

Mrs Ifeoma Nwando Akubue

Nwando Domiciliary Care

Inspection report

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Ratings

Overall rating for this service

Inadequate 

Is the service safe?

Inadequate 

Is the service effective?

Requires Improvement 

Is the service caring?

Requires Improvement 

Is the service responsive?

Requires Improvement 

Is the service well-led?

Inadequate 

Summary of findings

Overall summary

This unannounced inspection of Nwando Domiciliary Care was undertaken on 6 August 2018 and was carried out by two inspectors.

We carried out an unannounced comprehensive inspection of this service in July 2017. The Care Quality Commission (CQC) recently received anonymous concerns in relation to hiring illegal staffing, missed visits, providing personal care to children which the service is not registered for, and governance.

As a result of these recent, anonymous concerns we undertook this responsive comprehensive inspection. At our last inspection, this service was rated 'good' overall with Well-led being rated as 'requires improvement'. At this inspection, Effective and Responsive had been rated as 'requires improvement' and Safe and Well-led as 'inadequate'. The overall rating for this service has changed to 'requires improvement'.

Nwando Domiciliary Care is a domiciliary care service that provides personal care to people with learning disabilities, autistic spectrum disorder, dementia, physical disability, sensory impairment and older people in their own homes. At the time of this inspection the service was providing personal care to 58 people. Nwando Domiciliary Care is owned and managed by Ifeoma Nwando Akubue. There is no requirement for a separate registered manager. We have referred to her as the provider.

The provider did not follow appropriate procedures to safeguard people against avoidable harm and abuse. The provider did not raise a safeguarding alert with the local authority in relation to a person at risk of neglect, psychological and financial abuse from their relative. The provider failed to notify us about three safeguarding concerns without delay. The provider did not always identify, assess and mitigate risks to people in a timely manner. There were gaps in staff recruitment checks and we could not be assured if they were safe to work with vulnerable people. The provider lacked systems to ensure the safe management of medicines.

People were not always supported by staff who were appropriately trained, competent and skilled. Staff were not provided with regular supervision to do their job effectively. People's care records were not always as per the requirements of Mental Capacity Act 2005 (MCA). Not all people's care plans were person centred. The provider did not discuss people's end of life care wishes and did not train staff in end of life care. People told us different staff supported them and there was a lack of continuity of care.

The provider lacked robust and effective systems and processes to ensure the quality and safety of service. Not all people were asked for their feedback and the provider did not analyse and evaluate the feedback that was received. There were gaps in internal audits and the provider did not fully implement the agreed improvement action plan that was developed following the local authority monitoring visit.

People told us they felt safe with staff and were generally happy with staff timekeeping. Staff knew safeguarding and whistleblowing procedures and how to escalate concerns and abuse. Staff were provided

with appropriate personal protective equipment to prevent spread of infection.

People told us their individual needs were met and they were happy with nutrition and hydration support. Staff gave people choices and encouraged them to make decisions.

People told us they were supported by staff who were caring, friendly, and treated them with dignity and respect. People's cultural and religious needs were recorded and met by staff.

People and their relatives were encouraged to raise concerns and were happy with the complaints process. There were accurate records of complaints and written correspondence to complainants.

Staff and their relatives told us they were happy with the service and found the management approachable. Staff told us they felt supported and enjoyed working with the provider.

We found six breaches of regulations during the inspection. These were in relation to the safe care and treatment, safeguarding, staffing, fit and proper persons employed, good governance, and notifications of incidents. We have made three recommendations in relation to MCA, personalised care plans and end of life care.

You can see what action we told the provider to take at the back of the full version of the report.

The overall rating for this service is 'Inadequate' and the service is therefore in 'special measures'.

Services in special measures will be kept under review and, if we have not taken immediate action to propose to cancel the provider's registration of the service, will be inspected again within six months. The expectation is that providers found to have been providing inadequate care should have made significant improvements within this timeframe.

If not enough improvement is made within this timeframe so that there is still a rating of inadequate for any key question or overall, we will take action in line with our enforcement procedures to begin the process of preventing the provider from operating this service. This will lead to cancelling their registration or to varying the terms of their registration within six months if they do not improve. This service will continue to be kept under review and, if needed, could be escalated to urgent enforcement action. Where necessary, another inspection will be conducted within a further six months, and if there is not enough improvement so there is still a rating of inadequate for any key question or overall, we will take action to prevent the provider from operating this service. This will lead to cancelling their registration or to varying the terms of their registration.

For adult social care services the maximum time for being in special measures will usually be no more than 12 months. If the service has demonstrated improvements when we inspect it and it is no longer rated as inadequate for any of the five key questions it will no longer be in special measures.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Inadequate ●

This service was not safe.

The provider did not raise a safeguarding alert with the local authority. Risks to people's healthcare needs were not identified, assessed and mitigated in a timely manner. People were not always supported by staff who were competent and skilled. Staff were not suitably recruited to ensure they were safe to work with people at risk. Staff did not safely record medicines that were administered.

People felt safe with staff and happy with medicines support. Staff were knowledgeable about safeguarding and whistleblowing procedures. Staff were provided with personal protective equipment for infection control.

Is the service effective?

Requires Improvement ●

This service was not consistently effective.

New staff were not provided with induction training and not all staff received additional and refresher training. There were gaps in staff supervision records. People's representatives' legally appointed status was not checked by the provider.

People's needs were assessed and told us they were met by staff. Staff supported people with their nutrition and hydration needs, and to access ongoing healthcare services when requested. People told us staff gave them choices and asked their permission before supporting them.

Is the service caring?

Requires Improvement ●

The service was not consistently caring.

People told us they were not always supported by the same staff. The provider did not ensure staff were suitable and appropriately skilled that impacted the caring aspect of care delivery.

People told us staff were friendly and helpful, and treated them with dignity and respect. People's religious and cultural needs were recorded and met.

Staff shared positive relationships with people. People's sensitive information was stored securely.

Is the service responsive?

This service was not consistently responsive.

The provider did not always maintain personalised care plans. People's care plans were not always updated following care reviews. The provider did not train staff in end of life care.

People told us they received care as per their likes and dislikes. Staff knew people's preferences. People were encouraged to raise concerns and were happy with how their complaints were addressed. The provider maintained clear complaints records.

Requires Improvement ●

Is the service well-led?

This service was not well-led.

The provider had failed to notify us and the local authority of three safeguarding concerns.

There was a lack of management oversight to ensure the quality and safety of service. The provider did not carry out regular audits and did not effectively identify areas of improvement. Not all people and their relatives were asked for their feedback and feedback received was not analysed and used for improvement of the service. The provider had not fully implemented the improvement action plan developed following the local authority monitoring visit.

Staff and their relatives told us the provider was approachable and were happy with the service. Staff told us they felt supported and enjoyed working with the provider.

Inadequate ●

Nwando Domiciliary Care

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

We undertook an unannounced focused inspection on 6 August 2018 and was carried out by two inspectors.

We carried out an unannounced comprehensive inspection of this service in July 2017. The Care Quality Commission (CQC) recently received anonymous concerns in relation to hiring illegal staffing, missed visits, providing personal care to children which the service is not registered for, and governance.

As a result of these recent, anonymous concerns we undertook this responsive comprehensive inspection.

Prior to our inspection, we reviewed information we held about the service, including notifications sent to us at the Care Quality Commission. A notification is information about important events which the service is required to send us by law.

During the inspection visit, we spoke to the provider, the finance officer and three care staff. We reviewed eight people's care plans, risk assessments and care delivery records, 10 staff's recruitment, training and supervision records, and records related to the management of the service.

Following the inspection, we spoke to five people who used the service, three relatives and one care staff. We reviewed documents provided to us after the inspection including reviewed care plans, risk assessments, staff training matrix, staff meeting minutes and one person's proof of right to work in the UK.

Is the service safe?

Our findings

The provider did not operate effective systems and processes to prevent and protect people from abuse. At the inspection, the provider told us there were no safeguarding concerns. However, when we reviewed the complaints folder we found there was a complaint of missed visits and the correspondence records showed the local safeguarding authority had raised it as a safeguarding concern. During the inspection, we looked at a person's daily care records and found the person was at risk of neglect, psychological and financial abuse from their relative. The provider had not raised this as a safeguarding alert to the local safeguarding authority.

The above issues were a breach of Regulation 13 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The provider carried out risk assessments to ensure risks to people were identified, assessed and mitigated. Risk assessments were for areas such as environment, moving and handling, eating and drinking, and personal care. However, we found not all people's care files had risk assessments. For example, one person who had started receiving support on 22 July 2018, their care file did not have risk assessments and a corresponding care plan to instruct staff on how to support the person safely. The person had reduced mobility, was unable to weight bear and required two staff's support to safely use a hoist to meet their personal care needs. The provider told us they did not have time and were in the process of completing the risk assessment and care plan. They further said a reablement assessment and a rough handwritten care support plan was left at the person's house for staff to read before providing support. We asked the provider to send us copies of the abovementioned documents. During and following the inspection these were not provided to us. This meant the provider did not always assess and mitigate risks in a timely manner before providing care to people which then put people at risk of avoidable harm.

Following the inspection, we spoke to a person who told us they had requested an early care visit call. The provider had attended the call as per their request. This person had reduced mobility and required two staff's support to meet their personal care needs, and staff were required to use a hoist for all transfers. The person told us the provider had attended a call with a staff member to help with transfers. However, we found out that the staff member who assisted the provider in transferring this person was not a care staff member and had not received appropriate moving and handling training to support the person with their personal care needs. During the inspection we met this staff member who told us they worked as a cleaner. The provider had confirmed that the staff member was a cleaner. This meant the provider did not ensure that the person was supported by a staff member who had appropriate skills and experience to provide safe care.

People told us they were happy with medicines support and received it on time. A person said, "They give me my medication on time, they remove medicines from the blister pack and give it to me." A relative commented, "They give her tablets from blister pack."

The provider supported people with medicines and the level of support was documented in their care plans

to indicate whether people self-administered, required assistance, prompting or full administration support. The provider told us they developed the medicine assessment for people who were provided with support with their medicines. However, we found not all people had a medicine assessment in place. For example, one person's health had deteriorated and now required full support with their medicines but there was no medicine assessment in place. Their care plan did not give any information on their prescribed medicines such as names, level of dose and administration times. We looked at this person's medicine administration records (MAR) charts from January 2018 to July 2018 and found they also did not record medicine names, administration time, level of dose or side effects. We also looked at another person's MAR for the months of April, May and June 2018 and found there were no details on medicine names, time and dose. Staff training records showed not all staff had been trained in medicine administration prior to supporting people with medicines. This meant the provider did not safely manage people's medicines and did not ensure staff were suitably trained and competent.

The above issues were a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Staff recruitment records showed that not all staff had appropriate identity, right to work in the UK, references and criminal record checks. For example, three staff files did not have right to work in the UK checks or any identity such as a visa to prove the staff were legally able to work in this country. Five staff files did not have references as per the provider's policy. For example, one staff file had no references, and the other four staff files had only one reference each. This meant the provider did not carry out appropriate checks to ensure the staff that were employed were of good character and safe to work with vulnerable people.

The above issues were a breach of Regulation 19 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

People told us they felt safe with staff. One person said, "[I] feel extremely safe with them [staff], I can trust them." Another person commented, "I feel safe, they have to hoist me and they know what they are doing." Relatives said staff provided safe care. Their comments included, "[Person who used the service] is safe with them [staff]" and "I do actually feel my [person who used the service] is safe with them [staff]." People told us staff generally arrived on time and were informed if they were running late. One person said, "Two carers [staff], two times a day. More or less [staff] arrive on time." Another person told us, "Two carers [staff] support me and always on time." Relatives' comments included, "Yes, at the moment they [staff] come on time" and "Generally carers are on time." Staff we spoke to told us they had time in between care visits for breaks and were given sufficient travel time to attend care visits on time. However, during and following inspection we asked for staff rotas and these were not provided to us.

Staff were knowledgeable in safeguarding and whistleblowing procedures. They were able to demonstrate their role in identifying and reporting concerns and abuse. Staff comments included, "We have safeguarding training. Sexual, finance, neglect, verbal, physical. You would contact the office. If they do not do nothing you would contact the safeguarding team and CQC" and "To keep clients safe by safeguarding them from harm, abuse and neglect. Report any concerns of poor care, neglect and abuse to the office before I do anything. Whistleblowing is to report something behind the office knowing, tell CQC and local authority. I have the right to report it [concerns] to CQC."

The provider had an infection control policy and staff were trained in infection control to protect people from spread of infection. Staff were provided with personal protection equipment such as gloves, aprons and shoe covers to prevent spread of infection. A staff commented, "You have to keep [the] environment

clean. Clean [it] as you go. I have to wear my apron and my gloves. We also have a sleeve cover."

Is the service effective?

Our findings

Staff told us they had found the training useful. One staff member said, "I have attended manual handling training but I need a refresher training. Yes, whenever need training [the provider] books it for me." Another staff member commented, "We have been to dementia training. We have been to quite a few which is good."

However, training matrix and training records showed not all staff were trained in areas required to deliver effective training before they started supporting people. For example, a staff member who had started working on 20 July 2018 told us they had received training only in dementia and Mental Capacity Act. The training matrix confirmed this. This staff member told us they were informed that there were three parts of training including shadowing existing staff, online training and additional training. They further said that they had shadowed the existing staff for the first four days and were in the process of completing their online training. However, this staff member had not been trained in medicines and moving and handling, and they told us they supported a person with their medicines and personal care needs. Not all newly recruited staff received induction training before they started working with people. For example, six newly recruited staff had not completed induction training and their files did not have induction training records. Staff were not provided with additional training in areas specific to people's health condition such as diabetes, epilepsy and stroke. This meant staff were not provided with induction and sufficient training to provide safe and effective care.

Staff signed supervision contracts that stated staff should receive a minimum of four formal one to one supervision sessions per year. However, staff supervision records showed staff were not provided with four supervision sessions. For example, a staff member who had started working on 30 May 2017, had received only two supervision sessions in the last year, dated 13 July 2017 and 15 March 2018. Another staff member who had started working on 2 June 2017 had received only one supervision session in the last year, dated 14 March 2018. This showed staff were not provided with regular support and supervision to enable them to meet people's needs effectively.

The above issues were a breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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's care plans gave information on whether people had capacity to make decisions regarding their care and treatment, and there were signed consent forms to confirm this. Where people had been assessed as lacking capacity by the local authority due to a medical condition the provider recorded in their care plans the contact details of their chosen representatives and they signed people's consent to care forms. However, the provider did not always make sure to confirm if the representatives were legally appointed.

This meant people's decisions could have been made by their relatives who were not legally appointed to make decisions related to their care and treatment. We spoke to the provider about this and they told us they would contact all the representatives to seek copies of authorisation certificates confirming they were the legal appointees.

We recommend that the provider seek guidance and advice from a reputable source, in relation to meeting people's needs as per the principles of Mental Capacity Act 2005.

People told us staff gave them choices and sought their consent before supporting them. One person said, "They [staff] give me choice." Another person commented, "Yes, they ask me before supporting me and give choices. If they did not I would tell them and inform [the provider]." Staff demonstrated a good understanding of giving people choices and seeking their permission before helping them. Their comments included, "[I] give them choices", "Yes, we have to ask before supporting them, ask them what they would like me to do, give them choices of clothes and food. I show them the clothes and encourage them to make decisions", "[I] ask him what he wants to wear, if he wants a shower" and "I will ask if they want a wash in the morning. I ask what clothes they would like to wear. I show a different set of clothes to choose from. With food I bring out food from fridge and let them choose." This showed people were given choices and staff asked their permission before supporting them.

People's needs were assessed at the point of referral. The provider met with the person and their relatives where necessary to identify and assess people's medical, physical health, emotional well-being, nutrition and hydration, communication and social needs. The information was then used to develop people's care plans.

People told us staff knew their needs and abilities and supported them well. One person said, "Carers [staff] are good to me and help me with my needs." A relative told us, "Staff meet [person who used the service] needs. They give her breakfast, change her sheets, make her a cup of tea." Another relative commented, "They [staff] care for my [person who used the service] very well. I do in the main feel [person who used the service] needs are met."

Where people requested they were provided with nutrition and hydration support. People's nutrition and hydration needs were recorded in their care plans. People told us they were happy with the support. One person said, "My daughter cooks my food. They [staff] warm it up for me." Another person commented, "Yes, I am happy with the way they prepare my food."

The provider liaised with healthcare professionals and supported people to access ongoing healthcare services when this was requested. A person told us there were some issues with their wheelchair and they asked the provider to make a referral to wheelchair services which they did promptly. Staff told us they liaised with the provider where people had asked to access healthcare services. A staff member said, "I would ask them [people who used the service] how they feel. I will ask if to call the ambulance and the GP. As soon as I made the call I would call the office and let them know." However, we found the provider did not always keep and file records of healthcare professionals correspondence. The provider told us moving forward they would ensure they keep accurate records of any support provided in accessing healthcare professionals.

Is the service caring?

Our findings

People told us staff were caring and friendly. One person said, "[Staff] are very friendly, they are very helpful." Another person commented, "Yes, carers [staff] are helpful and friendly. They are my friends." Staff we spoke to told us they shared positive relationships with people they supported. They spoke about people in a caring manner. One staff member commented, "We have a good relationship with them. They trust me to do their care. They trust me with their life. I have a good relationship."

We received mixed feedback in relation to the consistency of staff attending people's care calls. Not all people were supported by the same staff team. A person told us they wished the same staff supported them. The person said, "They are not always the same staff." A relative commented, "Would be better if [person who used the service] received the same carers [staff]." This showed the provider did not ensure the continuity of care and that meant people were not always supported by staff who knew them. The provider also did not ensure that suitably trained staff were providing care to people at risk. The issues in relation to not ensuring that suitably recruited and trained staff provided care and support to people as outlined in the safe and effective section of this report, also had an impact on the ability of staff to act in caring ways.

People were supported to express their views, and were provided with emotional support. One person who was supported by two staff twice a day told us the staff had become their friends and talked about things that mattered to the person. Another person told us they knew the carers and had them for a long time. Some staff told us they had continued to support the same people they had supported with the previous provider when they transferred to Nwando Domiciliary Care. Staff meeting minutes showed discussions around the importance of staff to spend time talking to people to create trusting relationships and to provide emotional support. The provider met with people and their relatives where necessary to gain a better understanding of people's views and preferences. For example, people were asked if they wanted to be supported by female or male staff, and their choices were recorded in their care plans. People's daily care logs confirmed they received staff as per their gender preference of care. One person said, "They [the provider] asked me if I would like male or female staff, I told them I did not mind." A relative told us their family member always received female staff as per their expressed wish.

People and their relatives told us staff treated them with dignity and respected their privacy. One person said, "[Staff] treat me with dignity and care." Another person told us, "Yes, they treat me with dignity and respect." Relatives' comments included, "Yes, they are very good at respecting [person who used the service] privacy and providing dignity" and "Very much treat [person who used the service] with dignity and respect." Staff gave us examples of how they ensured people were treated with dignity. Their comments included, "In their home we have to give them space", "When using toilet, close the door and respect their privacy" and "By respecting them, asking them how they want to be supported, always go with how they want to be helped."

People's religious and cultural beliefs and needs were identified, and recorded in their care plans. For example, one person's care plan stated they preferred eating culturally specific food and staff to know how to prepare their food. People's care plans recorded their sexual orientation and significant people in their

lives. Staff told us they would support lesbian, gay, bisexual, transgender people with their individual needs and would not treat them differently.

Staff supported and encouraged people to remain as independent as they could. Staff comments included, "[Person who used the service] does her own oral care, just need to prompt her" and " [Person who used the service] is on reablement. I want her to do as much as possible. I will ask her to wash her face and hands. In the kitchen I will boil the kettle and pour in cup and let her put the teabag and sugar in cup."

Is the service responsive?

Our findings

People told us staff provided care as per their likes and dislikes. One person commented that the staff knew their preferences and how they liked to be supported. Staff we spoke to demonstrated a good understanding of people's likes and dislikes and knew how to provide person-centred care. One staff member said, "[Person who used the service] preferred showers, she cooks for herself, does not like to be supported with that." Another staff member commented the person they supported preferred taking time so they made sure they were patient with the person and supported them at their preferred pace.

People and their relatives told us the provider was flexible and generally accommodated requests for changes in the care visit time. A person told us their morning call was not until 9 am but they required an earlier visit due to personal circumstances. They further said, "[The provider] is very kind and caring, came in the morning herself at 7.30am to wash me and cream me and she did not have to do that." A staff member said the provider tried their best to respond to people's requests. They said, "Last week we had a problem with a [person who used the service] with their mobility aids. [The provider] got on the case and the person got a new frame."

People's care plans were developed following the initial needs assessment. People told us they were involved in the care planning process and had copies of the care plans in their homes. A relative told us, "Yes, we have agency number in the book and there is a care plan in the folder." Another relative said, "I was involved in the care planning process." Staff told us they found care plans were detailed. One staff member commented, "It is written in their care plan when they [people who used the service] eat."

The care plans captured information on people's medical history, their needs and abilities, likes, background history, social needs, their goals and how they wanted to be supported. For example, one person who had a stroke, their care plan under eating and drinking stated staff to carry out all meal preparations and the person's goal was to advise staff on what they wanted to eat. Staff were instructed to encourage the person to participate in meal preparation once they had gained physical ability. Another person's care plan stated their preferred time to wake up and when they liked to be supported and in what order.

However, at the inspection we found not all people's care plans had been developed following the initial needs assessment and not all the care plans were person-centred. The care plans only described the tasks that staff were required to carry out to meet people's needs. For example, a person's care plan stated they needed support with personal care that included washing, dressing and undressing, skin care and eating and drinking. However, the care plans did not give further information to staff on how to provide personalised care. This meant not all people's care plans reflected their preferences. Following the inspection, the provider sent us three reviewed and updated care plans.

The provider told us people's care was reviewed annually or when people's needs changed and care plans were updated accordingly. Care review records confirmed people had regular care review meetings. However, at the inspection, care plans were not always duly updated. For example, one person's care plan

had not been reviewed to reflect changes in their needs, another person's care plan had not been reviewed in the last year, it was due to be reviewed in March 2018 and a third person's care plan had not been updated since their care review dated 7 May 2018. The provider told us it was an oversight on their part and they would send us reviewed and updated versions. Following the inspection, the provider sent us only one person's updated care plan.

We recommend that the provider seek guidance and advice from a reputable source, in relation to developing and updating person-centred care plans.

Staff were required to record how people were supported, their time of arrival and departure, signatures of staff who supported the person and any concerns. People's daily care logs were not always legible, not all staff recorded care visit times, how they had supported people including what they had consumed and did not always sign when they had visited the person. This meant staff that attended following care visits could not always read the previous care log and how the person was supported. The provider told us they were aware of the issues and had reiterated to staff the importance of keeping accurate records of how people were being supported. Staff meeting minutes confirmed this.

Staff encouraged people to raise concerns and make complaints. People told us they knew how to make a complaint and would feel comfortable to call the provider to raise concerns. A person said, "If not happy would call the agency." A relative commented, "No never had to complain." Another relative said, "We have a few numbers in the diary and would call [the provider]." A staff member commented, "If they [people who used the service] want to make a complaint I would guide them to Social Services. I would ask them if they want to make complaint to agency or social services. They have choices."

People told us they were happy with the way their complaints were addressed. One person commented, "I told [the provider] about one staff member I was not happy about and she changed her straightaway." A person had a fall whilst waiting for a staff member to arrive to support them. Their relative told us, "[The provider] was quite apologetic. They were genuinely concerned [that] there was a problem, keen on making sure [it] does not happen again. It was an unfortunate and isolated incident."

Complaints records showed the provider had two complaints and there were clear records of the investigations, outcomes and actions taken. The complaints records also had copies of written correspondence sent to the complainants detailing what was done after the complaint, the outcomes and apologies.

At the time of inspection, the provider did not support people with end of life care needs. There was an end of life policy in place and staff knew how to support people with their end of life care needs however they were not trained in that area. A staff member commented, "No end of life at the moment. They need close attention and you have to keep them comfortable and give them fluid and medication on time."

We recommend that the provider seek guidance and advice from a reputable source, in relation to addressing people's end of life care wishes and preferences, and training staff in end of life care.

Is the service well-led?

Our findings

Prior to this inspection the CQC received anonymous concerns which relate to this key question. These concerns related to the way the service was managed.

The registered provider had failed to notify CQC on three occasions about safeguarding concerns as required by law. One safeguarding concern was in relation to a person allegedly subjected to financial and psychological abuse, and neglect by their relative. A second safeguarding case was in relation to a person that had not received staff to support them as per their agreed care package. There were occasions where staff did not attend care visits to support the person and at times the person did not receive two staff to support them with their personal care needs as per their agreed care plan. A third safeguarding case was in relation to a person sustaining a head injury that resulted in two weeks' hospital admission. Staff did not visit this person in the morning as per their agreed care visit time and the person had a fall when they tried to get out of bed and injured their head.

Following the inspection, the registered provider, submitted notifications for the above incidents in retrospect.

The above evidence demonstrates the registered provider was in a breach of Regulation 18 of the Care Quality Commission (Registration) Regulations 2009.

The provider did not have robust auditing, monitoring and evaluating systems and processes to identify gaps, errors and areas of improvement. There were records of some spot checks, staff files and care plans audits. However, these were not regular and there were no records of how the gaps and errors identified during audits were addressed. The provider did not regularly collect and audit people's daily care logs and medicines administration record (MAR) charts. Some records of people's daily care logs and MAR charts audits did not identify gaps and errors such as missing care visit times, two staff not always signing daily care logs, gaps in MAR charts and not detailing what medicines were administered.

The provider did not always assess, monitor and mitigate the risks to people's health, care and mobility in a timely manner. People's care files did not always have appropriate risk assessments in place that instructed staff on how to provide safe care. For example, a person who had epilepsy, type two diabetes and history of episodes of hypoglycaemia, their care plan and risk assessment lacked sufficient information on how to meet their needs safely. This person's risk assessment and care plan did not give information to staff on how to meet their dietary needs in relation to type two diabetes, what signs to look out for with hypoglycaemia and what actions to take if staff saw signs of hypoglycaemia. Hypoglycaemia is when blood sugar decreases to below normal levels. Staff that supported this person were also not provided with any training on diabetes and epilepsy.

The provider did not maintain accurate, complete and contemporaneous records related to care delivery. Not all people's care plans were personalised and regularly reviewed. During and following the inspection we asked the provider to send us staff rotas but these were not provided. People's daily care logs were not

always legible and did not state how people were supported, and they were repetitive. Healthcare correspondence records were not always filed in people's care files. Some people's care files lacked information on how they were to be supported. People's care plans were not always person-centred and only detailed care tasks which made them more task oriented.

The provider did not maintain accurately, records related to staff and management of the care delivery. Staff files lacked required information in relation to staff recruitment checks, contracts of employment, training and supervision. Staff did not receive sufficient training and supervision to enable them to do their job effectively. Actions taken in relation to people's safeguarding cases, complaints and incidents were not always recorded. The provider did not record lessons learnt and what actions were taken to reduce the risk reoccurrence.

There were some records of quality monitoring including telephone monitoring checks, spot checks and survey forms. However, these were not carried out regularly and not all people had been asked for their feedback on the quality of care. People and their relatives told us they had not been asked for their feedback. A relative commented, "Never [been] asked for feedback." The provider told us they had sent out annual survey forms in July 2018 but had only received two completed forms. The survey form showed the provider only asked for feedback about the management of the service but nothing in relation to the safety, effectiveness, caring and responsiveness of the service. The provider told us they only concentrated on well-led as that was rated 'requires improvement' at the last inspection. We found the provider did not analyse and evaluate feedback from people and their relatives received via quality monitoring to continuously improve the service.

Following the monitoring visit by the local authority the provider had produced an improvement action plan. During the inspection, we went through the improvement plan to see if the action points had been achieved by the target date. We found not all action points had been achieved as indicated by the provider. For example, the action plan stated that all existing staff files had been reviewed and missing information would be included. However, we found only two staff files out of 10 that we reviewed had a completed audit form. The provider employed relatives as care staff and paid them to deliver care to their family members who were people who used the service. The local authority had asked the provider to end such an arrangement. The provider told us they had addressed this issue and the action plan stated the same. However, following inspection we spoke to a relative who told us that they worked as a staff member with the provider and currently were only getting paid to work with their relative, a person who used the service. This showed that the provider had not acted as per the agreed improvement action plan.

This showed there was a lack of management oversight to ensure safety and quality of the service.

The above issues were a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The provider told us they had lost two key office staff including a care coordinator and the office manager in June 2018 and that had impacted the recordkeeping and management of the service. They further said that the recruitment process was underway to appoint a new office manager and a care coordinator.

People and their relatives we spoke to told us they were happy with the service and the provider was approachable. One person said, "I spoke to her [the provider], find her very easy to talk to. She is genuine." Another person commented, "I am happy with the service." A relative said, "Everything is very good, very happy with the service."

Staff told us they felt supported by the provider and found them approachable. Their comments included, "[The provider] is a people person. Whenever you call her she is there to answer. She will get back to you quick as she can", "[The provider] gives us respect, yes it [the service] is well managed. I am comfortable, treated like human here. I am happy, very happy. [The provider] comes out and works in the field, not every manager does that" and "[The provider] is very supportive in any situation. Yes, we get paid on time. Of course, yes, the service is well managed." The provider arranged regular team meetings and staff and records confirmed this. The last three months' staff meeting minutes showed staff discussions around communication, training, care plans, MAR charts, timekeeping and daily care logs. Staff told us they found team meetings helpful and enjoyed working with the provider. A staff member commented, "They speak about spot checks at the staff meetings. I have been to quite a few. They talk about communication with the other carers, with the clients. Talk about so many things. Talk about service users' privacy."

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Personal care	<p>Regulation 18 Registration Regulations 2009 Notifications of other incidents</p> <p>The registered person failed to notify the Commission of any abuse or allegation of abuse in relation to a service user.</p> <p>Registration Regulation 18(1)(2)(b)(e)</p>
Regulated activity	Regulation
Personal care	<p>Regulation 13 HSCA RA Regulations 2014 Safeguarding service users from abuse and improper treatment</p> <p>The registered person failed to ensure: service users were protected from abuse and improper treatment; systems and processes were not followed effectively to prevent abuse of service users, and systems and processes were not established and operated effectively to investigate, immediately upon becoming aware of, any allegation or evidence of such abuse.</p> <p>Regulation 13(1)(2)(3)</p>
Regulated activity	Regulation
Personal care	<p>Regulation 18 HSCA RA Regulations 2014 Staffing</p> <p>Staff did not receive appropriate and necessary support, training, professional development, supervision and appraisal to enable them to</p> <p>Regulation 18 (2)(a)</p>

This section is primarily information for the provider

Enforcement actions

The table below shows where regulations were not being met and we have taken enforcement action.

Regulated activity	Regulation
Personal care	<p>Regulation 12 HSCA RA Regulations 2014 Safe care and treatment</p> <p>Care of people was not provided in a consistently safe way. The registered persons failed to ensure that care of people was provided in a safe way.</p> <p>This included failure to: assessing the risks to the health and safety of service users of receiving the care or treatment; doing all that is reasonably practicable to mitigate any such risks; ensuring that persons providing care or treatment to service users have the qualifications, competence, skills and experienced to do so safely; the proper and safe management of medicines.</p> <p>Regulation 12(1)(2)(a)(b)(c)(g)</p>

The enforcement action we took:

A warning notice was sent to the provider.

Regulated activity	Regulation
Personal care	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>The registered persons failed to effectively operate systems to: assess, monitor and improve the quality and safety of the services provided; assess, monitor and mitigate the risks relating to the health, safety and welfare of service users and others; accurately and completely maintain records in respect of each service user, and evaluate and improve their practice in respect of the processing of the information; maintain securely such other records as are necessary in relation to persons employed in the carrying on of the regulated activity; seek and act on feedback from relevant persons for the purposes of continually evaluating and improving such services; evaluate and improve their practice in</p>

respect of the processing of the information in relation to the above points

Regulation 17(1)(2)(a)(b)(c)(d)(e)(f)

The enforcement action we took:

A warning notice was sent to the provider.

Regulated activity	Regulation
Personal care	<p>Regulation 19 HSCA RA Regulations 2014 Fit and proper persons employed</p> <p>Recruitment procedures must be established and operated effectively that person employed meet the conditions.</p> <p>Regulation 19 (1) (a)(b)(2)(a)</p>

The enforcement action we took:

A warning notice was sent to the provider.