

HomeCare Plus Limited

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Inspection report

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Date of inspection visit:

05 April 2017

26 April 2017

27 April 2017

28 April 2017

Date of publication:

05 July 2017

Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Inadequate 

Is the service effective?

Requires Improvement 

Is the service caring?

Good 

Is the service responsive?

Requires Improvement 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

Homecare Plus Limited is a domiciliary care service based in Longbenton, Newcastle upon Tyne. The service provides personal care and support to approximately 150 people in their own homes. People have a variety of different needs including physical disabilities, sensory impairments, learning disabilities, mental health needs and dementia. Care was provided to people across a wide age range.

Our last inspection of this service took place in December 2015 when the service was rated overall as Good. The requirements of all of the regulations that we inspected at that time were met. At this inspection the service was rated overall as Requires Improvement due to identified shortfalls in a number of regulations.

This inspection took place on 5, 26, 27 and 28 April 2017. We did not announce the inspection on the first day that we visited, as we carried out the inspection in response to multiple concerns that had been shared with the Commission in the weeks prior to our visit by a range of people, some of which were anonymously shared. The visits on the 26 and 27 April 2017 were announced. On 28 April 2017 we gathered further evidence by speaking with people who used the service, their relatives and staff.

A registered manager was in post at the time of our inspection who had been registered with the Commission to manage the carrying on of the regulated activity since September 2014. 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 registered manager was also the nominated individual and a director of the provider company.

People were not appropriately safeguarded from abuse or improper treatment because staff did not always recognise or report matters of a safeguarding nature for assessment and potential investigation by the local authority safeguarding adults team. Information was shared with the Commission prior to our inspection that identified concerns around the registered manager's handling of a particular safeguarding matter. When we reviewed this incident at the service we found that previous linked concerns had not been investigated and referred to the local authority safeguarding adults team at the first available opportunity. The registered manager had carried out their own undocumented investigations. When we reviewed complaints and other records within the service we identified other matters of a safeguarding nature that staff had not alerted to the registered manager and additionally concerns that the registered manager had not escalated in line with safeguarding protocols.

Medicines were not managed safely. Care plans about medicines were not in place and there was a lack of information about where the service's responsibilities with medicines started and ended. We found multiple gaps in recording on Medicines Administration Records (MARs). We could not reconcile whether people had received and taken their medicines as prescribed. Care calls were not always planned to allow for sufficient time gaps between medicines administrations and staff said they had to rely on themselves picking this up as an issue. Topical administration records for creams or ointments applied to the skin were not fully

completed and they were not appropriately maintained.

Recruitment processes and procedures were not robust. Appropriate vetting checks were not always carried out and recruitment was not always impartial. One staff member had only had a basic Disclosure and Barring Service (DBS) check done as opposed to an enhanced one, as per the provider's own policy.

We received mixed feedback about staffing levels and could not establish if staffing levels were too low, or if the deployment of staff was not appropriate due to poor organisation around rotas. Staff also received no time built into their rotas for travel time and this resulted in them being late for care calls. We have made a recommendation about this.

Risks were assessed and reviewed monthly. Plans about how to manage identified risks were built into care plans. Accidents and incidents were recorded but we could not always establish if actions had been taken to follow up any issues.

People said they were happy with the standards of care they received and the caring nature of the staff team. People told us they enjoyed good relationships with staff, they were treated with dignity and respect and they were encouraged to be as independent as possible.

People's nutritional needs were met and care monitoring tools were maintained to identify any changes in people's needs such as an increase in incontinence or decrease in food and fluid intake. People were supported to access general medical support and also more specialist support as and when needed.

CQC monitors the application of the Mental Capacity Act (2005) and deprivation of liberty safeguards. The service assessed people's capacity when their care commenced and on an on-going basis when necessary. The registered manager told us that no person currently using the service had needed a best interest decision to be made on their behalf. Records around initial capacity assessments and those undertaken on an on-going basis needed to be improved to better evidence application of the Act.

Staff received training in most key areas although there was some evidence to suggest that this was not always applied in practice. We have made a recommendation about this.

Supervisions and appraisals took place regularly and an induction programme was undertaken by new staff when they started in post. Communication within the service was poor and the registered manager told us this was something that she needed to address.

Care records were not appropriately maintained and did not contain all relevant information about people's needs. Some information in people's care records was inaccurate or out of date. Care plans were reviewed as were risk assessments, but during these reviews amendments were not made to incorrect paperwork. Other records and record keeping across the service were poor.

People told us complaints they had made had not been responded to appropriately and the registered manager confirmed this in our discussions with her. Responses and records were not maintained in line with the provider's own complaints policy.

Some audits and checks were carried out but these were not always effective in identifying concerns or shortfalls such as those highlighted in these inspection findings. Where shortfalls were identified it was not clear what action had been taken to address these as action plans were not used to drive through and track progress of improvements. The registered manager did not have a robust oversight of the business and she

did not always apply the provider policies correctly.

People and staff were positive about the registered manager saying they were a nice person and keen to help. The registered manager told us she was committed to rectifying the shortfalls that we had identified and was keen to work with the Commission to drive through the necessary improvements.

We identified five breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 namely: Regulation 12 Safe care and treatment; Regulation 13 Safeguarding service users from abuse and improper treatment; Regulation 16 Receiving and acting on complaints; Regulation 17 Good governance; and Regulation 19 Fit and proper persons employed. You can see the action we have told the provider to take at the back of the full version of this report. Full information about CQC's regulatory response to any concerns found during inspections is added to reports after any representations and appeals have been concluded.

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.

People were not appropriately safeguarded from abuse or improper treatment, as staff and management did not always recognise safeguarding incidents and report them.

Medicines were not safely managed.

Staffing levels were determined by the number of people supported and their needs. Staff rotas were not well organised and people gave mixed feedback about the timeliness of their care calls.

Risks were considered and steps to mitigate these risks built into care plans.

Accidents and incidents were recorded but it was difficult to track what action had been taken in response to some of these accidents due to poor recording.

Is the service effective?

Requires Improvement ●

The service was not always effective.

People were happy with the standards of care they received.

Staff received training in key areas but we identified some concerns about staff's application of what they had learned to their role.

The Mental Capacity Act was applied but record keeping in relation to this needed to be improved to better evidence the application of this Act.

People were supported to access general medical services and the services of specialist healthcare professionals if needed.

People's nutritional needs were met.

Communication across the service needed to be improved so that vital information was shared and appropriately recorded.

Is the service caring?

Good 

The service remains Good in this caring domain.

Is the service responsive?

Requires Improvement 

The service was not responsive.

Care records were not always well maintained and some care plans were not in place, or where they were, information within them was inaccurate.

Complaints were not handled appropriately or in line with the provider's own complaints policy. People were not kept informed and did not receive an explanation or satisfactory outcome.

People told us the care they received was personalised and they made day to day choices whilst being supported by staff.

Feedback about the service was gathered through questionnaires and telephone conversations with people who used the service. Staff feedback was obtained via supervisions, appraisals and meetings.

Is the service well-led?

Requires Improvement 

The service was not always well led.

There was a lack of effective governance systems and a lack of management oversight.

Audits were carried out but these were not effective in identifying the concerns that we found at this inspection. Action plans were not used to drive through improvements in the service.

Records and record keeping across the service was poor meaning that important information was often lost.

We received good feedback about the registered manager herself, but staff said they struggled to have access to talk to her directly.

Homecare Plus Limited

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 responsive inspection took place on 5, 26, 27 and 28 April 2017. We did not announce the inspection on the first day that we visited as we carried out the inspection in response to multiple concerns that had been shared with the Commission by a range of people, some of which were anonymously shared. The visits on the 26 and 27 April 2017 were announced. On 28 April 2017, we gathered further evidence by speaking with people who used the service, their relatives and staff.

The inspection team consisted of three adult social care inspectors.

Due to the nature and reasons for carrying out this inspection, we did not request a Provider Information Return (PIR) before we visited. A PIR 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. Prior to and during our inspection we obtained feedback about the service from local authority safeguarding teams, and contract and commissioning teams who worked with the service. In addition, we reviewed information that we held about the service, including statutory notifications, serious incidents and safeguarding information that the provider had notified us of within the last 12 months. We used the information that we gathered to inform and direct our inspection activity.

During our inspection we visited two people in their own homes and spoke with a further 12 people who used the service over the telephone. We also spoke with nine people's relatives, 12 members of the care staff team, the registered manager/nominated individual, who is also a director of the company, the office manager, two office coordinators and other administrative staff. We observed some care and support during visits to people's homes and we reviewed a range of records related to people's care and the management of the service. This included looking at five people's care records, five staff files (including recruitment, training and induction records), four people's medication administration records and other company based records related to quality assurance and the general operation of the service.

We reviewed all the information that we gathered prior to and during our inspection, and used this information to form the basis of our judgements and content of this report.

Is the service safe?

Our findings

People were not appropriately safeguarded from abuse and improper treatment. We identified numerous incidences of a potential safeguarding nature that had not been reported to the local authority safeguarding adults team in line with set guidance and protocols so that appropriate assessment and investigation if appropriate could take place. For example, in the complaints file we identified one person had been neglected due to a missed call/late call and as a result they had been left with a wet incontinence aid next to their skin for a 12 hour period. The clinical lead/deputy manager and the registered manager agreed that this was a safeguarding matter that should have been reported to the local authority, and they could offer no explanation as to why they had not raised this as a safeguarding incident.

In another example, a person had made an allegation that they had been subject to verbal abuse by a care worker but this matter had not been investigated internally or reported to the local authority safeguarding adults team by office staff or the registered manager/nominated individual.

Staff had been trained in the safeguarding of vulnerable adults and when they spoke with us they were knowledgeable about different types of abuse and the internal protocols they should follow to report abuse. In practice however, matters were either not reported to office staff internally, or where they were, they were not always escalated internally and externally to the relevant parties for further assessment and consideration.

This is a breach of Regulation 13 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, entitled Safeguarding service users from abuse and improper treatment.

Medicines were not safely managed. Care plans and information about the medicines that people were currently prescribed, were not always up to date within their homes. Where families were actively involved in people's lives, and in some cases lived with them, it was not clear in care plans exactly who was involved in what elements of assisting people to take their medicines. One family member described how they potted up and left medicines on the side for care workers to then give to their family member at a care call later that day, when they were going to be out. This practice is against NICE best practice guidance about the safe administration of medicines in domiciliary care settings.

We found multiple gaps in Medicines Administration Records (MARs) that care staff were supposed to sign to indicate they had administered medicines. Staff did not highlight on the reverse of MARs where there were gaps in recording to indicate any reason for the missing signature such as a refusal to take the medicine. This meant we were not able to reconcile whether people had actually taken their medicines or not. In some of the MARs that we looked at we saw two separate administrations of medicines had been recorded in one day, for medicines that were prescribed to be taken once a day. We could not establish if this was a recording error or a medication error in that people had received their tablet twice. Staff had not highlighted these recording issues to management for further investigation meaning that people's health and welfare was put at unnecessary risk.

One person who was prescribed paracetamol to be taken up to four times a day had a MAR record which recorded they were to have this medicine twice a day, morning and night. This was different to the instructions on the prescribed box of medicines and therefore the information on the MAR from which care workers were administering medicines was inaccurate. The person told us that if they needed paracetamol for a headache during the day in between care call visits from the service, they would take these themselves. There was no care plan around medicines to support this practice and no measure in place to ensure that when a care worker called to support the person with their medicines later in the day, they were able to establish that a sufficient time gap had lapsed between doses of paracetamol so as to avoid any overdose of medicines.

In another case staff told us that care calls were not allocated correctly and it meant that there were not sufficient time gaps between some people's lunchtime and tea time calls to be able to administer medicines in line with prescribed safe limits. Staff said there was a reliance on them spotting these errors and reorganising their own care call schedules, in order to avoid people getting their medicines at inappropriate times and unsafe intervals.

Topical administration records for creams or ointments applied to the skin, were not fully completed with relevant details and they were not always signed up to date to confirm they were applied. Therefore, we could not establish if people had been administered these topical medicines in line with their prescriptions.

Some staff told us that they had not been trained in the safe handling of medicines, despite having not worked in the health and social care sector previously and despite asking to complete this course.

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

We reviewed five staff files to assess the recruitment processes followed by the service. Potential new staff had completed application forms, been interviewed, provided appropriate proof of identity and references from previous employment had been sought. However, we found that some recruitment was not impartial as one person had cited a care co-ordinator who already worked for the company in the provider's head office as one of their referees and this care co-ordinator also interviewed and appointed them.

One staff member had only had a basic Disclosure and Barring Service (DBS) vetting check completed as opposed to a more detailed enhanced one. The registered manager confirmed that she had not realised this and it had been overlooked. All other staff files showed an enhanced DBS check for staff had been completed before they commenced employment. The DBS service provide information to employers about employees or potential employees backgrounds including if they feature on a list of people barred from working with vulnerable adults and children, as well as any criminal convictions. One staff member told us they had started their job and worked alone with vulnerable people before their DBS check result had been obtained. This meant the provider had not ensured that new staff they employed were suitable to work with vulnerable people.

We reviewed the pre-employment checks carried out for a foreign national working in the United Kingdom on the basis of a spouse visa issued by the UK Government's UK Visas and Immigration department. We found the provider had not carried out a check with this department to establish the validity of this document, to ensure the person had the right to work in the United Kingdom, either before or since employing them. We discussed this with the registered manager who told us they would investigate this further and review their recruitment policy to ensure such checks were carried out in the future.

One staff member's recruitment records reflected that they had been dismissed from their previous employment. They had declared this fact on their application form. There was no evidence to confirm that the provider had explored the reason for this dismissal with the staff member's previous employer. Therefore, the provider had not carried out robust enough checks into the staff member's character and competence to carry out their role, to ensure they were suitable to work with vulnerable people, prior to employing them.

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

We received mixed feedback about staffing levels within the service. Some people were very happy with the care packages they had in place and said they received consistency of care from a small team of care workers. They reflected that their arranged care calls were timely. Other people told us they experienced late care calls and sometimes scheduled calls were missed altogether. Some full time staff told us that no provision was built into their care call rotas for travel time and this meant they often had to start their shift early, or juggle call times, often leaving some people's homes before the allocated length of time in order to follow their rota as closely as possible. This meant people did not always receive support for the full time agreed in their care contracts with the provider, in line with assessment of their needs. In contrast to this, some staff said there were no issues with their calls or rotas.

We identified some concerns around the deployment of staff. Several members of staff told us they had on more than one occasion been allocated to attend a care call where the person supposed to be receiving care was not at home, for example because they were in hospital. Staff told us that people said they had called the office to advise of this on more than one occasion, but this had not been transferred onto care staff's rotas or communicated with them. Staff told us that this led to wasted travel time and costs, and it also resulted in anxiety and worry that people were hurt, when they arrived at their homes and they could not get an answer.

We recommend the provider reviews staffing levels, how staff are deployed, communication systems and the allocation of staff to care calls, to ensure that staffing levels are appropriate and people's needs are met in a timely manner.

People talked highly of the staff who supported them and commented that they felt safe when staff came into their home and assisted them. One person said, "She's (care worker) fantastic; she puts me at ease". Another person told us, "The carers have never been rude or not nice to me". Relatives commented they did not have any concerns about their family member's safety when they were supported by staff. One relative said, "The lady who she (mam) sees regularly is very good with her and quite friendly and makes her feel relaxed".

Potential risks people faced were assessed via a checklist process which was reviewed monthly. These looked at risks related to falls, nutritional needs, skin integrity, moving and handling and mental health, amongst other things. Steps that needed to be taken to reduce any identified risks as much as possible were built into people's care plans alongside their needs.

The provider supported people to manage risks to their health and safety presented within their own homes. We viewed records which showed for example that staff had highlighted concerns to office staff about people's health and wellbeing in winter months, for them to then liaise with people and other professionals as necessary.

Accidents and incidents were recorded in the provider's head office and mainly consisted of staff injuries. Where there had been an accident or incident involving a person who used the service the details of the event had been recorded and any subsequent action that was needed was recorded. However, we could not always clarify if these actions had been followed up due to poor record keeping.

Is the service effective?

Our findings

All of the people we spoke with told us they were happy with the standards of care and support that they received. They said staff were competent in their roles and they appreciated the help and support that was delivered within their own homes. One person said, "Every single one (care staff) is a quality carer and they know what they are doing". Another person told us, "They are very good. I have no problems with the carers that come to see me". A third person commented, "The care is fair enough".

Relatives said they were happy with the service their family member received. Comments from relatives included, "The service are very good. I have no worries", "I can't complain I get good people (care staff) who come" and "It's been alright up until now".

People who received support to meet their nutritional needs told us they were happy with care staff cooking their meals. They relayed that they were given choices around food. Staff told us that where necessary food and fluid monitoring was in place to ensure that if people's intakes decreased, assistance from external healthcare professionals for appropriate medical interventions could be sought. Completed food and fluid charts were audited by the clinical lead/deputy manager on a monthly basis to ensure staff continued to complete these and refer changes to people's needs in a timely manner.

Charts were also completed by staff in a number of care packages to monitor the safe use of Percutaneous Endoscopic Gastrostomy (PEG) feeding tubes (inserted through the stomach wall), that are used to meet the nutritional needs of people who cannot take food by mouth. These charts were audited monthly, by the clinical lead/deputy manager.

People were supported to access routine medical support, such as that from a doctor or dentist, should this be necessary. In addition, if people needed assessments or referrals to be made to more specialist healthcare professionals, such as occupational therapists and speech and language therapists due to their change in needs, staff generally provided this support. However, we found records did not always reflect that these referrals had been made. In one case, a required referral was not made in a timely manner because poor record keeping and poor communication/analysis of incidents within the service, had led to this being accidentally overlooked.

Consent to care and treatment had been considered and there was evidence in people's care files that consent had been obtained, for example, consent to share personal information with relevant healthcare professionals and other important persons. People told us they were asked in advance for their consent to the care that was to be delivered. One person said, "They let me do what I can do and ask if they can help. They never just do they always ask".

The Care Quality Commission (CQC) is required by law to monitor the application of the Mental Capacity Act 2005 (MCA) including the Deprivation of Liberty Safeguards (DoLS), and to report on what we find. 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 to receive care and treatment when this is in their best interests and legally authorised under the MCA.

We discussed the Mental Capacity Act (2005) and Court of Protection orders to deprive people of their liberty in a domiciliary setting with the registered manager. They told us that people's cognitive abilities were assessed at the point the service commenced and then afterwards, if necessary. Records related to assessments of people's capacity levels needed to be improved to ensure that they were appropriately evidenced in line with the requirements of the aforementioned Act.

In relation to the MCA, we discussed the needs of people currently supported by the service, with the registered manager/nominated individual. They confirmed that to their knowledge no person currently using the service was subject to a Court of Protection order to deprive them of their liberty in a domiciliary care setting. We discussed the best interest decision making process under the Mental Capacity Act 2005 where decision making for those people who may lack the capacity to make decisions for themselves, is carried out communally. The registered manager informed us that should any concerns or issues arise in the future in respect of a person's capacity levels, they would liaise with their care managers to ensure that appropriate capacity assessments were carried out and the best interest decision making process was followed.

Staff induction, training, supervision and appraisal was up to date overall. An induction was in place and some staff told us they had completed the Care Certificate but records about this were retained within their own homes. The Care Certificate replaced the National Minimum Training Standards and the Common Induction Standards for Health and Social Care workers. The Care Certificate was developed jointly by Skills for Care, Health Education England and Skills for Health and brought into force in April 2015. It is a set of minimum standards that social care and health workers stick to in their daily working life and sets the new minimum standards that should be covered as part of induction training of new care workers.

Shadowing assessments of the performance of new members of the care staff team were carried out and documented within staff files. In addition to the Care Certificate, the care worker induction process involved an induction about the company and their personalised policies and procedures. Training was delivered via a mix of e-learning and face to face sessions. Staff had received training in recent months in a range of relevant topic areas such as safeguarding, fire safety, first aid and moving and handling. In addition to these key mandatory areas decided by the provider organisation, staff had also received training in topics relevant to the needs of the people they supported such as challenging behaviour, dementia awareness, nutrition and diet, risk assessment and the safe administration of medicines.

We found some anomalies with training, for example where some staff said they had not received appropriate training in the administration of medicines, yet they were carrying out medicines management tasks as part of their duties. The findings of our inspection also indicated that some staff, including management and office staff, did not always apply the training they had received. For example, they did not always refer matters of a safeguarding nature to the local authority safeguarding team for investigation or report them to the Commission.

We recommend that in conjunction with staff, the provider reviews the practical application of training within the service, so that they can be confident that all staff are appropriately applying what they have learned.

Staff confirmed that supervisions and appraisals were carried out regularly. Supervisions and appraisals are important as they are a two-way feedback tool through which the manager and individual staff can discuss work related issues, training needs and personal matters if necessary. Records showed that ad hoc supervisions were also undertaken in response to specific incidents to promote learning. Spot checks on staff practice were carried out to ensure that staff were competent to carry out their duties.

Some staff and people told us that communication between themselves and the office staff within the service was poor. Others said it was "fine". One person told us, "I rang them (the office staff) on Saturday when nobody came and they said they would call me back but they haven't. You don't get replies. The organisation isn't right I don't think". A member of staff commented, "The communication is terrible. I don't get to know things. People tell you they have called the office to inform them of changes and I don't know about them. When I ring the office about it, they say, sorry they knew but forgot to tell me or change my rota".

In addition to what people told us, we found general issues with communication within the office side of the business. We noted that incidents and other important information which should have been communicated and reported to the registered manager/nominated individual, had not always been shared with her. Staff told us they also struggled to have access to the registered manager/nominated individual, as they were regularly told by office staff that she was unavailable. We discussed this with the registered manager/nominated individual who told us she regularly sends memos to staff about changes in the business and tells them they can approach her at any time. We saw evidence of this. She said that some staff do come and visit her in the office to discuss matters on their minds, or they speak to her on the telephone. The registered manager/nominated individual said, "I think this inspection has highlighted an issue with communication that I need to look into".

Is the service caring?

Our findings

Most people told us they were happy with the engagements, interactions and relationships they experienced with the care staff who supported them. They relayed that staff were kind, gentle in their approach and respectful. One person told us, "The carers are very, very good. There are no problems with the interactions with any of them. Another person said, "I have a good relationship with them; they know me and I know them. They know when I've had a bad night".

A number of people said that the relationships they had with care workers varied, depending on the nature of the care worker and their abilities. One person said, "Some carers are brilliant and some are useless. Some have a bad attitude but I get on their back and tell them. On the whole they are good though".

One person's relative told us, "We have three carers who come consistently. (Person's name) loves them; they are really good with her". Another relative commented, "We get good people (care workers) who come. We get on well with all of them". A third relative said, "The carers don't just come in and get on with it, they go and talk with (Person's name)".

Staff explained how they protected people's dignity for example by discreetly positioning a towel over them when assisting them to dry themselves after a shower, or allowing them privacy when assisting them to use the toilet. People confirmed that they were treated with dignity and respect. One person said, "They treat me with dignity and respect. It's not nice having people (staff) having to help you". A relative said, "They (care workers) are respectful and polite to (Person's name)". People's care records reflected that prior to the commencement of the care package, people were asked by which name they would prefer to be addressed. Their preferred name was then listed in the pre-assessment information and used throughout their care records and during the delivery of care. This showed that people's preferences were taken into account to ensure that they were not called an inappropriate name and their dignity compromised.

Equality and people's diversity was respected and promoted. We saw no evidence to suggest anyone who used the service was discriminated against and no one told us anything to contradict this.

People were encouraged to retain their independence skills for as long as possible. One person told us they did what they could for themselves and care workers only assisted with the elements of their care where they needed support.

The registered manager/nominated individual told us that nobody who currently used the service was supported by an independent advocate. They were aware of how to access advocacy services within different local authority areas, should this be necessary. Relatives and staff advocated on people's behalf about minor issues, to ensure their human rights were protected.

People told us they were involved in planning around their care and they were present during regular reviews of their agreed care packages. Records reflected this. One relative said, "I am involved and included as a relative".

Is the service responsive?

Our findings

Care records were not always well maintained and care plans related to people's needs had not always been drafted. For example, people who received support to take their medicines did not have medication care plans in place. Generic lists of the medicines people were said to be taking were in their files within their own homes, but these were not always accurate. Associated risk assessments were generic and the same for different individuals. There were situations where relatives played a role in the management of people's medicines, for example, collecting medicines stocks and putting out medicines to be taken when they were out. It was not clearly documented in care records where the provider's role in supporting people to take their medicines started and ended.

Whilst the care people received was person-centred to their needs, where there was information held about their needs within their personalised care records, this was not always accurate. Some people told us that when care workers arrived to assist them, they had to explain what they needed to do to support them during that care visit. More detail was needed in care plans to confirm people's preferences about how they preferred to be supported and what they were capable of doing for themselves. One person's care records said that they needed oxygen, but this had been incorrectly recorded as a need and there was no supporting care plan. The person told us they did not use oxygen. Steps that needed to be taken to reduce risks in relation to people's needs were built into their care plans where relevant.

One member of staff told us, "Some of the care plans only say 'Personal care' not how each person likes things done. I have to ask clients how they would like or need to be supported". Another member of staff said, "Everywhere I have been there are care plans but sometimes they are inaccurate. You go in blind. There is no information about what people want".

Assessments were done at the point commencement of people's care packages. However, people told us that care workers were not introduced to them before coming for the first time. Some people said they would prefer this to happen as it would be a more personalised approach. One person said, "My only complaint is that if someone (care worker) comes here for the first time, I think someone should be coming with them to introduce them but they don't do this".

Care plan reviews were carried out after approximately three months and then again at five months. Checklist risk assessments were reviewed monthly. However, care plan reviews looked at people's care needs and if there were any changes, but the lack of appropriate paperwork and absence of care plans in some cases was not identified during these reviews. This meant that accurate, complete and contemporaneous records related to each person were not maintained in line with the requirements of relevant regulations.

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

We looked at how the service received and acted on complaints. We found the provider had a clear

complaints policy and procedure in place, although the registered manager/nominated individual admitted that this was not always followed in practice. Prior to our inspection we were made aware of an on-going complaint within the service. When we visited the provider's head office and reviewed the complaints systems and processes we could find no record of this complaint having been made. There was also no record or proof of any engagements with the complainant, no correspondence that they had been sent, and no outcome recorded. The registered manager/nominated individual told us that they had had some contact with the complainant, but they had not evidenced this. They also confirmed that they had not written out to the complainant in relation to any investigations they had undertaken or any conclusions they had drawn.

Some people told us they had rang up the office to make complaints or raise concerns about their care, timing of care visits and missed calls. They said they had been told these would be looked into, however, in practice this did not always happen and they were left without a satisfactory outcome to the issues they had raised.

We reviewed the provider's complaints policy which gave timescales about how complaints would be handled. This clearly stated that informal complaints would be resolved by the end of the next working day. It also stated complaint forms would be completed by the end of the next working day after any complaint is received, an acknowledgement of any complaint would be sent in writing to the complainant within five working days (if a formal complaint), and the complaint resolved within 25 working days of receipt (if a formal complaint).

There was no evidence that complaints were acknowledged either verbally or in writing. Complaints that identified safeguarding concerns were not appropriately handled as the safeguarding elements of the complaint were not referred to the local authority safeguarding team for assessment and potential investigation. There was no overall monitoring of complaints and complainants told us they were not kept informed of the status of their complaint.

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

People told us they had choice about how their care was delivered, what they ate for their lunch and they had the right to refuse care and support within their own homes if they wanted to. When we visited one person in their own home we observed the care worker supported them in decision making for example by giving them choices about what they ate for their tea and when this was during the care visit.

People told us they were asked for their feedback about the service in questionnaires that were issued to them by the provider and also during care review visits and separate telephone calls from office staff. Recently completed questionnaires showed that people were satisfied with the service. We looked at 13 responses and saw that they were mainly positive. People had answered "Yes" or "Usually" to all questions.

Staff told us they were able to share their feedback in meetings when they occurred, or in supervision sessions.

Is the service well-led?

Our findings

Some audits and checks were in place but these were not robust enough to identify and address the issues we found at our inspection. For example, auditing related to medicines identified as we did that there was an issue with medicines over the previous nine months but these issues continued and there was no specific action plan in place to show how identified issues were addressed. There had been some reduction in medication errors in the nine months prior to our inspection, but the incidents of medicines errors, missing signatures on MARs and poor records related to medicines had escalated again.

There were also audits of the safeguarding log retained within the service in respect of the types and amounts of different safeguarding incidents there had been in the service. However, these were basic and simply transferred information from the safeguarding log into visual charts. They were also not accurate as safeguarding incidents that occurred within the service were not always treated or recorded as such and therefore they were not recorded on the log in the first place. This meant that any analysis that was done of safeguarding matters did not capture all that was actually happening within the service. There was no management and governance oversight to check that safeguarding policies and procedures were followed.

The registered manager did not always follow company policies. For example, complaints were not responded to appropriately which meant complainants did not get relevant information, progress reports or a satisfactory outcome. The provider's complaints policy read, 'Registered Managers are responsible for investigating and resolving formal complaints (according to risk rating – see 13.4 and 13.6) and for ensuring the implementation of all aspects of this policy by staff under their line management. This will include ensuring appropriate records are maintained and that management reports are made as required'. In practice the registered manager did not adhere to this instruction.

Care monitoring tools which included, for example, the monitoring of people's continence patterns and nutritional intake, were analysed monthly at the point they were returned to the office for archiving. The clinical lead told us that these were reviewed in isolation for each person and retained within their individual care records. We saw that where some issues had been identified there was a note to say what action had been taken, such as going over a particular policy with a staff member or reminding them about the importance of record keeping. However, this meant that because such audits were carried out in isolation and retained within people's individual care records in the office, an overall view and analysis of any emerging patterns and trends was not explored. The reliance was on the clinical lead to remember and then pursue any issues that may be of concern with staff practice.

Records and record keeping across the service was poor. We found concerns not only with the maintenance of people's individual care records but also general record keeping around calls made to the service by people, their relatives, staff and healthcare professionals. We identified several matters and incidents that were not recorded against people's records in the office electronic system when we checked. The registered manager advised us that at the time of our inspection no auditing of the record keeping in the electronic system was undertaken to ensure relevant and pertinent information was not lost and where necessary any follow up work was appropriately documented.

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

At the time of our inspection a manager was in post who had been registered with the Commission to manage the carrying on of the regulated activities at this service. This was in line with the requirements of the provider's registration of this service with the Commission. The registered manager was also the nominated individual and a director of the provider organisation. She had been in post since the service was first registered with the Commission in September 2014.

The registration requirements of the service had not always been met in respect of the notification of other incidents in line with Regulation 18 of the Care Quality Commission (Registration) Regulations 2009. We could not be satisfied that all incidents had been reported to us as they should have been because the registered manager and staff did not always identify that certain incidents were notifiable. We discussed this with the registered manager/nominated individual. They told us they would re-familiarise themselves with the requirements of the aforementioned regulation so that notifications were made appropriately. We are dealing with this matter outside of the inspection process.

We received positive feedback about the registered manager from people and staff. One person said, "(Registered manager's name) came to see me in hospital and she has put more carers into my care package. (Registered manager's name) is perfectly good but she spends a lot of time at (provider's sister service) and she relies on people underneath her. They forget to pass things on and it leads to confusion sometimes. (Registered manager's name) says, "If you want anything at all ring me". Another person told us, "(Registered manager's name) comes out often". A relative said, "(Registered manager's name) rings up and checks that we are happy".

Some staff said they had no issues with their relationship with the registered manager and other staff commented that they struggled to approach the registered manager as they could not get through to her on the telephone when they rang the office. One staff member said, "Things have got worse for us as carers over the last few months. They (office staff) say it will get better (staffing levels and call rotas) but it doesn't. I suppose we could ring up and speak to (Registered manager's name) but we haven't done that. There are a lot of us who are not listened to".

We discussed this with the registered manager. She told us that staff do approach her and she memos staff regularly to remind them they can approach her at any time. She told us she would look into this matter and try and establish why some staff did not feel comfortable in approaching her, and what the alleged barriers are to staff having access to her by telephone via the office staff team.

A carer of the month initiative was in place where care workers could be selected for recognition of their hard work and given a monetary voucher to spend.

A matrix was in place to monitor staff supervisions and appraisals. Memos written by the registered manager to staff showed that information such as restructuring changes in the company, training plans, timesheets and working patterns was shared with staff regularly. Team meetings were held across different geographical areas where care was delivered but it was not clear how consistent these were and it depended on the senior care worker or team leader in charge. Senior leadership meetings were also held where reviews of complaints, systems, staff plan electronic system, audits, training and quality assurance were discussed. Although these meetings were useful, they were based on information about for example complaints and safeguarding that was not always accurate.

A safety committee met quarterly to look at safety issues within the service such as lone working, ID badges and hands free kits for cars.

The registered manager was receptive to all of the feedback we shared with her during our inspection. She told us she was committed to rectifying the shortfalls that we had identified and was keen to work with the Commission to drive through the necessary improvements.

This section is primarily information for the provider

Action we have told the provider to take

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

Regulated activity	Regulation
Personal care	<p>Regulation 12 HSCA RA Regulations 2014 Safe care and treatment</p> <p>Medicines were not managed safely. Records related to the administration of medicines were not well maintained and we could not always reconcile if people had received their medicines in line with their prescriptions. Regulation 12(1)(2)(g).</p>
Regulated activity	Regulation
Personal care	<p>Regulation 16 HSCA RA Regulations 2014 Receiving and acting on complaints</p> <p>Complaints were not appropriately handled or responded to. Complainants were not kept informed and record keeping in relation to complaints was poor. The providers complaints policy was not followed in practice. Regulation 16(1)(2).</p>
Regulated activity	Regulation
Personal care	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>There was a lack of management oversight and governance systems were not effective enough to identify the concerns we found at this inspection. Action plans were not used to drive through improvements within the service. Record and record keeping across the service was poor. Regulation 17(1)(2)(a)(b)(c)(d)(f)</p>
Regulated activity	Regulation

Personal care

Regulation 19 HSCA RA Regulations 2014 Fit and proper persons employed

Recruitment procedures were not robust and the provider's own policy was not followed. Appropriate vetting checks were not always carried out and recruitment was not always impartial. Regulation 19(1)(a).

This section is primarily information for the provider

Enforcement actions

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

Regulated activity	Regulation
Personal care	<p>Regulation 13 HSCA RA Regulations 2014 Safeguarding service users from abuse and improper treatment</p> <p>People were not safeguarded from abuse or improper treatment. Safeguarding incidents and matters were not always recognised as such by staff or management and they were therefore not always referred to local authority safeguarding teams for assessment and potential investigation in line with safeguarding protocols. Regulation 13(1)(2)(3)(4)(c)(d)(6)(b).</p>

The enforcement action we took:

We have issued a warning notice in respect of this Regulation.