Direct Line Consultancy Services Limited

Direct Line Consultancy Services

Inspection report

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Ratings

Overall rating for this service	Inadequate

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

Summary of findings

Overall summary

The inspection took place on 22 November 2017 and was announced. The provider was given 48 hours' notice as they are a small provider and we needed to be sure someone would be in.

Direct Line Consultancy Services is a domiciliary care agency. It provides personal care to people living in their own homes. Direct Line Consultancy Services had previously provided care to both older adults and children. However, since our last inspection in April 2016 they had stopped delivering services to older adults from this location, and only provided care to children living in their own homes.

The service had 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.

At the last inspection in April 2016 we served the provider with two warning notices as they had been in breach of regulations regarding the safety of medicines management and staff supervision. The provider had taken action to address these concerns.

Care plans and risk assessments lacked detail and were not personalised to each child. The care required had not been described in detail and the provider relied on family members and the individual skills of care workers to meet the children's needs. Care plans did not tell staff about children's care preferences, dietary needs, or religious and cultural background. Risks faced had not been appropriately identified and records lacked detail about the nature of children's mobility needs.

Staff recruitment processes had not operated robustly and the provider did not record the interview process. The provider carried out reference checks and checks on staff criminal histories. Although staff now received supervision, they had not received the training they needed to perform their roles.

Although families felt their children were safe with care workers, the provider did not have robust systems in place to safeguard people from harm.

Families told us staff did not always use personal protective equipment to control the risk of infection.

The provider did not complete analysis of incidents to ensure lessons were learnt and improvements made. Likewise they were not appropriately identifying complaints, although family members told us they were satisfied with how their complaints were resolved.

The provider's quality assurance and audit systems had not identified issues with the quality and safety of the service, and there were no plans in place to improve the service.

Some families told us they were asked for feedback and were involved in reviewing their care. Other families told us they had not been asked for feedback.

Families told us care workers demonstrating a caring attitude. Care workers described how they got to know the children they supported and how they promoted their dignity and independence.

The Mental Capacity Act (2005) only applies to people aged over 16. The provider sought appropriate consent from parents who must consent to care and treatment provided to their children.

During this inspection we identified breaches of seven regulations regarding person centred care, safe care and treatment, safeguarding, complaints, staff training, staff recruitment and display of ratings. We have also made a recommendation about meeting cultural and religious needs. Full information about our regulatory response is added to response once all appeals and representations have been exhausted.

The overall rating for this service is 'Inadequate' and the service is therefore in 'special measures'.

Services in special measures will be kept under review and, if we have not taken immediate action to propose to cancel the provider's registration of the service, will be inspected again within six months.

The expectation is that providers found to have been providing inadequate care should have made significant improvements within this timeframe.

If not enough improvement is made within this timeframe so that there is still a rating of inadequate for any key question or overall, we will take action in line with our enforcement procedures to begin the process of preventing the provider from operating this service. This will lead to cancelling their registration or to varying the terms of their registration within six months if they do not improve. This service will continue to be kept under review and, if needed, could be escalated to urgent enforcement action. Where necessary, another inspection will be conducted within a further six months, and if there is not enough improvement so there is still a rating of inadequate for any key question or overall, we will take action to prevent the provider from operating this service. This will lead to cancelling their registration or to varying the terms of their registration.

For adult social care services the maximum time for being in special measures will usually be no more than 12 months. If the service has demonstrated improvements when we inspect it and it is no longer rated as inadequate for any of the five key questions it will no longer be in special measures.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Inadequate

The service was not safe. Risks had not been appropriately identified and measures in place to mitigate risks were insufficient.

Information about how to safeguard people from harm and abuse was not clear, and staff had not been trained in safeguarding.

The service did not maintain complete recruitment records. Each person only had one allocated worker and had not been introduced to additional workers in case of unexpected absence.

Family members told us care workers did not always follow processes to control and prevent the risk of infection.

The provider did not analyse incidents to ensure lessons were learnt and improvements made if things went wrong.

Is the service effective?

Inadequate

The service was not effective. Staff had not received the training they needed to perform their roles.

Needs assessments were not robust and did not take into consideration individual diagnoses, dietary preferences and healthcare needs.

The provider did not liaise with other professionals involved in providing care and support.

The provider had sought consent to care appropriately.

Is the service caring?

Requires Improvement

The service was not always caring. The provider did not consider the impact people's religious beliefs or cultural background may have on their care preferences.

The provider relied on the individual skills of care workers and family members to develop relationships.

Family members told us they though staff demonstrated a caring and compassionate attitude.

Care workers described how they ensured people's dignity was maintained.

Is the service responsive?

Inadequate

The service was not responsive. Care plans were not personalised and did not contain enough information to inform care workers how to meet people's needs.

Care plans were not always reviewed or kept up to date.

The provider had not identified complaints appropriately and had not analysed feedback to identify themes to ensure lessons were learnt.

Family members told us the provider responded to their complaints and concerns.

Is the service well-led?

Inadequate

The service was not well led. Quality assurance and audit systems had not identified issues with the quality and safety of the service.

The registered manager was not able to demonstrate they understood their regulatory responsibilities.

The provider did not have a credible plan to develop and improve the service.

The provider was not displaying their ratings as required.

Staff and family members told us they found the registered manager approachable.

Direct Line Consultancy Services

Detailed findings

Background to this inspection

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

Following our last inspection in April 2016 the provider submitted an action plan to tell us how they would address the warning notices issued regarding medicines management and staff supervision. At this inspection the provider was no longer administering medicines at this location so we were unable to evaluate if these measures had been effective. Staff were now receiving supervision in line with the provider's policy.

Direct Line Consultancy Services is a domiciliary care service providing personal care to people living in their own homes. Since our last inspection in April 2016 the location had stopped delivering care to adults, and was now only providing care to children. At the time of the inspection the service was providing care to six children.

The inspection took place on 22 November 2017 and was announced. The provider was given 48 hours notice of the inspection as they are a small service and we needed to be sure someone would be in the office to assist with the inspection.

The inspection was completed by one inspector.

Before the inspection, the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We reviewed this information before the inspection. We also sought feedback from the local authority where the location is based and the local Healthwatch.

Before the inspection people had been sent questionnaires. Although these had been completed, it was clear from the response these were related to adult services, which are now managed from a separate location in a different area so were not considered.

During the inspection we spoke with the parents of three children who received a service. We were not able to speak to the children themselves as their age and communication needs meant we could not speak to them over the telephone. We spoke with six members of staff including the registered manager, the office manager, an administrator and three care workers.

During the inspection we reviewed three care files, including needs assessments care plans and records of care delivered. We reviewed four staff files including recruitment, supervision and training records. We reviewed various other documents, records and policies including incidents, complaints, feedback and spot checks as well as meeting minutes relevant to the management of the service.

Inadequate

Is the service safe?

Our findings

In April 2016 we found medicines were not managed safely. We were not able to assess if the provider had followed their action plan and addressed these concerns. This was because none of the children receiving care were supported to take medicines. All the adults who had previously been supported through this location were now supported through a different location. The inspection of that location will consider the safety of medicines management.

Care plans showed the provider had only identified some of the risks faced by children receiving care and the measures in place to mitigate risk were generic and not always appropriate to the child they related to. For example, all three of the files viewed contained risk assessments about accessing the community which included risks associated with uneven surfaces, getting lost, talking to strangers, crossing the road, running away from the care worker and use of play equipment in parks. These did not apply to all the children, as two of them were unable to walk independently so were not at risk of running away from the care worker. Two of the children had identical risk assessments regarding interactions with dogs. This was only appropriate to one of the children.

The measures in place to mitigate the identified risks were not clear and did not explain to care workers how risks were mitigated. For example, the risk mitigation in all three files regarding, "To stop [child] getting hurt while playing on the swing" stated, "Carer will teach them to go behind swings and not in front of them. Carer to also ensure that [child] is using play equipment appropriate for their stage of development / age." There was no guidance about how to teach each child or identify appropriate play equipment.

From one of the care files viewed it was not clear whether the child was able to mobilise independently or what support they needed with their mobility. Although the referral mentioned the use of a wheelchair, their risk assessment referred to them running away. The care plan stated that the care worker would have to support the child down "15 narrow steps" but did not explain how to complete this manoeuvre in a way that was safe for the child or care worker. This child's safer handling plan identified they had intermediate needs regarding repositioning in their chair but provided no further information about how care workers provided this assistance. They were described as being moderately dependent for bathing and using the toilet, but the only information for care workers was, "carer to assist" and "has to be bathed." We asked the registered manager if the child was able to walk and they said, "Yes, [child] can walk. I'm sure he can." However, the needs assessment indicated their mobility needs were severe and they were "Completely unable to weight bear / assist or cooperate with transfers and / or repositioning." There was no information about how the risks around this child's mobility were mitigated or what support care workers had to provide.

One of the children was described as exhibiting behaviours that could be violent towards themselves and others. There was no guidance for care workers about how to support this child to mitigate the risks associated with these behaviours. There were risk assessments regarding the risk that the child may try to sit on strangers laps, or pick up litter. Both of these were mitigated by "adult vigilance." The risk assessment suggested the use of a social story and role modelling behaviour but provided no clear guidance about how to do these things. There was no information about how to respond to the more violent behaviours

exhibited by this child. This meant children and their care workers were at risk of harm because there was insufficient information about how risks were mitigated.

The above issues with risk assessments are a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The provider was asked for a copy of their policy regarding safeguarding children. The folder containing policies contained a safeguarding adults policy, and a policy for safeguarding children in the community. Neither of these policies contained the local details for how to raise or escalate concerns. The provider was able to show these details were contained within the guide given to families and staff. Although staff were able to describe the actions they would take if they were concerned a child was being harmed, abused or neglected, they had not all received training in safeguarding children. Nine out of 19 staff had not received training on safeguarding children. None of the staff had received training in safeguarding adults. Although they were not providing care to adults from this location, the provider was still registered to do this and did not have effective systems in place to ensure people were protected from abuse.

This is a breach of Regulation 13 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The provider collected employment references and checked applicant's criminal records before they started work to ensure they had suitable characters. However, recruitment records reviewed did not contain any record of the interview or assessment process. The registered manager told us they did not keep records of interviews. This meant the provider was unable to demonstrate how they had assessed that applicants were suitable to work in a care setting. The provider's policy stated that interviews should be recorded.

The lack of clear records demonstrating robust recruitment processes is a breach of Regulation 19 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Parents told us they had named care workers who worked with their children. All of the parents we spoke with told us they only knew one care worker and had not been introduced to additional care workers in case the regular worker was unavailable. One parent told us, "We were meant to have a back-up carer, but now she's the main carer as the first one wasn't good enough. I've not met anyone else." Another parent said, "I think they should introduce some more carers. They've not done that yet but I think they should just in case. I worry about changes to the carers and we don't want strangers in the home." A third parent said, "We've just had one carer, always the same one." This meant there was a risk that if a child's regular care worker left, or was unavailable, the service was not able to provide them with an alternative care worker who could meet their needs.

The provider was asked how they monitored whether staff arrived on time, and stayed the whole length of the visit. They told us they did this through the use of a group chat on mobile phones and did not have any formal mechanisms to ensure calls were carried out on time. The registered manager told us, "We have a group chat. We expect each care worker to log in when they are duty. They send a message in when they get on duty. If they don't send the message we will ring them." Despite the lack of formal systems to ensure care workers attended on time, parents told us care workers were usually on time and stayed the required length of time. One parent said, "She [care worker] is usually on time. If she's running a bit late she'll let me know, but it's always been reasonable, five minutes because of the buses, and she makes the time up."

Care files did not contain guidance for staff on how to mitigate the risks of infection or how to prevent and control infection. Although we saw personal protective equipment was stored in the office, when we asked

parents if care workers wore appropriate equipment to control infection they told us they did not. One parent said, "That's a point actually, I've never seen her wearing gloves." Another parent told us they supplied the equipment used by staff. A care worker told us that the family supplied equipment used for one of the children they supported. The training records showed less than half the staff, eight out of 19, had completed training in infection prevention and control. This was discussed with the registered manager who told us they would remind staff about wearing the correct equipment to prevent and control infection.

The registered manager told us there had been no incidents involving children receiving personal care. Incident records were reviewed which did not include any management investigation or response to ensure that incidents involving children who were not receiving personal care were not repeated. There were no records to show lessons had been learned or applied to children receiving regulated activities. The registered manager told us how they had responded to incidents and worked with family members to reduce risk.

Inadequate

Is the service effective?

Our findings

When the service was last inspected in April 2016 we issued a warning notice regarding staff supervisions as staff had not received the support and supervision they needed to perform their roles. The provider had taken action to address this, and records showed staff now received supervision in line with the provider's policies and procedures. Staff files showed staff received one-to-one supervisions and regular spot checks of their performance.

Training records were reviewed and did not show staff had completed the training they required to perform their roles. The training records showed none of the staff had completed the Care Certificate despite the registered manager telling us all staff completed this when they started working in the service. The Care Certificate is a recognised qualification which gives staff the foundation knowledge required to work in a care setting. None of the staff had completed any of their refresher training to ensure their knowledge remained up to date. The provider had identified eight courses they considered mandatory training. These included safeguarding children and adults, medicines, manual handling, infection control, food hygiene, first aid, fire safety and health and safety. Less than half the staff had completed these courses. In addition, the provider had identified specialist training, including diabetes awareness, supporting people with challenging behaviour and epilepsy. Records showed staff had completed these courses before starting working with the service. This meant the provider was not able to verify the quality or content of these training courses to ensure they were suitable for the current work of staff.

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

The provider subscribed to a policy and systems provider that gave them access to template forms for needs assessments and care plans. Care files showed the provider used the referral information from the local authority and information received from children's relatives to complete the needs assessments. Parents confirmed to us they met with the registered manager before they started receiving care to complete an assessment. One parent said, "We had a meeting with [registered manager] and the carer so they could meet my child. They asked questions about what they would need to do. There's a copy in the file. It was the one from the social worker, they adapted that." Another parent said, "[Registered manager] came with the social worker and then sent us the care plan."

The needs assessments and resulting care plans viewed were generic in nature and did not explore the specific needs or diagnoses of the children being supported. Where children were diagnosed with specific conditions, including autism and other communication difficulties, the assessment process did not identify any specific needs in relation to these diagnoses. In addition, where the children required physical support with their mobility, the assessment of this need had not been clearly assessed. For example, where one child required support to transfer, the assessment stated only, "Mum or dad will support with transfer." There was no record that the methods of transfer had been assessed so care workers would be able to carry out this task when required. This meant the assessment of needs was not comprehensive and did not clearly identify the needs of children receiving care.

Records showed care workers supported children with eating and drinking. However, there was no information about their dietary preferences or the support they needed to eat and drink. One child was described as having moderate needs with regards to nutrition meaning, "Needs feeding to ensure adequate intake and takes a long time including liquidised feed." However, the only information in the care file stated that the child needed to be fed their meals which would be prepared by their family. As this care package involved the care worker supporting the child to access the community for extended periods, information about how to identify and respond to them being hungry should have been included. Another care plan contained no information about how to meet dietary needs and preferences. This meant the provider had failed to assess or plan how to meet children's nutrition and hydration needs.

Records showed the children receiving personal care had a variety of healthcare needs. It was not clearly recorded in needs assessments or care plans how these needs were met. Care workers told us they would raise any concerns they had about a child's wellbeing with their parents. However, there was no information to guide staff about how to respond to healthcare emergencies. Care plans and records of care showed care workers were often alone with children and they did not have clear information about how to respond to healthcare emergencies. This meant there was a risk that children's healthcare needs were not met, as care workers did not have information available to them to help them meet these needs.

The above issues regarding needs assessments are a breach of Regulation 9(3)(a) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

One care file reviewed contained information regarding the child's behaviour and communication needs that had been created and supplied by their school. Although other care files made reference to completing exercises as directed by physiotherapists and speech and language therapists, there was no information within the care files to indicate the provider had sought feedback from other services about how to complete these exercises. The care files did not contain any information to suggest the provider liaised with other agencies involved in supporting the children. There were no communication logs with schools or other healthcare professionals involved in their care. The provider showed us reports they sent to the local authority regarding some of the children they were working with, but these were not in place for the children who received personal care. This meant it was not clear the provider was working with other organisations to ensure the children received effective care and support.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decision 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 interest and as least restrictive as possible. The MCA (2005) only applies to people over the age of 16. The provider was not currently providing support to anyone over the age of 16. Records showed parents had signed to indicate their consent to care and treatment as was appropriate.

Requires Improvement

Is the service caring?

Our findings

Parents told us they thought care workers demonstrated a caring and compassionate attitude towards their children. One parent said, "From what I've seen I think she [care worker] cares. She plays with my child. A few days ago my child was very upset, completely inconsolable, and the carer sat with her and tried to console her. She takes an interest." Another parent said, "I think she [care worker] cares. It's how she does things. I'm happy to leave my child with her." A third parent said, "It's the way she [care worker] pays attention to my child's general wellbeing. She makes sure he's looking nice and she does the things he wants to do."

Care workers told us they were introduced to the children they worked with before they started working with them, and shadowed their parents to get to know them. One care worker described how they built up their relationships with the children they worked with. They said, "It depends on their age really. One of the children I work with doesn't speak at all. For me to show him I cared I introduced myself and spoke to him. There was lots of eye contact and hanging around with each other and making jokes. I reacted to his communication – he does things with his eyes to send a message, with a few noises. I make sure I respond if he's communicating. He's come to know that I care because I always respond."

The provider relied entirely on the children's families and the individual skills of care workers to facilitate the strength of relationships. There was no information in the care files viewed about the character of the child, or how to communicate with them in meaningful way. One care file only contained negative information about the child's behaviour and which was noted to be triggered by communication difficulties. There was no information to guide care workers in developing positive communication to build the foundation of strong relationships. This meant there was a risk that children would not develop caring relationships and care workers did not have information about each child's preferences.

Parents told us they thought the care workers protected their children's dignity. One parent explained the care worker always made sure they were well presented when accessing the community. A care worker explained how they ensured the child's dignity and independence was supported when they supported them with personal care. They said, "If I'm taking [child] to use the toilet I'll make sure the door is closed. I'll only go in the cubical if they need me to, otherwise they can do that bit themselves. I'll make sure they've got their clothes sorted before they come out."

The provider's assessment did not include information about people's religious beliefs or cultural background. This meant there was no information to inform care workers if the children they supported had preferences for their care that related to their religious or cultural beliefs, or if there were things that they should, or should not, support the child to do in line with their religious beliefs or cultural background.

We recommend the service seeks and follows best practice guidance about ensuring people's religious and cultural needs are identified and supported.

Inadequate

Is the service responsive?

Our findings

Care workers told us care plans provided them with basic information in order to meet people's needs. However, they also told us they needed additional information from parents in order to be effective in their role, and that care plans did not always reflect the child's current needs. One care worker said, "I read the package they [provider] gave to me about the child and their needs and they told me a few other things about the child before I started. I met with the parents who told me more about their needs and what they needed from me." The care worker continued, "Sometimes you find there's been a change in the child. One is challenging their parents a bit now, it's starting to come out a bit and it's not there in the care plan. [The child] is changing, they are growing up, but it's not there. Children change very quickly."

The provider's policy was that care plans should be reviewed every three months. Two of the care files viewed were overdue a review. The registered manager told us the families had cancelled and re-arranged review appointments and this was why they had not taken place. However, parents told us although they were sometimes asked for feedback over the telephone, they had not been asked to have review meetings. One parent said, "They've phoned me for feedback, to check if the carer is on time and staying the right time. We haven't had a review. If we needed a review I'd go straight to the social worker. It's quicker to go to the social worker." Another parent said, "They called me about three weeks ago, but nothing since."

Care plans did not contain sufficient information to inform care workers how to meet children's needs in a way that reflected their preferences. For example, one child needed support to wash and dress in the morning. The care plan stated, "Carers to support Mum with providing personal care i.e. change pad, wash and dress up for school." There was no information about how to support with personal care or what the child's preferences were. Parents confirmed to us they explained how to meet their child's needs to the care workers. One parent said, "We had a meeting with [registered manager] where we explained it. Then we met with the carer and explained it to them." Another parent said, "I show her [care worker] things. I'm not sure if she forgets, she's still very new. I have to show her how to deal with my child, how I like her to be washed and things like that."

Two of the care plans viewed stated that care workers were to support the children to access the community and engage with activities. However, there was no information to inform care workers of what type of activity was suitable for the children. One care plan simply stated, "Mum and dad stated that the tasks they would like from the carer will vary but includes assistance to support [child] to access the community, support mum with exercises, provide support with washing, dressing and feeding when required." The other care plan said, "[Child] likes going on bus rides. He likes reading and watching cartoons. Carer to assist him to develop basic life skills." There was no further information to guide the carer about how to support the child to develop any specific life skills. This meant there was a risk children were not supported to have their needs met as there was insufficient information to inform carers about how to meet their needs.

The above issues are a breach of Regulation 9(3)(b) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Parents told us they could make changes to their care packages if they arranged this with their allocated care worker and had it confirmed with the office. Parents told us they had been provided with information about how to make complaints when they started to receive a service. One parent told us, "We had concerns about one care worker. She wasn't right for our child, she hadn't had the training to do the work. They said they'd train her but after three weeks they hadn't so we asked for the carer to be changed. They dealt with it quickly."

The provider had a robust complaints policy, which included details of expected timescales for investigation and response and how to escalate concerns if people were not happy with the response. The registered manager told us they had not received any complaints about the service. The complaints file did not contain any complaints about the regulated activity. However, as a family member told us they had complained and were satisfied with how it had been resolved, this meant the provider had not been appropriately identifying or recording complaints. The complaints folder contained a number of complaints that had been made in March 2017. These included three that related to the skills and experience of care workers supporting children. The complaints record had a section where follow up and response could be recorded. This had not been completed in any of the complaints records viewed.

We asked the registered manager why there had been so many complaints in March 2017. They told us one family had made multiple complaints about different care workers, and one care worker had failed to attend various shifts. They said, "We had one carer, we received a few calls about them. We replaced the carer as they weren't reporting on the system. When we called him up to address the issue he never turned up to the meeting. We changed the carer and it was resolved." The records showed three different families had complained about three different named care workers. In response to this feedback the registered manager said, "It was only one. We re-matched them with proper clients. We still have [one of the named care workers] working with us. [One of the complainants] was a very difficult parent. We spoke with the social worker. He didn't really want the care." This demonstrated an inappropriate attitude towards complaints where they were not viewed as a way of improving the service. It also showed the registered manager was not aware of the content of the complaints, as they were about different care workers supporting different children.

The above issues with the identification and response to complaints are a breach of Regulation 16 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Inadequate

Is the service well-led?

Our findings

The administrator carried out audits of a sample of care files each month. These were reviewed. The audits stated that all the care plans were "satisfactory in all aspects." This meant the provider had failed to identify that care plans lacked detail and personalisation and that risks had not been appropriately identified or mitigated against. The audits were not effective at identifying issues with the quality and safety of the service.

The registered manager told us they audited records of care on a monthly basis, by visiting the homes of children and taking photographs of the care records. However, despite two out of the three children reviewed having received care for over a month, there were no copies of their care records within the service. The provider sent us copies after the inspection. This meant the provider had not been routinely assessing the quality of care provided, or monitoring the experience of families who had just started to receive a service. This was confirmed by relatives who told us they had not been asked for feedback.

The provider had completed a feedback survey in April 2017. Although most of the responses were positive, there were some where respondents had indicated they strongly disagreed with statements about the service. This included whether the service had enough staff, and whether they received a consistent service. There was no analysis of the results completed and no action plan in relation to the survey results.

During the inspection the registered manager did not demonstrate a sound understanding of the regulations and the requirements of the Health and Social Care Act. We told the registered manager we were concerned about the quality of risk assessments, particularly given in previous inspections there had been breaches of regulations about risk assessments. Their response did not demonstrate a robust understanding of the regulations. They said, "Be fair, that was adults. The adults ones are detailed now. Most of these children are always with their parents who are directing the carers." It is not acceptable to rely on parents to mitigate risk. In addition, two of the care plans viewed showed care workers spent extended periods of time alone in the community with the children. This meant the registered manager had not understood or addressed the risks faced by children and staff in delivering the service.

The provider maintained folders for various audits, including complaints and incidents. These audits were ineffective as they only contained copies of the records. There was no analysis or associated action plan to identify themes or address concerns. The provider was not required to complete any monitoring information as part of their contractual requirements. Therefore there was no oversight or action plan for the development of the service. We asked if there was a business or development plan and the registered manager gave us a copy of their business continuity plan. This referred to an old office location and none of the details of suppliers of services, staff details or specific actions had been completed. There was no development plan for the service. This meant there was no clear strategy for the organisation's development, or clear information about how to respond to emergencies in the service.

When the service had been inspected in July 2015 we had identified breaches of regulations regarding person centred care, safe care and treatment, staff training and support. Although the provider had made

improvements when we returned in April 2016, this progress had not been sustained and the quality and safety of the service had deteriorated.

The above issues are a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Since April 2015 providers have been required to display their ratings both on their website and in their registered premises. The provider was not displaying their rating either on their website or in the office. The registered manager acknowledged this, and told us they had not realised they still had to display the rating as it related to when they were delivering services to adults. The location remained registered to work with both children and adults and should have been displaying their ratings.

This is a breach of Regulation 20A of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Staff and parents told us they found the registered manager approachable and that he would respond appropriately if they raised issues. Parents told us a representative of the provider would call them to ask for their feedback. The provider maintained records of telephone monitoring completed. However, it was not clear whether actions requested by family members, such as training of care workers, had been completed.

Staff told us, and records confirmed the provider held staff meetings every four months. These included discussions on safeguarding, incidents and reporting. Although the registered manager told us all the care workers attended the meeting they had not signed in and there was no clear register to confirm that staff had actually attended the meetings.

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	Regulation 13 HSCA RA Regulations 2014 Safeguarding service users from abuse and improper treatment The provider did not have effective systems in place to safeguard service users from harm. Regulation 13(2)

Regulated activity	Regulation
Personal care	Regulation 16 HSCA RA Regulations 2014 Receiving and acting on complaints The provider was not appropriately identifying or responding to complaints. Regulation 16(2)

Regulated activity	Regulation
Personal care	Regulation 19 HSCA RA Regulations 2014 Fit and proper persons employed The provider had not ensured recruitment processes were operated effectively. Regulation 19(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 9 HSCA RA Regulations 2014 Person-centred care The provider had not completed thorough needs assessments and care plans lacked detail about how to meet people's needs and preferences. Regulation 9(3)(a)(b)

The enforcement action we took:

We issued a warning notice.

Regulated activity	Regulation
Personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment The provider had not identified or mitigated risks associated with the provision of care. Regulation 12(1)(2)(a)(b)

The enforcement action we took:

We issued a warning notice.

Regulated activity	Regulation
Personal care	Regulation 17 HSCA RA Regulations 2014 Good governance The provider had not identified or addressed issues with the quality and safety of the service. Regulation 17(1)(2)(a)(b)

The enforcement action we took:

we issued a warning notice

Regulated activity	Regulation
Personal care	Regulation 18 HSCA RA Regulations 2014 Staffing Staff had not received the training they needed to perform their roles.

The enforcement action we took:

we issued a warning notice.