

Caemac Investments Limited

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Inspection report

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19 September 2019

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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?

Requires Improvement ●

Is the service responsive?

Requires Improvement ●

Is the service well-led?

Inadequate ●

Summary of findings

Overall summary

About the service:

Caemac Investments Limited is a domiciliary care agency providing personal care to people living in their own homes or flats. The service provided care visits and offered support over night for some people. The service was supporting 33 older and younger adults at the time of this inspection.

People's experience of using this service and what we found:

People were at risk of receiving unsafe care as staff were often late or early for care visits. Staff members were not staying for the full duration of people's care visits. Some people required these visits to be at specific times based on their care needs. There was no monitoring or investigation in to the reasons for this.

People had risk assessments in place depending on their care needs. However, these were not detailed and did not give enough information for staff to support people safely. People were at risk of medicines being administered at incorrect times as information about this was not detailed. Missed signatures for medication administration were not being investigated.

Staff recruitment was not always safe. Necessary checks to ensure that staff members were able to support people were not always completed. Staff members were not receiving recorded supervision or competency observations to ensure that they had the skills and competence to complete their job roles effectively.

People gave us mixed feedback about the care they received from staff members. People told us that staff did not always introduce themselves when they arrived for care visits. People told us that they would like to have more time to talk to staff. Some people told us that staff were kind, caring and knew them well.

People did not always receive personalised care which met their needs. People's care plans contained limited information about their personal preferences, likes and dislikes. People's care needs were identified, however detail was not given to staff members to guide them to support people in a person-centred way. We have made a recommendation to the service about supporting people with different communication needs.

People had access to a complaints policy and procedure and complaints were responded to by the provider. However, these were not monitored to look for trends and for areas of the service which could be improved. We have made a recommendation to the service about recording and monitoring complaints.

The registered manager was not completing quality monitoring or audits at the service. There was limited oversight of the service, which meant that issues which required improvement could not be identified. Actions were not taken to bring about continuous improvement at the service. Known issues from previous inspections by the CQC had not been actioned.

People were supported to have maximum choice and control of their lives and staff supported them in the

least restrictive way possible and in their best interests; the policies and systems in the service supported this practice. People were supported with their dietary needs and the staff team worked well with health professionals to ensure that people lived healthy lives and achieved good outcomes in this area of their care.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection (and update):

The last rating for this service was requires improvement (report published 3 October 2018) and there were multiple breaches of regulation. The provider completed an action plan after the last inspection to show us what they would do and by when to improve. At this inspection enough, improvement had not been made and the provider was still in breach of regulations. We also found breaches of two additional regulations. The service remains rated requires improvement and has deteriorated to inadequate in well-led. This is the second inspection where we rated the provider requires improvement.

Why we inspected:

This was a planned inspection based on the previous rating.

Enforcement:

We have identified breaches in relation to safe care, staffing and recruitment, person centred care and good governance.

Please see the action we have told the provider to take at the end of this report.

Full information about CQC's regulatory response to the more serious concerns found during inspections is added to reports after any representations and appeals have been concluded.

Follow up:

We will meet with the provider following this report being published to discuss how they will make changes to ensure they improve their rating to at least good. We will request an action plan for the provider to understand what they will do to improve the standards of quality and safety. We will work with the local authority to monitor progress. We will return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was not always safe.

Details are in our safe findings below.

Requires Improvement ●

Is the service effective?

The service was not always effective.

Details are in our effective findings below.

Requires Improvement ●

Is the service caring?

The service was not always caring.

Details are in our caring findings below.

Requires Improvement ●

Is the service responsive?

The service was not always responsive.

Details are in our responsive findings below.

Requires Improvement ●

Is the service well-led?

The service was not well-led.

Details are in our well-led findings below.

Inadequate ●

Caemac Investments Limited

Detailed findings

Background to this inspection

The inspection:

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

Inspection team:

This inspection was carried out by two inspectors.

Service and service type:

This service is a domiciliary care agency. It provides personal care to people living in their own houses and flats.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection:

We gave the service 48 hours' notice of the inspection. This was because it is a small service and we needed to be sure that the provider or registered manager would be in the office to support the inspection.

Inspection activity started on 17 September 2019 and ended on 19 September 2019. We visited the office location on 17 September 2019. We spoke to people and their relatives to collect feedback about the service on 18 and 19 September 2019.

What we did before the inspection:

We reviewed information we had received about the service since the last inspection. The provider did not

complete the required Provider Information Return. This is information providers are required to send us with key information about the service, what it does well and improvements they plan to make. We took this into account in making our judgements in this report. We used all of this information to plan our inspection.

During the inspection:

We spoke with seven people and two relatives about their experience of the care provided by the service. We spoke with four care staff, a care coordinator, the registered manager, and the director of the company. We reviewed a range of records. This included four people's care records which included all aspects of care and risk. We looked at four staff files in relation to recruitment, training and staff supervision. We also looked at a variety of records relating to the management of the service, including audits, rota management, policies and procedures.

After the inspection:

The registered manager sent us further evidence in relation to quality assurance records and training data. We contacted the local authority for feedback and to inform them of the findings of this inspection.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At the last inspection this key question was rated as requires improvement. At this inspection this key question has remained the same. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Assessing risk, safety monitoring and management

At our last inspection the provider had failed to robustly assess the risks relating to the health safety and welfare of people. This was a breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection not enough improvement had been made and the provider was still in breach of regulation 12, both for the reasons identified at the last inspection and for new reasons identified at this inspection.

- People were not receiving their care visits on time. On several occasions people's care visits were late or early, sometimes by up to two hours. This included people whose care times were critical. For example, because they needed staff to help them take medicines at certain times, or to move regularly to stop their skin breaking down. The registered manager could not explain the reasons why these care visits were not on time and these were not being monitored.
- People had risk assessments in place in areas such as their home environment or moving and handling. However, risk assessments did not go in to detail about the measures to take to reduce risk.
- For example, one person's risk assessment identified that they needed a piece of equipment to support them with moving and handling. There was no information for staff which explained how to use this piece of equipment. Another person was living with a specific health conditions, however there was no information in the persons care plan for staff to know how to support the person with this condition or the signs to show that this person may need more support.
- People's assessments showed that they used equipment such as a hospital bed or needed turning to prevent pressure sores. However, staff did not have any guidance to follow as to the correct settings for equipment, or frequency people needed to be repositioned. The provider had no systems in place to monitor this. This put people at increased risk of developing pressure ulcers.

We found no evidence that people had come to harm. However, there was a potential risk that late visits could cause risk of harm. People's risk assessments were not detailed enough for staff to support people safely. This was a continued breach of regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Despite our findings people told us that they felt safe and that staff knew how to support them safely. One person said, "[Staff] help me use [piece of equipment] and they really seem to know what they are doing. I

always feel very safe."

- Staff members we spoke to had good knowledge about how to support people with their specific needs. Staff members told us that they knew how to use mobility equipment.

Staffing and recruitment

At our last inspection the provider had failed to assure themselves that staff members had the skills and knowledge to support people effectively. This was a breach of regulation 18 (Staffing) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection not enough improvement had been made and the provider was still in breach of regulation 18 both for the reasons identified at the last inspection and for new reasons identified at this inspection.

- There were enough staff to support people and there had been no missed care visits. However, staff were not always on time for care visits. The registered manager could not explain the reasons for this as they were not monitoring or investigating late and early care visits.
- People told us that they felt safe but that late care visits were common and inconvenient. People said, "I sat on the edge of my bed for nearly an hour waiting for staff. It's very frustrating as I cannot use the toilet myself." and, "[Staff] are late quite a lot. I sometimes do not get my breakfast until [an hour after the care visit was due]." A relative said, "It interrupts the day for [family member]. We are just not sure when [staff] will turn up. It can be any time within a 90-minute time frame."
- Staff members told us that sometimes care visits ran late although there was a system in place where people were informed about this by the office staff. Staff told us that visits were never more than 30 minutes late, however the rota system we reviewed showed that this was not always the case. The registered manager explained that late visits may be where staff members forgot to 'sign in' on the electronic application. However, because late and early calls were not being monitored or investigated, the registered manager could not reassure us that this was the case.
- The registered manager told us that staff member who could not drive accompanied staff members who could. This meant that some people had two staff attend their care visit where they only needed one. We asked the registered manager whether this was the most effective deployment of staff considering other visits were often late. The registered manager told us that this was the system they had to use at the present time.
- People told us that the deployment of staff was often inconvenient. People told us, "[Staff] often arrive too early and I am not always wanting to get ready for bed at that time."
- Some staff did not stay for the full duration of people's care visits. People told us, "[Staff] do not always stay the time that they are supposed to. Some do, and some do not." and, "[Staff] do not always stay the full time of the visit. [Staff] sometimes pop in, do what they need to do and then leave."
- The registered manager showed us the system which monitored care visit durations. We saw numerous occasions where care visits were finished early. The registered manager was unable to tell us the reasons for this.
- Staff members told us that they always stayed for the full duration of a care visit. However, when we reviewed the system there was evidence that this did not always happen.

We found no evidence that people had come to harm. There were enough staff to attend people's care visits however these were often late, early or staff members did not stay for the full duration of the care visit. This was a continued breach of regulation 18 (Staffing) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Following the inspection, the registered manager told us that they would be looking at their systems to monitor care visits more effectively.

At our last inspection the provider had failed to ensure that staff members had the required checks in place to support people safely. This was a breach of regulation 19 (Fit and proper persons employed) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection not enough improvement had been made and the provider was still in breach of regulation 19.

- We reviewed staff recruitment files. Since 2014 regulations require that providers obtain particular information for all employed staff. The provider had not carried out robust checks to ensure staff were suitable to work in the service. For example, staff had started work before the provider had received satisfactory criminal records checks and references from previous employers. This was the case in three of the four staff files we reviewed.
- Staff files we reviewed showed that employed staff members had large gaps in their employment history. These had not been explored by the provider to account for staff member's previous work history. This is also a required check.

We found no evidence that people had come to harm. However, staff had not been recruited safely and in line with current legislation. This was a continued breach of regulation 19 (Fit and proper persons employed) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- The care coordinator showed us a form which had been produced to ensure that staff files contained all of the necessary information however this was not being used.

Using medicines safely

- Staff members administered people's medicines and recorded this on an electronic device. However, staff members were not provided with adequate information about when to administer people's medicines. Timings were designated as breakfast, lunch time, dinner time and evening. This meant that medicines that needed to be given at specific times were not recorded correctly.
- The registered manager showed us the monitoring system to check if staff had signed to say that medicines had been given. We saw numerous occasions where medicines were not signed for. We asked the registered manager how they could be assured that medicines had been given in these cases. The registered manager could not provide us with an answer.

We found no evidence that people had come to harm. However, people were at risk of not receiving their medicines at the correct time. This was a further breach of regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- People who were prescribed as and when required (PRN) medicines did not have protocols in place to explain to staff when these should be administered. This meant that staff did not have the necessary information to administer these medicines to people.
- Despite our findings people told us that they felt well supported with their medicines. One person told us, "Oh yes, [staff] know what they are doing and are very good with the medicines."
- Staff members we spoke to had received training and had a good knowledge of how to support people with their medicines.

Learning lessons when things go wrong

- The registered manager explained that they had not recorded any incidents or accidents since the service had started operating.
- The registered manager had created an action plan following the previous inspection by the CQC. There had been no improvement made in the areas identified as needing improvement. The service was still in breach in the same areas as the previous inspection. This shows that lessons had not been learned.
- As explained in other sections of this report there was limited quality monitoring happening at the service which reduced the opportunity to learn lessons and improve the service.

Systems and processes to safeguard people from the risk of abuse

- People told us they felt safe being supported by staff. One person said, "[Staff] appear well trained and confident. They know what they are doing."
- Staff members received training in safeguarding and knew how to report safeguarding concerns.
- The registered manager reported safeguarding concerns to the local authority where this was necessary.

Preventing and controlling infection

- People told us that staff knew how to promote good infection control and wore disposable gloves and aprons when supporting them.
- Staff members had training in infection control and told us that the necessary equipment was always available.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At the last inspection this key question was rated as requires improvement. At this inspection this key question has remained the same. This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

Staff support: induction, training, skills and experience

- Staff members told us that they had supervisions regular staff meetings to keep them up to date. However, when we reviewed staff files we found no evidence that these had been taking place. The providers policy stated that staff members were to have four supervisions and an appraisal each year. Staff files we reviewed showed that staff members had only one or no supervisions in a years' time frame.
- Other than an induction competency assessment, staff members were not receiving recorded observations of care visits. This meant that the registered manager could not be sure that staff members had the correct skills to support people effectively.
- The registered manager explained that staff had not been receiving supervisions and competency assessments in line with the providers policy. This was because of the lack of time that the registered manager and care coordinator had to complete these tasks.
- People gave us mixed feedback about the competency of staff. One person said, "I think the staff members could be trained better with using the hoist. Some of them do not appear to be very confident." However, another person said, "[Staff] come across as very well trained and confident."

We found no evidence that people had come to harm. However, checks were not in place to ensure that staff members had the appropriate skills and experience to support people. This was a further breach of regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- The care co-ordinator showed us a form which had been developed to improve in this area and perform competency checks with staff. However, this was not being used
- Staff members told us, and we saw records that showed the training which staff members completed. This included areas such as moving and handling, safeguarding, supporting people with dementia and the administration of medicines.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- People's needs were assessed using information provided to the service by the local authority and by speaking on the phone to people and their families. This made it difficult for the registered manager and the staff team to complete a holistic assessment of people's needs as people were not always assessed at their home environment.
- The registered manager was unsure of some current legislation and guidance such as supporting people who were unable to communicate verbally. This meant that these areas were not considered during

assessments of people's needs.

- People had been identified in assessments as living with conditions such as dementia or diabetes. This was mentioned in people's care plans, however there were no details about how staff members could then support people with these needs.
- The care co-ordinator showed us a form which had been produced to use when assessing people's needs however this was not being used.
- Staff members told us that they had received training in supporting people living with dementia and diabetes. However, new staff would not have had this information available to them.

Supporting people to eat and drink enough to maintain a balanced diet

- People told us that staff knew how to support them with meal preparation. One person said, "The [staff] are quite good with the food. They always offer me a choice of what to eat and drink." Another person said, "Oh yes. [Staff] always cook what I want. Like today, I usually have porridge for breakfast, but [staff] made me eggs on toast instead."
- Staff members had a good understanding of how to support people to maintain a balanced diet and knew that they could get support from health professionals if need be. Staff members had training in food preparation and hygiene.
- Although staff had a good understanding of people's dietary needs there was limited information about this in people's care plans. This was true for people living with diabetes and people who took dietary supplements. This meant that unfamiliar staff may not know how to support people in this area.

Ensuring consent to care and treatment in line with law and guidance

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 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. Where people may need to be deprived of their liberty in order to receive care and treatment in their own homes, the DoLS cannot be used. Instead, an application can be made to the Court of Protection who can authorise deprivations of liberty. We checked whether the service was working within the principles of the MCA.

- People told us that staff always asked for their consent. People said, "[Staff] always ask before they do anything even though they know what I need. They ask if they can use the cooker as well." and, "[Staff] always ask me before they do anything. No problems there."
- People had capacity assessments completed in areas such as personal care, medicines and information sharing. However, where people were shown to not have full capacity in an area there was no follow up information such as a best interests decision completed.
- Staff members received training in the MCA, however their knowledge on this subject was variable. The registered manager told us that they were organising some refresher training for staff around the MCA.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- The registered manager and staff team worked with other healthcare professionals such as GP's, dietitians, district nurses and physiotherapists. Advice from health professionals was recorded in care plans and shared with the staff team. Staff members told us that they knew how to follow this advice.
- Staff members changed care visit times to help people attend health appointments. One person told us, "I had a hospital appointment and staff came and supported me early to make sure I could get there on time. [Staff] always accommodate this."

- Staff members had access to contact details for health professionals and told us about the signs that might indicate a person required more support from other professionals.
- Staff members had a good understanding of how to support people in areas such as oral care.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At the last inspection this key question was rated as requires improvement. At this inspection this key question has remained the same. This meant people did not always feel well-supported, cared for or treated with dignity and respect.

Ensuring people are well treated and supported; respecting equality and diversity

- We received mixed views about how people were treated by staff members. Some people told us, "[Staff] come in and just do what they need to do really. They do not often have a conversation with me. Very 50/50. Some go above and beyond and some just come in and do the job and then leave." and, "I would like to have a chat with [staff] but they never stay. Even if they just stayed for the full visit it would mean less loneliness for me."
- Other people told us, "I think [staff] are quite kind. They seem to know how I want to be supported." and, "[Staff] are perfect. The best on the market. I have never known people to be so efficient and kind."
- Staff members had a good understanding of how to support people in a kind and caring manner. However, from what people told us and from information we reviewed about care visits, staff members were often not staying at care visits for the full duration. This meant that staff members did not have time to talk to people, and only completed care tasks.
- There was little information about people's equality and diversity in their care plans. For example, a care plan identified that a person followed a certain religion. However, there was no follow up information to guide staff about what was important to the person to ensure this was respected.
- Daily notes completed by staff members were task based and were not always written in a caring and respectful manner.
- People's preferences with regards to the gender of staff supporting them was respected.

Supporting people to express their views and be involved in making decisions about their care

- People told us that they were not involved in their care planning. People told us, "[Me and my relatives] were not involved in my care plan and [the registered manager] does not come to see me about this." and, "I know nothing about my care plan. No one ever comes around and talks to me about my care."
- The registered manager showed us that reviews were completed. These were documented in people's care plans. The registered manager told us that this had not been happening as frequently as it should have been.
- People told us that they were offered choices during their care visits in areas such as food and personal care. Staff members told us how they offered choice to people during care visits.

Respecting and promoting people's privacy, dignity and independence

- People told us that staff did not always introduce themselves when they came to support them. People told us, "[Staff] names would be handy. They do not always tell me their names." and, "[Staff] do not always introduce themselves to me. Sometimes they do and sometimes they do not." This showed a lack of respect

for people.

- Other people told us that staff members respected their privacy and dignity. One person said, "Oh yes. Staff are very respectful. They always respect my privacy and dignity."
- People told us that they were able to maintain their independence. One person told us, "Even though I now use [piece of equipment], [staff] still support me to do as much as I can by myself which is really good."
- Staff members had a good understanding of how to support people to maintain their independence.

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At the last inspection this key question was rated as good. At this inspection this key question has now deteriorated to requires improvement. This meant people's needs were not always met.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences; Supporting people to develop and maintain relationships to avoid social isolation

- People's care plans did not contain detailed information about their preferences, likes and dislikes. People's personalised care needs such as dementia or diabetes were identified in their care plans with no follow up information about how to support them. This meant that staff members were not given detailed information about how to support people with their personalised care needs. One person told us, "No, I do not think staff know me very well. They do not know what is important to me."
- There was limited information about people's life histories in their care plans. There was also limited information about what was important to people such as following a specific religion or life choice. This limited the opportunities for staff members to engage with people.
- People told us that they did not know which staff were coming to complete their care visit. People had requested rotas to be given to them in advance however this had not happened. People told us, "It is often a different staff member who comes to see me, and this does not make me feel very happy. I prefer someone familiar to come and support me." and, "I always have to wait and see which staff members are coming. I would like it much better if I knew who was coming."
- People also told us that they did not have a consistent staff complete their care visits. People said, "I do not see the same staff. They are usually here for two or three days and then they disappear." and, "Because [staff] are different it is quite hard to get to know them and it is hard for them to get to know me."
- Records showed that there was little consistency with regards to staff members completing people's care visits.

We found no evidence that people had come to harm. However, there was not enough information about people's personalised care needs in care plans and people were not receiving care from a consistent staff team. This was a breach of regulation 9 (Person Centred Care) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Despite these findings, staff members we spoke to had a good understanding of person-centred care and spoke passionately about the individual differences of the people they supported.
- Some people also told us that staff members knew them well. One person said, "The [staff] know me well now. We have got a nice little routine going."

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability,

impairment or sensory loss and in some circumstances to their carers.

- There was little information in people's care plans about how they communicated if they were not able to communicate verbally.
- The registered manager was not aware of the accessible information standards. The care co-ordinator sent us a list of people to contact for feedback as part of the inspection process. People who were unable to talk on the telephone were listed as being able to be contacted to speak to. This showed a lack of understanding of people's communication methods.

We recommend that the service consult people who use different communication needs and accommodate for these in line with current best practice and guidance.

Improving care quality in response to complaints or concerns

- People had access to a complaint's procedure. Complaints were taken seriously, and actions were put in place to improve care. People and their relatives told us that they had made complaints and that these were either dealt with or were in the process of being dealt with. A relative told us, "We have had a meeting about a complaint we made. We are meeting again in a months' time to make sure that actions put in place have worked."
- Although complaints were dealt with, recording of complaints were inconsistent. This meant that opportunities to look for trends or keep a record of improvements made following complaints were missed.

We recommend that the service record and monitor complaints more effectively to capture trends and drive service improvement.

End of life care and support

- People were not being supported to put plans in place for the end of their life. The registered manager told us that this had been discussed with people. The registered manager confirmed that in the past they had supported people at the end of their life.

We recommend that the service discuss end of life plans with people and record these if this is people's wishes.

- Staff members had received training in end of life care and had a good understanding of how to support people at this time.

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At the last inspection this key question was rated as requires improvement. At this inspection this key question has now deteriorated to inadequate. This meant there were widespread and significant shortfalls in service leadership. Leaders and the culture they created did not assure the delivery of high-quality care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong; Continuous learning and improving care.

At our last inspection the provider did not have effective systems in place to monitor the quality of the service and put actions in place to drive improvements. This was a breach of regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection not enough improvement had been made and the provider was still in breach of regulation 17 both for the reasons identified at the last inspection and for new reasons identified at this inspection.

- The registered manager was not completing audits to monitor the quality of the service. The only audits we were shown were of medication records and these were not effective.
- The lack of monitoring at the service was having a negative impact on people. The provider was not identifying the issues which we found at this inspection due to there not being processes in place to monitor the quality of the service.
- People's care visits were often late or early or did not occur for the full duration of the care visit. Although the registered manager was collecting and had access to this information, they were not monitoring it. This meant that the reasons for this were not being investigated.
- The provider had not identified that safe staff recruitment practices had been followed. Staff members were not receiving recorded supervisions in line with the providers policy. This meant people were at risk of receiving care from staff who were not suitable to work with them and who were not adequately supported.
- The registered manager's audits and quality monitoring had not picked up on the issues identified in people's care plans and risk assessments which we identified at this inspection. Care plans had not been reviewed in line with the providers policy which meant that up to date information about people's care needs were not be available for staff.
- There was a lack of learning and improving care at the service. We identified breaches in the same areas that the service was in breach of at our last inspection. We also identified additional breaches at this inspection
- The registered manager spoke to us about the action plan that they had put in place since the last inspection. The action plan had been in place for 10 months and the registered manager and care co-

ordinator had not introduced the new quality monitoring methods to improve the service. This meant that known failures at the service were not being addressed.

- The care co-ordinator showed us an audit that had been completed by a commissioner in June 2019. Actions resulting from this audit such as monitoring that staff members were staying for the full duration of care visits had still not been put in place.

The provider was not completing audits to monitor the quality of the service and to identify areas for improvement. Actions had not been completed to improve the service following the previous inspections. This was a continued breach of regulation 17(Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- The registered manager confirmed they had not notified the Care Quality Commission of important events which they are required to do by law.

The provider had not been informing the CQC of notifiable events which they are required to do by law. This was a breach of regulation 18 Care Quality Commission (Registration) Regulations 2009.

- The registered manager spoke to us about how they were finding it difficult to effectively monitor the service due to lack of staffing at management level. The registered manager was currently recruiting for a deputy manager to help monitor the service.
- The registered manager spoke to us about the challenges that they had been dealing with whilst running the service. The registered manager told us that they had found it difficult to make the improvements which they had planned following the previous inspection. This was evident through the findings of this inspection and the lack of audits and quality monitoring taking place.
- Due to the lack of quality monitoring at the service and the lack of improvements being made since the last inspection, we could not be sure that the provider was able to effectively manage and monitor the service. The registered manager agreed with our findings and informed us that they would be taking further actions to improve in this area.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- People gave us mixed feedback about how the registered manager and staff engaged with them and collected feedback. People told us, "I do not get asked how I feel very often. I think [registered manager] could be doing better." and, "I have only spoken to [registered manager] once or twice. [Registered manager] told me he would ring back about a staff member being late but they never got back to me." However, another person told us, "[Registered manager] is very good and Caemac is run very well."
- Regular reviews of people's care plans were not always taking place. Where people's views had been recorded we saw that one person had made comments around staff members not staying for the full duration of care visits or not seeing the same staff. However the only action put in place was to check this again in 12 weeks' time. This meant that specific actions were not being put in place based on people's feedback.
- Staff members told us that they had opportunities to feedback about the service in team meetings and supervisions. However, these had not been recorded, so we could not be sure how frequently these occurred.
- The care coordinator showed us that surveys asking for feedback were sent to peoples and the staff team. However, the results of the survey which had been completed in April 2019 had not been looked at and analysed. This meant that people's feedback was not being used to improve the service.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- People gave us mixed feedback about how the service was being managed. One person told us, "I think [registered manager] needs inspection more often. They just do not seem to bother." However, another person said, "I am very happy with how the service is being run. I can count on one hand the number of times we have had to put things to rights."
- People were not receiving care visits on time or for the correct duration. People gave us mixed views about the kindness of the staff team as shown by the findings of this inspection. Therefore, we could not be sure that the culture of the service was person centred and achieving good outcomes for people.
- The registered manager, care co-ordinator and staff team all spoke passionately about the service they provided to people.

Working in partnership with others

- The registered manager linked well with health professionals such as physiotherapists and GP's to ensure that people received care which met their health needs.
- The registered manager worked with local authorities and commissioners to ensure that people received the care that they needed.

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 9 HSCA RA Regulations 2014 Person-centred care</p> <p>We found no evidence that people had come to harm. However, there was not enough information about people's personalised care needs in care plans and people were not receiving care from a consistent staff team.</p> <p>Regulation 9 (1) (a) (b) (c) (3) (a) (b)</p> |
| Regulated activity | Regulation |
| Personal care | <p>Regulation 12 HSCA RA Regulations 2014 Safe care and treatment</p> <p>We found no evidence that people had come to harm. However, there was a potential risk that late visits could impact on people's health and cause risk of harm. Risk assessments were not detailed enough for staff to support people safely. We found no evidence that people had come to harm. However, there was a potential risk that people's medicines may not be administered at the correct time and a lack of monitoring when staff members did not sign for medicines.</p> <p>Regulation 12 (1) (2) (a) (b) (g)</p> |
| Regulated activity | Regulation |
| Personal care | <p>Regulation 19 HSCA RA Regulations 2014 Fit and proper persons employed</p> <p>We found no evidence that people had come to harm. However, staff had not been recruited safely and in line with current legislation.</p> |

Regulation 19 (3) (a) (b)

Regulated activity

Personal care

Regulation

Regulation 18 HSCA RA Regulations 2014 Staffing

We found no evidence that people had come to harm. There were enough staff to attend people's care visits however these were often late, early or staff members did not stay for the full duration of the care visit.

Regulation 18 (2) (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 | Regulation 18 Registration Regulations 2009 Notifications of other incidents The provider had not been informing the CQC of notifiable events which they are required to do so by law. |

The enforcement action we took:

Fixed penalty notice.

| Regulated activity | Regulation |
|--------------------|--|
| Personal care | Regulation 17 HSCA RA Regulations 2014 Good governance The provider was not completing audits to monitor the quality of the service and to identify areas for improvement. Actions had not been completed to improve the service following the previous inspections. Checks were not in place to ensure that staff members had the appropriate skills and experience to support people. |

The enforcement action we took:

Notice of proposal asking the provider for monthly updates around how they are monitoring the quality of the service and how they are ensuring that staff members are receiving support to perform their job roles effectively.