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Generations and Companions Care

Inspection report

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Ratings

Overall rating for this service

Inadequate 

Is the service safe?

Inadequate 

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

Generations and Companions Care Services is a domiciliary care agency supporting people in the Ellesmere Port and Chester area. The service was registered in January 2013 and currently operates from an office address near Ellesmere Port town centre.

At the time of the inspection the registered provider told us that they provided personal care support to eight people.

The last inspection of the registered provider was carried out on 19 September 2014 with the purpose of following up on outstanding concerns identified on 3 November 2013. The registered provider was found to meet the outcomes inspected.

This inspection was carried out on the 1, 4 and 8 July 2016. We found that improvements had not been sustained and the registered provider was not meeting legal requirements. We identified a number of breaches of the Health and Social Care Act 2008 (Regulated Activities) 2014. We will publish the actions we have taken at a later date.

The registered provider did not have appropriate systems in place to protect people from harm.

Staff recruitment processes were not robust and the necessary checks had not been undertaken to ensure staff had been recruited safely. This meant that people could be at risk of harm as the registered provider did not ensure that staff were suitably skilled, had the right experience or were of suitable character to provide personal support to vulnerable people.

Staff did not receive the required induction, training, supervision and support to undertake their role. New staff did not receive a comprehensive induction and the registered provider could not evidence that they had ensured that staff were deemed as competent before they worked alone. Training provided to staff was inconsistent and there was no evidence to demonstrate that some had received training in key aspects of the role such as medication administration or moving and handling. Therefore, there was a risk that staff did not have the knowledge and skills to provide people with safe care and treatment.

Supervisions or spot checks were not carried out on a regular basis; therefore, staff had not been continually assessed as being confident and competent to carry out their role.

The safe management of medicines was not in place. There was a risk that people would not get their medicines as prescribed. Medication was not always given by staff that had been trained or deemed as competent in these tasks. Some people were at risk as they had not given valid consent to their medicines being given.

Risks to people's health and wellbeing were not appropriately assessed and reviewed. Not everyone had a

support plan so there was a risk that staff did not have sufficient and detailed knowledge to provide people's care and support needs. There were no records to demonstrate if support plans were up to date and had been reviewed.

The Care Quality Commission (CQC) is required by law to monitor the operation of the Mental Capacity Act (MCA) 2005) and to report on what we find. Where a person was assumed to have mental capacity, staff gained consent prior to providing care or services. However, where people had some cognitive impairment, arrangements were not in place to formally assess their mental capacity to ensure staff or others acted in their best interests.

The registered provider did not consistently complete a staff rota to demonstrate that there was sufficient staff to meet the needs of people that were supported. However, people told us staff were reliable and they were rarely late. People could not recall being "Let down" or having any missed calls.

Quality assurance checks on the service and care delivery were ineffective and not consistently carried out. Therefore, the registered provider was not able to monitor the quality, safety and effectiveness of the service.

Staff had an understanding of safeguarding and a number of concerns had been highlighted and reported to the local authority. People who used the service told us that they were satisfied with the support and service that they received. They said that the staff were kind towards them and that they felt safe whilst staff were providing support. Family members had no concerns about their relative's safety or the way their relatives were treated.

There was a complaints process in place but this needed updating to ensure that people were aware of all of the options available to them. People's complaints were identified as such and addressed. People told us that they were listened to and the "Boss" usually addressed any concerns.

People's views had recently been sought through a quality questionnaire and no concerns had been raised from those returned at the time of the inspection.

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

Services in special measures will be kept under review and, if we have not taken immediate action to propose to cancel the provider's registration of the service, will be inspected again within six months.

The expectation is that providers found to have been providing inadequate care should have made significant improvements within this timeframe. If not enough improvement is made within this timeframe so that there is still a rating of inadequate for any key question or overall, we will take action in line with our enforcement procedures to begin the process of preventing the provider from operating this service. This will lead to cancelling their registration or to varying the terms of their registration within six months if they do not improve.

This service will continue to be kept under review and, if needed, could be escalated to urgent enforcement action. Where necessary, another inspection will be conducted within a further six months, and if there is not enough improvement so there is still a rating of inadequate for any key question or overall, we will take action to prevent the provider from operating this service. This will lead to cancelling their registration or to varying the terms of their registration.

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

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Inadequate ●

The service was not safe.

Robust recruitment processes were not in place and staff were working without the required checks. This meant that people were not protected from the risks of being supported by staff not of suitable skill or character.

Risk assessments were not robust enough to protect people from harm.

The safe management of medicines was not in place and therefore people could be at risk of not getting medicines as prescribed.

Is the service effective?

Inadequate ●

The service was not effective.

Staff did not receive the induction, support and training they needed to carry out their role effectively.

Supervision and checks on staff were not in place to monitor staff's capability and understanding of the tasks they were required to undertake.

The mental capacity of people to consent to their care was not assessed and valid consent was not always obtained before support and care was provided

People's nutritional needs were met and they were supported by staff in a timely way to meet their needs.

Is the service caring?

Requires Improvement ●

The service was not always caring.

People were not involved in making decisions about their care and the support they received.

People told us staff treated them with respect and met their needs.

Staff maintained people's dignity in the way they provided support.

Is the service responsive?

The service was not responsive.

Not every person's needs were assessed and recorded appropriately. There was a risk that staff would not know what support was required.

People said their choices were respected and their preferences were taken into account by staff providing care and support.

Processes were in place to deal with people's complaints and concerns but the policy needed revising.

Requires Improvement ●

Is the service well-led?

The service was not well led.

There was no strong leadership of the service and a failure to make sustained improvements following previous inspections.

There was a failure to recognise and understand the significance and potential risk of some of the findings.

Quality assurance systems were not in place to monitor the care provided to people who used the service.

Inadequate ●

Generations and Companions Care

Detailed findings

Background to this inspection

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

We undertook an announced inspection on 1 and 4 July 2016 with one adult social care inspector. The final day of inspection was the 8 July and two adult social care inspectors visited the service. The registered provider was given 24 hours' notice of our intention to visit because the location provided a domiciliary care service and we needed to be sure that someone would be in.

Before the inspection, we asked the provider to complete a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. They did not return a PIR and we took this into account when we made the judgements in this report.

On the day of our inspection, there were eight people using the service; eight care staff and the registered provider supported them.

Before the inspection, we looked at relevant information as to the registered provider's activities since their registration with the Commission. We reviewed any complaints, safeguarding concerns and intelligence provided to us about the service.

On the days of the inspection visit we spoke with the registered provider who was also the manager of the service at one of the registered office locations. We reviewed eight people's care records, eleven staff recruitment and training files and looked at quality audit records, policy and procedures and other records relating to the service.

We also spoke with five people who used the service and two relatives. We also met with two care staff.

We also spoke with colleagues in Cheshire West and Chester Local Authority about the service who did not share any current concerns.

Is the service safe?

Our findings

People who used the service told us that they "Had no concerns" about the staff who supported them and that they "Were safe and looked after well". One person said "Safe? I can't comment on that as I have nothing bad to report".

People were not kept safe because the staff that provided support not been through the appropriate recruitment checks. The registered provider failed to follow their own recruitment policy. We looked at the staff files for all of the current staff and three staff that had recently left. The registered provider had not undertaken all the required checks. Job applications had not been fully completed, were not dated or signed; there was incomplete information in regards to a person's education, training and employment history. Unexplained gaps in employment had not been explored and recorded. The registered provider could not demonstrate why a person was deemed suitable for a specific post as she did not routinely complete interview notes. One person appeared to have started work before their interview. The majority of the references obtained were poor in quality, contained contradictory information and had not been verified as authentic. Therefore, staff employed may not have the relevant skills, experience and knowledge to provide the safe care and support to people.

The registered provider must ensure that all staff has a check from the Disclosure and Barring service (DBS) prior to the commencement of employment. The DBS carry out a criminal record and barring check on individuals who intend to work with children and vulnerable adults, to help employers make safer recruitment decisions. We found that six of the current eight staff did not have the required checks and these had not been applied for before the announcement of the inspection. There was no robust system in place to ensure that any persons who had a positive DBS had a detailed risk assessment carried out whilst working at the service. We found that people were in a vulnerable and unsafe position because the required checks had not been completed.

This was a breach of Regulation 19 of the Health and Social Care Act 2008(Regulated Activities) Regulations 2014 because the registered provider failed to ensure that adequate steps had been taken to make sure that only "fit and proper" staff were employed.

Some people required support with the management or administration of their medication. However, there was not always clear assessment of the level of support required and the person's valid consent to this being provided. We found that the lack of appropriate systems to administer and record medicines given to people was putting them at risk of harm.

Medicine administration records (MAR) were available for people who required support with their medicines. Some of these were handwritten and did not always record the signature of the member of staff who completed it. Not all met the required standard as they did not always record the stock available, the date, time or dose required. As good practice, if handwritten Medication Administration Record Charts are used it is recommended that they are checked for clarity by another trained and competent person at the earliest opportunity.

Where a tablet needed to be given in a particular way, for example with food, this was written in the personal profile where they were available. We read that one person required tablets with food and not on an empty stomach. This was recorded along with a contingency plan should the person not want to have any food. However, any potential risks associated with medicines had not been completed or reviewed. Staff administered medication to a person at the same time that they were consuming alcohol; this was not advisable with the medication concerned. There was no risk assessment in place in regards to this.

On occasions, people were prescribed medicines to be taken when required (PRN), for example, painkillers or laxatives. We found, in all cases, there was not enough information available to guide staff as to why or when these medicines were to be offered. It is important that this information is recorded and readily available to ensure people are given their medicines safely, consistently and in line with their individual needs and preferences. It was evident from the MARs that two people had been given PRN on a daily basis in excess of a 2 month period. There was no evidence that this had been raised with family or GP so its use could be reviewed as is good practice. There was a risk that this could cause further harm or reliance on a medication.

Where a variable dose was prescribed, there was no guidance as to how much medication should be given. Staff failed to record what had been administered where a dose was variable and did not record the specific time it was given. This meant that people could be administered more medication than recommended over a set time period.

Not all staff had received training in medication management which meant that there was no assessment of their competency and skill. Where medication required a specialised route such as eye drops or transdermal patches there was no evidence that staff had received direction from a clinical practitioner to ensure competence. This meant that people were at risk of harm as staff had not been trained and therefore could accidentally.

This was a breach of Regulation 12 of the Health and Social Care Act 2008(Regulated Activities) Regulations 2014 because care and treatment must be provided in a safe way. There must be a proper and safe management of medicines.

The registered provider did not consistently complete a rota and so could not evidence that there were enough staff to meet the needs of the people supported. We also saw from daily records and MARS that the registered provider worked in excess of 60 days without a break. She confirmed that this was often the case, as she did not have a 'bank of staff' to call upon when staff left or were absent. We followed up on our concerns by speaking to people using the service who confirmed that staff were reliable and that they were not left without care and support.

Staff had an understanding of safeguarding and what could be seen as potential abuse. Not all staff had received training in this area. The staff we spoke to were aware of their responsibilities to report any concerns. The registered provider submitted to the local authority each month a summary of concerns that had come to her attention along with any actions taken. However, we saw that the agenda for the staff meeting July 2016 made reference to "missed calls" which were not recorded on the return to the local authority. The manager had not informed the CQC of the concerns that had resulted in a safeguarding investigation as required by the regulations.

Risk assessments were not always carried out in regards to key aspects of persons care and support. Some personal profiles or daily records indicated concerns around a person's mobility, medicines, skin care and the equipment they used. However, there was insufficient and unclear information about the risks to their health and safety. For example, in one care file there was a lack of clear information about a person who was

diabetic. The risk had not been identified about what this meant for the person in relation to their medicines or meals being given at specific times to keep them well.

An environmental risk assessment was carried out by the registered provider prior to staff providing care to an individual. This identified any potential hazards that could pose a risk to staff or person during the support tasks. There was also a fire evacuation plan in place should staff be required to assist a person out of their home. Staff, on occasions, were required to use equipment in order to provide support safely, for example a hoist. There was no evidence to show that the registered provider had obtained confirmation from the person being supported that the equipment had been serviced and was safe to use. We brought this to the attention of the registered provider and requested that she obtained this information where applicable.

Infection control equipment, such as protective gloves and aprons, were available at people's homes but staff had not received training in infection control to be assured as to when and where to use them.

Accidents and incidents were recorded in an accident book where there was evidence that incidents had been followed up. There was only one accident recorded in 2014, none in 2015 and two in 2016.

Is the service effective?

Our findings

People told us that staff were "Quite good at what they did" and that "In the main, appear to be competent". One person said that "Lots of the staff are quite young and I don't feel so confident with them at first but it gets better as I get to know them".

We looked at the personal training and developmental files for all the staff currently employed.

All staff must have an induction programme that prepares them for their role. The registered provider stated in their supervision policy that this would be provided to staff along with an on-going training programme, practice development, probationary periods and an assessed and supported year in employment. From April 2015, any induction programme should meet the requirements of the "Care Certificate". This looks to improve the consistency and portability of the fundamental skills, knowledge, values and behaviours of staff. Staff had been enrolled on the 26 June 2016 to complete one of the required units. We found no evidence that any of the current staff had undertaken any induction programme and not all of the staff had any previous background of working in the care sector. This meant that they may not have the skills, knowledge and values to provide safe and effective support.

Two staff told us that when they first started they recalled shadowing an experienced member of staff. They did not recall a formal assessment of their competence. The registered provider told us that she did not formally assess or record when a staff member had achieved the level of competency required to work on their own. This meant that the registered provider could not be assured of the skill of the staff providing support. An assessment of the learning and training needs of staff should be carried out at the start of employment and reviewed throughout. There was no initial assessment evident on any of the records that we viewed and the registered provider confirmed that she did not do this. There was a risk that staff did not have the required skills and on-going developmental opportunity required in their roles.

The registered provider should ensure that staff have periodic supervision to ensure that their competence is maintained and to give them an opportunity to discuss matters of concern. The registered provider stated in their policy that staff would receive this every two month minimal. Only two staff had a supervision contract in place which was also contrary to their policy. Staff confirmed that they met with the registered provider but could not recall how often or if these meetings were formally recorded. The registered provider's policy stated that "Supervisors will maintain a record of each supervision session and provide a copy to the supervisee". Records of these meetings were not always kept and there were no supervisions recorded for five of the eight staff during their period of employment. A staff member, who had been employed since 2013, had three supervisions in 2013, two in 2014 but none throughout the whole of 2015.

Staff told us that the registered provider worked alongside them as she had to provide "hand on care" and so this provided an opportunity for observation. The registered provider also carried out "spot checks" to observe staff practice. Although there was no set interval for these they were not regular enough monitor staff performance. One staff member had been employed since 2013 but there was only one spot check recorded of their performance and this was in June 2016.

The two staff we spoke with said that they had training and were enrolled on diploma courses. The registered provider did not keep an up to date list of all of the training that staff had undertaken.

The training provided for staff was mainly in the form of accredited e-learning and the registered provider gave us a copy of what staff had completed to date. This demonstrated that not all staff had completed basic training in key topics essential for their role. Out of eight staff, only two had completed training in safeguarding, three had completed medication awareness, two had completed infection control and only one person completed food hygiene. The record for the registered provider did not evidence that her own training and knowledge was up to date: she had completed health and safety training, safeguarding and moving and handling in 2011. The records did not indicate that they had completed training in the safe administration of medication. The registered provider acknowledged this to be correct and told us that she had some difficulty in getting staff to complete the training modules. Where staff had achieved a low score additional training had not been carried out to ensure that they had the right knowledge and skills; five staff had completed a module in moving and handling theory but had scored only 60-80%. There was no system in place to ensure that staff undertook refresher training to ensure that their knowledge was up to date.

Staff were expected to administer medication and records confirmed that they did. The statement of purpose written by the registered provider and their own policy indicated that staff handling medicines would be "trained to level 2 standard". Not all staff who were administering medication had undertaken medication training. The registered provider confirmed that this was the case.

Some aspects of a person's role (such as moving and handling or medicines administration) required a practical competency assessment of their skills to ensure that staff understand the principles of the training and could follow it. The registered provider confirmed that she did not do this and so there was no check carried out as to how effective the training had been. They could not be assured that staff were up to date with current practice. We were not assured that all staff had the relevant skills and knowledge to meet people's needs and people were at risk of not having the correct support.

This was a breach of Regulation 18 of the Health and Social Care Act 2008(Regulated Activities) Regulations 2014 because the registered provider did not ensure that staff received appropriate support, supervision and training to enable them to carry out their duties.

We checked how the service followed the principles of the Mental Capacity Act (MCA) and its associated code of practice. The 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.

The staff and registered provider had a very basic understanding of the Mental Capacity Act (MCA) 2005 and what this meant in their day to day work. The registered provider did not offer staff training specifically in regards to the MCA and its codes of practice; two staff told us that it had been referred to in the training they had undertaken on dementia. Three staff had completed a module on consent but two had not achieved good scores.

We looked at the arrangements for obtaining and acting in accordance with people's consent. We found that the registered provider did not appropriately seek people's consent, and on occasion obtained consent from other people on people's behalf, despite them having the mental capacity to give or withhold consent themselves.

Consent forms had been signed by family members without a mental capacity assessment having been completed, confirmation of consultation with the person or evidence of a legal power of attorney for health and welfare being in place. The registered provider was not clear that a person can only lawfully consent on a person's behalf where they hold a valid and registered Lasting Power of Attorney (LPA). A LPA allows a person to make appropriate arrangements for family members or other nominated individuals to be authorised to make specific decisions on their behalf). This meant that there was a risk that care was not being provided with the consent of the relevant person.

The registered provider told us that some of the people who received a service were not able to make decisions in relation to their care and health needs due to cognitive impairment. Relatives also confirmed that their loved ones did not have the ability to make some decisions for themselves. There were no assessments in place in the care files we looked at in relation to a person's mental capacity to make their own decisions in regards to key aspects of their care. For example, a social work assessment indicated that a person needed the support of family or care staff for decision making around day to day care. Staff made decisions on the person's behalf or acted in their best interest in areas such as the administration of medication, food choices or personal care but did not clearly document the rationale for this.

Some people may have fluctuating or temporary impairment of the mind. For this reason the law indicates that mental capacity assessments are on-going and should be time and decision specific. Records indicated that a person sometimes exhibited aggressive behaviours due to excessive alcohol consumption. However, during these visits staff still administered their medication despite this being against prescriber's recommendations. There was no formal assessment of capacity carried out by staff before administering these medications as to whether the person understood the risks at that particular moment in time.

This was a breach of Regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) Regulation 2014 because care and treatment must only be provided with consent of the relevant person. The codes of practice associated with the MCA must be adhered to.

People, who had assumed mental capacity around care decisions, told us that staff did speak to them about their care and did not make them do anything they felt uncomfortable doing. Their personal support plans referred to staff ensuring that they gained consent before carrying out any tasks: instructions to staff included "Always gain consent and to ensure that [name] is informed at each and every step what you are going to be doing" and "Always gain consent as sometimes [name] refuses and he is able to make that choice". Where capacity was variable this was recognised and one care plan stated "[Name] requires support to choose an outfit for the day. Staff are, as far as is reasonably practical, to allow her to make a choice.

Records showed some people received support from staff to prepare their meals. Staff told us they offered people a choice of what they wanted to eat and preferences were recorded in personal support plans. People did not raise any concerns about the meals staff prepared. Only one staff member had completed training in food hygiene despite staff preparing and serving food to a person unable to do this for themselves.

Is the service caring?

Our findings

People told us that they liked most of the carers that came to them and that they got on very well together. One person said "I really like [name]. They are always cheery and look after me well".

Some discussions with staff did not always indicate a respect for people such as using the term "Wifey" to describe a person's spouse or describing a person as "nasty" within documentation.

One person said that their relative had developed trust in the staff and looked forward to them coming. They commented "It's lovely to see [relative] smile and hold the carers hand. [Relative] looks forward to [name] coming".

Two people we spoke with commented that they took a while to gain confidence in the staff as they were "Very young" and "Did not always have the ability to strike up a conversation about things of relevance". None the less, they felt that the staff provided the support they needed and they were thankful for this.

People said that they could rely on the staff and that they never had a missed call. If staff were going to be late, staff called them so that they knew they would not be long. People said that this was "Reassuring" as they "Weren't worrying when help was going to arrive". Relatives supported this and told us that it was a "Reliable service" with staff that would be "Flexible and accommodating". People said that their views and wishes were taken into account in the planning of their support.

The personal support profiles contained information that demonstrated an awareness of a person's right to dignity and respect. Each profile had the given and preferred name of the person. All the people we spoke with confirmed that staff respected this. Staff we spoke to were able to describe to us how they would ensure that they provided care with dignity and privacy.

Instructions to staff in regards to personal care also directed staff to providing care in a manner that respected a person's privacy: this included statements such as "Let [name] sit on the commode in private, ensuring they are safe and pop a towel over their lap for dignity".

A service user guide was provided for people new to the service as well as a contract informing them of their financial responsibilities. People were also kept up to date about changes in office locations, phone numbers etc.

The statement of purpose produced by the registered provider stated that all staff would have Equality and Diversity training and certification level 1 and 2. None of the staff had undertaken any training in equality and diversity and the staff we spoke with were not clear on this subject.

Only one staff member had undertaken training in confidentiality and not all staff had signed a confidentiality agreement. Staff told us that they sent and received information in regards to people they supported on their own mobile phones and did not think about how this could be a breach of personal data.

Records were kept in the offices of the registered provider. These offices were shared with other business and we observed that steps were not taken to keep this information safe and confidential at all times.

Is the service responsive?

Our findings

All of the people we spoke to told us that their basic support needs were met. Two family members who spoke with us said that their loved one had "Made good progress" and "Was encouraged" by the staff.

The assessment process and planning of people's care varied considerably and care files we saw were very inconsistent in the content and quality of the assessments undertaken. Files contained a variety of documents and assessments.

People received visit from the registered provider before the commencement of the service to ensure that their needs could be met. The registered provider informed us that they completed a Person Centred Care Planning document following this visit and it formed the basis of a personal support/ daily routine plan. We found that these care planning documents were only partially completed. Therefore there was a risk that staff were not aware of key aspects of a person's health and support needs.

Five of the eight people who received a service had a personal support profile in place that was used as the care plan. The support plans that were in place gave a detailed description of the support that was required on each of the care calls: including the preferred time and length of the call. They were personalised and gave the reader an indication of the support that was required. Where a person was able to carry out a task for themselves, this was recorded so that staff could encourage them to maintain that independence.

However, these were not dated or signed which meant that there was no indication of when they had been completed and by whom. Reviews of people's care arrangements had not taken place to ascertain if their personal care or health needs or wishes and preferences had changed. From our discussion with the registered provider it was clear that the support plans did not reflect the current needs of some people they supported or changes they had requested to the timings of their calls. This meant that staff may not be able to respond appropriately to people's needs without relevant and up to date information.

Three people did not have a personal support plan which meant that staff had no written guidance to follow in order to deliver support in line with someone's needs and wishes. One person had been in receipt of a service since December 2015. The registered provider said that this was not an issue as information about a person's personal care needs was passed to staff via face to face discussions, phone or text messages. People were at risk of not receiving a responsive service as information about them was given to the staff inappropriately, where it could be misinterpreted resulting in the care not meeting their needs.

The registered provider carried out a moving and handling assessment for each person three people did not have one. Others were not regularly updated to demonstrate that they were still current. One person's assessment was dated in 2013 and another at the start of 2015. The people we spoke to indicated that the level of support remained the same and that they were sufficiently assisted. More detailed instructions for staff as to how to move a person safely were found in the support plans.

Records indicated that some people had health conditions or used equipment that required intervention or

monitoring for significant changes. The risks associated with these were not always documented along with instructions for staff. For example, key medical conditions like insulin controlled diabetes or catheter care were not highlighted. This meant that appropriate monitoring and oversight may not take place.

Staff completed a daily record after each visit. These were variable in detail and did not always give a full and accurate record of care offered, provided or refused. Staff records were not always chronological or easy to follow as they often ran out of forms and did not collect new ones from the office.

Some information in the daily notes indicated a welfare or health concern but there was not always a record of what action was taken. For example, staff had recorded on four consecutive days that a person had a change in their medical condition but there was no record that indicated what action staff had taken. We spoke with the person concerned who was able to tell us why this had occurred so we were assured that the matter had been resolved. However, we found that there was no personal support plan for this person which meant that new staff may not be aware of the support required for a recognised condition.

These were all breaches of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulation 2014 because the registered provider had not ensured that there was a full and complete record kept in respect of each person to whom they provided support.

Occasionally, people were resistive to support or became anxious when staff carried out certain tasks. The personal profile outlined the potential issue and gave staff some strategies of dealing with this. For example one person was to be distracted and staff were "To keep [name] mind off the tasks by chatting and engaging them about things they liked in the past: cats, Emmerdale, riding a scooter". Another person did not like being moved in a wheelchair and it was noted that "[name] doesn't like the strips between the doors because they cause bumps so a little word of warning that they are coming usually helps".

People said that they occasionally had "Grumbles" but "No major" concerns about the support they received. People said that they would raise a concern with the "Boss" and it was normally resolved quite quickly. The registered provider kept a record of concerns and actions taken. There was a complaints policy in place but this needed to be updated to reflect a person's right to complain to the Local Government Ombudsman. As the registered provider was also the manager and provided hands on support, we spoke to them about the need to have a process of independent investigation should the complaint concern themselves.

Is the service well-led?

Our findings

People said that the registered provider was "Readily available" and often provided their support herself. One person said "She will go out of her way to help if she can", another said "She does too much and must be constantly running about covering for staff".

The registered provider was also the manager of the service which was first registered in 2013. She also provided personal care and support to people on a daily basis. The inspection was carried out over a number of days as the registered provider could not make herself available to the inspector for sufficient time as she had commitments to provide support to people.

CQC had asked the registered provider to submit a Provider Information Return. This document asked the provider to tell us about the service and what they thought they did well or needed to improve upon. The registered provider acknowledged that this had been received but she had not submitted it as required by the regulations.

The registered provider did not have in place a robust quality assurance monitoring system. The service's policies and procedures were not maintained or utilised in managing the service effectively.

The registered provider told us and staff confirmed, that she did not routinely complete rotas. She informed us that staff were notified mainly by telephone call or text but that, as the round was regular, staff knew where they needed to be and when. Following the inspection, we requested that the registered provider complete rotas until further notice. Two of those supplied suggested that staff were to be in more than one place at once.

The registered provider informed us that she often had a high turnover of staff: this was one of the reasons given for not completing the required DBS checks. She did not carry out any exit interviews to establish why staff were not happy or did not stay long.

The registered provider had a system in place to audit some aspects of the service such as daily records and medication administration. However, these were not consistently used and completed. Where they had been completed, there was evidence that some discrepancies had been highlighted and checked. For example, where there had been missing entries, the registered provider had checked to ensure the call had been fulfilled. However, where actions had been indicated as a result of non-compliance e.g. a staff requiring supervision, there was no evidence to suggest that this had taken place. We also noted gaps in the MARs sheets but no evidence that this had been picked up. We saw that one person had not received their medication for three consecutive days but there was no evidence that this had been picked up and followed through to ensure that a person had, in fact, received their essential medication as required.

The registered provider told us that there was an on-going issue with staff not collecting additional daily logs sheets and therefore entries were not chronological. Although this was evident back to 2014, there was no evidence that this had been addressed directly with the staff concerned and actions in place to improve

this aspect of the service. The registered provider also told us that some of the gaps in training were due to staff not completing what was required of them. Again, was no evidence that this had been addressed directly with the staff concerned and any performance management plans in place with the staff concerned.

In September 2014 we noted that regular staff meetings had not taken place. The registered provider was only able to provide us with minutes of a meeting on the 13 October 2015. The registered provider was able to provide the agendas of planned meetings but said that they had not made minutes of the meetings or a record of which staff had attended. This meant that the registered provider could not provide evidence of the issues discussed or of any action taken as a consequence.

The registered provider did not ensure that all the records that they are required to keep were easily accessible for review and audit. The system for the storing and retrieval of information and records was in disarray with records being of a poor quality. We looked in the file of one person whom the registered provider had undertaken to support with the management of finances. We found countless loose receipts within the file as well as falling out of poly-pockets. There was no robust audit trail to protect the person or the staff assisting them to manage this task.

There were a range of policies and procedures in place but no evidence that these had been cascaded to the staff group. Some, like the Safeguarding Policy, had been adopted from another organisation but not made relevant to this service.

The registered provider had recently submitted to the CQC a statement of purpose. We reviewed this and found that the registered provider was not meeting their own commitments and promises to staff or people who used the service.

These were a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulation 2014 because the registered provider did not have robust systems in place to assess, monitor and improved the quality and safety of the service. They did not ensure that records relating to the people employed, service users and the management of the service were created, amended and stored in line with legislation and guidance.

During conversations with the registered provider, there appeared to be little understanding or awareness of the level of failure we found in the service. People who used the service and their families could not be assured that the service was safe, effective, caring, responsive or well led.

The registered provider had recently sent out a quality questionnaire to people who used the service. The five that she showed to us had raised no concerns about the care and support.

The registered provider must submit to us notifications of key events in the service such as deaths, safeguarding or serious injury. We found that although she had alerted the local authority to safeguarding concerns about people they supported she had failed to notify the CQC of the same. The registered provider had also failed to notify the CQC of an investigation involving the service itself.

This was a breach of Regulation 18 of the Care Quality Commission (Registration) Regulations 2009. (Part 4).

This section is primarily information for the provider

Enforcement actions

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

Regulated activity	Regulation
Personal care	Regulation 18 Registration Regulations 2009 Notifications of other incidents The registered provider failed to notify the CQC about safeguarding matters. 18 (1) 2(e) (f)

The enforcement action we took:

We cancelled the registered provider registration.

Regulated activity	Regulation
Personal care	Regulation 11 HSCA RA Regulations 2014 Need for consent The registered provider had failed to ensure that care and treatment was only be provided with valid consent of the relevant person. The codes of practice associated with the MCA were not always adhered to. 11(1) (2) (3) (4) (5)

The enforcement action we took:

We cancelled the registered provider registration.

Regulated activity	Regulation
Personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment The registered provider had not ensured that care and treatment was provided in a safe way. There was a lack of proper and safe management of medicines. 12 (1) (2) (a) (b) (c) g)

The enforcement action we took:

We cancelled the registered provider registration.

Regulated activity	Regulation
Personal care	Regulation 17 HSCA RA Regulations 2014 Good governance The registered provider had not ensured that there was a full and complete record kept in respect of each person to whom they provided support. The registered provider did not have

robust systems in place to assess, monitor and improved the quality and safety of the service. They did not ensure that records relating to the people employed, service users and the management of the service were created, amended and stored in line with legislation and guidance. 17 (1) (2) (a) (b) (c) (d) (f)

The enforcement action we took:

We cancelled the registered provider registration.

Regulated activity	Regulation
Personal care	<p>Regulation 19 HSCA RA Regulations 2014 Fit and proper persons employed</p> <p>The registered provider failed to ensure that adequate steps had been taken to make sure that only "fit and proper" staff were employed. 19 (1) (a) (b) (2) (a) (b)</p>

The enforcement action we took:

We cancelled the registered provider registration.

Regulated activity	Regulation
Personal care	<p>Regulation 19 HSCA RA Regulations 2014 Fit and proper persons employed</p> <p>The registered provider failed to ensure that adequate steps had been taken to make sure that only "fit and proper" staff were employed. 19 (1) (a) (b) (2) (a) (b).</p>

The enforcement action we took:

We issued a positive condition in regards to staffing and recruitment.

Regulated activity	Regulation
Personal care	<p>Regulation 18 HSCA RA Regulations 2014 Staffing</p> <p>The registered provider did not ensure that staff received appropriate support, supervision and training to enable them to carry out their duties. 18 (1) (2) (a)</p>

The enforcement action we took:

We cancelled the registered provider registration.