Genesis Recruitment Agency Limited

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

Inspection report

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Ratings

Overall rating for this service	Inadequate

Is the service safe?	**Inadequate**
Is the service effective?	**Requires Improvement**
Is the service caring?	**Requires Improvement**
Is the service responsive?	**Requires Improvement**

Is the service well-led?

Inadequate

Summary of findings

Overall summary

We undertook an announced inspection of Genesis Recruitment Agency Ltd; Nursing & Domiciliary Care; West London on 4 and 5 October 2017. We told the provider two days before our visit that we would be coming because the location provides a domiciliary care service for people in their own homes and staff might be out visiting people.

Genesis Recruitment Agency Ltd; Nursing & Domiciliary Care; West London is a domiciliary care agency that provides personal care to around 127 people in their own homes in the London Borough of Ealing.

We previously inspected Genesis Recruitment Agency Ltd; Nursing & Domiciliary Care; West London on 22 and 24 February 2017 and we identified issues in relation to person centred care (Regulation 9), safe care and treatment (Regulation 12), safeguarding service users (Regulation 13), staffing (Regulation 18) and good governance (Regulation 17). We issued warning notices in relation to all five regulations. Following the last inspection the provider was rated Inadequate in the key questions of Effective and Well-led. Our concerns were sufficiently significant for us to issue an overall rating for the service as Inadequate and place the service in Special Measures.

At the time of the inspection a registered manager was in post. The registered manager was also a company director. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

The provider had made some improvements in relation to risk assessments but information identified in the assessments for specific risks had not been transferred into the care plans. This meant that staff might not have the relevant information to support people safely.

The records for incidents and accidents now identified actions that had been taken to reduce the risk of reoccurrence but we found the incidents and accidents process was not always followed by care workers which meant a review of incidents and accident was not undertaken with a focus on prevention.

The provider had a medicines policy and procedures but medicines for some people were not managed or administered appropriately.

Some care workers had not renewed their DBS check every three years in line with the provider's policy. This meant the provider was not complying with their own policy as they did not have up to date information about any changes in the care workers criminal records status. We have a recommendation to the provider about this.

Care worker rotas showed some visits overlapped with visits to other people; and travel time was not always

allocated between visits.

People using the service felt safe when they received care and the provider had procedures in place to respond to any safeguarding concerns identified.

The provider had introduced a memory test to assess a person's mental capacity but this did not clearly identify if the person did not have capacity to make specific decisions related to their daily life and there were no records of referrals being made to the local authority for capacity assessments which was indicated as part of the provider's process.

Some improvements had been made in relation to training as all care workers had completed the Care Certificate but records indicated they had not completed regular supervision, an annual appraisal or had their competency assessed following induction and training. As a result the provider could not demonstrate staff were appropriately skilled and experienced to care for and support people

The provider had implemented a monitoring process to reduce the risk of time specific calls occurring outside the agreed time.

Some of the wording used in care plans, risk assessments and records of care provided was not referring to people in a dignified and respectful manner. Care records audits had not identified these issues so they could be put right.

People were happy with their care and felt the care workers were kind and caring when they provided care.

New care plans and risk assessments had been produced but these were not yet in people's homes. The new care plans identified how people wanted their care provided. As a result staff did not have the most up to date information on people's files to care for them.

The provider had made some improvements in relation to the accuracy and consistency of information across records about care but we still found records which were not consistently maintained and accurate.

New audits and monitoring systems had been introduced but they did not provide appropriate information to identify areas requiring improvements, so the provider could address these. For example they had not identified the concerns we found during the inspection so the provider could addressed these.

People felt the service was well-led and care workers also commented that they felt the service was well-led.

We found a number of breaches of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. These breaches relate to safe care and treatment of people using the service (Regulation 12), the need for consent (Regulation 11), good governance of the service (Regulation 17) and staffing (Regulation 18).

We are taking action against the provider for failing to meet regulations. Full information about CQC's regulatory responses to any concerns found during inspections is added to reports after any representations and appeals have been concluded.

The overall rating for this service is 'Inadequate' and the service remains 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.

The provider did not ensure medicines were managed safely

The provider had made improvement in the recording of actions taken following an incident and accident but the process was not being followed by all care workers.

The provider did not deploy care workers appropriately to ensure people received visits at the time agreed with them and for the care workers to stay the full length of the visits.

Some care workers had not renewed their DBS check every three years in line with the provider's policy.

The provider had systems in place to protect people using the service. All care workers had completed safeguarding adults training.

Is the service effective?

Requires Improvement

Some aspects of the service were not effective.

The provider had made some improvements in relation to training as all care workers had completed the Care Certificate but records indicated they had not completed regular supervision, an annual appraisal or their competency assessments following induction and training.

The provider had a policy in relation to the Mental Capacity Act 2005 but was not always working within the principles of the Act to ensure people's care was provided in their best interests and safeguards were in place if required.

The provider had implemented a monitoring process to reduce the risk of time specific calls occurring outside the agreed time.

People's nutritional needs, if they required support from care workers and any food preferences were identified in the care plan.

Is the service caring?

Requires Improvement

The service was not always caring.

We saw some care workers did not always use wording in documents that referred to people in a respectful way.

People were happy with the care they received and they felt the care workers were kind and caring when providing support.

People's religious and cultural needs as well their personal history and the name they preferred to be called was identified in the care plan.

Is the service responsive?

Requires Improvement

The service was not always responsive.

Care plans where available now identified how the person wished their care to be provided. However, these were not always amended and updated to reflect all of people's needs.

The provider had a complaints process and responded to them within the timescales as detailed in the procedure. However, we saw no evidence of any contact with the person who raised the complaint where their concerns had been upheld to explain how the registered manager had responded to the concerns.

Is the service well-led?

Inadequate

The service was not well-led.

Records relating to the care of people using the service did not provide an accurate and complete picture of their support needs as information was not consistently recorded.

The provider had a range of audits in place but some of these did not provide appropriate information to identify areas of the service requiring improvement so these could be addressed.

People and care workers felt the service was well-led.

The provider did not display their current rating in their office and on their website.

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

Detailed findings

Background to this inspection

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

This inspection took place on the 4 and 5 October 2017 and was announced. The provider was given 48 hours' notice because the location provides a domiciliary care service and we needed to be sure that someone would be available.

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

Prior to the inspection we reviewed the notifications we had received from the service, records of safeguarding alerts and previous inspection reports. Registered providers need to send notifications to the CQC about certain changes, events and incidents that affect the service or the people who use it.

Before the inspection, the provider completed 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.

During the inspection we spoke with the registered manager who was also the provider's director, an improvement consultant and the care coordinators. We reviewed the care records for 11 people using the service, the employment folders for eight care workers, training records for all staff, visit rotas and records relating to the management of the service. The expert by experience contacted by telephone six people who used the service. We sent emails for feedback to 74 care workers and received comments from three.

Inadequate

Is the service safe?

Our findings

The provider had a procedure for the administration of medicines but we saw that some people's medicines were not administered in line with identified good practice.

We saw records indicated that a care worker removed medicines that had been provided in original packaging and placed them in a dossette box for the person they were supporting. The care workers then prompted the person during each visit to take the prescribed medicines from the dossette box. We raised this with the registered manager who was unaware that the practice above is called secondary dispensing and is not good practice for care workers to do as medicines should only be administered from the container they were provided in by a pharmacy or prescribing doctor. This reduces the risk of any errors occurring in the administering of medicines. The registered manager confirmed they would speak with the care worker and the person they were supporting, to identify a more suitable way for the person to take their medicines.

The medicines administration record (MAR) chart for one person stated the care workers were responsible for administering a medicine in the evening but the person's care plan stated their family administered all medicines. Care workers had completing the MAR chart up until the end of August 2017. Therefore there was no clear guidance as to who was responsible for the administration of medicines.

The MAR chart for another person identified they had been a prescribed a tablet to be taken once a month but there was no record of which day that should be administered on the MAR chart or care plan. Therefore there were no clear directions for care workers as to when the medicine should be administered each month.

We saw that when a care plan indicated the care workers should apply a cream when providing care it did not state if the cream was prescribed to ensure it was recorded on a MAR chart with clear directions and frequency of application so staff knew when and where to use the cream.

At the inspection in February 2017 we saw risk assessments in relation to specific risks were not in place.

During the inspection in October 2017 we saw some improvements had been made as risk assessments for specific risks were in place for some people but information was still not always available for care workers as to how to reduce potential risks. These risk assessments had been placed in the care folders in people's homes. We saw the information and guidance recorded in the risk assessments for care workers was not transferred to the care plans. For example, we saw a risk assessment for diabetes identify that the person had their insulin administered by the district nurse. The person's care plan identified that they were diabetic but made no reference that the person was insulin dependent and visited daily by the district nurse. There was limited information for care workers as to the possible risks and the actions required to reduce associated risks.

We looked at the way incidents and accidents were managed by the service. During our comprehensive

inspection in February 2017 we saw when an incident and accident was reported the immediate actions taken were recorded. The records did not identify if any further action had been taken to reduce the risk of the incident and accident occurring again.

During our inspection in October 2017 we saw some improvements had been made as the records relating to incidents and accidents included additional information if further action had been taken but the management of incidents and accidents was still lacking in that records were not up to date to help monitor incidents and accidents, so action could be taken to prevent reoccurrence.

When we were reviewing the records of each visit completed by care workers we saw one person had experienced an accident in their home while receiving care which resulted in the person being taken to hospital. The incident and accident records provided by the registered manager were completed up until August 2017 but this accident occurred in September 2017. We asked the registered manager why this information had not been recorded and they informed us that this had happened when they were on annual leave and the care workers did not always follow the procedure in place to complete the required form. In addition a review of the person's care plan and risk assessment had not occurred in case of any change in support needs.

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

There was an incident and accident log which included details of these and what immediate actions were taken. There was evidence the provider took appropriate actions in response to incidents and accidents. For example they introduced training in managing challenging behaviour and breakaway techniques following one incident. They also worked with a family to provide lockable storage for a person's medicines following an incident with medicines and used their disciplinary procedures when they identified poor care practice from a care worker.

We asked people if the care workers arrived at their homes on time and, if the care workers were going to arrive late, whether they contacted the person to let them know. The majority of people told us the care workers sometimes arrived late but did not always call to let them know. Their comments included "Yes. Not an exact time, not vital on timing. No they don't call if they are going to be late", "Yes they are alright. We have two carers each day in the morning, Monday to Saturday they all arrive on time except the one on Sunday", "Yes sometimes. No they don't call", "Yes. Comes at 7am always on time" and "Majority of the time. Sometimes is longer than 5 or 10 minutes, but they do give me a call if that is going to happen."

During the inspection, we reviewed the records for the electronic calls monitoring system (ECMS). This system was used by care workers to record their arrival and departure time for each visit. We reviewed the records for visits completed on 5 September 2017 and 9 September 2017. We identified visits which were more than 45 minutes later or earlier than scheduled. We then looked at the rotas covering the week of the 4 September 2017 for the 11 care workers who carried out these visits. We saw five care workers had been allocated at least two visits which did not include travel time to enable them to get to the next scheduled visit on time. We also saw the rotas for six care workers had visits scheduled with times that overlapped with other visits. We saw one care worker had been scheduled for a visit between 7.25pm and 7.55pm but was also allocated a visit from 7.30pm to 8pm. The above shows that the provider had not appropriately deployed staff to ensure people received visits and that staff stayed the length of the visits, as agreed with them.

The above paragraph shows the provider was in breach of Regulation 18 of the Health and Social Care Act

2008 (Regulated Activities) Regulations 2014. It should be noted that we had in our previous report, addressed the issue of punctuality under the key question, 'Is the service effective?' and the regulation for safe care and treatment. We believe the concerns in relation to this matter is more suitable for the key question, 'Is the service safe?' and a result of the inadequate deployment of staff.

During the inspection we reviewed the Disclosure and Barring Service (DBS) check in relation to checking for criminal records for care workers. The registered manager explained their procedure was to renew DBS checks every three years to identify if there had been any changes in the care workers criminal record status. We asked to see the DBS records for all care workers currently providing care for the service but the registered manager was unable to provide DBS records for all care workers during the inspection. We looked at the records for 40 care workers and we found 17 whose DBS checks had not been renewed in line with the provider's policy. Some of these DBS checks had been carried out more than three years ago. We discussed this with the registered manager who confirmed after the inspection they had identified all the other care workers had DBS checks in line with the policy and they had applied for new DBS checks for the 17 identified. They also confirmed they had changed the policy and DBS checks would now be carried out annually.

We recommend that the provider follow national guidance in deciding about the frequency that criminal records checks should be repeated.

Where visits were late, we asked the coordinators in the office if they could provide reasons for the difference between the scheduled time for the visit and the actual time. They explained scheduled visits were shown on a screen in the office and would identify if any care workers were late in logging in using the ECMS for a visit. They would then contact the care workers to find out the reason for the delay and contact the person if necessary to inform them of the delay and this would be recorded. This meant the provider had implemented a process to help inform people when their care workers were going to be late. People were supported by enough staff during visits, where these were completed, to receive the care they needed. The number of care workers allocated to each visit was based upon the referral information received from the local authority and the assessment of needs carried out before care started.

All the people we spoke with confirmed they felt safe when they received care in their home from their care workers. The provider had updated their safeguarding adult's policy and procedures in June 2017 and gave care workers information on what constitutes abuse and the action they should take if they have concerns. The care worker handbook included information on how to identify and raise a safeguarding concern and had the contact telephone numbers for the registered manager and the CQC but did not provide the contact details for the local authority safeguarding team. There has been one safeguarding alert since our last inspection. There was evidence the registered manager worked with social services and other relevant authorities to investigate. There was no outcome recorded as yet as the investigation was still underway and the registered manager had taken appropriate action in the interim to ensure the safety of the person involved.

During the inspection we looked at the recruitment records for eight care workers. The provider had a policy in place in relation to recruitment. The records we looked had suitable checks on the new applicants including full employment history and a minimum of two references. We also saw applicants completed a numeracy and literacy check when interviewed.

We saw care workers completed training in relation to infection control as part of the Care Certificate and annual refresher training was scheduled to be completed during 2018. The provider had processes in place in relation to infection control. The care workers were provided with personal protective equipment

including gloves to use when providing support.

Requires Improvement

Is the service effective?

Our findings

During the inspection in February 2017 we saw the provider had a Mental Capacity Act 2005 (MCA) policy but action had not been taken to meet the requirements of the Act. We saw during the inspection in October 2017 the provider had tried to make some improvements but was still not working within the principles of the Act.

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.

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.

As part of the new assessment process the registered manager had introduced a memory test as part of their process to assess the person's capacity to make decisions. The document was called a mental capacity assessment despite information on the form making it clear the memory test was not a 'full mental capacity assessment'. The test was completed by a senior care worker and included questions relating to the person's name, date of birth, asked to name the current monarch and count backwards from 20. The three options following the memory test were that the person had full capacity, had very limited capacity so required decisions to be supported by others or the person required a full capacity assessment and a referral should be made to the relevant authority. Although the test was not a true capacity assessment, we did not see any evidence that appropriate action had been taken in line with the provider's procedure, when the test indicated the person had limited capacity.

Each person had a care plan related to their mental capacity and it stated if the person had capacity or if the test had indicated they did not have capacity but it did not take into account that capacity is decision specific. The care plan and other documents did not indicate how care workers should support the person in making decisions related to specific areas of care.

During the inspection we saw the care plan for one person identified a neighbour had a Lasting Power of Attorney (LPA) in relation to finance. A Lasting Power of Attorney can be issued in relation to either finance or health and wellbeing and legally enables a relative or representative to make decisions in the person's best interest as well as sign documents such as the support plan on the person's behalf. The memory test completed as part of the assessment indicated the person had very limited capacity. We saw the neighbour had signed the care plan consenting to the planned care as well as a separate consent form for the administration of medicines and sharing information with other professionals related to the person's care, when they did not have a LPA in relation to health and wellbeing.

This was a repeated breach of Regulation 11 of the Health and Social Care Act 2008 (Regulated Activities)

Regulations 2014

During the inspection in February 2017 we found the provider had to make improvements in relation to training, supervision and support for care workers. At the inspection in October 2017 we found that some improvements had been made but other areas still required actions to be completed.

We asked people if they felt the care workers who visited them had appropriate training. Their comments included "Have no idea, they do very little. I have no statement from the agency to what they capable of. They do provide personal care so far", "No, I don't know" and "The regular carer has had training. Sometimes brings a person who is shadowing."

The improvement consultant explained new care workers would complete an induction course, including the Care Certificate, before shadowing an experienced care worker and then having their own competency assessed before they could start to provide care on their own. The Care Certificate identifies specific learning outcomes, competencies and standards in relation to staff new to health and social care. An induction check list was completed and we saw these in some of the care worker employment folders. The forms indicated that the new care workers had reviewed and understood a range of policies in place at the service. The shadowing section of the checklist had a list of key observation areas which included use of commode, preparing food, prompting medicines and personal care. The induction checklists for the care workers we looked at had all the key observation areas marked as completed on the same day but there was no record of how many visits the new care worker had completed. This meant there was no monitoring system in place to ensure the new care worker had completed the minimum number of hours of shadowing as required by their policy and they met the required competency levels.

We were also told by the improvement consultant all the care workers had completed the Care Certificate and would then complete refresher courses for the training identified as mandatory by the provider in 2018. Following completion of the Care Certificate training we were told by the improvement consultant care workers would then complete a written test of their understanding and their competency would be assessed through observation by senior care workers. During the inspection we saw care workers had received a certificate stating they had completed the Care Certificate but the records for the majority of care workers we looked at did not have evidence they had completed the written test or had their competency assessed. This meant the records to identify if the care worker had understood the training and was competent to carry out the care task could not be checked.

The provider's policy was that care workers should have a supervision session every three months or sooner if any issues with the quality of care provided by the care worker identified and an annual appraisal. The improvement consultant told us care workers had completed supervisions meetings quarterly but we saw the majority of care workers whose records we looked at only had one supervision record on file for the previous 12 month period. There were no records of appraisals being completed for care workers who had worked for the service for more than one year. The improvement consultant confirmed this would be reviewed and appraisals scheduled.

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

During the previous inspection in February 2017 the registered manager could not demonstrate care workers had completed training relating to providing a soft diet and thickening fluid. During this inspection the improvement consultant explained they had introduced a range of specific training courses including on dementia, Parkinson's Disease as well as soft diet and thickened fluids. Their aim was to ensure at least 12

care workers had completed each course to ensure there were enough to cover annual leave for the regular care workers for people with specific care needs. We saw a spreadsheet which indicated up to 12 care workers had completed these courses.

The care plans included the contact details for the person's GP and any other healthcare professional which provided support. Care workers confirmed they understood what to do in case of an emergency. One care worker commented "Call 999, inform my line manager and office and the next of kin."

We saw the care plans identified if the care worker should be supporting people in making food and/or help then to eat. The care plans included a section on nutrition and described people's food preferences so care workers could support people to eat the food they wanted. It also identified if the person required support with shopping or if they and their family provided food.

Requires Improvement

Is the service caring?

Our findings

We saw some care workers did not use wording in documents that referred to people in a respectful way. During the inspection we reviewed the notes made by care workers recording what happened during each visit and we saw language was used when describing the care provided which was not respectful or appropriate. This included staff using inappropriate language when describing how they supported people with their continence care needs. We also saw similar language being used in risk assessments. The improvement consultant confirmed all care workers had completed person centred care training as part of the Care Certificate in the three months before the inspection and the language used was because many of the staff's first language was not English. They confirmed they would review the training and remind care workers about the use of appropriate language.

During the inspection carried out in February 2017 we saw the care plans identified people's religious and cultural needs but did not provide any information in relation to the personal history of the people they were supporting. At the inspection in October 2017 we saw the new care plans included some information about the person's background, their family and what was important to them. The care plans also identified the person's cultural and religious needs as well as the name they preferred the care workers to call them by. This meant care workers were provided with information to help them get to know the person they were supporting.

We asked people if they were happy with the care their received. The majority of people we spoke with told us they were happy but one person was not happy. Their comments included "So far yes", "No. They are always late" and I wouldn't know. They do what they are supposed to do."

People we spoke with told us they felt their care workers were kind and caring when they provided care. Their comments included "She is nice. I have no complaints", "Yes, more like my family. Very friendly and talk to my family member quite well" and "She treats me like a normal person in reality, which is quite nice."

We asked people if they had a regular care worker visit them or if they changed frequently. They told us "Majority of times it is the same carer. When he goes on holidays he leaves us with someone trained up", "They are the same", "During the week yes. At weekends I have two Asian ladies who are very nice too" and "Sometimes they change, but otherwise the same."

People told us care workers helped them maintain their independence. One person said "Well yes it does. I live on my own."

We asked care workers how they helped maintain a person's privacy and dignity while they provided care. They told us "By ensuring that the service user opinion and choice is respected. Speaking respectfully and listening to them. Maintaining confidentiality and respecting service user personal space", "Focusing on the value of every individual, respect their views, choices, and decisions, communicate directly with the individual whenever possible" and "By not talking about patients outside, by keeping patients' needs private."

Requires Improvement

Is the service responsive?

Our findings

We saw during previous inspections people's care plans were not written in a way that identified the person's wishes as to how they wanted their care provided. During the inspection in October 2017 we saw improvements had been made with the care plans identifying people wishes.

The new assessment process and care plan was detailed and identified a range of information relating to the person's care needs, their likes and dislikes as well as how they want their care provided. We saw this information had been transferred to a summary sheet describing the activities to be carried out during each visit, the times of the visit and how many care workers should be present for the visit. These summary sheets identified where a person required support with their care and when they could do something independently. Examples of this included if the person could manage their own personal care, where they preferred to eat their meals and any other tasks they wanted help with.

The registered manager explained the detailed visit summary sheet and the new risk assessments had been placed in the current folders in the homes of people receiving support. The new care plans and needs assessments had been completed for almost all the people receiving support during the six months before the inspection but had not been placed in people's homes at the time of the inspection. The care workers were still using the previous care plan and therefore did not have all the information about people's needs, but they had the additional information provided in the visit summary and the risk assessments. In cases where people had specific conditions such as diabetes, their care plans had also not been fully reviewed to include the necessary information about to care appropriately for the person.

The registered manager had carried out care reviews of people using the service and the improvement consultant confirmed once the new care plans had been placed in people's homes they would be reviewed monthly until April 2018 to ensure they accurately reflected the person's support needs. The care plans would then be reviewed every six months.

We asked people if they were involved in the decisions about their care. They told us "Yeah we all talk together. I am one of 5 siblings", "Yes she does" and "She always asks If I want anything."

During the inspection in February 2017 we saw the times of visits recorded on care plans did not reflect those identified on the electronic monitoring system EMS. We saw during the October 2017 inspection the times recorded on the new visit summary sheets reflected the visit times recorded on the EMS system. This meant the information provided to care workers on their rotas match the preferred times identified during the assessment process and recorded on the care plans. However, some people were still not receiving the visits at the agreed time and staff were still not staying the agreed length of time as planned in people's care plans and records. This was because the planning arrangements of the provider around people's visits, were still lacking.

When we spoke with people receiving support we asked them if they knew how to make a complaint. People told us they knew how to contact the office and their comments included "I would go through to the main

office, then on to Social Services" and "With the company I have never had a problem. We have the office number to call." We saw people had information about how to make a complaint in the information booklet they were given when they started to receive support. We looked at the records for complaints and saw each one had been noted with the investigation notes and supporting statements attached. The majority of the complaints had been received via the local authority and the registered manager had reported the outcome of the investigation back to them. Records indicated the registered manager dealt with complaints received in line with their procedure and the timescales agreed with the local authority. We asked the registered manager if they contacted the person who had raised the complaint once an outcome had been agreed with the local authority and they told us a courtesy call would be made. The person who raised the complaint would be contacted by the local authority with the outcome however, we saw no evidence of any telephone calls or letters of apology to people making complaints where their concerns had been upheld to explain how the registered manager had responded to the complaints. We discussed this with the improvement consultant who agreed this would now be recorded as part of the complaint paperwork.

Inadequate

Is the service well-led?

Our findings

During the inspection in October 2017 we found a number of repeated breaches of Regulations that had previously been identified following the inspection in February 2017 and May 2016. Following the inspection in February 2017 we issued five Warning Notices identifying the areas of concern and requiring the provider to make improvements in relation to safe care and treatment (Regulation 12), staffing (Regulation 18) and good governance (Regulation 17) by 10 July 2017 and by 1 September 2017 for person centred care (Regulation 9) and safeguarding service users (Regulation 13). Following the October 2017 we have identified a number of issues where some improvements had been made but issues have still not been resolved.

During our previous two inspections we found records relating to the people using the service and the care provided were not accurate, complete and contemporaneous. At the October 2017 inspection we saw there had been some improvement but we found some records where the information was still not consistent and accurate.

We looked at the records completed by care workers following each visit to record the care provided and anything else that occurred during that visit. We saw some of the records were repetitive with the information for each visit identical to previous visits and they were focused on the tasks completed and not the person they were supporting. This did not provide an accurate picture of the care provided during each visit.

The care plan for one person did not clearly indicate which family member acted as their main carer as the details of one relative given listing them as the main carer but the coordinators confirmed this relative had passed away and another family member was now responsible.

The moving and handling section of the care plan for another person, completed in August 2017, identified the hoist that was in the person's home was not suitable and had not been serviced. The plan stated the care workers should not transfer the person and the relatives were sourcing a new hoist. We saw the moving and handling risk assessment developed on the same date stated the care workers should use the hoist for all transfers of the person when providing care. This meant the information provided was not consistent across the records relating to this person.

The care plan for another person did not indicate that they visited a day centre on a specific day of the week and the care worker had to ensure the blister pack containing the person's medicines were taken to the day centre with them. As the information relating to the person's daily routine was not up to date if another care worker was required to provide cover for a visit they would not be aware of the support and activities required.

In addition during the previous two inspections we found the provider did not have robust systems of audits and checks in place to review the quality of the care provided. During the October 2017 inspection we saw some improvements had been made but the audits and checks in place did not identify issues for improvement. The improvement consultant explained a monthly quality report was now produced with

information provided by the coordinators and other senior staff who had taken on specific care and quality champion roles which included safeguarding, dignity, medicines and infection control. The monthly report included an action plan based on any issues identified from the information. This report did not clearly indicate areas for improvement which had been identified through the October 2017 inspection.

The monthly audits carried out on the records produced by care workers following each visit only checked to make sure there was a record for each visit and not the use of appropriate wording, the content or to ensure any important information relating to the person's care needs had been reported to the office. As a result these audits had not identified that some of the wording used by care staff when they made their records after each visit, was inappropriate and therefore the provider had not identified this as an area that needed to be improved.

New assessments and care plans had been produced but they had not been checked to ensure the information was accurate and consistent across the various documents.

Checks carried out on the incident and accident records did not identify that the records were not up to date. When we identified that an accident record had not been completed after a person sustained an accident the registered manager commented that the information recorded in the record of visit about the accident should have been identified when these records were audited at the end of September 2017. We saw this information had not been identified from the audit and no actions were recorded.

A system was not in place to monitor when care workers needed to apply for a new DBS check to comply with the provider's policy. The records of supervision, competency assessments and Care Certificate assessments were not kept on the care workers records and there was no record to indicate when they had been completed.

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

The provider did not display the most recent rating for the service in their offices and on their website as required by the regulations, albeit it was under re-construction. We raised this with the registered manager following the inspection to add the information to their website and to display the rating in their offices.

People using the service and their relatives could provide feedback on the quality of the service received through the quality assurance checks carried out. The registered manager confirmed a questionnaire had not been sent to people using the service since the beginning of 2016. They were currently reviewing when this survey should next be carried out. The provider carried out quarterly quality assurance checks by contacting the person by telephone or visiting their home to get feedback on the care they received. The records of some of these quality assurance checks indicated issues had been identified such as the care workers arriving late but there were no records of any actions being taken to resolve the issues.

The registered manager told us they were planning to organise drop in meetings at the agency's premises for people using the service so they can provide feedback on the care they received.

We asked people using the service if they thought the service was well-led and they felt it was. Their comments included "As far as I am concerned they do everything I need", "It is nice and helpful", "Yes it is well run", "I think so" and "Yes it is now a days."

We asked care workers if they felt supported in their role, if the culture of the organisation was open and if

the service was well-led. The care workers felt they were supported by their manager and the service was well-led. They told us "Very Organised, yes, fair and open", "Yes, well lead. The care workers are well supported by the Agency, by providing the necessary training needed", "Yes, whenever I raise my concerns the office deals with them straightway and I receive my rotas on time to plan my journey accordingly" and "Yes, if there is problems our management deal it quickly and make proper actions."

We asked people if the information they received from the provider was clear and easy to understand. Most people we spoke with told us they felt the information was clear and one person said "I don't receive any information on an on-going basis. I have the folder but I have not read it." When people started to receive care they were given a service user guide which included the aims and philosophy of the service, the rights of the person, how care plans were developed, complaints procedure and how to end the provision of care.

Some of the people we spoke with confirmed they knew who to contact at the office if they had any questions in relation to their care. They commented "Somebody's name is on the documentation to ask for", "I would ring the boss. I have the booklet", "I have no idea. I had a man call me last week to ask about my medication, don't know why?" and "We have the details on the bill we get."

The service had a registered manager in post. The registered manager was also the director of the company. Since the previous inspection in February 2017 the registered manager had arranged for an improvement consultant to work with the service to respond to issues identified in the previous inspection report.