Care at Home Services (South East) Limited

Care at Home Services (South East) Ltd - Crowborough

Inspection report

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Ratings

Overall rating for this service	Inadequate
Is the service safe?	Requires improvement
Is the service effective?	Requires improvement
Is the service caring?	Requires improvement
Is the service responsive?	Inadequate
Is the service well-led?	Inadequate

Overall summary

This inspection took place between 16 November and 15 December 2015. The inspection involved visits to the agency's office and telephone conversations with people, their relatives and staff, between the beginning and end dates. The agency were given two working days' notice of the inspection. The agency provided 133 people with a domiciliary service. Most people were older people or people who lived with long-term medical conditions.

People received a range of different support in their own homes. Some people received infrequent visits, for example weekly support to enable them to have a bath. Other people needed more frequent visits, including daily visits, and visits several times a day, to support them with their personal care. This could include use of aids to

Summary of findings

support their mobility. Some people needed support with medicines and meal preparation. Some people needed visits from two care workers to support them with their personal care.

Care at Home – Crowborough, supplied a service to people in the small Sussex town of Crowborough, and rural areas in a wide catchment area around the town. The provider was Care at Home Services (South East) Limited who provided domiciliary care services to people from different offices in the South East of England.

Care at Home – Crowborough had a registered manager in post who was experienced in their role. 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 service was last inspected on 24 October 2014. At that inspection we found people were not provided with appropriate information and support in relation to their care, and staff were not fully supported to deliver care and treatment safely and to an appropriate standard. The provider sent us an action plan following the inspection and reported all issues would be addressed by the end of January 2015.

The provider had not identified that it had not met a range of issues from the previous inspection. Many people raised issues with us about the accuracy of the rotas sent to them, including timings of visits and the different care workers sent to support them. People described the difficulties this caused them in their personal lives. Where such matters had been raised by people during the agency's care reviews, there was no information to show they had been followed up, to respond to people's concerns.

At the previous inspection, issues were raised about care plans for people who were given a service at short notice. We received information and saw documentation which showed this remained an issue. People's care plans also did not consistently document areas which they said were of concern to them like gender of care workers sent to support them.

A range of areas had not been identified by the provider as part of their quality audit reviews. These included ensuring all complaints and concerns were documented, to enable review of the quality of service provision. Audits had not included whether travel time between calls in rural areas was sufficient and audits of risk assessments and staff files had not ensured all relevant information was in place.

The provider's systems for recruitment of staff did not comply with all our Regulations. New staff were unclear on some key areas such as safeguarding people from abuse. Where issues were raised by new staff in supervision, such matters were not consistently followed up. The provider did not have systems to enable them to review if all staff who provided care to people with conditions such as Multiple Sclerosis were trained in such areas.

Some areas relating to medicines management needed improvement. Also some people were concerned about the management of some items of waste, like continence pads. There was a lack of consistency in people's care plans about actions staff were to take in relation to such areas.

People said staff were caring, respected them as individuals and they felt safe. They said their individual needs, including disability needs were respected. Where they needed support with meals provision, they said staff were supportive and flexible. Staff spoken with showed a kindly and approachable attitude towards people. Long-term staff were aware of how to ensure people were protected from risk of abuse. Care plans included people's individual past histories.

People said staff supported them safely with their medicines. They also said staff standards of hygiene when supporting them with washing and dressing were high. People who had an established, long term service from the agency had clear care plans for their personal care. Staff were fully aware of how to support people in an emergency or a change in their condition.

People and staff said there were no issues about missed calls due to staff shortages. Staff said they received regular training in areas such as safe moving and handling of people, the Mental Capacity Act (2005) and food hygiene. They said they were supported in their roles and received regular supervision and spot checks. They also said, due to the provider's systems, they felt safe working on their own.

Summary of findings

The provider reported they had reviewed all policies and procedures during the past year to improve their services to people. They were open and supportive during the inspection and prepared to consider a range of areas to ensure services were improved.

During the inspection we found five breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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

The overall rating for this provider is 'Inadequate'. This means that it has been placed into 'Special measures' by CQC. The purpose of special measures is to:

• Ensure that providers found to be providing inadequate care significantly improve.

• Provide a framework within which we use our enforcement powers in response to inadequate care and work with, or signpost to, other organisations in the system to ensure improvements are made.

Services placed in special measures will be inspected again within six months. The service will be kept under review and if needed could be escalated to urgent enforcement action.

CQC are taking enforcement action to ensure that Care at Home Services (South East) Limited provide safe and effective care.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires improvement

The service was not always safe.

The provider's systems for assessing suitability of some newly employed staff and certain long-term staff did not ensure all relevant areas were considered.

Systems for medicines management did not ensure staff had all relevant information they needed on prescribed medicines.

Systems for disposal of potentially contaminated items were not consistent.

People had individual risk assessments completed.

People and staff said staffing levels were satisfactory.

Is the service effective?

Requires improvement

The service was not always effective.

Staff were not consistently supported in caring for people with certain medical conditions. Newly employed staff were not always fully supported in their roles.

Training was provided in key areas, including the Mental Capacity Act (2005), and staff received regular supervision and spot checks.

Staff were fully aware of how to support people in an emergency and if they showed changes in their condition.

Where people's package included support with meals, people said they were helped in the way they needed.

Is the service caring?

Requires improvement

The service was not always caring.

Some people felt some staff were not caring in their approach and that the agency did not respect their wishes relating to gender of care workers for personal care.

People were complimentary about the caring nature of most staff and said they were flexible when providing care, taking into account their individual needs, including disability needs.

Staff showed a caring approach to people and were supported by care plans which included clear profiles of people's circumstances and past lives.

Is the service responsive?

Inadequate

The service was not always responsive.

People continued to report they were not responded to in the way they wanted, particularly in the timing of their visits and continuity of care workers.

Summary of findings

People's concerns and complaints were not documented, so managers were not able to take action to respond to people's concerns.

Most people had clear care plans which care workers reported supported them in meeting people's individual needs.

Is the service well-led?

Inadequate 

The service was not always well led.

Several areas identified at the previous inspection had not been addressed, as stated they would be, in the provider's action plan. The provider had also not identified all relevant areas for action in their audits.

Both people and staff gave mixed responses about if the service was well-led.

The agency had developed its policies and procedures during the past year to improve service provision.

Care at Home Services (South East) Ltd - Crowborough

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 between 16 November and 15 December 2015. The inspection involved visits to the agency's office on 16 November 2015 and 15 December 2015. Between these dates, we spoke with people, their relatives and care workers on the phone. The provider was given two working days' notice because the location provides a domiciliary care service. The inspection was undertaken by an inspector and an expert by experience. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Before our inspection we reviewed the information we held about the agency, including previous inspection reports. We reviewed the provider's information return (PIR) and responses from questionnaires sent by us to people, their relatives, staff and community professionals. We considered the information which had been shared with us by the local authority and other people, looked at safeguarding alerts which had been made and notifications which had been submitted. A notification is information about important events which the provider is required to tell us about by law.

We spoke with 24 people who received a service and 12 of their relatives. We spoke with 14 members of staff, the registered manager and two other managers who work for the provider.

During the inspection we looked at eight people's records and 12 staff recruitment, supervision and spot check records. We also looked at training records, quality audits and policies and procedures.

Requires improvement

Is the service safe?

Our findings

All of the people we spoke with stressed they felt safe when care workers were in their homes. A person told us that although they had a large number of different care workers allocated to them, "I do feel safe." Another person said, "I really do feel safe." One person's relative said "I think that they are quite safe with them, yes." Another relative said, "I know they are safe, or I couldn't leave them with them." All of the people who responded to our questionnaires said they felt safe. This was also echoed by the community professionals who responded to our questionnaire.

We received many of comments from people who said they thought some of the new care workers' English language skills were not adequate for them to be able to communicate with them effectively. One person told us one of these new care workers had difficulty in understanding when they asked them to turn on a light. Another relative told us it was "Difficult" when both of the care workers supporting their relative had first languages which were not English. Another relative told us "I think their English has been a problem for them sometimes."

The registered manager told the agency were currently using an external employment agency to recruit new care workers. These new care workers were from abroad and their first language was not English. They remained employees of the employment agency for a period of about six months after they took up their role, but were supported and supervised by Care at Home. The registered manager confirmed such care workers worked independently in people's homes, on the same basis as their own employees. We asked to look at these care workers' employment records, however the registered manager told us these were retained by the employment agency, as they were their employees. They said Care at Home were given a check-list to show all pre-recruitment checks had been performed, but they had not reviewed what was in these checks, to verify their suitability to work on their own with people.

We asked for the employment agency's assessment of these care workers' English language skills. The registered manager told us such assessments were not provided by the employment agency. Where these new employees had been in post long enough to receive supervision, their English language skills were not included as an area for consideration by their supervisor. This meant the manager could not assess if the care workers' English language skills were sufficient to communicate effectively with people, when providing care.

We looked at employment records for staff who had been in post for a longer period of time. Some records were incomplete. This included a care worker whose employment history showed a gap which had not been explored at interview and another where the information documented on the declaration on their application form differed from what was recorded on their criminal records check (CRB). They had a risk assessment about their employment in relation to this but it did not include information about this discrepancy. We asked the registered manager about these matters and they knew the reasons in both instances. This information had not been documented, to support any audit processes. Other staff files included relevant information to show pre-employment checks, including two references, a satisfactory CRB check and full employment record had been obtained, prior to employment.

In their provider information return the provider stated 'All new employees are subject to thorough pre-employment checks as required by current legislation and are not released to the rostering system by our Human Resources department until all these checks are complete and satisfactory.' The provider's processes had not identified that they were not doing this.

The provider's recruitment procedures were not operated effectively to ensure that staff deployed were of good character, and had the qualifications, competence, skills and experience which were necessary for the work to be performed by them. This is a breach of Regulation 19 of the HSCA Regulations 2014.

People told us they were supported in taking their medicines. One person said their care workers "Did the tablets" and there were "No problems". Another said, "That's always the first thing they do." A person's relative said "They do give them the tablets in the morning." A person said their care workers applied their cream every day and they were "Wonderfully pleased" with how they did this. One person said. "They write everything down at the end of the visit" about their medicines.

We looked at people's medicines plans. All people had a medicines risk assessment, care plan and medicines

administration record (MAR). For three of the four people's files where people were prescribed skin creams, information was not recorded on their care plan, or other document, to show where, when and the reasons for application of such creams. One person had very clear information, including a body map to show which part of the person's body needed skin creams applying. The agency's medicines policy dated 30 April 2014 did not include a section on the application of skin creams. The registered manager said the policy was currently being revised.

People's medicines care plans did not have the section on the reasons for taking their medicines completed. One of the care workers said they were concerned about the lack of information on medicines to ensure the safety of people. One person's records showed they were prescribed both sleeping tablets and a mood-altering drug, which could have an effect of making the person sleepy. There was no documented information on this to support care workers when caring for the person. As such sections were not completed, care workers did not have all relevant information they needed to support people.

Questionnaires sent out to people by the CQC before the inspection showed 18% of people were not satisfied with the agency's practice in infection control. Some people told us staff did not always dispose of items in the safest way. One person told us they had to "Hunt them out at times," meaning used continence pads. They said this happened when care workers who were not familiar with their relative provided care. Another person's relative described how they had to "Look around" for where some of the care workers had put the used continence pads. A person said they had occasions when "They've changed the bed but left it heaped in front of the washing machine." Care workers said people's care plans did not include information on how they were to manage potentially contaminated items. One care worker said "Sometimes you have to work it out," about disposing of items. We looked at people's care plans, most of them did not include any information on how potentially contaminated items were to be managed, however one care plan was very clear and detailed, giving full instructions. The provider's infection control policy dated 15 April 2014 only stated that staff were to 'dispose of all rubbish properly,' with no further information on how this was to be done or the potential risks of different categories of rubbish.

The provider did not have effective systems to assess, monitor and mitigate the risks relating to the health, safety and welfare of people in relation to medicines and disposal of potentially infected items. This is a breach of Regulation 17 of the HSCA Regulations 2014.

Care workers understood their responsibilities for documenting when they supported people with their medicines. Care workers said they reported any issues relating to medicines to the office. For example a care worker told us they had concerns that a person who was looking after their own medicines may not have been taking them in a safe way. They had reported their concerns to their manager, who had contacted the persons' family and social worker to ensure their safety with their medicines.

People said care workers' standards of hygiene when providing personal care did not present any concerns. One person told us "Oh yes, always" to a question about the use of gloves and aprons and another said care workers used gloves when helping them "Shower and hair wash". All of the care workers said they had no difficulties with obtaining disposable items like gloves and aprons. One described the "Ready supply" of such items and another one said they were "Readily available" in the office.

All people said care workers used equipment correctly when they were providing care. All of the people had risk assessments on file. These were updated on an annual basis or when their needs changed. The provider's information return stated 'Every service user has a thorough Risk Assessment of the individual themselves and the area where support and care is provided, including moving & handling.' 'Where additional risks are identified, which result from the specific choices and wishes of the individual, then discussion will take place to mitigate such risks so as to provide a balance between service user choice and safety.' Care workers confirmed if they noticed changes in people such as a person experiencing increased difficulties in moving around, they would tell the office and a further assessment of their needs would be completed, together with a revised care plan where relevant.

When we discussed safeguarding people from abuse, a few of the care workers were unclear in their responses, but most of them, including administrative staff, very clearly understood their responsibilities. One care worker gave us

Requires improvement

Is the service safe?

an example of where they had raised an alert on behalf of a person. Files held in the office showed the local authority had been alerted by the agency where a risk of abuse had been identified by staff.

None of the people we spoke with reported they had ever experienced a call being missed through staff shortage. Care workers confirmed this to be the case. In their PIR the provider reported 'Office staff also cover calls in times of high levels of sickness.' One of the office staff confirmed they did this, describing a time when a care worker had needed to remain with a person who was unwell, so they had gone out to do their calls, so other people would receive the help they needed.

Requires improvement

Is the service effective?

Our findings

We received mixed comments about the effectiveness of the agency. One person told us the recently employed staff "Are not trained at all." Some people felt staff had not been trained in basic areas. One person said their new care worker did not know how to mop a floor correctly, saying they had left the floor wet so they were not safe using it. They told us they were concerned about this because "I'd fallen recently and my balance is poor as well." A person's relative told us care workers who were not familiar with the person did not seem to know how to properly shave them.

Other people gave us favourable comments about staff training and spoke highly of care workers and how they supported them. A person told us about how much they liked the newly employed staff, saying "They work very hard." Another person told us "They've been okay."

Staff gave us mixed comments about training. Some staff reported they felt they needed more training in specialist areas. One care worker said "We are chucked in at the deep end where the individual illnesses are concerned," saying training needed to be provided on conditions like Parkinsons' disease, Multiple Sclerosis and Motor Neurone Disease. The issue of training for staff in such areas had been identified at the inspection of 24 October 2014. In their PIR the provider reported 'Additional training is on a case by case basis when required.' These systems had not been effective.

Two people's records showed they were living with Multiple Sclerosis. We asked the registered manager about training in Multiple Sclerosis for the care workers who were allocated to these people, to ensure they could provide effective care to them. The registered manager said they did not currently have systems to identify if the care workers who were allocated to provide care to these people had been trained in Multiple Sclerosis. They were considering giving care workers fact sheets on such conditions so they could be aware of significant factors for people who were living with conditions like Multiple Sclerosis.

When we asked staff about their training and understanding of safeguarding adults, including discussing scenarios where people might be at risk of abuse, some of the care workers who had newly taken up their role did not appear to understand about such areas. We asked the registered manager about training in safeguarding people and recognising risk of abuse for the care workers who had newly started in their role. They said these care workers' training had been undertaken by an external training company and they did not know what specific training the new care workers had received. We looked at these newly recruited care workers' supervision records. Where they had been in post long enough to receive supervision, awareness of their responsibilities for safeguarding people who may be at risk had not been included in topics covered, so their supervisor could verify the newly recruited care workers understood their responsibilities in this area.

Records of supervision were all similar in tone, including similar sentences about the member of staff's attendance at training or that they were liked by other staff. None of the newly employed staff's supervision or spot check records included consideration of areas such as their basic skills in caring for people as described by people above, or their awareness of factors in disease conditions which may affect people. There was no record to show if the new member of staff's induction had been appropriate for them to support them in their role.

New care workers' supervision records also did not always show actions taken. A new care worker's supervision record showed they had brought up difficulties they were experiencing in supporting a particular person with their personal care. There was no follow-up to show action taken to support the care worker in ensuring they provided effective care to the person. The registered manager said they would follow this matter up. They said they did not currently review the quality of supervision and spot check records, but would consider doing this in future, to ensure all staff were supported in providing effective care to people.

The provider was not ensuring they always had suitably qualified, competent, skilled and experienced care workers deployed who had received appropriate support, training and supervision as necessary to enable them to carry out the duties they are employed to perform. This is a breach of Regulation 18 of the HSCA Regulations 2014.

Staff were positive about training in other areas. One care worker told us they had "Quite a lot of training, I'm sure it's all covered," another "I find they're very good with training, they're on the ball," and another "We have good training on areas we need like medication." Staff said they received regular supervision in their roles, including 'spot checks' in

people's homes. One care worker said "We get it all" about supervision and spot checks. They said when they brought up issues "They listen." Another care worker said they had said at supervision that they needed more training on Alzheimers' disease and they had since had training. Newly employed staff confirmed they had shadowed more senior staff for two weeks before they started to work alone with people. All of the staff we spoke with confirmed they had been trained in their responsibilities under the Mental Capacity Act 2005 (MCA) and 92% staff responded to us in questionnaires that they had been trained in the area. Staff were also aware of the importance of this area when we discussed it with them.

The provider gave us copies of their training records. These showed staff were regularly trained in areas like the safe moving and handling of people, fire safety, food hygiene and the MCA. The provider's supervision matrix also showed they had systems to ensure all care workers received regular supervision and spot checks.

All of the people we spoke with said care workers were able to support them if they became unwell and needed assistance from their GP or emergency services. All of the care workers we spoke with were very clear on what actions they took in an emergency. One care worker said they phoned 999, then informed the office, the person's relative and then wrote down a report of what had happened. They said they remained with the person to support them until the emergency services arrived. A care worker told us about an occasion when they had come into a person's home and found they had fallen. They described the actions they had taken following this to ensure the safety of the person, until the emergency services arrived. Care workers also knew what to do in other areas, for example if they found a red area on a person, which could indicate they were developing pressure damage. They said if the person was known to the district nurses they would contact them, if not, they would contact the person's GP, and out of hours they would phone 111. Once they had done that, they would complete a body map to show where the red area was, and inform the office. A care worker said "I would never let such matters be." All of the community staff who responded to questionnaires said care workers contacted them appropriately and followed their instructions.

Nine people and their relatives confirmed their care package included food preparation. All people said this went well. This included choosing what they had to eat and the care workers would then prepare it. One person said "They cook my relative's food and make sure they are eating regularly." Another person's relative said they were pleased that the care worker stayed whilst their relative ate their meal to make sure they ate all that they wanted to. Another relative told us staff were flexible and "Would always make sandwiches." The provider reported where support with nutrition or fluid intake was highlighted as an issue, care workers completed food and fluid intake records so they could be monitored, and other professionals involved in their care be informed.

Requires improvement

Is the service caring?

Our findings

We received a few comments from people that staff were not caring. One person said that staff could be a bit "Surly," they said they thought it was because of their "Long hours," and another said "These guys are exhausted," about the care staff, they said "They have so much to do in a short space of time." Another person told us "Although some carers are very good and take great care in what they do, others are not as conscientious. They always seem to be in a hurry to leave." A person's relative told us "They are not doing a bad job but I don't think they would go the extra mile at the moment." They added some of the care workers, "Are just ticking the boxes." Another person's relatives said about care workers "They get so tired, poor souls," and this affected how care workers were towards them.

Comments from people about the office staff were also mixed. A person said "if I ask them to do something, they don't do it." Several people said they did not have contact from the office. A person said "They are quite good, when you can get them" about the office staff.

We asked the registered manager about these comments about staff, including care workers where people felt their attitude related to care workers' tiredness and long hours worked. The registered manager told us nearly all of their staff only worked part-time. We discussed that some part-time staff may also work in other roles and that this might lead them to sometimes apparently be tired when working. We looked at staff records, including supervision and appraisal records, but we saw hours worked by staff, whether in their current or other roles, were not included as an area for consideration. Although in their contracts staff were meant to tell their employer if they had other jobs, this was not followed up at supervisions or appraisals. This is an area which requires improvement.

We received mixed comments about preferred gender of care workers. People could not recall if they had been asked about a preference for gender of care worker when their service started, or during reviews. People's original assessments and review records did not include questions about this preference. One person said, "I have said no men but I do get a man. I don't let him do much." A person's relative said, "They decided that they did not want any men and they have sent one at least twice. They have all been very polite, but they have sent them away anyway." A different person said, "I've even had a man, but the company never asked me about this at all." However, a different person said, "I did have a young man once: I'd rather have a woman and it hasn't happened since." Another person said, "I've had no problems with men; I have said no to having them and there have been none so far." A person laughed and said, "I don't mind the male carers I'm used to it from the hospital." A care worker said they had told the office because the person did not want a care worker of the opposite gender but the office still keep sending a person of the opposite gender and the person was "Not happy." The registered manager said they could put a flag on people's computerised records where they has asked for carer workers of a particular gender not to give them personal care. Responses from people to us indicated this system requires improvements as it was not always effective in practice.

Most people were highly complementary about the caring nature of the staff. One person said, "They are all wonderful" several times. Another said, "They are a big help to me and very polite." A third said, "The ones who have come have been nice and polite." A person's relative described staff as "Polite and friendly" and another said care workers were "Fantastic". A person who told us they had received a service for several years said "I couldn't fault them. They are friendly and helpful." A person said their main carer worker was a "Friend" to them. A person who had recently started receiving a service from the agency said "I was a bit anti, but now I'm quite happy with it all." One person described the office staff as "Very helpful" and another said "The office are always in touch." Responses in questionnaires from people before the inspection showed 100% of people and their relatives felt the staff treated them with respect and dignity and were caring and kind.

People said staff were flexible in how they provided care. One person described staff as being "Very willing to do what we ask." Another person said "Sometimes they make breakfast for me as well, and they are not meant to." A person's relative said their relative's care worker "Takes them to their club and they banter with them, they're brilliant."

A person told us they had poor eye sight, they stressed "Everyone is very polite" and understood their difficulties in seeing things. A person who had difficulties with their speech said "They are kind and friendly, all of them" and that staff took time to understand what they were trying to

Requires improvement

Is the service caring?

say. A person's relative said the person was living with dementia, they said "They spoil them. I am pleased to see them so happy." A person whose relative said they had highly complex care needs, including communication difficulties, said their regular care worker "Knows about them as a person." Comments in questionnaires received before the inspection were that 96% of people reported the care and support provided by the agency enabled them to be as independent as possible.

Staff showed a caring attitude towards people. One care worker said "We just try and do a good job for our clients." Staff said the agency's systems supported people receiving a service. One member of staff said "I've worked for other agencies, this one is very caring towards our clients." Spot checks on care workers included their attitude towards people. One care worker's spot check documented they had a "Very caring in attitude towards" the person and another that they talked to the person "Every step."

In their PIR the provider reported each person had an 'about me' profile section in their file and in the office. They said 'By offering so much information to care staff about the person they are supporting, it ensures that communication between service users and staff takes account of this history and preferences.' We looked at people's files. The sections on 'about me' had all been individually completed to support staff in knowing about people. For example one person's file described the person's employment prior to them becoming disabled and the areas they liked to talk about with staff. The person's relative said when they had been there, when care workers visited, staff used this information to talk with the person, although the person could at times experience difficulties with their speech and comprehension.

Inadequate

Is the service responsive?

Our findings

People commented to us in questionnaires before the inspection and when we spoke with them about the lack of responsiveness from the agency in relation to timing of their visits. One person informed us "The times given to me on my weekly time sheet are not reliable. I am not bothered by ten minutes or so, only when it is over an hour's difference." Another person informed us "There is an enormous problem with the organisation of the carers. They don't turn up on time, they are always rushed, the published schedule (when it is issued), is not kept to." A person whose relative needed two people to support them told us there were difficulties with the coordination of two care workers. They described occasions where a care worker had waited half an hour for the other care worker to attend.

People said what was on the time sheet sent to them differed from what was on their care worker's time sheet. A person told us "I had 4:40 on the sheet. They came at 5:30 and showed me their sheet: they had a different time written on theirs." Another person said, "I get one time and they've been given another" they added, "It is all changed without them telling me." A person's relative told us "The company sends out a weekly timesheet to the clients which do not correspond to those issued to the carers. On two occasions the carer has been over three and four hours later than the timesheets that were sent to us."

People told us how this variance in timekeeping affected their care and quality of life. One person said "They may not come until after 10:30 and as my midday meal is fixed for 12, I cannot eat breakfast at all." A person's relative told us their relative was living with dementia and had a prescribed appliance. They needed a regular early visit because they needed support with management of the appliance. This did not happen, leading to difficulties for the person in their daily life. A person said "They can be late for breakfast and early for lunch," they said this affected their appetite for meals. A member of staff told us they had been told to give lunch to a person at 11:30 in the morning, were sent to give someone their breakfast at 12, and their evening meal at 3pm. One person told us if they or their relative had an appointment, they always cancelled the care worker's visit and "Coped" because they could not be sure the agency would be able to send a care worker at the time they needed, to enable them to attend the appointment.

We looked at people's care plans. Each person's care plan showed a ticked time-slot, such as morning or lunchtime. None of the care plans documented an agreed timeslot made with the person at the time when their package of care was started. Several people's care plan reviews documented issues relating to timing of visits but did not document information on their preferred times of visits and actions being taken. A person told us they could not chose such matters in their care plan because "They pretty much dictate to me what they can do."

Several people said they wanted to have continuity of care from the same care worker/group of care workers but often different care workers were sent to them. One person said they found it difficult because, "They will keep changing them around. It takes time to get to know them." A person said "I ask for one, and I get a different one. The list is not always right and I just don't know who is coming." A person told us "They don't tell me when (the care workers) are changing and they are always different people." A person said "Too many different ones" and a relative reported "Too many faces." A person told us "The name of the carer has been changed on at least three occasions and on two other occasions the name of the carer was not shown on the timesheet."

People said they were never contacted by the office to let them know if care workers were not going to be able to keep to time or if they were going to see a care worker different from the one on their list. One person said it would be "Handy" if the office did this, but they "Never do." Another person said "They alter the times, they change it all and don't tell me. Another person said "They don't usually tell me when they are late: I have to phone them." We asked staff what they did if they were delayed, for example by traffic. They all confirmed they phoned the office to let them know, so they could inform the next people they were visiting.

The agency had a computerised system for logging times and length of calls, which was activated by care workers when they visited people, which most of them had in place. We asked the registered manager about systems for reviewing these computerised records. They said if complaints were made they could access each person's

records and showed us how this could be quickly done. They said where people did not use the computerised system, they could access people's handwritten records to review the situation. As people had raised many issues with us about responsiveness of the agency, we asked if the computerised system would automatically alert managers if people were regularly receiving calls which differed from their planned calls, or had a high number of different care workers allocated to them. They said they currently did not have a system which alerted them about such matters.

At the last inspection on 24 October 2014, we also reported on concerns from people about the responsiveness of the agency in relation to timekeeping. In their action plan, the provider reported among other areas about their weekly timetable for people which was sent out in advance. They also stated there had been some difficulties in relation to recruiting staff but this was in the process of being rectified. They stated all actions to address these issues would have been completed by the end of January 2015. This inspection showed actions taken had not been sufficient to ensure people's needs were effectively responded to.

The provider did not have effective systems to assess, monitor and improve quality of the service provided. Because of this they had not ensured issues identified at previous inspections relating to visits to people and ensuring all relevant care plans were in place had been acted upon. This is a breach of Regulation 17 of the HSCA Regulations 2014

We asked staff about care plans. Some care workers said where care packages were started at short notice sometimes they had to go in "Blindfolded" because there was no written information in the person's home about their care needs. One care worker told us about a person who told them they had been in hospital because of a broken leg. They were concerned about the lack of information about the injury as they did not want to put the person at risk when giving them care with no information on their risks and actual care needs. We looked at the records of a person where the first care visit was documented as starting on 11 November 2015. Their written risk assessments were not drawn up until two days later, on 13 November 2015 and their full care assessment was not completed until 19 November 2015, eight days later. The registered manager said due to the need to start some care packages promptly, a care worker might be informed of an additional visit while they were already out working. They did phone the care worker with information about the person, but this was not put in writing to them so they had basic email information, to ensure the person's safety. Similar issues about urgent care packages were identified at the inspection of 24 October 2014.

The provider did not have effective systems to ensure personal care was provided to people in a safe way. This was because they were not consistently assessing risks to all people's health and safety and doing all that was practicable to mitigate such risks. They had also not ensured issues identified at previous inspections relating to ensuring all relevant care plans were in place had been acted upon. This is a breach of Regulation 12 of the HSCA Regulations 2014

People told us about a range of issues they had raised with management. These included a person who was concerned because some care workers were cleaning the whole of their relative's body with their face flannel and they were worried about risk of infection to the person. Another person said their relative had complained and "Asked them not to send any more new ones, but they still do." Another person stated that they were not happy with one of the care workers and had requested to not have this person. They told us about a recent date when the care worker had been sent to them and said they were concerned because the office had not acted on what they had asked. A person said "They do not always answer the phone in the office", saying that it could be "Difficult to complain at times" because of this. A person said they had talked to the office when "Things got out of hand" but they were not sure about any changes being made. Another person said they had tried and failed to achieve timed visits to them but did not want to take it further because they were "Very, very happy" with their main care worker and were concerned that they might lose this preferred care worker if they took the matter further.

Some people said management took action when they raised matters with them. A person said they had complained when a care worker was "Very rude" and the care worker had stopped going to them. Another person said "I wrote them a letter and they have sorted it out now."

In their PIR the provider stated 'Care staff are encouraged to regularly communicate and feedback to the office about any service user concerns.' They reported concerns 'can be dealt with promptly by branch staff or escalated to management/commissioning staff if necessary.' We looked

Inadequate

Is the service responsive?

at the complaints records. None of the issues people told us about had been documented, to ensure management were aware of people's concerns and complaints and also to ensure that all people's concerns and complaints were responded to, and managed effectively in accordance with the agency's own policies and procedures.

The provider did not ensure they had an effective and accessible system for identifying, receiving, recording, handling and responding to complaints from people and other persons. Full records were not maintained about complaints and concerns. This is a breach of Regulation 16 of the HSCA Regulations 2014.

Care workers reported where people were provided with care on a longer term basis they had care plans in place. One care worker told us people's care plans included "Everything." A care worker said people's care needs could vary but "If the care plan is not right," they would always "Phone up the office to let them know." A different care worker told us there had been the "Odd occasion" where a care plan no longer reflected a person's needs. Where this was the case, they phoned the office to let them know and someone from the office would come out and re-assess the person's needs. They said office staff were prompt at doing this. A care worker told us they had people they supported regularly, so they knew what they needed and how they wanted to be supported. A person had a very detailed care plan about their memory loss and how it affected their daily life, so care workers had relevant information to know how to support the person. Another person had a clear care plan about their needs for the emptying of their catheter bag.

Inadequate

Is the service well-led?

Our findings

We received mixed responses from people about whether the agency was well-led. One person described it as a "Very poor organisation," another "A nightmare. Very disorganised" and another "I don't think that management have the necessary skills to run such a company." In questionnaires only 58% of people and 50% of their relatives said they would recommend the agency to others. Other people were positive about management of the agency. One person told us "I have a word with the office whenever I am concerned. I email them and they do respond" and another "I am in touch, they come to see us as well and there are no problems at all."

Staff also gave us mixed responses. One member of staff said , "I tell the office, not followed through" and another "Could do better." Other staff were more positive. One member of staff said the agency had "Improved a lot definitely, in the past they were not so ready to listen to what you said." Another "Very good manager, good to work with us and the people" and another "I'd give them 10 out of 10"

At the last inspection, on 24 October 2014 we found the agency were not making sure people who used the service had appropriate information and support in relation to their care, and staff were not fully supported to deliver care and treatment safely, and to an appropriate standard. After the inspection, the provider sent us an action plan in which they reported all areas would be addressed by the end of March 2015. The provider had not met this action plan.

In their PIR, the provider reported on its management systems including a software package for rostering care calls which enabled them to schedule visits more effectively, track continuity of staff and also the best geographical routes. They also reported on how the operations director collated information on quality assurance results and analysed them for themes or comments which they needed to address at branch level. These systems had not identified a range of areas.

Reviews of care were performed with people by the registered manager or one of the agency's management team, and took place annually, or when needed. These reviews documented many people had raised issues about timing of visits, changes in care workers sent to them and other matters. Such comments from people were not collated to provide management information on the responsiveness of the service for people. Where issues were raised in these reviews, although they were on file, there was no evidence they had been followed up by managers, for example by using information on their computerised logging system, to assess how service provision could be improved for the person or across the service. Comments made by people during reviews were not analysed to ensure such information was used to improve service provision. The registered manager said they would consider developing systems so they could use such information in the future.

The issue of travel time between visits had been identified at the previous inspection, and the provider reported in their action plan and PIR that they had more effective systems to manage this. The provider had not identified these actions had not been fully effective in practice. Staff who worked in rural areas said they could be late for visits because they were not given enough travelling time between their calls. A care worker said there was "Not enough driving time." Another care worker said timing in the town did not present an issue but did in rural areas. They said they thought this needed to be considered when the office were arranging calls. The provider did not have systems to enable them to assess the extent of the issue for staff, such as the use of anonymous staff questionnaires.

The provider did not have systems to audit people's records to ensure all relevant information was in place. A person was documented as using oxygen. There was no information on the person's risk assessment about whether they used oxygen via cylinders or a concentrator, or other information about delivery systems for the oxygen, all of which could significantly affect risk to the person and care workers. We asked the registered manager about systems for audit of records to ensure they included all relevant information. They told us they did not have regular monitoring systems for assessing the quality of people's care plans and risk assessments.

The provider also did not have effective systems for the auditing of other areas. Staff recruitment files included an interview assessment tool which had a scoring system, to assess the prospective member of staff's suitability for their role. This had not been completed for any of the files we looked at. The registered manager was unsure of why this was. Although staff used their own cars for visits, many staff files did not include a recent copy of the member of staff's

Inadequate

Is the service well-led?

car insurance or driving licences. Staff contracts also did not include reference to the need for them to have a current driving licence and business car insurance if they used their own car for work. The agency's policy on staff use of their own cars did not include reference to how often such documents should be checked by managers. The provider had not identified these issues during their audits.

The provider did not have effective systems to assess, monitor and improve the safety of services provided, including not identifying that they had not addressed all areas from their previous inspection. This is a breach of Regulation 17 of the HSCA Regulations 2014

The provider had taken action in other areas. The registered manager described the work they had completed to ensure all MARs were completed by staff when they supported people. Minutes of the staff meetings of 6 and 7 October 2015 showed the issue of signing MARs had been brought up as an area for ongoing staff vigilance. All of the MAR charts we looked at were fully completed.

All of the staff we spoke with reported they were regularly supervised and could bring up issues with management. One care worker told us management was "Very good" when they brought up issues, another "Yes, definitely put your views across" and another "Support from office and everything generally fine". Questionnaires from staff to us before the inspection showed, confidence when raising issues with managers had improved from 70% to 94% during the past year.

The agency had a lone working policy. All of the staff we spoke with said they felt safe working alone, including during dark winter nights and in both rural and urban areas. All care workers said the on-call arrangements were effective in practice. A care worker told us there was always "Someone to talk to" on the on-call rota, so they felt safe and supported.

In their PIR the provider reported the operations director was in daily contact with the branch by telephone or in person to ensure 'open communication channels and quick decisions.' They reported in the past year, the company as a whole had re-written every policy, procedure and related paperwork as part of the work undertaken to prepare for an external accreditation. The provider had copies of all policies and procedures readily available to staff, and for inspection, and were keen to make improvements and were open to new ideas. For example, following an inspection of another branch of the agency, they had commenced work on further developing their medicines administration policy and procedure.

This section is primarily information for the provider

Action we have told the provider to take

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

Regulated activity	Regulation
Personal care	Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment The provider did not have effective systems to ensure care was provided to people in a safe way. This was because they were not consistently assessing risks to people's health and safety and doing all that was practicable to mitigate such risks. This is a breach of Regulation 12(1)(2)(a)(b) of the HSCA Regulations 2014

Regulated activity	Regulation
Personal care	Regulation 16 HSCA (RA) Regulations 2014 Receiving and acting on complaints The provider did not ensure they had an effective and accessible system for identifying, receiving, recording, handling and responding to complaints from people and other persons. This is a breach of Regulation 16 (2) of the HSCA Regulations 2014.

This section is primarily information for the provider

Enforcement actions

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

Regulated activity	Regulation
Personal care	Regulation 17 HSCA (RA) Regulations 2014 Good governance People who used services were not protected because the provider did not have systems, which operated effectively, to assess, monitor and improve the quality of the service and mitigate risk to people. The provider did not maintain an accurate and complete record in respect of each person, staff and management of the service. The provider did not effectively seek and act on feedback from relevant persons to evaluate and improve service provision. The provider did not improve practice, evaluating the information which they held about their service provision. Regulation 17(1)(2)(a)(b)(c)(d)(i)(ii)(e)(f)

The enforcement action we took:
Warning Notice

Regulated activity	Regulation
Personal care	Regulation 18 HSCA (RA) Regulations 2014 Staffing People who used services were not protected because the provider was not ensuring they always had always had suitably qualified, competent, skilled and experienced care workers, deployed who had received appropriate support, training and supervision as necessary to enable them to carry out the duties they were employed to perform. Regulation 18 (1)(2)(a)

The enforcement action we took:
Warning Notice

Regulated activity	Regulation
Personal care	Regulation 19 HSCA (RA) Regulations 2014 Fit and proper persons employed People who used services were not protected because the agency's recruitment systems did not ensure that

This section is primarily information for the provider

Enforcement actions

staff deployed were of good character, and had the qualifications, competence, skills and experience which are necessary for the work to be performed by them. They had also not ensured all staff had a full employment history, together with a satisfactory written explanation of any gaps in employment. Regulation 19 (1)(a)(b)(2)(1)(3)(a)

The enforcement action we took:
Warning Notice