

Croft Carehomes Limited

Croft Care Services

Inspection report

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Ratings

Overall rating for this service

Requires improvement



Is the service safe?

Inadequate



Is the service effective?

Requires improvement



Is the service caring?

Good



Is the service responsive?

Requires improvement



Is the service well-led?

Requires improvement



Overall summary

The inspection of Croft Care Services took place on 12 November 2015 and was announced. We previously inspected the service on 15 August 2014 and, at that time we found the registered provider was not meeting the regulations relating to care and welfare of people who use services and assessing and monitoring the quality of service provision. We asked the registered provider to make improvements. The registered provider sent us an action plan telling us what they were going to do to make sure they were meeting the regulations. On this visit we checked to see if improvements had been made.

Croft Care Services is registered to provide personal care. Care and support is provided to people who live in their own homes within the localities of Kirklees and Wakefield. The company had completed the purchase of another care agency in the Wakefield area during September 2015 and in October 2015 the two services amalgamated.

The service had a registered manager in place. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like

Summary of findings

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.

People told us they felt safe. The staff we spoke with were aware of what constituted abuse.

People told us staff were regularly late for their allocated call although we saw evidence this had shown signs of improvement in recent weeks.

Risk assessments in care plans had not been reviewed and lacked details about the equipment and methods for staff to use which would keep people safe. We were unable to evidence staff were competent to administer people's medicines and the system for recording the administration of medicine was not robust. People's safety and welfare was not protected. These examples demonstrate a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Not all staff training was up to date and staff did not receive regular management supervision. Not all the staff files we reviewed evidenced staff had received induction when they commenced employment. This demonstrated a breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Although staff expressed an understanding of people's capacity only 19 of the 65 staff had completed training in the Mental Capacity Act 2005.

People told us the staff at Croft Care Services were kind, caring and treated them with dignity and respect.

There was not a system in place to ensure people's care plans were routinely reviewed. Care records were not always reflective of the care and support people received and archived records were not returned to the office promptly. This demonstrated a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

One person told us they had raised two complaints but these were not logged in the complaints file.

Staff had not received regular spot checks on their performance and staff meetings were not held on a regular basis. The service did not have an effective quality assurance and governance system in place to drive continuous improvement. Feedback from people who used the service had not been sought since March 2014. This evidence demonstrates a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was not safe.

Care and support was assessed in an inconsistent way which did not reduce risks to people's safety and welfare.

People and staff expressed concern about inconsistent and late visits.

The management of people's medicines was not safe.

Inadequate



Is the service effective?

The service was not always effective.

Staff training was not up to date.

Staff did not receive regular supervision.

Relatives told us staff informed them if their relative was unwell.

Requires improvement



Is the service caring?

The service was caring.

People told us staff were caring.

Staff were able to tell us what steps they took to maintain people's privacy and dignity.

People's care records detailed if they had expressed a preference for the gender of their care worker.

Good



Is the service responsive?

The service was not always responsive.

People's care records were not an accurate reflection of their care and support.

Records were not routinely archived in a timely manner.

The process for logging concerns and complaints was not robust.

Requires improvement



Is the service well-led?

The service was not always well led.

Staff meetings and spot checks on staff performance were not held on a regular basis.

There was no evidence to support the registered provider had formally monitored the service.

Audits were not robust and did not detect the issues we raised during our inspection of the service..

Requires improvement



Croft Care 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.

This inspection took place on 12 November 2015 and was announced. The registered provider was given 48 hours' notice because the location provides a domiciliary care service; we needed to be sure the registered manager would be available to meet with us. The inspection team consisted of two adult social care inspectors.

Before the inspection we reviewed all the information we held about the service including notifications, we also spoke with the local authority contracting team. At the time of the inspection a Provider Information Return (PIR) was

not available for this service. 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. On this occasion we had not asked the provider complete this document.

During our visit we spent time looking at ten people's care and support records. We also looked at six records relating to staff recruitment and staff training and various documentation relating to the service's quality assurance. We also spoke with the registered manager, the office manager, a field co-ordinator and two care staff. Following the inspection we spoke with six care staff on the telephone. After the inspection two experts by experience spoke on the telephone with seven people who used the service and fourteen relatives of people who used the service. An expert-by-experience is a person who has personal experience of using or caring for a person who uses this type of care service. The experts by experience on this occasion had experience in providing care and support to older people.

Is the service safe?

Our findings

When we spoke with people who used the service they told us they felt safe with the staff who provided their care and support. One person said, “They use the hoist very safely to help me have a bath.” A relative said, “We really trust them. My (relative) feels really safe in their hands.” However, we found the risks to people’s safety were not always fully assessed.

The registered manager told us each person’s care file contained relevant risk assessments and since the amalgamation of the two services they were currently reviewing this documentation. They told us risk assessments would be routinely reviewed every six months or in the event of significant changes to a person’s needs.

Each of the care files we looked at contained a generic risk assessment. This covered environmental issues, for example, access to a person’s home, equipment for laundry and cooking. Two of the records we reviewed were for people who had been receiving support from Croft Services since 2013 but we could see no evidence their generic risk assessment had been reviewed or updated since then. Another person’s care file had two empty plastic wallets, labelled ‘risk assessment’ and ‘moving and handling plan’. We could not locate these documents within the care file. This meant we could not evidence this person’s care and support was planned and delivered in a way that reduced risks to their safety and welfare.

One care file recorded the person required the use of a mechanical hoist and we saw a document entitled ‘equipment list’. This recorded the hoist was serviced in April 2013. There was no other record within the care file to evidence the hoist had been serviced since that date. This meant we could not evidence the equipment was safe to be used. Following the inspection we asked the registered manager to confirm the hoist had been serviced recently. They told us the hoist was serviced in September 2015 but we were not supplied with any evidence to support this.

Although one person we spoke with told us staff used the hoist safely, two of the records we reviewed were for people who required the use of a hoist for their transfers, their records did not detail the type of hoist or sling which was being used. There was no direction as to how the sling should be fitted or which loops should be secured to the hoist. The author of one of the care plans had ticked ‘yes’

to indicate the person had reduced upper and lower limb function but there was no detail on the plan as to what the issues were or how this impacted upon their needs. Inaccurate records put people at risk of unsafe or inappropriate care and support.

One of the care plans we reviewed detailed the person had two smoke alarms fitted in their home, which were to be tested on the first Monday of every month and the test recorded in the notes. We reviewed the notes for February, March and April 2015 but could not see any record this check had been completed. We were unable to check any more recent records as these were not available on the day of the inspection. This meant we were unable to evidence staff had completed this task and the smoke alarms were in working order. We brought this to the attention of the registered manager on the day of our inspection.

People’s safety and welfare was not protected. These examples demonstrate a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

All the staff we spoke with told us they had completed training in safeguarding although they were not all able to remember if this had been updated recently. Staff were able to describe types of abuse, for example, physical, mental and financial. One of the staff we spoke with told us they had reported a safeguarding concern to the manager previously. We asked two staff if they felt confident the registered manager would act upon any concerns raised, they both said they did. We asked the registered manager about the process for dealing with a safeguarding concern. They explained that staff would report any concerns to a senior member of staff and the senior staff then reported this to the registered manager. They said the concern was documented and a referral was made to the relevant local authority safeguarding team.

The registered providers training matrix recorded that safeguarding training should be refreshed every two years, we noted that all 65 staff listed had completed safeguarding training but 12 staff had not refreshed this training for over two years. This meant there was a risk not all staff had up to date skills and knowledge to enable them to keep people safe from harm and the risk of abuse.

We looked at the recruitment files for six staff files and saw candidates had completed an application form, notes were kept of the interview and references obtained. Potential

Is the service safe?

employees had also been checked with the Disclosure and Barring Service (DBS) before they started work at the home. The DBS helps employers make safer recruitment decisions and reduces the risk of unsuitable people from working with vulnerable groups. This showed staff had been properly checked to make sure they were suitable and safe to work with people.

We asked people and/or their relative if care was provided by regular staff who arrived on time. People expressed concern about staff turning up late and having inconsistency of care staff. Two of the relatives we spoke with expressed concern that their family members did not have regular staff delivering their care. One relative was concerned the care staff were different people on most days and they felt this caused their relative unnecessary concern and anxiety. They also told us “The people (staff) come when it suits them and they regularly call to say that they will be late.” Another relative said that the care staff always arrived but were regularly late. They said they were disappointed they had to telephone the agency to see if the staff were still coming to his relative. Another relative said they were concerned about the staff, saying, “The carers are lovely but they are stressed because they have too many visits to do.” They also said that since the merger of the two services there had been less continuity of staff visiting their relative. When we spoke with one relative they said the care staff sometimes told them they would be late the following day as they were able to tell from the number of calls they were allocated that they would not be able to attend to the call within the specified time frame.

Some of the feedback was positive, one person said, “I usually get regular carers.” Another said, the staff were reliable and on time. A relative told us the visit time for their relative had been adjusted to accommodate the needs of their family member.

Two of the staff we spoke with said they felt they were having to rush their visits to people and they felt this could undermine the safety of the care provided. One told us they felt the limited contact time with people, ‘undermined the rapport between service users and care providers’. Another said they felt their workload put them under a lot of pressure to make visits very quickly. This staff member also said they were often not seeing the same person frequently enough and this was getting worse since the merger of the two services. Another staff member we spoke with said they were aware people had had both missed and late

calls. They said they were running late on the day we spoke with them as they had had extra calls added to their run. Another staff member said they were not aware that anyone had missed a call recently. One of the staff we spoke with said their run was well organised. When we looked at the personnel file for one staff member we saw they had attended a meeting with senior staff regarding not being punctual for their calls. The record noted a relative had rung the service on 6 October 2015 and cancelled their family members call for the morning as the carer was 1 ½ hours late.

We asked the registered manager what system was in place to ensure people received their scheduled calls within the specified time frame. They told us an electronic call monitoring system was used to record this information. They explained all staff were issued with a company mobile phone which enabled staff to log their arrival and departure electronically. They said they received an alert if a person had not received a call within their call time. They said this was monitored over a seven day period by senior staff. This showed the registered provider had a system in place to ensure staff attended to people’s allocated calls.

We also asked if people were receiving their calls within their allocated time. The registered manager said the runs were based on geographical area and these were still being reviewed and amended following the merger of the two companies. The registered manager said call times were routinely monitored and were improving as a result of the work being done with staff rotas. We reviewed the data gathered by the registered provider which monitored people’s call times. We saw that from January to August 2015 the percentage of people who received their call within the time frame allocated by the local authority ranged between 75% and 78%. The most recent data which covered the period up to the 15 November 2015 evidenced 86% of people received their call within the specified time frame. This evidenced improvements were being made to this aspect of the service.

Two relatives we spoke with had concerns regarding how their relative’s medicines were managed. One relative said it was important their family member received their medicines at a regular time. They said the care assistants should arrive at 9am, but it could be as late as 11am before they arrive. Another relative said they had found their

Is the service safe?

family members tablets on the floor. They said they had contacted the service and matters would be 'resolved and improved for a time and then there would be problems again'.

We saw from the registered provider's training matrix that training in medicines administration was to be refreshed every three years however, seven of the 65 listed staff had not refreshed this training since 2012. When we reviewed staff training records we only saw a medicine competency assessment in two of the six files we looked at, both dated December 2014. The registered manager told us all staff received training in medicines management. They told us they had also introduced competency assessments for staff. They said prior to this they just observed staff. When we reviewed the registered provider's medicines policy, it noted 'Following on from induction all care workers who assist with medicines will receive formal training in the safe administration of medicines and their competence to undertake this task will be reviewed by their supervisor or manager at least annually'. This meant the registered manager had not complied with the registered provider's policy and we were not able to evidence staff had been assessed by as competent to administer medicines safely.

Staff we spoke with confirmed they had completed training in administering medicines. One of the staff we spoke with said they had raised a concern with senior staff that staff did not receive enough training prior to being given responsibility for supporting people with their medicines. However, another staff member we spoke with said they felt the training staff received was adequate for staff. We

asked this staff member what process they followed when they administered someone's medicines and they told us the actions they took to ensure they were administering people's medicines safely.

The registered manager told us the two different styles of MAR charts were currently in operation since the two services merged. They acknowledged that the MAR used by Croft Care Services did not provide enough detail to ensure people's medicines were managed and administered safely and they said the format was being reviewed.

We looked at the Medication Administration Records (MAR) for three people. We saw hand written entries on each of the MAR sheets. The entries did not detail the strength of the medicine, the dose of medicine staff were to administer or how the medicine should be administered. This meant there were no clear instructions recorded for staff to follow to ensure service users received their medicine safely and as prescribed to them by a medical practitioner. We also noted the hand written entries did not record the name of the staff member who had annotated the information on the MAR sheet and there was no evidence the information recorded had been checked by a second suitably trained member of staff. Having hand written entries checked for accuracy by a second suitably trained and competent person reduces the risk of medicine errors. When we checked the registered provider's medicines policy this did not provide any instruction for staff regarding this matter.

People's safety and welfare was not protected. These examples demonstrate a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Is the service effective?

Our findings

When we asked people if they thought staff had the skills to perform their role, no one raised any concerns with us.

The registered manager told us that training was a mix of online and face to face, dependent upon the topic. When we reviewed staff training files and the registered providers training matrix we saw evidence of training in a variety of subjects. When we looked at the training matrix this indicated 22 of the 65 staff had not updated their moving and handling training for over fourteen months, however, information on the registered provider's office wall detailed this training should be refreshed every twelve months. We also noted that eight staff had not completed any training in first aid and nine staff had not completed infection prevention and control training. We also noted that two staff members whose personnel files we reviewed were not listed on the registered provider's training matrix. We saw evidence in their personnel files they had completed training but this meant the registered manager had failed to ensure all staff employed by the service were logged on the matrix. The registered manager told us the training matrix was not up to date and they were in the process of transferring all the information onto their online management system. This meant we were unable to clearly evidence staff had received up to date training to ensure they had the skills to perform their job role.

We asked staff if they received regular supervision with their manager. Two staff told us they were supposed to have four supervisions per year. However, one said they thought their last supervision was eighteen months ago and another said their last supervision was at the beginning of 2015. We saw evidence of staff supervisions in staff files but the dates were irregular. For example, of the six staff files we reviewed, two staff had not received supervision since May 2015, a further two had not received supervision since March and February 2015, respectively. This evidenced staff did not receive regular management supervision to monitor their performance and development needs and ensure they had the skills and competencies to meet people's needs.

The registered manager told us all new staff completed a programme of induction which included basic training. They said they completed two shadow shifts and were then teamed with a more experienced member of staff. Three of the staff files we reviewed did not contain any evidence of

induction. Another staff file contained documents which recorded they had attended an induction day but there was no details as to what information or training was provided. Following the inspection we spoke with this staff member on the telephone. They confirmed they had attended a day of induction training at the head office and they had also shadowed a more experienced staff member for two shifts. This demonstrated the registered provider did not maintain accurate and detailed records to evidence the induction for new employees.

These examples evidenced a lack of training and support for staff to ensure they had the skills and competency to perform their role effectively. This demonstrated a breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The Care Quality Commission (CQC) monitors the operation of the Mental Capacity Act (MCA) 2005. They aim to make sure that people are looked after in a way that does not inappropriately restrict their freedom. 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.

The registered manager told us that they and their staff had completed MCA training online but when we reviewed the registered providers training matrix we saw only 19 of the 65 staff listed had completed this training. This showed not all staff had been provided with the information and guidance they needed to ensure they were aware of their responsibilities under this legislation. However, the staff we spoke with had a good understanding of people's capacity and individual's right to make their own choices and decisions. For example one staff member said, "I always offer people choices whether they have capacity or not. I ask them what they would like. It is always about their choice".

We asked people if they received support with eating and drinking. One person said, "The staff cut the food up for me." Another person told us they were unhappy that the morning flask of tea which staff made for them was often

Is the service effective?

cold. A relative told us the staff had expressed concerns about whether their relative was eating enough as they seemed to be losing weight and staff were now encouraging their relative to eat more.

People's care records noted where support was required, for example with preparation of food or if staff were to leave extra beverages for the person to drink between staff calls. Two of the staff told us that if any concerns were raised regarding a person's diet or fluid intake, they would implement a food and fluid chart to monitor and record the person's intake. They also said they would also speak with

the person's GP or family member if they felt more support was required, for example a referral to a dietician. This demonstrated staff were aware of the need for people to eat and drink sufficient amounts.

Some of the relatives we spoke with told us staff had notified them if their relatives were unwell and had asked them to contact the person's district nurse or GP. This showed people using the service received additional support when required for meeting their care and treatment needs.

Is the service caring?

Our findings

We asked people if the staff at Croft Care Services were kind and caring. One person said, “They’re excellent.” Another said, “Yes they are and they do know me and how I like things done as I usually have regular carers.” A relative told us, “We’re very happy with them. It’s a very good company and all the carers are very nice and obliging and do the things we expect them to do.” Another relative said the staff were ‘smashing’, but they also said some staff were ‘brusque and quick’.

All the staff we spoke with spoke to us about their role and the people they supported in a caring manner. One staff told us, “I would honour a person’s wishes, how they would like things to be done.” They also told us they tried to promote people’s independence where possible by encouraging them to do as much as they could by themselves. They said they felt this was a value shared by staff in the organisation. One of the care plans we looked at recorded, ‘(Person) is very independent and can wash their upper body’. This demonstrated people were encouraged to be independent where possible.

Staff also told us how they enabled people to make choices about their lives. One staff member described how they encouraged someone to choose the meals they ate and the clothes they wore. Another staff told us how they supported someone whose verbal communication was limited. They said they would take a selection of clothes to them so they could choose which they wanted to wear. This showed staff encouraged people to make independent choices about their daily lives.

We asked people if staff treated them with dignity and respect. One person said, “I have no grumbles at all. All the staff treat me really well and with respect. “One relative we spoke with did not feel all the staff respected his relative’s privacy. They said some of the care assistants were rude and ‘did not bother to knock (relative’s) door and wait to be invited in’.

Staff we spoke with gave examples of how they demonstrated respect to people, for example, closing doors and curtains. One staff member said they spoke to people to ensure they felt comfortable and at ease prior to any personal care intervention. Another staff member said, “Treat people how you would want to be treated, be sensitive.” This showed the staff we spoke with understood the importance of ensuring people’s privacy, dignity and independence was respected.

Care plans recorded if people had a preference to the gender of the staff who attended to their care and support and detailed how they wished to be addressed by staff, for example by their first name. This demonstrated the service respected people’s individual preferences.

One of the care plans we reviewed contained a pen picture. This provided basic information about the person’s life history. Having detailed information about a person’s life enables staff to have insight into people’s interests, likes, dislikes and preferences. It can also aid staff’s understanding of individuals’ personalities and behaviours.

Is the service responsive?

Our findings

Our inspection on 15 August 2014 found the registered provider was not meeting the regulations relating to care and welfare of people as people's care plans did not contain sufficient information to enable staff to deliver care in a safe and effective way. The registered provider's action plan following this inspection recorded the service would be compliant with this regulation by 31 July 2015. On this visit we checked to see if improvements had been made.

People and/or their relatives told us they had been involved in discussing the original care plan when the care package was set up and people indicated the care plan was appropriate to their needs. However, only one person we spoke with could recollect their relative's care plan being reviewed by the staff at Croft Care Services.

The registered manager told us when they accepted a care package for a new person a welcome visit was arranged and part of this visit included gathering information needed to develop their care plan. They said care plans were then reviewed annually or more frequently in the event of someone's needs changing. They said a member of the senior care team had been tasked with reviewing people's care plans but we did not see evidence care plans were reviewed regularly. One care plan had been reviewed in September 2014 and another in June 2013 but there was no evidence they had been reviewed since. We asked the registered manager if there was a matrix in place to identify when people's care plans were due to be reviewed. They said they did not have one but they were looking at inputting review dates onto the electronic management system so staff would be alerted to the need to review an individual's care. The office manager showed us a new service review form which they said they had just begun to implement. They showed us one review which had been completed. Reviewing care plans helps to ensure care records are up to date and reflect people's current needs.

We found people's records were not always an accurate reflection of their care. A document which recorded a person's call provision detailed they received four calls a day but their daily logs routinely recorded only three calls per day. The office manager confirmed the person only received three calls per day. Care plans generally only provided basic information about people's care needs for example, showering and dressing. Only one of the care plans we saw provided details about the individual's needs

and preferences. For example, 'I am very particular about my modesty and I like to be covered with a towel as I am being washed' and 'I like my tea, milk, no sugar'. One of the staff we spoke with told us people had care plans in their home but they were not always an accurate reflection of the care and support they received. They told us they gained more information from people's daily logs. Having accurate care plans helps to ensure people receive safe, appropriate and person centred care.

We asked when completed daily records and MAR charts were returned to the office from people's homes. The registered manager told us that the current and previous month's records were kept in the person's home and all previous completed records were then brought to the office for archiving. When we reviewed people's records we did not find this to be correct. For example, one person had commenced using the service in March 2015 but there were no daily records available after July 2015. We found the most recent daily records for another person were July 2015. This showed there was not an effective system to ensure people's completed care records were collected and returned to the office for secure storage in a timely manner.

These examples demonstrate records were not maintained or archived in a timely manner. This demonstrated a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We asked people who used the service what action they would take in the event they were unhappy with any aspect of the service they received. Two people we spoke with told us they did not know what the complaints procedure involved, but said they would contact the manager if there were any problems. A relative said, "If there were any problems, I'd feel happy to contact them."

The registered manager told us they welcomed people raising concerns and complaints as this provided the service with an opportunity to improve. They said when a complaint was received, this was acknowledged, logged and investigated. The most recent complaint logged in the complaints file was March 2015. The office manager showed us evidence of the action they had recently taken to address the concerns raised by a person who used the service. When we spoke to one relative they told had recently met with the provider to discuss concerns they had about the service. Service users were provided with a

Is the service responsive?

welcome pack which contained information which included how to raise a complaint. This evidenced people who used the service were aware of how to raise a concern with the organisation.

Is the service well-led?

Our findings

Our inspection on 15 August 2014 found the registered provider was not meeting the regulations relating to assessing and monitoring the quality of service provision. The registered provider's action plan following this inspection recorded the service would be compliant with this regulation by 19 January 2015. On this visit we checked to see if improvements had been made.

We asked people and/or their relatives if they thought the service was well led. One person said "I'm happy with them. They're fine. The only thing is the administration could be a bit better" but another person said, "They could ask us for feedback." People indicated they had contact with 'supervisors' when the package of care commenced but this did not continue on a regular basis.

The service had an experienced registered manager who had been in post for eight years. During the inspection they verbalised understanding of their role but this knowledge was not consistently supported by evidence to show action was being taken to meet the regulations under which the service operated. The senior management of the organisation had not ensured improvements were actioned to ensure regulatory compliance despite not meeting the regulations at their previous inspection on 15 August 2014.

We asked the registered manager what their vision for the service was. They said they wanted to provide an excellent service where service users received high quality care. We asked how this vision was communicated to staff and they said through supervision and spot checks. The care co-ordinator also said spot checks were carried out on staff to check their performance and these were recorded in staff files. However, we found staff were not receiving regular supervision and none of the people we spoke with said the management team had ever done 'spot checks' on the staff who delivered their care. When we reviewed staff files we found spot checks were only logged in three of the six files we reviewed, only one of which had been completed in the last seven months. We were also provided with a file which contained records of 16 spot checks on staff between June and November 2015. However, as three staff had received multiple checks, only 11 staff in total had received a spot check out of the 65 staff who were listed on the training matrix as being employed by the registered

provider at the time of the inspection. This evidenced there was not an effective system in place to ensure all staff received regular management support and monitoring of their performance.

Two care staff we spoke with told us they felt stressed and 'not valued'. Two other staff said they felt communication could be improved at the service. They said they often did not receive any acknowledgement from the office staff when they had left messages for them, but one staff member added morale amongst staff was beginning to improve.

One of the staff we spoke with said they could not remember when a team meeting had last been held. We looked at file containing minutes of staff meetings and saw two meetings had been held in February and one in March 2015. The next recorded meetings were 9 and 11 November 2015. Staff meetings are an opportunity to share information with staff and to address any concerns or worries they may have.

The registered manager told us the registered provider visited the service on a regular basis and was supportive. They said they held regular meetings but they were unable to provide any evidence the registered provider formally reviewed or audited the service or the work of the registered manager. The registered manager said they had to submit data to the registered provider on a monthly basis but they said they had not done this 'for a few months'.

We asked the registered manager how care records were audited. They said they completed random checks of service user records when they were returned to the office. They said they aimed to complete ten per fortnight. We looked at a random selection of audits which had been completed in September and October 2015. We saw the audit recorded, for example, if staff had failed to sign or date the records. The audit also recorded where staff had been spoken to where issues had been noted. We were not provided with any evidence of audits on people's care plans. The audits which had been completed had not picked up on the issues we found during our inspection.

The registered manager showed us an action plan they had developed with the office manager. Included on the action

Is the service well-led?

plan were care plans, training and staff rotas, the target date for completion was recorded and the people responsible for completing the work were recorded as being the registered manager or the office manager.

The registered manager told us a quality assurance questionnaire had been sent out people who used the service during the week of our inspection. They said the most recent questionnaire prior to this had been completed during March 2014. The information the registered manager sent to us recorded 41 of the 75 questionnaires sent out were returned. One question was, 'Do the carers call at an appropriate time?'. We saw 29% of people had responded 'no'. A further question was 'Do the carers always stay the allocated time?'. We saw 32% of the respondents said 'no'.

We asked people if they had been asked for feedback about the service they received. No one we spoke with had

any recollection of being asked to provide feedback. One person said they were 'disappointed' that the management has never carried out a survey to ask them about the quality of care they received.

The registered manager said a member of staff had surveyed service users in the Kirklees area. We saw nine surveys had been completed during October and November 2015. Questions included if people had any concerns about the staff or their call times, we noted that no negative feedback was recorded. After the inspection we spoke with one of the people listed as having been spoken with for feedback. They told us they had not been asked to provide any feedback about the service and they had raised two complaints. This demonstrated the method of gaining feedback was ineffective.

This evidence demonstrates a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

This section is primarily information for the provider

Action we have told the provider to take

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

Regulated activity	Regulation
Personal care	<p>Regulation 17 HSCA (RA) Regulations 2014 Good governance</p> <p>The registered provider had failed to establish or effectively operate systems and processes to assess and monitor the quality and safety of the service. The registered provider had further failed to make sure accurate records relating to the care of the people were maintained and stored.</p> <p>Regulation 17 (1) (2) (a) (b) (c) (d) (e)</p>

Regulated activity	Regulation
Personal care	<p>Regulation 18 HSCA (RA) Regulations 2014 Staffing</p> <p>The registered provider had failed to ensure staff received appropriate support and training.</p> <p>Regulation 18 (2) (a)</p>

This section is primarily information for the provider

Enforcement actions

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

Regulated activity	Regulation
Personal care	Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment <Provide Judgement Summary>

The enforcement action we took:

The registered provider had failed to assess the risks to the health and safety of service users.
The registered provider had failed to ensure the safe and proper management of medicines.
Regulation 12 (1) (2) (a) (g)