

Genesis Recruitment Agency Limited

Genesis Recruitment Agency Ltd; Nursing & Domiciliary Care; West London

Inspection report

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Date of inspection visit:
22 February 2017
24 February 2017

Date of publication:
23 May 2017

Ratings

Overall rating for this service

Inadequate 

Is the service safe?

Requires Improvement 

Is the service effective?

Inadequate 

Is the service caring?

Requires Improvement 

Is the service responsive?

Requires Improvement 

Is the service well-led?

Inadequate 

Summary of findings

Overall summary

We undertook an announced inspection of Genesis Recruitment Agency Ltd; Nursing & Domiciliary Care; West London on 22 and 24 February 2017. We told the provider two days before our visit that we would be coming because the location provides a domiciliary care service for people in their own homes and staff might be out visiting people.

Genesis Recruitment Agency Ltd; Nursing & Domiciliary Care; West London is a domiciliary care agency that provides personal care to around 155 people in their own homes in the London Borough of Ealing.

We previously inspected Genesis Recruitment Agency Ltd; Nursing & Domiciliary Care; West London on 31 May 2016 and we identified issues in relation to person centred care, safe care and treatment, safeguarding service users, receiving and acting on complaints and good governance. Following the last inspection the provider was rated Inadequate in the Well-led key question. The overall rating for the service was Requires Improvement.

Improvements had not been made in relation to the assessment of specific risk and some moving and handling risk assessments had not been recently reviewed.

The provider had a process in place for the recording of incidents and accidents but this was not always followed.

Improvements had not been made in relation to the training, supervision and appraisal of care workers.

The provider had a policy in relation to the Mental Capacity Act 2005 but was not always working within the principles of the Act and improvements had not been made.

Visits were not always carried out at the time recorded in the care plan and on the Electronic Monitoring System. People did not always receive care that reflected their needs or met their individual preferences, because the care was not delivered at the same time each day and sometimes people had to wait for food or care without knowing when the care worker would arrive.

Records relating to the care people required were still not up to date and did not provide an accurate, complete and contemporaneous record.

The provider carried out checks on the quality of the service but these were still not recorded.

Care plans were not written in a way that identified each person's wishes as to how they wanted their care provided. Daily records were focused on the tasks completed and not the person receiving the support.

People told us they felt safe when they received support and the provider had policies and procedures in

place to deal with any concerns that were raised about the care provided.

People we spoke with felt the care workers were caring and treated them with dignity and respect while providing care.

People told us they were happy with the care they received in their home.

The care plans identified the cultural and religious needs of the person using the service.

Improvements had been made in the way complaints were investigated and responded to.

Improvement had been made in relation to the recording of the administration of medicines.

The provider had a suitable recruitment process in place.

We found a number of breaches of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. We are taking action against the provider for a breach of the Regulations in relation to person-centred care (Regulation 9), the safe care and treatment of people using the service (Regulation 12), safeguarding service users from abuse and improper treatment (Regulation 13), the good governance of the service (Regulation 17) and staffing (Regulation 18). You can see what action we told the provider to take at the back of this report.

We have rated a domain 'Inadequate' again; therefore the service has been placed 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?

Requires Improvement ●

Some aspects of the service were not safe.

Improvements had not been made in relation to the assessment of specific risks and some moving and handling risk assessments had not been recently reviewed.

The provider had a process in place for the recording of incidents and accidents but this was not always followed.

Improvements had been made in the recording of the administration of medicines.

Levels of care workers required for each visit were identified through the assessments carried out. The provider had a suitable recruitment process in place.

Is the service effective?

Inadequate ●

The service was not effective.

Improvements had not been made in relation to the training, supervision and appraisal of care workers.

The provider had a policy in relation to the Mental Capacity Act 2005 but was not always working within the principles of the Act and improvements had not been made.

Visits were not always carried out at the time recorded in the care plan and on the Electronic Monitoring System.

There was a working relationship with health professionals who also provided support for the person using the service.

Care plans indicated if a person required support from the care worker to prepare and/or eat their food.

Is the service caring?

Requires Improvement ●

Some aspects of the service were caring.

The care plans identified the cultural and religious needs of the

person using the service but did not provide any information on their personal history.

People we spoke with felt the care workers were caring and treated them with dignity and respect while providing care.

People told us they were happy with the care they received in their home.

Is the service responsive?

Some aspects of the service were not responsive.

Care plans were still not written in a way that identified each person's wishes as to how they wanted their care provided. Daily records were focused on the tasks completed and not the person receiving the support.

Improvements had been made in the way complaints were responded to by the provider.

Requires Improvement ●

Is the service well-led?

The service was not well-led.

Records relating to the care people required were still not up to date and did not provide an accurate, complete and contemporaneous record.

The provider told us that they carried out checks on the quality of the service but these were still not recorded.

Inadequate ●

Genesis Recruitment Agency Ltd; Nursing & Domiciliary Care; West London

Detailed findings

Background to this inspection

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

This inspection took place on the 22nd and 24th February 2017 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 available.

One inspector undertook the inspection and an expert-by-experience carried out telephone interviews of people who used the service and relatives. An expert-by-experience is a person who has personal experience of using or caring for someone who has used this type of care service. The expert-by-experience at this inspection had personal experience of caring for older people.

Before the inspection we reviewed the notifications we had received from the service, records of safeguarding alerts and previous inspection reports.

During the inspection we spoke with the provider who is also the registered manager. We reviewed the care records for nine people using the service, the employment folders for six care workers, a spread sheet

containing the training records for 64 care workers, the Electronic Monitoring System records for 393 visits over two days and records relating to the management of the service. We also undertook phone calls with 12 people who used the service. We sent emails for feedback to 74 care workers and received comments from eight care workers via email.

Is the service safe?

Our findings

During our comprehensive inspection of Genesis Recruitment Agency Ltd; Nursing & Domiciliary Care; West London on 31 May 2016 we found that the provider had a general risk assessment in place but detailed assessments for specific issues were not in place.

At the inspection on 22 and 24 February 2017 we found that improvements had not been made. The registered manager explained that a template which could be used for risk assessments for specific issues had been developed but this had not been implemented. During the inspection we looked at the risk assessments for nine people and saw an environmental risk assessment and a moving and handling risk assessment had been completed. We saw people had a range of additional health and support needs including diabetes, epilepsy, mental ill health, problems with swallowing and increased risk of pressure ulcers which had been identified through the initial referral and needs assessments. As these specific risk assessments had not been completed the care workers had not been provided with guidance on how to reduce these risks.

We also saw the moving and handling risk assessments had not been reviewed for up to four years for some people using the service. The risk assessments did not identify clearly what equipment was required to help support these people when moving, for example a hoist or wheelchair.

The above paragraphs demonstrate a repeated breach of Regulation 12 of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We looked at how accidents and incidents were managed in the service. The registered manager explained information was recorded on the computer system when an incident and accident was reported. During the inspection we saw the report produced from the computer records which provided information on the incidents and accidents reported since May 2016. The records indicated the immediate action taken at the time of the incident and accident which included informing Social Services and calling an ambulance if required. The records did not indicate any further action which should have been taken to reduce the risk of the incident or accident occurring again including reviewing the person's support needs and risk assessments. We asked the registered manager if additional actions were taken to review the person's support needs and they confirmed these did not take place.

This meant that information from the incident and accident records were not reviewed to ensure appropriate actions were taken to reduce the risk of reoccurrence.

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

During our inspection on 31 May 2016 we found that medicines were not being recorded correctly when administered.

At the inspection on 22 and 24 February 2017 we found that some improvements had been made in relation to recording the administration of medicines. The registered manager explained a new Medicines Administration Record (MAR) had been introduced in November 2016. The new MAR charts indicated each prescribed medicine, the dosage and frequency of administration. During this inspection we looked at the MAR charts for four people that had been completed between November 2016 and January 2017. We saw the majority of MAR charts had been completed accurately but one chart indicated a medicine which was prescribed to be administered once a day was recorded as being administered twice on two days. This was discussed with the registered manager who confirmed they would review the MAR charts.

We asked people if they felt safe when they received support in their own home. They told us "I do feel safe, we chat and I just feel safe", "I'm very comfortable with them and safe", "Oh yes definitely so" and "I do feel safe, they really care and talk to me, it helps." We saw the service had policies and procedures in place so any concerns regarding the care being provided were responded to appropriately. During the inspection we saw five records for safeguarding concerns received since the May 2016 inspection which included records of the investigation and copies of correspondence. We saw the records for these safeguarding concerns had not been updated to identify the outcome of the safeguarding process led by the local authority. This was discussed with the registered manager who confirmed they would update the records.

The number of care workers required to attend each visit was identified from the information provided in the local authority referral document and during the assessment carried out before the care package started. The registered manager explained that they usually allocated care workers based on their skills, experience and if they already had visits in the area to reduce travel time.

The provider had suitable recruitment processes in place. The registered manager explained when an applicant contacted the service they would be encouraged to come into the office to complete the application form. They would need to provide the contact details for two people to provide references and their employment history. Applicants also completed a numeracy and literacy test as part of the recruitment process. A Disclosure and Barring Service (DBS) check to see if the new care worker had a criminal record was carried out following the interview. We looked at the recruitment records for six care workers and saw appropriate checks had been carried out during the recruitment process.

The provider had appropriate processes in place in relation to infection control. The care workers were provided with appropriate equipment including aprons and gloves to use when providing support.

Is the service effective?

Our findings

During our comprehensive inspection on 31 May 2016 we found that care workers had not received training and support to deliver care safely or to an appropriate standard.

At the inspection on 22 and 24 February 2017 we found that some improvements had been made but a number of staff had not completed the training identified as mandatory by the provider.

The provider confirmed training for moving and handling should be completed every year, administration of medicines every two years and the remainder of the mandatory training every three years.

Following the inspection we reviewed the training records for 64 care workers and we saw 14 care workers had not completed the annual moving and handling. Some care workers had last completed the training in 2014. We saw 16 care workers had not completed the administration of medicines update with three care workers not completing the training since 2013.

The records indicated 12 care workers had not completed the health and safety training, eight had not completed dementia awareness, 14 care workers were not up to date with the effective communication course and four had not completed the safeguarding adults training. Three care workers had not completed the infection control update, 10 care workers had not completed the food hygiene refresher with eight care workers not up to date with the first aid course. 14 care workers had not completed the person centred care and support training course.

This meant some care workers had not completed the training identified by the provider as being mandatory.

During the last inspection the registered manager told us care workers had received training in relation to providing a soft diet and thickening fluid but there was no record of this happening. At the inspection on 22 and 24 February 2017 we noted that care was still being provided for people requiring a soft diet but there were no records to demonstrate care workers had received the appropriate training. We also saw care workers were providing support for people living with seizures. We asked the registered manager if care workers had received training in relation to supporting people experiencing seizures and he confirmed that this training had not been provided.

The registered manager explained new care workers completed the Care Certificate during their induction week and competency assessments were carried out during their probation period. The Care Certificate identifies specific learning outcomes, competencies and standards in relation to care. During the inspection we saw a group of new care workers completing their induction week and they were completing the module workbooks for the care certificate. New care workers should complete three days of shadowing an experienced care worker who would then also assess their competency. We were only able to see the records for one care worker which identified one day of shadowing. The employment records for the other care workers we looked at did not indicate they had completed any shadowing.

The registered manager confirmed care workers completed three supervision sessions per year with their manager and an annual appraisal. We looked at the employment records for six care workers and saw supervision meetings had taken place and these had been recorded. There were no records of appraisals being completed. We saw one care worker had completed self-assessment appraisal forms which stated these should be given to the manager before the appraisal meeting but there were no records of an appraisal being completed. The registered manager explained appraisals should have been carried out but could not locate the records.

This meant training and development needs may not be identified to ensure staff had the appropriate skills to provide safe care.

The above paragraphs demonstrate a repeated breach of Regulation 18 of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

During our comprehensive inspection on 31 May 2016 we saw that the provider had a Mental Capacity Act (2005) policy in place but action was not being taken to meet the requirements of the Act.

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. We checked whether the service was working within the principles of the MCA.

At the inspection on 22 and 24 February 2017 we found that improvements had not been made in relation to meeting the requirements of the MCA. The registered manager explained they had developed a new baseline assessment of needs for daily living form which included questions relating to the person's history of mental health conditions and if they became confused or disorientated. The registered manager explained the new assessment form had only been completed for less than ten people and in addition the information obtained through this assessment had not been transferred into their care plans.

The initial assessments of support needs we looked at indicated people were living with conditions that may impact on their capacity to make decisions but this was not clearly indicated in the care plans to provide guidance in relation to supporting people with decision making.

This meant that people were not appropriately supported when decisions about their care were made to take into account their wishes whenever possible.

The above paragraphs demonstrate a repeated breach of Regulation 13 of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

People were asked if the care workers usually arrived on time and stayed for the full visit. Their comments included "They are usually on time, the office will let me know if they are late. They let me know. The carer does extra washing for me, wash my hair and give me a bath", "Mostly on time, will call if they are late. As long as I know someone is coming then it's alright. My care worker does the job properly, she washes my back and dries and creams me." She empties the bins for me, she changes my sheets and pillowcases",

"They are usually on time, if there are any problems they let me know. They offer any help I need, they just check to see if I'm okay", "The care worker is good, they do what they are told to do", "Yes they are mostly on time, they always ask if I need anything, always willing to offer" and "Of course, always willing to help. Timekeeping is fine too."

The registered manager explained care workers used either a timesheet or an Electronic Monitoring System (EMS) using the telephone for recording the arrival and departure times for visits. If care workers were unable to use the telephone in the person's home to access the system or if the care package was commissioned by the Clinical Commissioning Group a timesheet would be used. The registered manager confirmed they did not regularly review the EMS reports to identify if any calls were delayed or missed.

During the inspection we looked at the records for electronic records for 210 visits carried out on 7 February 2017 and 183 visits carried out on the 11 February 2017. On the 7 February 2017 we saw 31 visits occurred between 30 minutes and one hour late and 16 visits between 30 minutes and one hour earlier than scheduled on EMS. We found 23 visits were between one hour and two hours late and 14 were between one and two hours earlier than planned on EMS. Two visits were more than 2 hours late and two visits were more than two hours earlier than planned on EMS. This meant 87 visits did not start at the time indicated on the EMS.

On the 11 February 2017 44 visits started between 30 minutes and one hour later than scheduled and 21 visits between 30 minutes and one hour earlier. 30 visits occurred between one and two hours later than recorded and 10 visits between one and two hours earlier. Six visits were carried out more than two hours later than indicated on EMS and one visit was completed more than two hours earlier than scheduled. This meant 112 visits did not start at the time indicated on the EMS.

This meant that people with time specific requirements for their care such as medicines may not have received their care in a timely manner to meet their needs.

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

There was a working relationship between the service and health professionals who also supported the individual. The care plans we looked at provided the contact details for the person's General Practitioner (GP).

We asked people if the care workers supported them with preparing meals or when they eat. Their comments included "They help with my breakfast, I have toast", "Yes with my meals, they get my breakfast, and a cup of coffee. I have a sandwich for lunch and a hot meal for dinner. It's a microwave meal", "No I can make my own meals" and "They help with my breakfast only, cereal or toast."

We saw care plans indicated if the person required support from the care worker to prepare and/or eat their food. Some of the care plans indicated the person's food preferences and if the person's family provided pre-prepared meals for the care worker to prepare.

Is the service caring?

Our findings

Following the previous inspection we made a recommendation that the provider review guidance on appropriate information to be included in care plans in relation to personal histories. During this inspection we saw the care plans identified the person's cultural and religious needs but did not provide any information for the care workers in relation to the personal history of each person they visited where the information was available.

The above paragraph demonstrates a breach of Regulation 9 of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

People told us they felt care workers were kind and caring when they received support. They commented "Yes the carers are fine, okay, they wash me properly and well", "The carers are pretty good, my care worker is very caring, she cares about her job. She comes in and does the job properly; her manner is very good, very caring, she's a good girl,", "They are very efficient, very tidy, they know what they are doing. How to do everything. Their attitude is nice, pleasant, not toffee nosed or anything. Very caring and considerate", "They stay and have a chat, they listen to me, they know what I need and what I like, they don't have to ask. Some are friendlier than others" and "My care worker is perfect, very efficient, couldn't wish for better. She's a good carer, very gentle talking, so soft spoken, we love her. There's no rushing, she takes her time, and I have arthritis. We trust her, we're so comfortable with her. She dries me and puts my socks on, never raises her voice. She's fantastic, we don't want her to leave, we're used to her now. We do a crossword before she goes." Other comments included "The caring is fine, they do care and I can't say anything more", "Yes the carers are nice, they will make the effort to talk and are very friendly", "Care workers are okay, some are better than others, some chat more but that's to be expected. They do everything and ask before they leave if I need anything" and "Anything I need, they always offer. They help with my meals, they chat and are friendly, and really do care, they don't rush me."

People we spoke with told us they felt care workers treated them with dignity and respect. We asked care workers how they helped maintain a person's privacy and dignity when providing care. They told us "By seeking their consent before starting their personal care and asking them if it's alright to touch some parts of their body. Thereby respecting and maintaining privacy", "Always be respectful, always ask for permission from the client before doing any task", "Treating individuals like you treat yourself by not exposing them to any abuse. Ensure privacy by pulling round curtains and closing doors when giving them a shower. Individual beliefs, culture, gender, freedom and any health conditions must be respected" and "I make sure I address them in a manner they would want to be addressed, respecting and protecting confidential information of service users, by getting permission to enter their room whenever I knock on the door and by maintaining a client's dignity and privacy when assisting them in every area of care and tasks."

We asked people if they had the same care worker or if they regularly changed. We received mixed comments which included "I have the same carer at the moment; I have had different ones in the past. For the past month it's been the same care worker", "Mostly it's the same care worker. [Name of care worker] is my main care worker and I have one or two other ones but I know them. It used to be erratic but I think they

have more girls now so it's better", "Two to three days I have the same care worker. The rest of the week it's a different care worker but they are familiar to me. They're not strangers", "I have different care workers. I am getting to know them" and "More or less the same care worker, on weekends it's a different care worker as my care worker doesn't do the weekends."

Is the service responsive?

Our findings

During our comprehensive inspection of Genesis Recruitment Agency Ltd; Nursing & Domiciliary Care; West London on 31 May 2016 we found people's care plans were not written in a way that identified their wishes as to how they wanted their care provided.

At the inspection on 22 and 24 February 2017 we found that improvements had not been made in relation to producing care plans which identified people's wishes in relation to their care.

We looked at the care plans for nine people and saw the care plans described the tasks the care worker needed to complete during the visit to provide people's daily care but not their individual preferences. For example, the care plans listed washing the person but did not describe if the person preferred a shower or strip wash. The registered manager told us they had developed new assessment documents which identified a range of information regarding people's preferences and how they wanted their care to be provided. Information was also available in the existing assessments but this had not been transferred to the care plan. The registered manager confirmed that before a new care package was started an assessment was completed based upon the information provided by the local authority and discussions with the person and their relatives. The care plans we looked at had been reviewed every three months but the information identified from assessments and reviews had not been included or updated.

We asked people if they had a care plan and if it had been regularly reviewed. We received mixed comments "Yes I have a care plan. My social worker gets this sorted for me", "I'm not sure if I have a care plan", "Yes we have a care plan, I think it's reviewed every year", "There's something in my folder, I think it's the care plan" and "I'm involved in the care plan, they always ask if anything needs to be added or if it's changed."

The care workers also completed daily records of care and support provided for people during each visit. We saw these records were also focused on the care tasks which were completed and did not provide information relating to the person's experiences and their views during the day. This meant a complete picture of the person during the day was not recorded.

During the inspection we looked at the care plans for nine people using the service and reviewed the times recorded for each care visit during the day and their support needs. We saw some of the visit times recorded in the care plans for six people did not reflect the times recorded on the EMS.

The care plan for one person indicated a visit should occur from 8.30am to 9.30am but the EMS record showed the visit was scheduled for 9.15am for one hour. Another person's care plan stated their visit should be from 12 noon to 1.30pm but the EMS indicated the visit was scheduled from 11 am to 12.30pm. The care plan for another person stated their visit should occur between 8am and 9am but the EMS indicated the visit should be between 7am and 8am.

This meant the information which indicated when the person using the service preferred to have their care visit was not accurate on the electronic monitoring system.

The above paragraphs demonstrate a repeated breach of Regulation 9 of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

During our comprehensive inspection on 31 May 2016 we found the provider had a complaints procedure in place but it was not being followed.

At the inspection on 22 and 24 February 2017 we found that improvements had been made in relation to responding to complaints.

We asked people if they knew how to raise a complaint with the provider and if they had ever made a complaint. Their comments included "No complaints, when you have worked in so many different areas and jobs there's no point in complaining, I wouldn't complain over small things. You probably get the odd one who is a bit strange but no bother to complain", "No complaints, once I had a language problem, accents are hard for me" and "There was one small complaint, I had a young carer once and he couldn't wash me, he was so inexperienced, he said he couldn't wash me, he wasn't suitable. He didn't come back."

During the inspection we looked at the records for six complaints which had been received from the local authority on behalf of people using the service. We saw these records were detailed and included information identified during any investigation, any correspondence and if the complaint was resolved. There were no complaints made directly from people using the service.

During the inspection we asked the registered manager for the results of the most recent questionnaire sent to people using the service and relatives. The registered manager confirmed a questionnaire had been sent out in early 2016 and the results had been analysed.

Is the service well-led?

Our findings

During our comprehensive inspection of Genesis Recruitment Agency Ltd; Nursing & Domiciliary Care; West London on 31 May 2016 we found records relating to care and people did not provide an accurate, complete and contemporaneous record for each person using the service

At the inspection on 22 and 24 February 2017 we found that improvements had not been made in relation to the information provided in the records for people using the service.

We saw a review document for one person indicated that a new assessment was required in relation to the administration of medicines but the care plan had not been updated and there was no record of a new assessment.

We saw the quality assurance survey which had been completed for one person indicated that the only moving and handling equipment used was a wheelchair but the risk assessments stated a hoist was the only equipment used.

We saw from care plans that some people had prescribed creams applied by care workers but this was not recorded appropriately to ensure care workers were aware of the frequency of application and where the cream should be applied.

The assessment for one person in relation to their mobility stated they were unable to get out of bed but there was no information relating to what equipment should be used to provide appropriate and safe support.

The profile document which gave an overview of the care to be provided stated care workers were to administer medicines and provide support for the person to eat. The registered manager confirmed the person's relative now provided support with food and administering medicines so the care workers only supported with personal care. Therefore the information identifying the action required by care workers was not up to date.

The care plan for one person stated the care workers should record the fluid output from the person's catheter but this was not recorded in the daily records or on a separate form. We also saw in relation to this person there was a copy of an email on file indicating bed rails needed to be put in place but the care plan and risk assessment had not been updated to indicate any changes in support need or increased risks.

The records for another person indicated a change in their mobility where they became unable to support their weight when standing. The care plan was not updated but a 'service user spot check form' completed later in the year stated they now used a hoist but there was no record of this in the care plan or risk assessment.

The moving and handling risk assessments which had been completed did not identify the most recent date

any equipment was serviced and the name of who was responsible for ensuring the equipment was safe to use.

We saw the records for two people indicated different guidance in the care plans and daily records on whether medicines should be prompted or administered.

This issue with the accuracy of the records meant the provider could not ensure people received the appropriate care they required.

We looked at the visit rotas for one care worker who was scheduled to visit three different people during the morning. We saw the care worker was scheduled to be at the homes of three different people at the same time. The timesheets indicated that the care workers had been providing support for all three people in their own homes at the same time. This meant the records did not accurately demonstrate when people received their care visit.

The above paragraphs demonstrate a repeated breach of Regulation 17 of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

During our comprehensive inspection on 31 May 2016 we found the provider did not have a robust system of audits and checks in place to review the quality of the care and support provided.

At the inspection on 22 and 24 February 2017 we found that improvements had not been made in relation to the quality assurance measures the provider had in place.

The registered manager explained that a range of checks were carried out but these were not recorded so any issues could be identified and actions to make improvements to the service put in place. They told us these checks included care plans, MAR charts and incident and accident reports.

During the inspection we saw care worker spot check forms were completed to assess the competency of the care workers while providing care. The registered manager confirmed these should be carried out quarterly. The majority of the forms we saw had been placed in the files of people using the service and not in the care worker files so this information was not used as part of their supervision or to identify areas requiring improvement. There were also no records of which care worker had been reviewed through the spot check process and when their next review was due to ensure they were regularly assessed.

The registered manager confirmed that the results of questionnaires completed by people using the service and their relatives, which had been completed almost a year ago, had been analysed by someone external to the service. However, there were no records of any actions identified and if these had been completed.

As part of the inspection we asked the registered manager to provide records in relation to the training completed by the care workers working for the service. The registered manager confirmed these records were not up to date and provided the information a week after the inspection was completed. These records did not include the dates each care worker had completed the training courses and we asked the registered manager to provide this information. This meant there was no system in place to check when a care worker was due to complete a refresher course for the training identified as mandatory by the provider.

The above paragraphs demonstrate a repeated breach of Regulation 17 of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We asked people using the service if they knew how to raise any concerns with the service. Their comments were positive including "I have all the numbers, I wouldn't feel comfortable in calling the office, I don't like to complain. I would speak to the care worker directly if I didn't like something", "If I was not happy I would call the office, I have all the numbers, they are always available. Last week the carer was late so I called the office", "The office are easy to get hold off, we have the out of hour's numbers too" and "Yes I would call the office, they will always call back if I leave a message, they are good like that."

We asked people who used the service if they felt it was well-led. We received positive comments including "On the whole it's pretty good, I'm quite happy with it, my care worker is a good girl. I would recommend it", "I would give them top marks. They come, regardless of the weather, they are marvellous", "I am alone and it's pleasant to seeing them twice a day, I look forward to seeing them. It's a good service, they are good at what they do. I'm quite happy, I take it as it comes really", "It's a very good service, it helps me out a lot, takes a lot of strain off me" and "I would recommend the service, the carers are on time mostly and they are efficient."

We also asked care workers if they felt the service was well-led, if there was an open culture and if they felt supported by their manager. They told us "Yes, my manager is easy to contact and always ready to listen. I have been trained so well that I am confident in the field", "Yes, I feel supported and I think the service is well-led", "Yes, my organisation has given me support and training to do my daily tasks with service users. I think there is an open culture. I think so because there is one rule for everybody. People are treated equally, also I did not experience any prejudice and in view of this, I think they are fair. The service is well-led in the sense that I have been given adequate training and retraining and this has been reflected on the good services that I give to the service users."

The service had a registered manager in place. The owner of the service was registered as the registered manager with the Care Quality Commission. 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.

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
Nursing care	Regulation 9 HSCA RA Regulations 2014 Person-centred care The care and treatment of service users did not meet their needs or reflect their preferences. Regulation 9
Personal care	

The enforcement action we took:

Warning notice

Regulated activity	Regulation
Nursing care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment The registered person did not ensure care was provided in a safe way for service users. Regulation 12 (1)
Personal care	

The enforcement action we took:

Warning notice

Regulated activity	Regulation
Nursing care	Regulation 13 HSCA RA Regulations 2014 Safeguarding service users from abuse and improper treatment The registered person did not ensure service users were not deprived of their liberty for the purpose of receiving care or treatment without lawful authority. Regulation 13 (5)
Personal care	

The enforcement action we took:

Warning notice

Regulated activity	Regulation
Nursing care	Regulation 17 HSCA RA Regulations 2014 Good governance

Personal care

The registered person did not have a system in place to assess, monitor and improve quality and safety.

Regulation 17 (2) (a)

The registered person did not have a process in place to assess the specific risks to health and safety.

Regulation 17 (2) (b)

The registered person did not have a system in place to maintain an accurate, complete and contemporaneous record, including of care and treatment and decisions made.

Regulation 17 (2) (c)

The enforcement action we took:

Warning notice

Regulated activity	Regulation
Nursing care	Regulation 18 HSCA RA Regulations 2014 Staffing
Personal care	The provider did not ensure that persons employed by the service provider in the provision of a regulated activity had received such appropriate training and appraisal as is necessary to enable them to carry out the duties they are employed to perform.
	Regulation 18 (2) (a)

The enforcement action we took:

Warning notice