

Staff Line Home Care Limited

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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?

Requires Improvement ●

Is the service responsive?

Requires Improvement ●

Is the service well-led?

Requires Improvement ●

Summary of findings

Overall summary

Staff Line Home Care provides personal care and support to people in their own homes.

The inspection was completed on 4, 5, 9, 10, 15 and 17 May 2017 and was announced. At the time of the inspection there were 140 people receiving support from the domiciliary care service.

A registered manager was 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.

Quality assurance checks were not routinely being undertaken to enable the provider and registered manager to assess and monitor the service in line with regulatory requirements or to improve the quality and safety of the service. The provider's arrangements were not as robust as they should be as they had not recognised the issues we identified during our inspection or made sufficient progress to address shortfalls already identified by the Local Authority in November 2016.

Proper recruitment checks had not been completed on all staff before they commenced working at the service and processes had not been operated in line with the provider's own policy and procedures. Although staff were provided with a range of mandatory training as determined by the provider when first employed by the service, training records showed that not all staff had received refresher or up-dated training in key areas and improvements were required so as to ensure the training provided was embedded in staff's practice. Some members of staff spoken with confirmed they relied on others for advice and support, particularly when supporting people with their safe moving and handling needs.

Ambiguity between the provider's and staff's understanding of the terms to 'assist' and 'administer' medication were evident. Our findings showed that we could not be assured that the administration of medication and staff's practice was always appropriate and safe or in line with national guidance; and this placed people at potential risk of harm.

Suitable control measures were not put in place to mitigate risks or potential risk of harm for people using the service as steps to ensure people and others health and safety were not always considered. Risk assessments had not been developed for all areas of identified risk.

Although an induction workbook was evident to support the induction process, none of these had been assessed or marked to provide sufficient evidence as to whether or not staff had or had not met the induction standards and were competent to undertake their role. Though suitable arrangements were in place for staff to be supervised and monitored at regular intervals through 'spot visits', improvements were required to ensure where issues were highlighted, actions were taken to address these.

Information held by us confirmed there had been no safeguarding concerns raised since January 2016. However, prior to this inspection the Local Authority made us aware that there had been seven safeguarding incidents within a 12 month period, however we had not been notified of the safeguarding incidents in accordance with regulatory requirements pertaining to notifications.

People's comments about staffing were variable. Whilst some people's comments were positive others were not. People and those acting on their behalf told us that although there was a consistent team of staff supporting them or their relative Monday to Friday this was not consistently applied at the weekend. Though people using the service and those acting on their behalf were generally complimentary about the care and support provided, 'Service Review and Quality Monitoring' forms showed that people did not always receive a consistent service that was caring and our findings in terms of how staff supported people did not concur with people's comments about a caring service. People did not always know if they were to have a regular member of staff attend to their care and support needs. People told us this impacted on the level of care they received as they would have to tell the member of staff what they needed to do and how they wished their care and support to be provided. People were concerned that the times of visits by staff were inconsistent especially in the evenings and at weekends. Furthermore, people and those acting on their behalf were concerned and unhappy that some members of care staff did not stay very long or for the full allocated time that they should.

Where concerns or complaints had been raised as part of the provider's own quality assurance processes; although information relating to the issues raised had been identified, no further action had been taken to formally log these as a concern or complaint or to address the issues raised. Where people were unhappy with some aspects of the service, none of the issues raised had been logged as a complaint and there was no evidence to show that this had been brought to the provider or registered manager's attention in a timely manner.

People told us they were kept safe. People told us there had been no missed calls. People's healthcare needs were managed well and they received appropriate nutrition and hydration each day according to their needs.

Staff demonstrated a good knowledge and understanding of the people they cared for and supported. People told us that their personal care and support was provided in a way which maintained their privacy and dignity. We found that people's support plans reflected information to guide staff on the care people required to meet their needs.

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

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.

The provider's recruitment procedures were not robust so as to safeguard the people using the service and improvements were required.

The arrangements for the safe administration of medication to people using the service was not always safe or in line with individual people's support needs.

Significant improvements were required to ensure that staff stayed for the full amount of time allocated and better consistency achieved to the times of staff visits. Additionally, improvements were required to ensure that people using the service received care and support from regular staff so as to provide consistent service delivery.

Proper arrangements were not in place to manage and mitigate all risks to people's safety.

People using the service and their relatives confirmed that in their opinion they and/or their member of family was kept safe.

Is the service effective?

Requires Improvement 

The service was not consistently effective.

Improvements were required in relation to staff training so as to ensure staff had the right knowledge and skills to carry out their roles and responsibilities to an appropriate standard and to meet people's care and support needs.

Although an induction workbook was evident to support the induction process, none of these had been assessed or marked to provide sufficient evidence as to whether or not staff had or not met the induction standards and were competent to undertake their role.

Whilst suitable arrangements were in place for staff to be supervised and monitored at regular intervals, improvements were required to ensure where issues were highlighted, actions

were taken to address these.

People's nutritional and healthcare needs were identified to ensure that they received proper support from staff.

Is the service caring?

The service was not consistently caring.

People's comments about the care and support they received was variable and this demonstrated that people did not always receive a consistent service that was caring.

In general staff demonstrated a good knowledge and understanding of the people they cared for and supported.

People told us that they were treated with respect and dignity.

Requires Improvement ●

Is the service responsive?

The service was not consistently responsive.

Appropriate steps had not been taken by the provider to ensure that people who used the service and those acting on their behalf had their concerns and complaints listened to, taken seriously and acted upon.

People's support plans reflected all the information needed to guide staff on the most appropriate care and support required to meet their needs.

Requires Improvement ●

Is the service well-led?

The service was not consistently well-led.

The provider had failed to recognise and identify the shortcomings in the service so as to improve the quality and safety of the service provided.

We found that the provider had failed to implement a robust quality monitoring system that operated effectively to ensure compliance with regulatory requirements and to address shortfalls identified by the Local Authority.

Requires Improvement ●

Staff Line Home Care Limited

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection checked 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.

The inspection to the domiciliary care service office took place on 4 and 5 May 2017 and was announced. The provider was given 48 hours' notice because the location provides a domiciliary care service and we needed to be sure that someone would be in. People using the service and/or their relatives or those acting on their behalf were contacted by telephone on 9 May 2017. Staff were contacted by telephone on 10 May 2017. On 15 May and 17 May 2017 visits were made to people's homes. The inspection was undertaken by two inspectors.

We reviewed the information we held about the service including safeguarding alerts and other notifications. This refers specifically to incidents, events and changes the provider and registered manager are required to notify us about by law.

We spoke with 16 people who used the service, seven people's relatives, eight members of care staff, the registered manager, the deputy manager and two office administrators. We also spoke with the provider when giving feedback of our inspection findings.

We reviewed 20 people's support plans. We looked at the service's staff support records for 10 members of staff. We also looked at the service's arrangements for the management of medicines, complaints and compliments information and quality monitoring and audit information.

Is the service safe?

Our findings

The registered manager confirmed that since the last inspection in June 2016, there had been recent changes within the service's medication practice so as to align themselves with their 'sister' organisation's medication policy and procedures. However, we found there was ambiguity between the provider's and staff's understanding of the terms 'assist' and 'administer' medication. This referred to confusion about the medicines support agreed, what was documented within the person's support plan and actual staff's practice.

For example, one person's medication risk assessment stated that staff should 'assist' the person to take their medication. However, when we discussed this with the person's relative they described the term 'administer' and were able to confirm that staff directly managed and administered the person's medication as their family member was unable to do this for themselves and to undertake the task safely. The relative was concerned on occasions that they had observed staff to give their family member their medication and to leave the home without ensuring the person had taken it. Another person's support plan identified that staff were to 'assist' the person with their medication, even though the support plan recorded, '[Name of person using the service] has short term memory loss due to onset of dementia. [Name of person using the service] wouldn't remember to take their medication and is happy for carers to take this role.' We observed when we visited this person as part of the inspection process three tablets had been left in an egg cup for them to take. The person was unable to tell us what the medication was for or how frequently their medication should be taken. The person's support plan had not been updated to evidence the above practice by staff had been reassessed, agreed and a revised risk assessment put in place. The Medication Administration Record [MAR] showed that the MAR form had been signed by the staff member to indicate the person had taken their medication. This was not accurate as the staff member had not witnessed the person taking their medication. Additionally, medication taken from the blister pack had not been administered in day order. The above was not an isolated case. No MAR form was completed for one person on one day to demonstrate staff had administered the person's medication and no rationale was evident as to why.

We discussed this with the provider and registered manager. The provider told us that the above was in line with Local Authority guidance and procedures in relation to medication. However, we could not be assured that the administration of medication and staff's practice was always appropriate and safe or in line with the National Institute for Health and Care Excellence [NICE] guidelines for domiciliary care services which were published in March 2017.

The training records provided showed that 14 out of 40 members of care staff employed did not have up-to-date medication training. Some staff spoken with confirmed they had received refresher training, however certificates were not evident to confirm this and written completed questionnaires to evidence staff's competence had not been assessed or marked.

This demonstrated a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Information held by the Care Quality Commission confirmed there had been no safeguarding concerns raised since January 2016. However, prior to this inspection the Local Authority made us aware that between 15 June 2016 and 27 January 2017 seven safeguarding incidents had been raised. The conclusions reached established five safeguarding incidents were substantiated, one was not substantiated and one was inconclusive. The Care Quality Commission had not been notified of the safeguarding incidents in accordance with regulatory requirements pertaining to notifications. This states that we must be notified about abuse or alleged abuse involving a person(s) using the service. We discussed this with the provider and registered manager and the latter stated that they were unaware that this was a requirement.

Concerns were raised as part of the service's monitoring visit to one person about their safety and wellbeing in April 2017. However, robust procedures and processes that make sure people are protected had not been considered and followed. This referred specifically to no consideration was made by the service to raise a safeguarding alert with the Local Authority or to notify the Care Quality Commission. Additionally, where a concern by a relative was recorded as a complaint by the service, this was incorrectly recorded and should have been raised initially as a safeguarding incident. This demonstrated that neither the provider nor registered manager fully understood their roles and associated responsibilities in relation to the provider's safeguarding policies and procedures.

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

People's comments about staffing were variable. Whilst some people's comments were positive, others were not. People and those acting on their behalf told us that although there was a consistent team of staff supporting them or their relative Monday to Friday this was not consistently applied at the weekend. For example, the 'Service Review and Quality Monitoring Form' for one person recorded over an 18 day period that they had 26 different members of staff support them. We discussed this with the registered manager and they confirmed following a review of the person's records that the above figure was not entirely accurate but confirmed there had been 24 different members of staff during the said period. The review form further stated, '[Name of person using the service] really doesn't like not knowing who is coming.' This suggested that the above had an adverse impact for the person using the service as they wished to have a consistent staff team and did not like not knowing who was to provide their care and support needs. Another relative wrote on their member of family's behalf, 'Carers are not the same, [Name of person who uses the service] never knows who is coming. This isn't good for them.' This was not an isolated case and this was a shared concern from many people using the service and those acting on their behalf.

A quality monitoring visit was undertaken by the Local Authority in November 2016. Concerns were raised by them that there was no system in place to monitor 'missed' or 'late' visits by staff for people using the service. People and those acting on their behalf told us that although 'missed' visits by staff were a rare occurrence, the timings of staff visits throughout the day were variable and inconsistently applied. People told us that they rarely received a telephone call from individual staff members or the domiciliary care service office to notify them if staff were running late. This was in contrast to what staff told us. Staff stated that they either contacted the person using the service or informed the office. We discussed this with the provider and registered manager and were advised that a system had still not been put in place to monitor 'missed' or 'late' visits by staff and the only way they would know this was if people using the service, those acting on their behalf and staff told them. Staff spoken with following the visit confirmed that people were not happy if they were late and the majority of complaints made by people using the service related to this subject.

People told us that staff stayed for the full amount of time allocated in the morning and in some instances

stayed longer so as to ensure care tasks had been completed and to meet the person's comfort needs. However, people told us that some staff did not always stay for the full amount of time allocated in the evening and that there was no structure or consistency to the times that staff visited in the morning or the evening. For example, one person recorded within their 'Service Review and Quality Monitoring' form that they were originally told by the domiciliary care service that their morning call would be between 8.00 a.m. and 9.00 a.m., however this had got later and later. They stated, 'I lie there [in bed] a lot of the time and want to get up and have to call to my relative who then has to help me because I can't lie there anymore. I start to ache and I get very bored.' The daily care notes for this person showed that their morning call could be as early as 07.30 a.m. and as late as 11.00 a.m. Another person told us, "Sometimes they're [staff] in such a rush to move on that I feel that their [staff] attention is not fully on me." A third person told us, "Some [staff] are more attentive than others. Sometimes the girls don't always stay as long as they should." When asked to provide details of the impact this had on their care, the person told us they did not always have their personal hygiene needs met and staff did not always watch them take their medication. One relative told us, "Particularly in the evenings the staff are in and out in five minutes."

'Service Review and Quality Monitoring' records recorded on some occasions where people were scheduled to receive a 30 minute visit from staff; some members of staff stayed for as little as 10 minutes. Records of 'spot visits' undertaken by a representative of the service with staff recorded that the time some staff spent with people using the service could be less than this. For example, the 'spot visit' undertaken by one member of staff in March and April 2017 for five people who used the service, recorded the member of staff completing a 30 minute 'home visit' in five, 15 or 18 minutes. We discussed this with the provider and registered manager. The latter confirmed they had not been made aware of the above or informed of the actions taken with staff to ensure this did not happen again.

Staffs comments were variable as they did not always feel they had sufficient quality time to spend with the people they supported, particularly as travel time was not accounted for between each visit. One staff member told us, "Sometimes I don't feel I have enough time. I am supposed to be with people for 30 minutes, I don't want to leave people, but if they are independent I have to leave them sooner because I know other people take longer. It's not fair to people. They [organisation] don't account for travelling time for us either." 'Staff Worksheets' viewed confirmed what staff told us and evidenced travelling time was not always included between visits.

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

The provider was unable to show that effective and proper recruitment checks had been completed on all staff before they commenced working at the service. Staff recruitment records showed that the provider's recruitment practices were not safe and had not been operated in line with the provider's own policy and procedure or with regulatory requirements.

We found that satisfactory evidence of conduct in their previous employment, in the form of written references, had not been received for two out of seven members of care staff prior to their employment at this service. In addition, there was only one written reference instead of two for the remaining five members of staff whose personnel files were viewed; of which two references were not from their most recent employer. No recent photograph was evident for two members of staff and one staff member's proof of identification was not decipherable. We found that three members of staff as advised by the registered manager and who were currently receiving training had been employed prior to a Disclosure and Barring Service (DBS) certificate being obtained. Additionally, a further two members of staff had commenced employment prior to a Disclosure and Barring Service (DBS) certificate having been obtained. There was no evidence to show that either member of staff was supervised and the above decision to commence

employment had not been risk assessed.

Furthermore there was no information recorded as part of good practice procedures relating to the interview for three members of staff and where these were in place, these were not always dated. A written record had not been completed or retained to demonstrate the outcome of the discussion and the rationale for the appointment. This showed that robust measures had not been undertaken to retain information recorded so as to enable the provider's representative to make an initial assessment as to the candidates relevant skills, competence and experience for the role and; so as to narrow down whether or not they were suitable. We discussed the above with the provider and the registered manager and they were unable to provide a rationale relating to the shortfalls identified.

This demonstrated a breach of Regulation 19 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Appropriate arrangements were not always in place to manage risks to people's safety. Where assessments were in place we found that these solely related to people's manual handling needs and environmental risks. Other risks relating to people's health and wellbeing had not been considered. For example, no risk assessment was evident for people who required catheter care and the associated risks, such as, catheter blockage, pain and discomfort to the person. Furthermore, risk assessments had not been considered for people who had bedrails and pressure relieving equipment in place. Although there was no impact to suggest that people's needs were not being met, the above risks had not been identified or anticipated and people were at potential risk of receiving care and support that was unsafe and did not meet their needs.

People told us they were safe and had no concerns about their safety. One person told us when asked if they felt safe when staff entered their home, "I feel safe with them [staff], oh yes." Another person told us, "I have no concerns, yes I feel safe when staff are here." One relative told us in relation to their relatives, "I do feel they're safe. The carers come as needed and 'careline' is in place." Others using the service also confirmed they had signed up to have a dedicated 'Careline' service and this made them feel safer and better protected in their own home, particularly at night. Careline is run by an external organisation and provides a responsive service to people living in their own homes where they require medical attention or emergency assistance. They also confirmed that key safe arrangements were in place as a means of providing access for staff to enter their home. The registered manager advised that care was taken to ensure the key safe and code numbers were only available for those authorised to enter the person's home.

The staff training records provided showed that staff employed had received safeguarding training. Staff were able to demonstrate a good understanding and awareness of the different types of abuse and how to respond appropriately where abuse was suspected. Staff were confident that all members of the management team would act appropriately on people's behalf. People told us that although staff used the 'key safe' to gain entry to their home, staff always called out to them to let them know they were entering and to confirm who they [staff] were. People told us that staff used the term of address favoured by the individual when communicating with them. In addition, people told us that they were supported to maintain their personal appearance, so as to ensure their self-esteem and sense of self-worth. People were able to wear clothes they liked that suited their individual needs and staff were seen to respect this.

Is the service effective?

Our findings

The training records showed that staff were provided with a range of training when first employed by the service. However, the training records showed that not all staff had received refresher or up-dated training for their roles to ensure their knowledge and skills were up to date for the delivery of safe and effective care.

The training matrix provided by the person responsible for the delivery of training to staff showed that out of 40 members of care staff employed at the service, 24 members of staff did not have up-to-date safe moving and handling training. When cross-referenced with individual 'Client Visit Sheets' and 'Staff Worksheets' it was evident that these staff were providing specific moving and handling support to many people using the service, through the use of specific equipment such as hoists and transfer aids. For example, the 'Client Visit Sheet' for one person for the period 5 April 2017 to 5 May 2017 showed that two out of 92 visits by staff had two members of staff with out-of-date safe moving and handling training and 40 out of 92 visits had one member of staff with out-of-date safe moving and handling training. The 'Client Visit Sheet' for another person for the period 2 April 2017 to 30 April 2017 showed that 11 out of 87 visits by staff had two members of staff with out-of-date safe moving and handling training and 38 out of 87 visits had one member of staff with out-of-date safe moving and handling training. Both people's support plan confirmed they required two members of staff to assist them with their moving and handling needs, with one person requiring the specific use of a hoist and the other person having variable ability to weight bear.

Some staff spoken with confirmed they had received recent refresher training; however improvements were required so as to ensure the training provided was embedded in staff's practice. Some staff confirmed they relied on others for advice and support, particularly when supporting people with their safe moving and handling needs. Although we found no evidence to suggest that either person had received inappropriate care and support at these times, we were not assured that staff employed by the service had received adequate training so as to reduce any potential risk of injury and harm to staff and people using the service. We discussed this with the registered manager and they confirmed that up-dated training relating to the above would be scheduled as soon as possible.

Additionally, the support plans for several people also showed they had a catheter fitted and required staff to 'assist' or 'administer' their medication. Training records showed that none of the staff had received catheter training. Although we found no evidence to suggest that people using the service had received inappropriate care and support at these times, we could not be assured that staff employed at the service had the skills, competence and confidence to undertake these tasks safely and to a suitable standard.

The registered manager confirmed that all newly employed staff received a robust induction. This related to undertaking mandatory training as required by the provider and the completion of the Skills for Care 'Care Certificate' or an equivalent. Staff told us that in addition to the above they were given the opportunity to 'shadow' and work alongside more experienced members of staff. The registered manager confirmed the latter could be flexible according to an employee's previous experience and level of competence. However, although a workbook for each standard completed was evident to support the induction process and to ensure all parts of the 'Care Certificate' were completed, none of these had been assessed or marked to provide sufficient evidence as to whether or not staff had or not met the standards. We discussed this with

the provider and registered manager and they were unable to provide a rationale as to why the latter was not completed. This meant we could not be assured as to how the provider demonstrated staff were competent in these areas.

Staff told us they felt valued and supported, in particular by the registered manager. Staff had received formal supervision or been subject to 'spot visits' by a representative of the organisation at regular intervals. The latter is where a representative of the organisation calls at a person's home so that they can observe staff as they go about their duties. Nonetheless, where subjects and topics were raised, information was not always available to show these had been followed up to demonstrate actions taken. For example, one staff member's supervision records in April 2017 detailed they were required to repeat their medication training. No information was recorded as to when this would be rescheduled. The staff training records provided at the time of our inspection showed this remained outstanding.

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

Staff employed longer than 12 months had received an annual appraisal of their overall performance and both short and long term objectives had been set.

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. We checked whether the service was working within the principles of the MCA.

Although staff employed at the service had received Mental Capacity Act 2005 (MCA) training, not all staff spoken with were able to demonstrate an understanding of the requirements of the Mental Capacity Act 2005 and what this meant for people using the service. However, from our discussions with people using the service, we were assured that staff understood the importance of giving people choices and how to support people that could not always make decisions and choices for themselves.

Where staff were involved in people's nutritional and hydration support they did so as required to meet people's needs. People told us that staff, where appropriate, provided support with meal preparation and the provision of drinks and snacks at the times they needed them. People confirmed that their nutritional and hydration needs were adequately met to a good standard.

Where appropriate people had access to health professionals as required, for example, District Nurse services. People told us that if there were concerns about their healthcare needs they would initially discuss these with their family member or a member of staff. Staff told us if they were concerned about a person's health and wellbeing they would relay the concern to the office for escalation and action.

Is the service caring?

Our findings

People using the service and those acting on their behalf were complimentary about the care and support provided. One person told us when asked if they were happy with the service provided by the domiciliary care service, "Yes, very happy with the service." Another person told us, "They [staff] do everything I ask them to do." A third person told us, "The girls are very good and my needs are met." A fourth person told us that overall they were happy with the care and support provided but found that at times there was a lack of communication with the office. The latter was not an isolated case and several people using the service and those acting on their behalf made less than favourable comments about communication with the office.

However, our findings as detailed within 'Service Review and Quality Monitoring' forms showed that people did not always receive a consistent service that was caring. Our findings in terms of how staff supported people did not concur with people's comments about a caring service. This related specifically to people using the service not always knowing if they were to have a regular member of staff attend to their care and support needs. People told us that this impacted on the level of care they received as they would have to tell the member of staff what they needed to do and how they wished their care and support to be provided. Additionally, people were concerned that the times of visits by staff were inconsistent especially in the evenings and at weekends. For example, The 'Service Review and Quality Monitoring' form for one person stated that their teatime and bedtime visits were often too close together. The form stated, 'Some carers at teatime that are due back at bedtime ask [Name of person using the service] if they should come back or not'. This was confirmed by another person and they confirmed that on occasions there were only two hours between their teatime and bedtime call. Furthermore, people and those acting on their behalf were concerned and unhappy that some members of care staff did not stay very long or for the full allocated time that they should. This meant the service needed to improve the way they delivered personalised care to people so as to ensure it was suitable to meet their needs and in line with their wishes and preferences.

People were encouraged to make day-to-day choices and their independence was promoted and encouraged where appropriate and according to their abilities and strengths. For example, where appropriate people were encouraged to maintain their independence with eating and drinking and with some aspects of their personal care. People told us that where possible they tried to maintain their independence. This showed that people were empowered to retain their independence where appropriate according to their needs and abilities.

People told us that their personal care and support was provided in a way which maintained their privacy and dignity. They told us that the care and support was provided in the least intrusive way and that they were always treated with courtesy and respect by staff. People told us that although staff used the 'key safe' to gain entry to their home, staff always called out to them to let them know they were entering and to confirm who they [staff] were. However, one person told us that although they generally felt safe they had concerns about the key code entry system to their home. They told us, "Sometimes I have to get up to get to the door to let them [staff] in, as they [staff] don't have the code." They were also unsure if staff carried identification as not all staff presented this or reminded them as to who they were. People told us that staff used the term of address favoured by the individual when communicating with them. In addition, people

told us that they were supported to maintain their personal appearance, so as to ensure their self-esteem and sense of self-worth. People were able to wear clothes they liked that suited their individual needs and staff were seen to respect this.

Is the service responsive?

Our findings

Guidance on how to make a complaint was given to people when they first started using the service and was recorded within the provider's Statement of Purpose. People's comments about the management of concerns and complaints were variable, as not all people using the service or those acting on their behalf felt they were listened to or their experiences, concerns and complaints taken seriously and acted upon.

The deputy manager confirmed they had been delegated the task and responsibility to manage the service's complaints. A quality monitoring visit was undertaken by the Local Authority in November 2016 and this highlighted there was no complaints log in place to monitor the number of concerns and complaints received each month or the outcomes. This remained outstanding at this inspection and had not been addressed. Information relating to two formal complaints was provided to us as part of the inspection process. These detailed the specific nature of each complaint, details of the investigation and any action taken. Whilst the above was in place, a response to both complainants had not been made in line with the provider's own complaints policy and procedure.

Additionally, where people had raised concerns or complaints as part of the provider's own quality assurance processes; although information relating to the issues raised had been identified, no further action had been taken to log these as a concern or complaint or to address the issues raised. For example, one 'Service Review and Quality Monitoring' form in March 2017 recorded that the person using the service was unhappy with the visit times made by staff and also with one member of staff's conduct and attitude. The form advised that the person's relative had made a complaint to the domiciliary care service office. Nonetheless, this was not logged as a complaint and there was no evidence to show what actions had been taken by the registered manager or provider. A further 13 completed 'Service Review and Quality Monitoring' forms and/or satisfaction review forms viewed demonstrated that people were unhappy with some aspects of the service. However, none of the issues raised had been logged as a complaint and there was no evidence to show what actions had been taken by the registered manager or provider. We discussed this with the provider and registered manager. The latter confirmed that all of the information gathered as detailed above had been undertaken by a representative of the 'sister' organisation, however the information had not been given to the registered manager until approximately 10 days prior to our inspection.

The registered manager advised they had not had a chance to review the information and had not been made aware of the concerns or complaints raised by people using the service or those acting on their behalf by the 'sister' organisation as soon as was practicable. This meant that people or those acting on their behalf could not be confident that their concerns or complaints would be listened to, taken seriously and acted upon.

This demonstrated a breach of Regulation 16 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The registered manager confirmed that recommendations and referrals to the service were made through the Local Authority and Continuing Health Care [CHC]. Referrals and enquiries were also received by the

service from people wishing to contract directly and privately with the organisation. An initial assessment was completed by the organisation and the information gathered was used to inform the person's support plan.

People's support plans included the level of support required, the number of staff required to provide support each visit, the length of time for each visit and additional duties and tasks to be undertaken by staff. Records also showed that assessments relating to moving and handling and the environment were completed. However, as stated previously, improvements were required to ensure that risks to people's health, wellbeing and safety were identified and recorded for all areas of potential risk. Evidence was available to show that the content of the support plans had been agreed with the person who used the service and/or those acting on their behalf. However, although staff stated and were able to demonstrate a general knowledge relating to the care and support needs of the people they provided regular support to, staff told us they rarely looked at people's support plans. Staff confirmed they relied heavily on basic information provided as a weekly planner and daily task sheet via a text.

Is the service well-led?

Our findings

A quality monitoring visit was undertaken by the Local Authority in November 2016 to Staff Line Home Care. The outcome of the visit showed that the overall score attained at that time was 48.6% and this represented an overall score of 'poor'. We discussed this with the registered manager and they confirmed that following the visit and in light of concerns raised an additional meeting with representatives from the Local Authority was undertaken and subsequently a number of changes to improve the service so as to meet their standards and outcomes had been embarked on by the provider.

A request for the completion of an action plan by the provider was requested by the Local Authority in December 2016. At the time of this inspection we requested sight of the provider's completed action plan. A copy of the document was duly provided and this showed that the action plan was completed on 24 March 2017, with all actions to be completed with either immediate effect or full compliance achieved by April 2017, June 2017 or July 2017. Additionally, a copy of the provider's 'Improvement Plan' was provided and this showed that all areas that required corrective action were on target to be met by the scheduled dates. The registered manager and deputy manager confirmed that neither of them had had sight of the provider's completed action plan until this inspection, however the registered manager confirmed they had met with the provider and director prior so as to discuss the issues raised by the Local Authority.

However, the above did not concur with our findings. For example, the provider's 'Improvement Plan' and action plan for the Local Authority stated that all staff files would be reviewed to ensure their recruitment and selection procedures were in line with regulatory requirements and their own policies and procedures. This would mean that all newly employed staff would only be in post following the completion of satisfactory employment checks. The provider and registered manager confirmed that these checks had been completed by representatives of the 'sister' organisation. Nonetheless, as stated previously within the main text of the report these actions had not been completed to an acceptable level. This meant that the provider's recruitment and selection procedures were not being operated effectively and records relating to people employed were not in accordance with current legislation.

Additionally, the provider's 'Improvement Plan' and action plan for the Local Authority stated that a gap analysis of all staff's training and development needs would be undertaken to ensure they had the right level of competence and to develop and receive all necessary training for their role. The provider and registered manager confirmed that these checks had been completed by representatives of the 'sister' organisation and a training matrix undertaken to assist with the process. However, as stated previously within the main text of the report these actions had not been completed to an acceptable level and demonstrated that not all staff had up-to-date training in key areas, for example, safe moving and handling, medication and catheter care. Some staff spoken with confirmed that because their training was not as up-to-date as it should be, they relied on other staff members for advice and instruction when providing care and support to people using the service. People who used the service told us there were occasions whereby they would have to give specific instructions to staff about the equipment to be used, such as when using hoists for safe moving and handling practices. This was also confirmed by staff. One staff member told us, "I usually ask the other carers [experienced ones] and they tell you what equipment to use. We pass info to

each other as there's no information about slings [for hoists] in care plans." This meant appropriate systems were not as effective as they should be; or in place to ensure staff received appropriate training for their role or for the people they supported. Whilst staff received a structured induction neither the provider nor the registered manager had monitored and audited these to ensure that workbook standards had been assessed or marked to provide sufficient evidence as to whether or not staff had or not met the required standards or level of competence. Additionally, the majority of actions highlighted as part of formal supervision had not been dealt with and addressed.

Information was available to show that people using the service and those acting on their behalf had been asked to provide feedback and to complete a 'Service Review and Quality Monitoring' form and satisfaction questionnaire at regular intervals; so as to give a view about the quality of the service provided. The provider and registered manager confirmed that these checks had been completed by representatives of the 'sister' organisation. The majority of comments viewed demonstrated that people were unhappy with some specific aspects of the service, namely the timings of visits undertaken by staff, the length of time some staff stayed, lack of staff consistency provided and not being notified when staff were running late. People felt that this impacted on the quality of care and support they received. For example, such as having their care and support needs rushed, the perception of the timing of visits being at the convenience of staff and this resulting in the service not taking into account their wishes and preferences which were identified at the time the care package was agreed. However, none of the issues raised had been logged as either a complaint or addressed to show what actions had been taken by the provider or registered manager to address these. Neither had the provider monitored this to ensure this information was provided to the registered manager in a timely manner so that they could take effective and proactive action. This meant suitable arrangements were not in place to listen and respond to feedback from people using the service and those acting on their behalf were not effective.

The provider's 'Improvement Plan' and action plan for the Local Authority stated that suitable arrangements would be implemented and monitored to check 'missed' and 'late' visits by staff to people using the service. The provider and registered manager confirmed at this inspection that no system was in place to monitor the latter despite this being raised by the Local Authority in November 2016 or in light of consistent comments raised and highlighted as part of the provider's quality assurance arrangements. No rationale was provided for why this remained outstanding.

Although these arrangements were in place, it was evident that the absence of robust quality monitoring meant the provider had failed to recognise non-compliance with our regulatory requirements sooner or any potential risk of harm and/or distress to people using the service. Had there been a more effective quality assurance and governance process in place, this would have identified the issues we found during our inspection. It would have also enabled the provider and registered manager to identify where improvements were needed, to monitor and analyse trends and to learn from adverse events, such as safeguarding incidents, complaints and concerns both written and verbal. The registered manager confirmed and records showed that the last audit completed whereby people's support plans, staff recruitment files, staff supervisions and 'spot checks' were undertaken was in September 2016.

The majority of staff told us either there were no staff meetings or they did not attend on a regular basis. Staff meeting minutes were available and although these evidenced the topics discussed, no action plan was evident to show how issues raised would be addressed and dealt with. For example, in November 2016 senior staff had noted that the level of some people's personal care was not being adequately provided by staff, such as people's hair not being washed and/or brushed and some people's feet not being washed. No information was recorded as to how this would be monitored or the steps to be taken to ensure that people's personal care was improved for the future.

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

Despite all the shortfalls in monitoring and record keeping, some people were receiving a good level of care. Following our inspection the provider sent us an updated improvement plan. This told us of the steps they had taken and were to take to improve the service and showed they were aware of the actions required to improve and have committed to working to better the quality of the service in all areas. The Local Authority is also working with the service to improve their processes.

Staff told us that they enjoyed working for Staff Line Home Care. One member of staff told us, "Yeah, I am happy working at Staff Line." Another member of staff stated, "Overall I am happy." Staff confirmed they found the registered manager and other staff members who were office based, approachable and supportive.

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 12 HSCA RA Regulations 2014 Safe care and treatment The provider must ensure that suitable arrangements are in place for the proper and safe management of medicines.
Regulated activity	Regulation
Personal care	Regulation 13 HSCA RA Regulations 2014 Safeguarding service users from abuse and improper treatment The provider must ensure that suitable systems are established and operated effectively to make sure that people using the service are protected.
Regulated activity	Regulation
Personal care	Regulation 16 HSCA RA Regulations 2014 Receiving and acting on complaints The provider must establish and operate effectively a system for identifying, recording, handling and responding to complaints by people using the service and others.
Regulated activity	Regulation
Personal care	Regulation 19 HSCA RA Regulations 2014 Fit and proper persons employed Appropriate arrangements must be in place to ensure that recruitment procedures are effective and in line with regulatory requirements.

Regulated activity	Regulation
Personal care	<p>Regulation 18 HSCA RA Regulations 2014 Staffing</p> <p>The provider must ensure that suitable arrangements are in place to ensure people using the service receive care and support from a consistent staff team and at a reasonable time in line with people's wishes and preferences. Staff must receive relevant training and refresher training relating to their role and actions from supervisions and 'spot visits' addressed.</p>