance, because systems were not always operating effectively to assess, monitor and improve the quality and safety of the service and accurate records were not always kept.

The registered manager planned to replace MARs sheets with MARs booklets so they could be kept together and audited more easily.

The registered manager said they had not held any managers meetings since our last inspection with senior staff to plan improvements, due to sickness of senior staff. They said they discussed any issues and plans daily in the office.

Staff meetings were held to share information with staff and staff were also able to provide feedback. Topics included rotas, confidentiality, safeguarding, uniform, MCA, whistleblowing, length of visits, record keeping and training and supervision. Meetings are an important part of a registered manager's responsibility to ensure information is disseminated to staff appropriately and to come to informed views about concerns, risks and quality issues in the service.

We saw feedback was sought from people when individual care staff were being observed in people's homes by senior staff and when people's reviews were held. A questionnaire had been sent to people in August and September 2018 and the 52 responses had been analysed and were largely very positive. Any minor issues that were identified had been followed up.

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 17 HSCA RA Regulations 2014 Good governance Systems were not always operating effectively to assess, monitor and improve the quality and safety of the service and accurate records were not always kept. (1) and (2)(a)(b) (c) (f)