

Fairmeadows Home Care Limited

Fairmeadows Home Care Office G05

Inspection report

Upper Office (1st Floor)
56-60A Front Street West
Bedlington
Northumberland
NE22 5UB

Tel: 01670719990

Website: www.fairmeadowshomecare.co.uk

Date of inspection visit:

04 July 2018

13 July 2018

Date of publication:

22 August 2018

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

Following a number of recent complaints and concerns, we inspected the service on 4 and 13 July 2018.

Fairmeadows Home Care Office G05 is a domiciliary care agency. It provides personal care to people living in their own houses in Northumberland. It provides a service to older adults and younger adults. There were 60 people using the service at the time of our inspection.

We inspected Fairmeadows Home Care Office G05 [hereafter referred to as Fairmeadows] in January 2016 when we found two breaches of regulations related to safe care and treatment and good governance. In July 2017, we inspected and found improvements had been made in each of these areas and rated the service good.

There was a registered manager in place. He was also the registered provider and director of the company. A registered manager is a person who has registered with the Care Quality Commission (CQC) to manage the service. Like registered providers, they are 'registered persons'. Registered persons have a legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

At this inspection, we found serious shortfalls in many areas of the service. The overall rating for this service has deteriorated from 'good' to '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 of 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 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.

At the time of our inspection, the provider had agreed with the local authority not to accept any new care packages.

There were shortfalls and omissions with the management of risk. Documented risk assessments were not always in place for identified risks such as bed rails and choking.

Procedures for the safe storage and administration of medicines were not always followed, and some medicines records were unclear which posed a risk to people.

Safe recruitment procedures had not been followed including appropriate checks by the Disclosure and Barring Service [DBS] and identity checks. Suitable numbers of staff were not employed to ensure calls could be completed in a timely manner.

People told us they felt safe with regular staff, but less so at the weekend when a high number of unfamiliar or less experienced staff supported them. Procedures for supporting people with finances were not sufficiently robust. Receipts for transactions carried out by staff on people's behalf were not always available.

Office staff felt unsupported and were taking responsibility for the operation of the service. They were dedicated to supporting staff and people, who were, in the main, complimentary of the support provided by them. Office staff had not received formal supervision.

People were not always supported to have choice and control of their lives. Records did not demonstrate that staff supported them in the least restrictive way possible and policies and systems in the service did not always support this practice.

People were supported with eating and drinking but specific risks relating to eating and drinking and special dietary advice was not always recorded in people's care records.

We observed a number of caring interactions between staff and people, and we saw that the privacy and dignity of people was maintained. Records however, did not demonstrate that people were always included and involved in their care.

Care plans were in place, but these were basic in design and lacking in individual detail. People's relatives often left information around the home including instructions for staff about people's needs and preferences. This information had not been formally incorporated into care records to ensure consistent and safe care was provided.

The complaints procedure was not always followed by the provider. We spoke with some people and relatives who told us they had had cause to complain and said that their complaints had been resolved. There was no evidence, however, of any response to the complaints of another relative.

The service was not well led. The registered manager and provider did not have an overview of the service and no audits had been carried out to monitor the quality and safety of the service. They had been spending time driving staff to visits and ensuring calls were covered which meant they had limited time in the office. The other director for the service was absent during the inspection. Staff told us the amount of time the other director had spent in the office in recent months had decreased.

There were gaps in records related to people, staff and the management of the service. There was confusion

about the roles and responsibilities of staff working in the office which meant it was difficult to ascertain who was responsible for specific tasks.

There was no evidence that feedback had been obtained from people, relatives, staff or visiting professionals about the quality of the service.

Staff expressed concerns about the financial management of the service including concerns about their pay. Concerns were raised by staff about the financial management of the service. We used our regulatory powers to request information about the provider's finances. The registered manager was unable to provide us financial information during the inspection because they did not have access to the necessary systems.

Following the inspection the provider wrote to tell us they planned to close the service and transfer the business to another care provider.

We identified six breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. These related to safe care and treatment, the need for consent, receiving and acting upon complaints, fit and proper persons employed, staffing and good governance.

You can see the action we have told the provider to take at the back of this report.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Inadequate ●

The service was not safe

Checks on the suitability of staff to work with vulnerable people had not been carried out and staff who were supposed to be supervised, were working on their own with potentially vulnerable people.

There were not always sufficient staff available to care for people for the full duration of their visit.

Safe procedures for the storage and administration of medicines were not always followed.

Risks that had been identified to people and staff were not always formally assessed and documented.

There was no central record of accidents and incidents which meant these were not monitored or reviewed for patterns or trends. There was no overview or monitoring of safeguarding incidents.

Is the service effective?

Requires Improvement ●

The service was not always effective

Staff had received training and appraisals but appraisals were out of date. Not all staff had received supervision. Up to date records of supervision and appraisal were not available.

There was little evidence that the service was operating within the principles of the Mental Capacity Act [MCA].

People were supported with eating and drinking but information relating to people's specific dietary requirements was not always incorporated into people's care plans.

Is the service caring?

Requires Improvement ●

The service was not always caring.

We observed a number of kind and caring interactions between

staff and people. However, due to the concerns we identified during the inspection, we considered that the provider had not always ensured, that people received safe and compassionate care.

Staff treated people with respect and ensured their privacy and dignity was maintained.

People and relatives spoke highly of regular staff, although there were some concerns about the quality of care provided by new staff or certain staff who worked at the weekends.

Staff knew people well and were aware of their likes, dislikes, hobbies and interests. They supported people to maintain their independence where possible.

Is the service responsive?

Not all aspects of the service were responsive.

Complaints had not been dealt with in line with the provider's own complaints procedure and no central log of complaints and concerns was held.

Care plans varied in quality and detail. Some contained very basic information and additional information known by staff or provided by relatives was not incorporated into formal care records.

People were supported by staff to access the community and take part in activities they enjoyed where this was part of their care plan.

Requires Improvement ●

Is the service well-led?

The service was not well led

Management oversight of operations on a daily basis was poor. Office based staff were not well supported and had to take on additional responsibilities in the absence of the registered manager and director.

The registered manager had not carried out audits and checks to monitor the quality and safety of the service.

There were gaps and omissions in records relating to people, staff, complaints and MCA.

The views of people and their relatives had not been sought

Inadequate ●

regarding the quality and safety of the service.

Fairmeadows Home Care Office G05

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 carried out this inspection because we had received information that staff were working without having had appropriate checks on their suitability to work with people.

This inspection took place on 4 July 2018 and was unannounced. This meant that the provider and staff did not know we would be visiting. We attended the office location on the 4 and 13 July 2018. We also visited five people in their own homes and contacted staff and people by telephone.

The inspection was carried out by two adult social care inspectors, and an expert by experience. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of service.

Prior to our inspection, we checked all the information which we had received about the service including notifications which the provider had sent us. Statutory notifications are notifications of deaths and other incidents that occur within the service, which when submitted enable the Commission to monitor any issues or areas of concern.

We did not request a provider information return [PIR] due to the late scheduling of the inspection. A PIR is a form which asks the provider to give some key information about their service; how it is addressing the five questions and what improvements they plan to make.

We contacted the local authority safeguarding and contracts teams. We used their feedback to inform the

planning of this inspection.

We spoke with eight people who used the service, seven relatives, the registered manager, two coordinators, the in-house trainer, Human Resources [HR] staff member, two senior care staff, and 12 care staff. We also contacted a social worker for their feedback about the service.

We looked at four staff files and nine care plans. We were sent additional information relating to recruitment, staffing and staff training following our inspection.

Is the service safe?

Our findings

At our previous inspection, we rated this key question as good. At this inspection, we found serious shortfalls and omissions relating to staff recruitment, medicines management, risk assessment, staff deployment and the overview of accidents, incidents and safeguarding concerns.

At our last inspection, a dedicated human resources [HR] member of staff was in post who was responsible for recruitment and maintaining staff files. At this inspection, we found they had left the business some time ago. A new HR staff member had recently been appointed.

Prior to our inspection, we received anonymous concerns that the provider was sending staff to visit people without having a Disclosure and Barring Service [DBS] check in place. The DBS checks the suitability of staff to work with potentially vulnerable people and helps employers make safer recruitment decisions. The procedure at Fairmeadows stated that no staff would attend visits unsupervised if they were not in receipt of a current DBS check. Instead, they should attend visits requiring two members of staff to ensure one of them was vetted prior to their paperwork coming through. The local authority carried out a visit to the service and found staff had visited people alone without these checks being in place. We also found this to be the case. We spoke with the registered manager who told us, "[With recruitment] there are little bits missing like second references it's my fault."

We asked the new HR staff member whether appropriate checks had been carried out on all staff and they confirmed there was information missing from staff files. They had spent the first few weeks of their employment trying to locate missing information, including references and DBS numbers. Several were able to produce current DBS information, but there were staff with no DBS on file. We found identity and right to work checks had also not been carried out. The provider was in the process of rectifying these omissions.

This was a breach of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 Regulation 19. Fit and proper persons employed.

We received concerns that staff were rushing in and out of calls and not staying for their full visit time. We obtained copies of staff visit times which were recorded electronically as they logged in and out of calls. Information showed staff often failed to stay their full visit time. We spoke with the registered manager about this issue. He told us that this was due to some people asking staff to leave early and staff then failed to record this request. This did not account for all of the times people had not received their full visit and people complained about this being the case.

We asked staff about staffing levels. One staff member told us, "There aren't enough staff. Staff can start at 7am and get home after 11pm. They are literally zombies on their feet and can't be effective in any sense of the word." Another staff member told us, "I work long days but that's my choice. We could do with more staff though because some staff work long days and there is no travel time between visits." A relative told us, "Sometimes they rush my mother; some just want to be in and out."

This was a breach of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 Regulation 18. Staffing

Staff working in the office told us they were in the process of changing staff rotas and trying to factor in travel time and improve organisation. They had moved people into geographical patches to try to assist in this.

Staff were aware of the need to use personal protective equipment such as gloves and aprons. There were issues at times with stock, and a complaint had been made from a relative that staff had failed to use gloves and aprons as they had run out. We spoke with office and care staff. Care staff told us it was possible that some staff had not taken the responsibility for ensuring there were sufficient supplies in people's homes, but office staff said there could be a delay in ordering these. Ordering was done by one of the directors who was not always on site and it was reported that on at least one occasion this resulted in staff running out.

We observed there were no hand towels in the toilets or kitchen at the office which was also used by care staff. The toilets were also very dusty. During our visits to people's homes staff had access to and used personal protective equipment. We saw one staff member empty a person's catheter bag. They followed the correct procedure to reduce the risk of cross infection.

Staff were aware of the need to report serious accidents and incidents involving people to the office staff and we saw evidence in some people's individual electronic care files that this had happened. We were aware of one accident where this had not been recorded electronically or otherwise. We could not be satisfied that records were reliable. There was also no central record of accidents or incidents so the provider could monitor any patterns or trends. In addition, there were no records of any lessons learned.

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

People told us they felt safe with staff who supported them, this was confirmed by most relatives. One person said, "I feel very safe." A relative however told us, "I do feel they are safe with the regular carers [names of staff] who look after them through the week. I don't feel they are safe at the weekend because the staff who have been looking after her are inexperienced."

Staff we spoke with were aware of the procedures to follow with regards to the safeguarding of vulnerable adults, but procedures had not been updated. We were notified of issues of a safeguarding nature by office based staff and copies of these notifications were held in individual care records. There was no central safeguarding log or overview of safeguarding concerns including any lessons learned.

There were systems in place to prevent the risk of financial abuse. We found however, that these were not always followed. Financial records were kept in people's care files. We noted that receipts were not always obtained for all transactions. We spoke with one relative who stated that on one occasion their family member appeared to be missing money. Although they felt their relative could have misplaced the money or it could have been spent on shopping or visits out, receipts were not available. We noted that details of how staff should support this person with their money were not fully recorded in their care file and staff had recorded, "no receipt" next to some transactions.

We spoke with the registered manager about this who told us staff would be reminded of the correct procedure to follow including keeping receipts.

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

17. Good governance.

Individual and environmental risk assessments were completed which outlined specific risks to people or their environment. We found however, that these were generic in style and not all risks were assessed such as the risk of choking and the use of bed rails. One person had a stand aid. Staff explained that they had not yet had training on how to use this. They explained that the person was able to manage without the stand aid at present. We noted that the stand aid hoist and when it should be used was not included in the person's care plan or risk assessment.

Staff assisted one person to smoke. This risk had not been fully assessed or recorded. Some staff told us they were happy to support with this task but no formal risk assessment was in place. Office staff we spoke with said they would discuss this with the HR staff member and arrange to complete an assessment with individual staff.

We visited one person at home. Their relative had raised concerns about the risk of their family member falling from the upstairs bathroom window. We spoke with a care worker who also told us they had raised concerns with the office about window safety. We noted that no risk assessment was in place about this risk. A senior care worker had been based in the office and was in the process of updating all care plans including risk assessments. We found they had reviewed a number but we found a number had not been reviewed for long periods of time.

We checked the management of medicines. People and most relatives told us that staff administered medicines as prescribed. One person told us, "I get dosettes and they are fine – never any mistakes." A dosette box is a disposable plastic tray that separates medicines into individual compartments for different times of the day for each day of the week. A relative told that they had concerns with medicines management especially at the weekend.

There was a lack of information about medicines management and how medicines should be administered. Information about when to administer 'as required' medicines including anti-anxiety and pain relieving medicine was not always available. One person was administered an anti-anxiety medicine. Their dosage had been reduced, but this was not reflected on their medicines profile. Another person was prescribed asthma inhalers. A care worker explained that the person self-administered one of their inhalers and staff administered the other inhaler. The care worker also told us that they used a 'spacer' to administer the asthma medicine. A spacer is a device which makes it easier for people to take their asthma medicine from their inhaler. We noted that this information was not included in the person's care file.

Information about medicines storage arrangements was not included in people's care files to ensure that staff were aware of where each medicine was stored. One relative told us, "Not all the medicines are held in the same place... The carer last weekend did not even know my [relative] was to have sedatives or where they were or when to administer."

One staff member told us that staff administered a person's medicine in food to help them take it. This information was not recorded in their care file. In addition, there was no evidence that staff had followed the principles of the Mental Capacity Act [2005].

There was no evidence that medicines were audited and checked to ensure medicines were administered as prescribed, sufficient medicines were available and safe procedures were followed. We spoke with one relative who told us their relative's asthma medicines had run out, however, staff had not noticed this since regular checks had not been carried out.

This was a breach of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 Regulation 12. Safe care and treatment.

Is the service effective?

Our findings

At our previous inspection, we rated this key question as good. At this inspection however, we found shortfalls and omissions relating to training, supervision and appraisals. In addition, there was a lack of evidence to demonstrate that staff were following the requirements of the Mental Capacity Act [2005] and specific risks relating to swallowing and special dietary advice were not always recorded in people's care records.

People and most relatives told us they considered that staff were well trained. Comments included, "They're all trained before they start – like moving and handling, they have had the training" and "I get on great with the girls, they know what they are doing." One relative told us that they considered their relation's regular care workers were knowledgeable and well trained, however, new staff and those who covered at the weekend did not always know about their family member's care needs.

At our last inspection, a new coordinator had been appointed who was also a trained in-house trainer. They had ensured training was updated on a regular basis.

At this inspection, we found training which the provider deemed as mandatory was overdue for some staff. The trainer had been aware that training needed to be refreshed, but staffing levels meant it had been difficult to provide training within the provider's timescales for completion. We checked whether staff were receiving regular supervision and an appraisal. One care worker told us, "We have group meetings; we don't have one to one meetings, although they state the door is always open."

Care staff told us they had supervision approximately six monthly and had spot checks from senior care staff. Appraisals were not up to date and office staff did not receive any formal supervision from their line managers. Staff supervision and appraisal provide an opportunity for staff and their line manager to meet and discuss performance and development issues. Spot checks and supervision had been carried out for some staff but an up to date record of this was not available. Spot checks had recently re commenced.

This was a breach of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 Regulation 18. Staffing.

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.

There was little evidence to support the service was operating within the principles of the MHA. Care plans

we checked contained little reference to issues relating to capacity and consent. We found that where restrictive practices were taking place such as locking doors and the use of bed rails, there was a lack of evidence to demonstrate that staff were following the requirements of the MCA.

One person was cared for in bed. Staff used pillows to help prevent them from falling out of bed. This is a form of restrictive practice since they can restrict or control a person's freedom of movement. Restrictive practices are only lawful if they are the least restrictive means of providing the care a person needs. There was no documented evidence to determine what processes staff had followed to demonstrate they were following the requirements of the MCA. Staff informed us that one person received their medicines covertly [hidden in food]. There was no evidence that a mental capacity assessment had been carried out with regards to this decision.

We visited one person at home. The care worker explained that the front door was kept locked and the person was unable to access the local community unsupervised because of their dementia related condition. Whilst this action may have been in the person's best interests, a decision made in line with MCA principles had not been recorded. In addition, there was no evidence that staff had considered whether they had needed to raise this with the person's care manager to ascertain whether a deprivation of liberty application to the court of protection was required. We spoke with this person who told us that they wished they could go out for a walk by themselves.

This was a breach of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 Regulation 11. Need for consent.

People told us that staff supported them with their nutritional needs. One person told us, "She [care worker] makes wonderful omelettes." Staff were aware of people's nutritional needs. We noted however, that there was limited information about people's dietary preferences in their care files. A member of staff told us that one person required a soft textured diet. This information was not included in their care file. In addition, there was no evidence that advice had been sought from the speech and language therapist regarding their diet. We visited another person at home. We saw that their relatives had displayed information from the speech and language therapy team about their relation's dietary needs in their room. We noted however, that the advice and guidelines from the speech and language therapy team was not included in the person's care plan.

This was a breach of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 Regulation 12. Safe care and treatment.

We observed that staff were attentive to people's dietary and hydration needs. Staff assisted people with their meals and drinks. They asked people what they would like for lunch and took time to ensure meals were attractively presented. One person required support to eat their lunch. The staff member sat with the person to assist them.

There was evidence that staff liaised with health professionals to ensure that people's medical needs were met. One relative told us, "I can honestly say that the regular day staff go over and above to look after my mother when she is ill and have immediately called the doctor if they suspect she may have an infection which she is prone to given her age. They always let me know straight away if she is poorly."

Is the service caring?

Our findings

At our previous inspection, we rated this key question as good. At this inspection we identified concerns relating to many areas of the service and considered that the provider had not always ensured that people received a high quality, compassionate service. We have taken this issue into account when rating this key question.

We received some positive feedback regarding the caring attitude and manner of staff from people and relatives. Comments included, "They are considerate, caring and they make sure staff are the same," "They're all lovely" and "They're always smiling." One relative told us "[Names of staff] went with my mother to hospital, stayed with her at the hospital and waited with her when she was taken ill recently and had to go to hospital. They go over and above to help my mother in this respect. I feel they deserve some recognition for their dedication" and "I feel the regular team of carers [names] are very caring and my mother is very comfortable with them and at ease. I totally trust them with her care. Things do get missed from time to time but mostly this is resolved when I speak with them. I would say they go over and above when they look after my mother, and I get a feeling that they really like her." However, this relative raised concerns about the care that was delivered at the weekend.

During our visits to people's homes, we observed positive interactions between staff and people. Staff displayed warmth when interacting with people. One person was anxious when staff assisted them to change position. We heard a staff member say, "You're alright, don't worry." Staff recognised that another person was too warm. They asked whether they would like their top changed. They said they would and asked if staff could rub their back.

People were supported to maintain their independence. We visited one person at home who had a dementia related condition. The staff member told us and our own observations confirmed that staff supported them to be as independent as they could with certain household duties such as washing up and making a cup of coffee. We saw the person filled the kettle and placed it on top of the cooker which was switched off. When the person was not looking, the staff member moved the kettle to the base and switched it on. The staff member explained that they always discreetly switched the kettle on to save the person any embarrassment.

Staff were knowledgeable about people's life histories and their likes and dislikes. One staff member said, "I know [name of person] better than I do my granny." Staff spoke with people about members of their families and about their interests such as football.

Office based care coordinators and planners were dedicated to supporting people and trying to make improvements for them. They were doing their best to meet people's needs in difficult circumstances and showed great respect for the care staff and people they were supporting during our conversations and observations. They told us, "We don't go home until we know all calls are covered and we know people are safe."

Staff treated people with dignity and respect. They spoke with people respectfully and ensured their privacy when supporting them with personal care or toileting needs. Staff stood outside the room when one person was using the toilet. The person whistled to let staff know they had finished. Staff asked one person who we visited, "Do you want me to leave you in peace to talk with this lady? [inspector]." The person told the care worker, "No I have no secrets."

One staff member explained that they always went to another room when the person's relative visited or when they were on the phone. The relative told us however, that this did not always happen with regards to weekend staff. They said, "I would greatly value a bit of private time with my [relative] at the weekend when I visit."

People and most relatives told us they felt involved in people's care. Forms were included in people's care files which asked people whether they had been involved in the planning of their care. We noted that most of these had not been completed or signed. One relative told us that they did not always feel involved in their relation's care planning.

There was no one using an advocate at the time of the inspection but office staff were aware of the need to contact people's care manager should this be something people required. An advocate is an independent person that helps people to make and communicate decisions.

Is the service responsive?

Our findings

At our previous inspection, we rated this key question as good. At this inspection, we found shortfalls and omissions relating to care records and the management of complaints.

People and most relatives told us that staff were responsive to people's needs. Comments included, "They are really good, the girls are lovely – if you need anything doing, they will do it," "The regular carers recognise when my [relative] is in pain and will give them pain relief but if the situation gets worse, immediately seek medical assistance. They really look after them when they are ill." The relative however, raised concerns about the responsiveness of weekend staff. People had care plans in place. However, these were not always detailed. Two relatives told us care plans were basic and almost just a template. These plans had since been reviewed and the relatives told us they were satisfied.

During our visits to people's homes, we noticed that relatives sometimes left information for staff displayed around people's houses to inform staff of people's preferred routines. This information had not been incorporated into people's formal care plans or risk assessments to help ensure consistent care and make sure that appropriate and safe care was delivered. We also found that the care plans we viewed had limited information about people's histories, cultural backgrounds, interests and any distressed behaviour. A care worker told us, "I will write down their [person's] routine for night staff and day shift for new staff. I write everything down, even down to how much milk they like in their coffee – it's everything...The more information they [staff] have, the more it helps them [person]...There should be something in the plan, rather than me keeping writing it all."

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

At our last inspection, a complaints file was held which included a record of all complaints received and responses from the provider. At this inspection, there was some confusion as to who was responsible for dealing with complaints. The registered manager told us, "Unless it's a bad complaint, the coordinators normally deal with it."

Prior to our visit, the local authority had visited the service and had been told HR held complaints data and they could not access it on that day, as the HR staff member was absent. We asked the HR staff member if they were responsible for dealing with complaints and they explained they were not. They could be if it involved the conduct of a staff member for example, but otherwise this was not part of their role. Office based staff told us they were often asked to deal with complaints by the directors and then an individual copy of the response was held on the person's care file. We saw copies of such responses attached to care records.

We received mixed feedback about the management of complaints. Some people and their relatives told us they had complained and this had resulted in improvements. One relative told us, "I made the complaints, and I am happy with the outcomes." Another relative told us things were resolved when they reported

concerns but said, "You have to keep on top of things though."

However, one relative said, "Fairmeadows do not respond to written/verbal complaints. I do not think they have a complaints process as they do not write back to you and often say they will take on board your concerns and get back to you but they do not." We spoke with the registered manager about the relative's feedback. There was no documentary evidence that their complaints had been dealt with in line with the provider's complaints procedure. There was no central log of complaints or evidence of an analysis by the provider including lessons learned.

This was a breach of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 Regulation 16. Receiving and acting on complaints.

People were supported with their social needs if this was part of their care plan. We spoke with one person who received support from staff to access the local community. They told us, "I go out on Tuesday and Thursday – shopping on a Tuesday and going out and about on Thursday, into Morpeth or Newcastle." We visited another person who told us they liked to go to the local fish and chip café. They also said, "I go out when I can, I like fresh air and sunshine." We saw that the person went outside to sit in the garden.

No one was receiving end of life care at the time of the inspection.

Is the service well-led?

Our findings

At our previous inspection, we rated this key question as good. At this inspection, we found serious shortfalls relating to the management of the service.

There were two directors of the service. One of the directors was the registered manager and provider. The second director was not present on either day of the inspection although we were advised by the registered manager that they had been informed we were visiting on the second day and had expected them to attend.

The registered manager informed us that due to staffing issues and some staff not being able to drive or have access to cars, he had to carry out care duties and drive staff to their visits. He explained that the absence of the second director and carrying out care duties had affected his ability to manage the service. He said, "I didn't realise before how much had been missed before contracts came in – it's just with rushing about. I think I can get on top of things" and "I'm going to have a look now at what has and hasn't been done – I'm not 100% sure."

Office staff also told us the unavailability of the registered manager and absence of the second director had impacted upon them. They did not feel well supported and said, "In the past, we knew when they weren't coming into the office, but we would get a message to say they were available if we needed anything. Now we don't know if they are coming in until they arrive and the time they spend in the office has got shorter." This had clearly affected the management of the service. We identified shortfalls and omissions in many areas. None of them had been identified by the provider's own quality assurance system.

There was no evidence of any audits or checks to monitor the quality and safety of the service. The registered manager told us, "We haven't carried out audits for a while because we have been without an HR."

We found shortfalls in the maintenance of records relating to people, staff and the management of the service. Care plans and risk assessments were not always detailed, available or up to date and decisions made in line with MCA principles had not been recorded. Office staff explained that there had been issues with the electronic care planning system. They said they had updated certain care plans; however, the changes had not saved on the system.

There was no clear overview of accidents and incidents, complaints or safeguarding. Managers use this information to monitor for patterns and trends, and to identify risks and quality issues. This was not being carried out by the registered manager.

There was a lack of evidence to demonstrate that people were asked for their feedback about the service. None of the people or relatives with whom we spoke had been asked to complete a survey. We spoke with the registered manager who told us, "I don't know whether satisfaction questionnaires have been done."

One relative raised concerns about communication. They told us, "They agreed to send fortnightly rotas but this does not happen and if they do not have a carer at the weekend, they have no contingency and there have been several instances when they have telephoned me at work to say they may not be able to provide a carer at the weekend, and one weekend provided no care at all and I had to stay and look after my [relative]."

We were told by staff that they used a group messaging application on their work phones to communicate with one another. This had been set up for work use by the second director and we were advised this had originally been monitored by them. Not all staff wanted to have access to the group and office staff did not access these messages which meant it was not robust as a communication aid. We looked at the information shared via this group which at times contained details of people using the service, such as "[Name] is now on antibiotics." We checked with office staff and they had not been made aware of this and the information was not recorded in the person's care records. Due to the risk of misuse, a decision was taken during the inspection to cease the use of this group.

People and most relatives were positive about the service. Comments included, "I would say they are outstanding," "They are very good" and "Nothing could be improved." However, one relative told us, "They have good staff who are caring/responsive but there is no continuity and too many different faces each weekend which upsets your elderly people waking up to a stranger in their house in the morning. Sometimes, they are unable to provide any care at all, let you down and when you complain they just ignore you."

Care staff told us they enjoyed their work, however, travelling time affected how they carried out their duties. They explained there was insufficient time to enable them to get from one visit to another. We spoke with the registered manager who told us they were looking at staff rotas to ensure that sufficient travelling time was available.

Staff also said they frequently experienced difficulties with their pay. Following our inspection, we used our regulatory powers to request financial information from the provider. This was not provided within the timescale requested because the registered manager told us they were unable to access financial information as that was the role of the other director who was absent.

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

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 11 HSCA RA Regulations 2014 Need for consent</p> <p>Consent to care and treatment was not always sought in line with the Mental Capacity Act 2005.</p> <p>Regulation 11 (1)(2)(3).</p>
Regulated activity	Regulation
Personal care	<p>Regulation 12 HSCA RA Regulations 2014 Safe care and treatment</p> <p>Not all risks had been assessed to reduce the risk of harm. Medicines were not always managed safely.</p> <p>Regulation 12 (1)(2)(a)(b)(g).</p>
Regulated activity	Regulation
Personal care	<p>Regulation 16 HSCA RA Regulations 2014 Receiving and acting on complaints</p> <p>An effective system was not fully in place for identifying, receiving, recording, handling and responding to complaints.</p> <p>Regulation 16 (1)(2).</p>
Regulated activity	Regulation
Personal care	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>An effective system to assess, monitor and</p>

improve the quality and safety of the service and assess, monitor and mitigate risks relating to the health, safety and welfare of people was not in place. In addition, there was shortfall and omissions relating to records relating to people, staff and the management of the service. An effective system to obtain people and their representatives' feedback was not in place.

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

Regulated activity	Regulation
Personal care	<p>Regulation 19 HSCA RA Regulations 2014 Fit and proper persons employed</p> <p>Safe and effective recruitment procedures were not always followed to help ensure that staff were suitable to work with vulnerable people.</p> <p>Regulation 19 (2)(a)(3)(a).</p>

Regulated activity	Regulation
Personal care	<p>Regulation 18 HSCA RA Regulations 2014 Staffing</p> <p>Sufficient numbers of staff were not always deployed to meet people's needs. An effective system was not fully in place to ensure that staff received appropriate training, support and appraisal to enable them to carry out their duties they were employed to perform.</p> <p>Regulation 18 (1)(2)(a).</p>