

360 Degrees Health Care and Rehabilitation Services Ltd

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Inspection report

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

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

We carried out an inspection of 360 Degrees Health Care and Rehabilitation Service Limited on 15 and 16 March and 25 April 2016. This was the first inspection that had been carried out at this service.

360 Degrees Health Care and Rehabilitation Service Limited is a domiciliary care agency. The service provides care and support to people with a variety of needs including older people, younger adults, people with a learning disability or autistic spectrum disorder, people with mental health issues, a physical disability, sensory impairment and people living with dementia. The service is based in Nelson in East Lancashire. At the time of the inspection the service was providing support to 61 people.

At the time of our inspection the service did not have a registered manager in post. 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. There was an acting manager in post who told us she had recently submitted an application to the Commission to become the registered manager for the service. We checked our records and found that an application had been received. However, this had been rejected on 17 March 2016 as it contained incomplete information and a further application had not been received.

During this inspection we found four breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 relating to the failure to recruit staff safely, failure to ensure staff had the competence, skills and experience to provide people with safe care and failure to ensure that staff had access to information in people's homes about their needs and risks. There was also a failure to assess, monitor and improve the quality and safety of the service. We found that staff were recruited without the necessary checks being completed and without references being received from their previous employers. In addition, two staff members were providing care and support to people without having received an induction and appropriate training when they joined the service. Care plans and risk assessments were not available to staff in people's homes and the service did not have effective processes in place to monitor the quality and safety of care being provided. You can see what action we told the provider to take at the back of the full version of the report.

During our visits on 15 and 16 March 2016, we found that safe recruitment practices were not followed when the service employed new staff. Applicants were not required to provide a full employment history, references were not always sought from an applicant's most recent or current employer and appropriate checks were not carried out. We discussed this with the manager who assured us that safe practice would be followed in the future.

When we visited the service again on 25 April 2016, following further concerns we had received about unsafe recruitment practices, we found that improvements had not been made. Staff were providing care prior to appropriate checks having been completed.

People who used the service and their relatives told us that care plans and risk assessments were not always available in the home. This meant that staff did not always have access to information about people's needs and risks and how to manage them.

We found that staff did not always receive an induction and appropriate training when they joined the service, before they provided support to people. This meant that the provider could not be sure they had the competence, skills and experience necessary to provide people with safe care and support.

The people we spoke with told us they felt safe when staff supported them. One person said, "I always feel safe when the staff are helping me. I need help from two carers and two always come".

The staff we spoke with had a good understanding of how to safeguard vulnerable adults from abuse and what action to take if they suspected abuse was taking place.

People told us they were always supported by the correct number of staff. Most of the people we spoke with told us that staff arrived on time and stayed for the right amount of time. However, one person we spoke with and one relative told us that staff were sometimes late.

We found that people's medicines were managed safely and people told us they received their medicines when they should.

Most of the people we spoke with were happy with the care and support they received from the service.

Staff understood the principles of the Mental Capacity Act 2005 (MCA) and supported people to make everyday decisions about their care. Where people lacked the capacity to make decisions about their care, relatives told us they had been consulted.

We found that people were supported appropriately with eating and drinking and their healthcare needs were met.

People told us the staff who supported them were caring. One person said, "The carers who come are good. They're very caring".

People told us staff respected their privacy and dignity and encouraged them to be independent.

People were involved in planning their care. Where people lacked the capacity to make decisions about their care, relatives told us they were involved.

We saw evidence that the service sought feedback from people about the service they received.

Most of the people we spoke with were happy with the way the service was being managed. One person told us, "The service is managed well. I was contacted by the manager after my second visit to check everything was ok". However, one person told us they felt the service was not managed well.

We found that effective audits were not completed to ensure that appropriate levels of care and safety were maintained.

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?

Requires Improvement ●

The service was not always safe.

The manager did not follow safe recruitment procedures.

People told us they had experienced missed visits and staff were sometimes late.

Information relating to people's risks and how to manage them was not always available to staff in people's homes.

Medicines were managed safely and people told us they received their medicines when they should.

Is the service effective?

Requires Improvement ●

The service was not always effective.

Not all staff received an induction and appropriate training prior to providing care and support to people.

Staff understood the Mental Capacity Act 2005 (MCA) and supported people to make everyday decisions about their care. Where people lacked the capacity to make decisions about their care, relatives told us they were consulted.

People were supported appropriately with nutrition and hydration and their healthcare needs were met.

Is the service caring?

Good ●

The service was caring.

People's care needs were discussed with them. Where people lacked the capacity to make decisions about their care, their relatives had been consulted.

People told us staff respected their privacy and dignity and encouraged them to be independent.

People were supported by staff they knew.

Is the service responsive?

The service was not always responsive.

People told us they received personalised care which reflected their needs and preferences.

Information about people's needs and how to meet them was not always available to staff in people's homes.

People did not always receive information about who would be supporting them.

Requires Improvement ●

Is the service well-led?

The service was not always well-led.

Concerns were raised with the manager regarding unsafe recruitment practices. However, improvements were not made.

People and their relatives felt able to contact the manager regarding concerns. However, improvements were not always made when concerns were raised.

Effective audits were not completed to ensure that appropriate levels of quality and safety were maintained.

Requires Improvement ●

360 Degrees Health Care and Rehabilitation Services Ltd

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 was 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.

The initial inspection visits took place on 15 and 16 March and we gave the provider 48 hours' notice as we needed to be sure that the manager would be available to participate in the inspection. The subsequent visit on 25 April 2016 was unannounced. The inspection was carried out by one adult social care inspector.

Prior to the inspection we reviewed information we held about the service, including concerns we had received. We contacted two community social care professionals who had been involved with the service; however, we did not receive any information from them. We also contacted the Quality and Contracting Unit at Lancashire County Council for information about the service.

Before the inspection we asked the provider to complete a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. They did not return a PIR and we discussed this with the manager during our inspection. The manager advised that she had notified the Commission of a change of nominated individual for the service in November 2015. A nominated individual is a registered person who has legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run. When we checked our records, the notification had not been submitted correctly and the Commission had requested that it was sent again. However, no further notification had been received. This meant that the Commission had issued the PIR request to the person

registered as the nominated individual at that time.

As part of the inspection we spoke with seven people who received support from the service and five relatives. We also spoke with two care assistants, one supervisor and the manager. We also visited one person who was supported by the service, at their relative's home. In addition, we reviewed the care records of five people being supported by the service. We also looked at service records including staff recruitment, supervision and training records, policies and procedures, complaints and compliments records and records of checks completed.

Is the service safe?

Our findings

The people being supported by the service told us they always felt safe. One person said, "I always feel safe when the staff are helping me. I need help from two carers and two always come". The relatives we spoke with also felt people being supported by the service received safe care.

Prior to our inspection we had received concerns from the local authority that the service was not recruiting staff safely. We looked at how staff were recruited. A recruitment and selection policy was in place which specified the necessary checks that needed to be completed prior to applicants starting work with the service. In addition, the policy stated that applicants must provide a full employment history as part of the application and any gaps in that history should be addressed. The policy stated that a minimum of two references should be sought and one of them must be from the applicant's current or most recent employer.

We reviewed the recruitment records of five members of staff and found that the necessary checks had not been completed before staff began working at the service. The service had not requested an enhanced Disclosure and Barring Service (DBS) check, which is a criminal record and barring check on individuals who intend to work with children and vulnerable adults, to help employers make safer recruitment decisions. In light of this, we reviewed the DBS checks for all staff employed by the service and found that the service had only completed DBS checks in relation to six of the 21 staff members. We noted that the service had records of DBS checks on file in relation to each member of staff. However, these checks had been completed by their previous employers, not as part of this service's recruitment process. This meant that the provider did not have up to date information about the suitability of staff to support vulnerable people.

We noted that applicants had not been required to provide a full employment history. The service's application form only required the names and contact details of two of the applicant's previous employers so that they could be contacted for references. We noted that information had not been sought from one member of staff's most recent previous employer. This meant that the provider did not have up to date information about that staff member's employment history. This did not comply with the service's recruitment and selection policy and our regulations and meant that people were not protected from the risks associated with unsafe recruitment.

The provider had failed to ensure that staff were recruited safely and were of good character. This was a breach of Regulation 19 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We discussed our concerns about the service's recruitment procedures with the manager. She told us she had joined the service in July 2015 and believed that DBS checks were valid for six months when staff moved from one organisation to another. When we clarified that this was not the case, the manager requested DBS checks for all of the fifteen staff who had not undergone checks as part of their recruitment. The manager informed us that prior to the DBS checks being received, she would arrange for care to be provided by the six staff who had appropriate checks in place and four bank staff used by the service who had also been the subject of appropriate checks. Following our visits, the manager contacted us with evidence that the outstanding DBS checks had been received and all staff were back at work. The manager

assured us that all appropriate checks would be carried out in the future and she would comply with our regulations and the service's recruitment and selection policy when employing new staff.

Following our visits on 15 and 16 March 2016, we received further concerns that three staff members were working at the service prior to DBS checks and appropriate references being received, two of whom were providing care to people. We visited the service again on 25 April 2016 and discussed this with the manager, who confirmed that employment applications had been received from the three individuals but advised that they had not yet started working at the service. Upon further investigation we found that two of the staff members had started work at the service and were providing care without the necessary DBS checks having been completed and the appropriate references received. Neither of the staff had completed an induction or appropriate training as detailed in the service's training and development policy. This meant that people were not protected from the risks associated with unsafe recruitment.

We looked at how risks were managed in relation to people supported by the service. We found that risk assessments had been completed for each person, including those relating to mobility, personal care, medicines, day to day activities and the home environment. The risk assessments we viewed were individual to the person and included information for staff about the nature of each risk and how it should be managed. The manager told us that she completed the risk assessments. We noted that some of the risk assessment had not been signed. In addition, some of the risk assessments had not been dated, which meant it was not possible to determine when they had been completed. We discussed this with the manager who advised that she would ensure all risk assessments were signed and dated in the future. We found that one person being supported by the service was at risk of pressure sores and this information was not included in their care plan or risk assessments. We discussed this with the manager who resolved the issue during the inspection.

One of the people we spoke with and one relative told us there was no care documentation available in the home for the staff who visited them. This meant that staff did not always have access to information about people's risks and how to support them appropriately.

The provider had failed to ensure that staff had access to information relating to people's risks. This was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We looked at how the service safeguarded vulnerable adults from abuse. There was a safeguarding vulnerable adults policy in place which identified the different types of abuse and listed the contact details for the local authority and the Commission. Staff told us that the contact details for the local safeguarding team were also included in the care files kept in people's homes.

We looked at staff training and found that all except two new staff members of staff had received training in safeguarding vulnerable adults from abuse in the last 12 months. The staff we spoke with understood how to recognise abuse and told us they would raise any concerns with the manager. They were also aware that they could contact the local safeguarding team to report a concern.

People's care files included information about the action to be taken in the event of a fire. This helped to ensure that risks to people's health, safety and welfare could be managed appropriately.

We noted that the service kept a record of accidents and incidents that took place. At the time of our inspection there had been one incident. No accidents had taken place. We saw that the incident form had been completed appropriately and the action taken had been documented. The form had been reviewed and signed by the manager. This helped to ensure that appropriate action had been taken and that

documentation had been completed appropriately.

We looked at staffing arrangements at the service. Prior to our inspection the local authority informed us that the service had failed to visit a person on one occasion as planned. The manager told us that any periods of sickness or annual leave were covered by permanent staff, the four bank staff employed by the service or by her. Most people told us staff visited when they were supposed to and stayed for the full duration of the visit. However, one person who received support from the service told us that staff had been late on two or more occasions and one relative told us that staff were often late. One relative told us that there had been one missed visit and another relative told us that staff had failed to visit on two occasions. This meant that people were not always receiving support when they should. People told us that on each occasion an apology and explanation had been provided by the service.

The manager told us that the service did not have any formal processes for auditing the times that staff visited people in their homes. However, the provider planned to introduce an electronic call logging system which meant that staff would be required to log in and out when they visited people. The manager told us this would provide accurate information about visit times and if staff were 15 minutes or more late to a visit, staff at the office received an alert and action could be taken. This would help to ensure that people received support when they should. People told us that when two members of staff were required to provide support, two staff members always attended.

We looked at whether people's medicines were managed safely. The manager told us that people or their relatives were responsible for the ordering and disposal of medicines and staff were responsible for the administration of medicines. A medicines administration policy was available which included information relating to administration, consent, refusal, as needed (PRN) medicines, controlled drugs, over the counter medicines, errors and changes in medication.

Records showed that most staff had completed up to date training in the safe administration of medicines and we saw evidence that staff competence to administer medicines safely was assessed as part of their induction. We noted that two new staff members had not completed training in how to administer medicines safely. The manager told us that up until February 2016, the service had only supported one person with their medicines and as a result of this, staff competence to administer medicines safely was not routinely checked following their induction. The manager told us that the number of people supported by the service had increased significantly in the previous four to six weeks and they now supported ten people with their medicines. She advised that in light of this, in the future staff would be assessed regularly in relation to their ability to administer medicines safely. The staff we spoke with confirmed they had received training in medicines administration and demonstrated they understood how to administer medicines safely.

The people we spoke with told us they received their medicines when they should, including pain relief. Relatives told us that people's medicines were administered safely. It was not possible to review people's current medication administration records (MARs) as these were kept in people's homes for staff to refer to and complete daily. However, we reviewed the past MARs of one person being supported by the service. We found that staff had signed the MAR sheets to demonstrate that medicines had been administered. The dosage and time that each medicine should be administered was documented and a description of each medicine was available. This would help to avoid errors.

We noted that one member of staff's competence to support people with moving and handling safely had been assessed. The manager told us that until recently the service had only been supporting one person with moving, which is why only one member of staff had been assessed. The manager told us that since the

number of people being supported by the service had increased, the number of people with moving and handling needs had also increased. In light of this, the manager told us she planned to include safe moving and handling in the spot checks that were carried out on staff regularly.

The service had an infection control policy in place, which provided guidance for staff about hand hygiene, personal protective equipment, infectious diseases, food hygiene, cleaning agents and the managements of sharps (needles and syringes). This helped to ensure that people were protected from the health risks associated with poor infection control.

Is the service effective?

Our findings

Most of the people we spoke with told us they were happy with the care they received. One person said, "The service is fantastic. The staff always attend when they should". Another said "They're very good. They come on time and stay for the right amount of time". Most of the relatives we spoke with were also happy with the support being provided by the service. One relative told us, "The care is excellent. We're so happy with the service". However, one person we spoke with and one relative told us that staff did not always visit at the right time.

Records showed that most staff completed an induction when they joined the service, which included training in moving and handling, infection control, health and safety, safeguarding vulnerable adults, first aid, medication, food hygiene, mental capacity, eating and drinking and dementia awareness. We noted that new staff also completed the Care Certificate over a twelve week period as part of their induction. The Care Certificate is an identified set of standards that health and social care workers adhere to in their daily working life. Following our initial inspection visits on 15 and 16 March 2016, we received concerns that staff were providing care and support to people without having received an induction and appropriate training. We visited the service again on 25 April 2016 and discussed this with the manager who denied that this was the case. Upon further investigation, including a discussion with the relative of a person receiving support from the service, we found that two staff members were providing care and support without having received an induction and appropriate training when they joined the service.

The provider had failed to ensure that staff had the competence, skills and experience to provide care to people safely. This was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

When we visited the service on 15 and 16 March 2016, the manager told us that new staff observed experienced staff when they joined the service as part of their induction. She explained that the period of time staff spent observing depended on their level of experience in providing people with care and support. The manager told us that time spent observing was not documented. However, she told us this was going to be introduced and provided us with a copy of the documentation that would be used. The documentation stated that a minimum of nine hours 'shadowing' would be completed by staff before they delivered care. The staff we spoke with told us they had spent some time observing experienced staff as part of their induction. However, when we visited the service again on 25 April 2016, we found that two new staff members were providing care and support to people without having spent time observing experienced staff first. This meant that staff had not had the opportunity to become familiar with people's needs before they became responsible for providing their care.

We saw evidence that the manager or the supervisor carried out regular spot checks (observations) on each staff member while they were delivering care in people's homes. The spot checks assessed the staff member's uniform, punctuality and their communication with the person being supported. The staff we spoke with confirmed that their practice was observed regularly.

There was a training plan in place which identified training that had been completed by staff and when further training was scheduled or due. We found that most staff had completed training in food hygiene, first aid, moving and handling, infection control and medicines administration. This helped to ensure that people received safe care. The staff we spoke with told us they felt they had completed all the training necessary to enable them to meet the needs of the people they supported. They told us they could request further training if they felt it was necessary. However, we noted that two new staff had not completed any training with the service prior to providing people with care and support.

We looked at how staff at the service communicated with each other about people's needs. The staff we spoke with felt that communication between staff and with the people they supported and their relatives was good. Staff told us they completed a 'communication log' every time they visited people, where they documented the care provided on each occasion and any concerns. This information was kept in the person's home and was accessed by staff who attended the subsequent visit. This helped to ensure that all staff were kept up to date with people's needs.

Most of the people we spoke with confirmed that staff completed daily records of the care they provided and told us communication at the service was good. However, one person told us that there was no communication log in their home. In addition, one relative told us that when their relative initially received care from the service, there was no communication log in the home but this was provided when they requested it. One relative told us that staff did not always complete the log when they visited. This meant that up to date information was not always available to staff about the care that had been provided and any changes in people's needs or risks.

The provider had failed to maintain an accurate, complete and contemporaneous record in respect of each service users. This was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We looked at how the service addressed people's mental capacity. The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to make 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 checked whether the service was working within the principles of the MCA. We found that a Mental Capacity Act 2005 policy was in place. The policy included the principles of the MCA, including the importance of providing assistance with decision making and ensuring that any decisions were made in people's best interests.

The staff we spoke with told us the MCA had been addressed as part of their induction and training. They understood the importance of seeking people's consent about every day decisions even when they lacked the capacity to make decisions about more complex aspects of their care. Staff were also aware that people had the right to refuse care regardless of their capacity and told us they would encourage people if they were reluctant to receive care.

We looked at how the service supported people with eating and drinking. The people we spoke with told us that when staff prepared food for them it was always hot enough and was good quality and staff always offered them drinks during a visit. The staff we spoke with understood the importance of supporting people

appropriately with nutrition and hydration. They told us that some of the people they supported needed encouragement to eat and drink.

The care records we looked at included information about people's dietary preferences, and risks assessments and action plans were in place where there were concerns about a person's nutrition or hydration.

We looked at how people were supported with their health. The people who received support and the relatives we spoke with felt staff made sure people's health needs were met. We found that the care plans and risk assessments we reviewed included information about people's health needs and guidance for staff about how to meet them.

The people we spoke with told us that staff supported them appropriately with their personal care needs.

Is the service caring?

Our findings

The people we spoke with told us the staff who supported them were caring. They said, "The carers who come are good. They're very caring" and "The staff respect my privacy and dignity. They're discreet when helping me with personal care". Relatives told us, "The care is good. My [relative] is happy with the service" and "The staff are very nice. They go beyond what they need to do".

The staff we spoke with told us they knew the people well that they supported, both in terms of their needs and their preferences. They felt they had the time during visits to provide people with personalised support in a caring way.

Most of the people we spoke with told us they were supported by a number of different staff and were happy with this arrangement. Three people told us they would like to receive weekly rotas advising which members of staff would be supporting them. We discussed this with the manager who assured us this would be arranged. One person we spoke with told us they were always supported by the same member of staff unless the member of staff was ill or on holiday and they were very happy with this arrangement. However, one relative told us that care was provided by a variety of staff and they would prefer the same carer to visit every time. They did not tell us if they had raised this issue with the manager.

We saw evidence that people received information about the service. The manager showed us the 'client guide' that was provided to each person when the service agreed to support them. The guide included information about how to make a complaint.

We noted that information about local advocacy services was not included in the client guide. Advocacy services can be used when people do not have family or friends to support them or want support and advice from someone other than staff, friends or family members. We discussed this with the manager who advised that information regarding the local authority advocacy service would be added to people's client guides.

The people we spoke with told us their care needs had been discussed with them. Where it was felt that people lacked the capacity to make decisions about their care, relatives told us they had been consulted. The relatives we spoke with confirmed they were involved in decisions about people's care. They told us they were updated by staff if there were any concerns or changes in the person's needs.

The people we spoke with told us that staff respected their dignity and privacy. They told us that staff were discreet when providing personal care and did not rush them when providing support. People told us they could make everyday choices about how they received their care, such as what they had to eat and where they went on trips out.

People told us that staff encouraged them to be independent. One person told us, "They let me do what I can do myself and support me with what I need help with". The staff we spoke with told us they encouraged people to be as independent as possible.

Is the service responsive?

Our findings

People told us their needs were being met by the staff who visited them. They said, "The staff have got to know me. They know how I like things done" and "The staff are good, they know what they're doing".

The care plans we reviewed included information about people's needs and how they should be met, as well as their likes and dislikes. Areas addressed included mobility, physical health, personal care and meal preparation. The manager told us she completed the care plans. We noted that not all the care plans we reviewed had been signed. Some of the care plans we reviewed were not dated which meant it was not possible to determine when they had been completed. None of the care plans we reviewed had been signed by the person receiving support or their relative, to demonstrate their involvement. We discussed this with the manager who advised that in future, she would ensure that care plans and review documentation were signed by her and the person involved.

Most of the people we spoke with told us they had been involved in completing their care plan and where it was felt that people lacked the capacity to make decisions about how their care was delivered, relatives told us they had been consulted. One person we spoke with who was receiving care, and one relative, told us that a copy of the care plan was not available in the home. This meant that staff were not always aware of people's needs and how best to meet them.

The provider had failed to ensure that information about people's individual needs was accessible to staff in people's homes. This was a breach of Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We saw evidence that people's needs were assessed by the manager prior to them being supported by the service. This meant the manager could be sure that the service was able to meet people's needs and manage any risks appropriately.

The manager told us that people's care plans were reviewed every three months. We saw evidence that some care plans had been reviewed. However, as some of the care plans had not been dated, it was not possible to determine whether reviews should have taken place.

The staff we spoke with were clear about the importance of taking action when people's needs changed. They told us that all concerns were discussed with the manager and they would contact the person's GP if they were unwell and would ensure their relatives were updated.

Three people we spoke with told us they did not receive rotas letting them know in advance which staff members would be supporting them. We discussed this with the manager who told us she would ensure that this was arranged.

A complaints policy and procedure was in place and included timescales for investigating and providing a response to complaints raised. Contact details for the local authority, the Commission and the Local

Government Ombudsman were included. The manager informed us that information about how to make a complaint about the service was also included in the client guide which was given to people when they started receiving support from the service. We noted that there were no complaints on file and the manager told us that no formal complaints about the service had been received.

Some of the people we spoke with told us they had contacted the service to express dissatisfaction with issues including staff lateness and a lack of care documentation in the home. We found there were no systems in place for the management of minor concerns. This meant that complaints and concerns had not be identified, taken seriously and responded to proactively.

Is the service well-led?

Our findings

Most people told us they were happy with how the service was managed. They told us, "They seem organised. I haven't had any issues" and "The service is managed well. I was contacted by the manager after my second visit to check everything was ok". One relative told us, "The service seems well managed and organised". However, one person told us they felt it was too early to comment on the management of the service as they had only recently raised concerns and one relative told us they felt the service was not managed well.

During our visits on 15 and 16 March 2016 we found that the manager was not recruiting staff safely. The necessary DBS checks had not been completed prior to staff providing care and a full employment history had not been requested as part of the employment application process. We discussed these issues with the manager who assured us that all appropriate checks would be completed in the future prior to staff commencing employment with the service.

Following these visits, we received further concerns that staff were supporting people without the necessary checks having been completed. We visited the service again on 25 April 2016 to investigate these concerns. When we discussed our concerns with the manager, she told us that staff had recently been recruited but had not started work yet as the necessary checks had not been completed. However, on investigation, which included speaking with the relative of a person being supported by the service, we found that two new staff were providing care without the appropriate checks having been completed. This included DBS checks and references from the staff members' previous employers. We also found that the new staff had not completed an induction or appropriate training with the service.

On 2 March 2013 we contacted the manager as we had not received a PIR from the service. We informed the manager that we had sent the PIR request to the nominated individual for the service and she advised that the nominated individual for the service had changed in November 2015. When we checked our records, we found that the service had sent a notification to us about this. However, the manager had been informed by the Commission that the notification had not been submitted correctly and consequently the previous nominated individual for the service was still registered with us. The manager assured us that she would ensure that a notification was submitted correctly. At the time of our inspection visits on 15 and 16 March and 25 April 2016, a notification had still not been received.

During our inspection we did not find any evidence of monitoring or oversight of the service by the provider. No audits were completed to assess the safety of staff recruitment or the quality of records being kept by staff in people's homes. This meant that the provider could not be sure that the service being provided by the manager was safe and of a good standard.

The provider had failed to assess, monitor and improve the safety of the services provided in the carrying on of the regulated activity, including the quality of the experience of service users in receiving those services. This was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We saw evidence that spot checks of staff practice were completed regularly in people's homes by the manager or a supervisor, which included whether staff had attended on time. However, the checks completed had not identified the late and missed visits reported to us during our inspection or that care documentation had not been completed by staff during every visit. This meant that the checks were not effective in ensuring that appropriate standards of care and safety were maintained. One relative we spoke with informed us they had raised their concerns regarding late visits with the service but no improvements had been made.

We looked at whether people were involved in the development of the service. The manager told us she had sent out satisfaction questionnaires to the people they supported and their relatives in August 2015. We reviewed the questionnaires and noted that the service had only been supporting a small number of people at that time. Nine questionnaires had been sent out and eight responses had been received. We saw that people reported a very high level of satisfaction with issues including the care they were receiving, the staff who supported them, time keeping, staff uniform, communication and whether they were introduced to staff before their care commenced.

The staff we spoke with told us they could speak with the manager at any time. They said, "The manager is good. She's approachable, supportive and understanding" and "The manager is lovely. You can contact her with any concerns". We observed the manager communicating with staff and noted that she was respectful and friendly towards them.

The staff we spoke with told us they had completed an induction when they joined the service. However, we found that two new staff members had not. Staff told us they received regular supervision with the manager. They told us they felt able to raise any concerns during their supervision sessions. The staff we spoke with told us they felt well supported by the manager and were encouraged to access training when they needed it.

Staff told us there had not been a staff meeting since they joined the service. This meant that staff had not had the opportunity to jointly meet with the manager on a regular basis to express concerns or to receive updates. We discussed this with the manager who informed us that there had not been any staff meetings at the service since June 2015 when the service had been supporting six people. The manager advised that a staff meeting had been planned for 4 March 2016 but had been cancelled due to bad weather. She told us she planned to arrange another staff meeting in the near future. We noted that a management meeting had taken place in June 2016. Issues discussed included: staffing, staff supervision and spot checks, training and recruitment.

There was a whistleblowing (reporting poor practice) policy in place which encouraged staff to raise concerns. The staff we spoke with were aware of the policy and felt confident they would be protected if they informed the manager of concerns about the actions of another member of staff.

We noted that the service had a contingency plan in place, which provided guidance in the event that the service experienced potential disruption due to staff shortages or extreme weather conditions. This would help to ensure that appropriate action could be taken if the service experienced difficulties that could affect people receiving care.

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 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 9 HSCA RA Regulations 2014 Person-centred care Care plans were not always available in people's home for staff to access. |
| Regulated activity | Regulation |
| Personal care | Regulation 12 HSCA RA Regulations 2014 Safe care and treatment Risk assessments were not always available in people's homes for staff to access. The provider had failed to ensure that staff had the competence, skills and experience to provide care to people safely. |
| Regulated activity | Regulation |
| Personal care | Regulation 17 HSCA RA Regulations 2014 Good governance There was a lack of effective audits in place to ensure appropriate levels of care and safety were maintained. The provider had failed to maintain an accurate, complete and contemporaneous record in respect of each service user. |

This section is primarily information for the provider

Enforcement actions

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

| Regulated activity | Regulation |
|--------------------|--|
| Personal care | Regulation 19 HSCA RA Regulations 2014 Fit and proper persons employed The provider had failed to ensure that staff were recruited safely and were of good character. |

The enforcement action we took:

We sent the provider a warning notice and have asked them to achieve compliance by 10 June 2016