Care Outlook Ltd

Care Outlook (West London)

Inspection report

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Ratings

Overall rating for this service	Requires Improvement

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

Summary of findings

Overall summary

We undertook an announced inspection of Care Outlook (West London) on 26 and 27 September 2016. We told the provider two days before our visit that we would be coming because the location provides a domiciliary care service for people in their own homes and staff might be out visiting people.

Care Outlook (West London) is a domiciliary care agency that provides personal care to around 180 people in their own homes in the London Borough of Hounslow.

We previously inspected Care Outlook (West London) on 16, 17 and 23 June 2015 and we identified issues in relation to managing risk and staff training and supervision. During the inspection in September 2016 we found improvements had been made in relation to these areas.

The service had a registered manager in place. There were also two managers who had recently joined the service who were in the process of registering with the Care Quality Commission to replace the existing registered manager. A registered manager is a person who has registered with the CQC to manage the service and has the legal responsibility for meeting the requirements of the law, as does the provider.

There was a procedure in place for the management of medicines but care workers were not recording the administration of medicines accurately.

The provider had suitable recruitment practices but information was not always accurate in relation to the previous work experience of new care workers.

Care plans were not written in a way that identified each person's wishes as to how they wanted their care provided. Daily records were focused on the tasks completed and not the person receiving the support.

Improvements had been made in the recording of incidents and accidents and the development of risk assessments related to specific health or support needs.

People told us they felt safe when they received support and the provider had policies and procedures in place to deal with any concerns that were raised about the care provided.

The provider had a policy in place in relation to the Mental Capacity Act 2005 but they did not undertake assessments to identify if a person using the service was unable to make decisions about their care and ensure the appropriate actions were taken to support them.

Care workers had received training identified by the provider as mandatory to ensure they were providing appropriate and effective care for people using the service. Also care workers had regular supervision with their manager and received an annual appraisal.

People we spoke with felt the care workers were caring and treated them with dignity and respect while providing care. Care plans identified the person's cultural and religious needs.

The provider had a complaints process in place and people knew what to do if they wished to raise any concerns.

The provider had a range of audits in place but the audits in relation to the administration of medicines, recruitment and other records relating to care did not provide appropriate information to monitor quality.

Care workers told us they felt the culture of the service was open and fair.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement

Some aspects of the service were not safe. There were procedures in place for the safe management of medicines but staff did not always complete records relating to medicines use as required by the provider's own systems.

The provider had suitable recruitment practices but information was not always accurate in relation to the previous work experience of new care workers.

Improvements had been made in the recording of incidents and accidents and the development of risk assessments related to specific health or support needs.

People using the service said they felt safe when they received support in their own home.

Is the service effective?

Requires Improvement

Some aspects of the service were not effective. The provider had a policy in place in relation to the Mental Capacity Act 2005 but they did not undertake assessments to identify if a person using the service was unable to make decisions about their care and ensure the appropriate actions were taken to support them.

Care workers had received the necessary training, supervision and appraisals they required to deliver care safely and to an appropriate standard.

There was a good working relationship with health professionals who also provided support for the person using the service.

Care plans indicated if the person required support from the care worker to prepare and/or eat their food.

Is the service caring?

Good

The service was caring. People we spoke with felt the care workers were caring and treated them with dignity and respect while providing care.

People told us they were happy with the care they received in

their home.

The care plans identified the cultural and religious needs of the person using the service.

Is the service responsive?

Requires Improvement

Some aspects of the service were not responsive. Care plans were not written in a way that identified each person's wishes as to how they wanted their care provided. Daily records were focused on the tasks completed and not the person receiving the support.

An initial assessment was carried out before the person started to receive care in their home to ensure the service could provide appropriate care.

The provider had a complaints process in place and people knew what to do if they wished to raise any concerns.

People using the service had been asked their views on the quality of the service provided.

Is the service well-led?

Requires Improvement

Some aspects of the service were not well-led. The provider had a range of audits in place but the audits in relation to the administration of medicines, recruitment and other records relating to care did not provide appropriate information to monitor quality.

An out of date assessment had been used and the times of the care visits were not accurate on the computer system.

People gave mixed feedback when asked if they felt the service was well-led in relation to how the care was provided.

Care workers told us they felt the culture of the service was open and fair.

Care Outlook (West London)

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 the 26 and 27 September 2016 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 available.

One inspector undertook the inspection and an expert-by-experience carried out telephone interviews of people who used the service and relatives. An expert-by-experience is a person who has personal experience of using or caring for someone who has used this type of care service. The expert-by-experience at this inspection had personal experience of caring for older people.

Before the inspection we reviewed the notifications we had received from the service, records of safeguarding alerts and previous inspection reports.

During the inspection we spoke with the regional manager and two managers. We reviewed the care records for nine people using the service, the employment folders for seven care workers, a spreadsheet containing the training and supervision records for 82 care workers and records relating to the management of the service. We also undertook phone calls with seven people who used the service and three relatives. We received comments from two care workers via email.

Requires Improvement

Is the service safe?

Our findings

Following our comprehensive inspection of Care Outlook (West London) on 16, 17 and 23 June 2015 we made a recommendation for the provider to review the medicines recording system they had in place at the time.

During the inspection on 26 and 27 September 2016 we saw the Medicine Administration Record (MAR) charts had not been completed accurately.

We saw the MAR charts covering two months for one person and saw care workers had not recorded when the medicine had been administered. The person had been prescribed a cream which should be applied four times a day but we saw the cream had been applied twice a day over the two months. In addition, over the two months, the MAR chart had been completed with 'X' instead of the initials of the care worker who administered the cream on 25 occasions. The records for two further creams that should be administered twice a day showed that care workers had recorded the creams had been administered in the morning only for the majority of days over the two month period. They had also used the 'X' on the MAR chart and did not initial to show they had administered on 30 occasions during the two months. The daily records indicated the care workers had administered the creams as prescribed therefore people were not at risk of not receiving their prescribed cream but these were not recorded accurately.

We also looked at the MAR chart for July 2016 for another person and we saw care workers had used the 'X' instead of their initials on 14 occasions when medicines should have been administered at lunchtime. We also saw paracetamol had been prescribed to the administered as and when required (PRN). We saw the care workers had recorded when the pain relief had been administered but had not recorded the time it was taken and the remaining stock levels. The time should be recorded as the pain relief should not be taken too often over 24 hour. The MAR chart did not indicate the dosage of prescribed ear drops of if they should be administered regularly or if it was a PRN medicine.

The MAR chart for another person which showed a tablet should be administered at breakfast and at lunch. The MAR chart indicated one tablet had not been administered at lunch on one day and the chart had not been completed for the following day. This indicated that the person had not received their medicine on three occasions. The MAR chart also indicated that another tablet should be dissolved in water but the amount of water to be used was not stated.

This meant that people were at risk because the provider could not ensure they were receiving their medicines as prescribed and the staff did not follow safe practices for administering medicines.

The above paragraphs demonstrate a breach of Regulation 12 of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The service followed suitable recruitment practices but we saw some application forms and references did not provide appropriate (or enough) information regarding the suitability of the person for the care worker

role. During the inspection we looked at the recruitment records for seven care workers. We saw the application form for one person had the contact details for two previous employers to provide references but only one reference was obtained from a previous employer and second came from a personal friend who was not included on the application form. The reference from the previous employer confirmed the applicant had for four months but the application form indicated they had worked in the previous role for over eight months. There was also a CV on file and the employment history shown in this document did not match that on the application form. The employment history indicated that the person had worked in social care for a specialist care provider for a number of years but this was not supported by the application form or by references. These discrepancies were not discussed at interview or checked with the applicant. The interview questions were not completed in full and the records showed the person confirmed they had no previous experience in social care.

We also saw there were discrepancies between the information provided on an application form in relation to employment history and the references received for another care worker. The length of employment confirmed in the reference was shorter than that shown on the application form. These issues were discussed with the manager during the inspection.

This meant that the provider could not ensure the care workers had the appropriate knowledge and skills to provide safe and suitable care as suitable references had not been obtained.

The above paragraphs demonstrate a breach of Regulation 19 of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014

During our comprehensive inspection of Care Outlook (West London) on 16, 17 and 23 June 2015 we found the provider was unable to ensure appropriate action was taken to reduce the risk of an incident and accident occurring again. In addition care workers were not provided with appropriate information on how to reduce possible risks in relation to specific health conditions.

At the inspection on 26 and 27 September 2016 we saw that improvements had been made in relation to reducing risk.

We looked at how accidents and incidents were managed in the service. The manager explained when an incident or accident occurred the care worker would complete a form. If an incident or accident almost happened this was recorded as a 'near miss'. The form included details of the person involved, what happened, if the General Practitioner (GP) was called, who was informed, the actions taken and any outcomes. During the inspection we looked at four incident and accident form completed during 2016. The forms included detailed information about the event; a body map was completed if required and the actions taken at the time as well as the outcomes. The forms were reviewed by a senior staff member.

We saw that risk assessments were in place. We looked at the care folders for nine people and saw a risk assessment was completed as part of the initial assessment process. A general risk assessment was completed which reviewed the home environment including access and safety as well as any issues specific for the person relating to their support needs, health or behaviour. A range of risk assessments were also completed which included fire, moving and handling and administration of medicines. Where a specific risk had been identified through these assessments care workers were provided with guidance. An information sheet would be included with the care plan and provided detailed guidance on a range of issues. The manager explained information had been obtained from reliable websites including the Multiple Sclerosis Trust and Diabetes UK. We saw guidance sheets in relation to diabetes, epilepsy, pressure ulcers, anaphylaxis, dementia, multiple sclerosis and oxygen therapy. This meant care workers had detailed

information relating to the specific support and health issues for the person they are providing care for.

We asked people if they felt safe when they received support in their own home. They told us "Definitely, they are very good", "Very much so", "Have nothing but good to say I've known them for a long time" and "I trust them, I have no problem. I live on my own." Relatives made mixed comments which included "No. They forget to make the bed and will get mum ready without giving her a wash. Can't trust them to do what needs doing", "I am very wary. Things have gone missing; I have to remind them to use gloves although I provide them" and "Oh yes, although nothing to do with the service, one carer turned up from somewhere else. She had been given to wrong address." Some of these comments were discussed with the provider.

We saw the service had policies and procedures in place so any concerns regarding the care being provided were responded to appropriately. During the inspection we saw three records for safeguarding concerns one of which included records of the investigation and contained copies of correspondence. The other two safeguarding concerns had not been progressed but the manager explained this was due to reasons out of their control but the people involved were being provided safe care which was monitored. The provider also had a whistle blowing policy in place. Care workers we spoke with demonstrated a good understanding of safeguarding and how to report any concerns relating to the care provided.

The number of care workers required to attend each visit was identified from the information provided in the local authority referral document and during the assessment carried out before the care package started. The manager explained that they also allocated care workers based on their skills, experience and if they already had visits in the area to reduce travel time.

Requires Improvement

Is the service effective?

Our findings

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. We checked whether the service was working within the principles of the MCA.

The manager told us if a referral from the local authority indicated that the person did not have capacity to make decisions they would contact the local authority to obtain further information. During the inspection we saw where people had been identified as not having capacity to make decisions the provider had not carried out assessments or identified if a Lasting Power of Attorney (LPA) was in place. A Lasting Power of Attorney in health and care matters legally enables a relative to make decisions in the person's best interest as well as sign documents such as the support plan on their family member's behalf. We looked at the records for one person which stated their relative would agree and sign all care plans but an assessment of the capacity of the person had not been completed and there was no record of an LPA being in place. The care plans for four people we looked at stated they were unable to sign due to confusion. Assessments had not been carried out to identify if the person was experiencing confusion due to a short term cause such as an infection or if they did not have capacity to make specific decisions in relation to their care. In relation to one person their documents including care plan had been signed by a family member but the care plan stated they could agree and sign documents. The regional manager explained a mental capacity assessment form was available but this had not been used in relation to people where issues regarding their capacity to make decisions had been identified. They confirmed this form would now be introduced. This meant that people were not appropriately supported when decisions about their care were made to take into account their wishes whenever possible.

The above paragraphs demonstrate a breach of Regulation 13 of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

During our comprehensive inspection of Care Outlook (West London) on 16, 17 and 23 June 2015 we identified care workers people were being cared for by staff that had not received the necessary training and support to deliver care safely or to an appropriate standard. At the inspection on 26 and 27 September 2016 we saw that since the previous inspection improvements had been made in relation to care worker training and support.

We asked people if they thought the care workers had received the appropriate training and the skills to provide the care they need. They told us "Specific to my needs, yes", "Certainly, especially the one I have now. One I had a while ago emptied the commode. Can you believe she couldn't find the' button' to flush

the toilet. She had never seen a chain! And didn't know what to do. They should send new people with experienced carers", "For now, they meet my needs and are well trained" and "They follow the plan and do what's needed. Yes I think they are." We received mixed comments from relatives which included "No I don't think so", "Not really, staff can't cook. I do wonder why they are sent when then can't do what is needed" and "No not really."

The manager explained new care workers completed a four day induction programme which included the training identified a mandatory by the provider. New care workers also completed the Care Certificate over the following 12 weeks. The Care Certificate identifies specific learning outcomes, competencies and standards in relation to care. Once the care worker had completed the induction they would shadow an experienced care worker over at least two shifts. During the inspection we looked at the induction records for seven care workers. We saw the shadowing record forms did not indicate how many hours the new care worker completed shadowing. The form included a list of activities to show what tasks the new care worker had completed. We saw that some of the new care workers had not completed some of the general tasks that would be required during a visit to a person's home such as helping them wash. Some of the forms had not been reviewed by a senior member of staff. We discussed this with the manager who confirmed the form would be amended to enable the experienced care worker to record the number of hours completed and which people were visited during the shadowing sessions. The forms would also be checked by a senior member of staff before the person completes the shadowing process.

The provider had identified specific mandatory training courses to meet the needs of each staff role. The training included first aid, safeguarding adults, moving and handling and medicines management. We looked at the training records for 82 care workers and saw the majority of them were up to date with their training. Where care workers were overdue in completing their mandatory training we saw they had been booked in for a course to be held within the next few weeks. Care workers we contacted confirmed they had completed a range of training and one care worker commented "Refresher training which covers everything. Examples include basic life support, medication, moving and handling, food and hygiene, first aid, dementia, safeguarding."

The manager confirmed that care workers had four supervision sessions per year which included a one to one meeting with their line manager, a field observation and a spot check to monitor their competency when providing care. They also completed an annual appraisal. We looked at the records for 83 care workers and saw regular supervisions had been undertaken and the majority of care workers who had been employed for more than a year had completed an annual appraisal. Care workers confirmed they had regular supervision sessions.

There was a good working relationship between the service and health professionals who also supported the individual. The care plans we looked at provided the contact details for the person's General Practitioner (GP).

We saw care plans indicated if the person required support from the care worker to prepare and/or eat their food. Some of the care plans indicated the person's food preferences and if the person's family provided pre-prepared meals for the care worker to prepare.

Good

Is the service caring?

Our findings

We asked people if they were happy with the care and support they received from the service. We received mixed comments which included "Very happy", "With the carers yes- initially. Big rota problem", "Very much so, I am quite easy going", "100%" and "Yes, I am quite happy." We also received mixed feedback from relatives including "Not really, it is hit and miss. They were supposed to install a key safe yesterday but no-one turned up" and "There are deficiencies. My family member has to have specific foods and at specific times. There are several concerns about timing."

We asked people if they felt the care workers were treating them with dignity and respect and they told us "Always", "Definitely", "Yes always" and "Certainly. Had a new carer today, he was excellent. All three are very respectful." Relatives also told us they felt their family member was treated with dignity and respect. We asked care workers how they helped maintain a person's privacy and dignity when providing care. They said "Through respecting their rights to privacy for example when assisting with personal care, offering choices including of what they eat, dress etc, respecting their personal space and also to ensure confidentiality of their personal information. Also by being a good listener" and "When doing personal care, I do not change the client in front of other people, when giving strip wash we cover the top half when doing bottom half. For those who can wash themselves I encourage them to do so. When moving a client from bedroom to bathroom I make sure they are covered using a towel or dressing gown. I always give them choices and options so they choose the ones they like so they keep their dignity. Privacy is maintained by keeping what happens when I am inside the home private and confidential. Information is only shared with line manager in event of concern."

People using the service were asked if they felt the care workers supported them in maintaining their independence. They said "Yes it means I can stay in my own home", "Yes, quite a lot", "Yes, very much so" and "Yes. They help in the house, do my shopping and make my bed. I have a bad back." We received mixed comments from relatives including "Not at all" and "Yes I think yes it does. Our lives have changed as a result."

People told us they felt care workers were kind and caring with they received support. Their comments included "Always polite and friendly", "Very much so", "Without exception", "Yes, we get on very well. Mine are very kind" and "Yes they are very kind, they will always ask what needs doing." Relatives gave us mixed feedback and their comments included "Yes, in the main they mostly are kind and caring", "I think they are, they are approachable but can turn easily if I point out that something is wrong" and "The care worker was absolutely amazing."

We asked people if they had the same care worker or if they regularly changed. They told us "No, they vary but haven't had a bad one", "Most regular one is brilliant", "They are like old friends, we have a good laugh", "Usually have the same three", "It does change sometimes. Would prefer to have the same carer" and "It only changes during the holidays." Relatives commented "Not always, it can be confusing for my family member we can have two or three different carers each week", "Not always, it often changes" and "They are not all like [name of care worker]."

Care plans identified the person's cultural and religious needs as well as the name they preferred the care workers to call them by. We saw care workers were provided with information about the personal history for some of the people they were supporting were the information was available.

Requires Improvement

Is the service responsive?

Our findings

People's care plans had been reviewed annually but were not written in a way that identified each person's wishes as to how they wanted their care and support to be provided. During the inspection we looked at the care plan for nine people who received support in their home. We saw each person had a care plan in place which described the tasks the care workers needed to complete during each visit to meet the person's care needs but did not specifically describe the individual person's preferences, for example the type of clothes they usually wore and their preference for personal care.

The daily records completed by care workers, which described the care received by each person, were also focused on the daily care tasks and not the experience of the person. This did not provide a complete picture of the person during each visit. The regional manager explained a revised version of the care plan which was more focused on the person's wishes and not on the care activities was being developed but had not yet been implemented. . They said care plans would be changed when their annual review was completed but we saw care plans that had been reviewed recently which were still focused on the tasks to be completed. This meant care may not be provided in line with the person's wishes.

The above paragraphs demonstrate a breach of Regulation 9 of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

People's needs were assessed prior to them using the service. The provider would receive a referral from the local authority describing the care to be provided. Once it has been confirmed that the service can meet the support needs of the person the care package is added to the computer system. The manager explained they aimed for the person to be visited within 24 hours by the quality monitoring officer to carry out the initial assessment. This information is used to develop the initial care plan and risk assessments. These would be reviewed within six weeks to ensure they accurate reflect the support needs of the person. If the care worker was administering medicines the review would be completed after four weeks. When we looked at the care folders we saw the assessments had been completed.

We asked people if they were involved in decisions regarding their care and support needs and they said "I believe so", "100% involved, I have no worries" and "Social services did an assessment with me." Relatives commented "My family member is", "Always, yes there are regular reviews and hospital follow ups" and "Oh yes, I have to be as my family member has Alzheimer's."

We asked people if the care workers arrived at the agreed time and if they were going to be late were they contacted. We received both positive and negative comments and people told us "Not always, but I'm OK with that. I'm here anyway. No, they don't usually ring", "95% of the time in the early days. Now it can be erratic", "They can be five or ten minutes late. Normal problems of transport. Usually if they are very late they will contact me", "Normally yes within 10 minutes, no they don't ring but they always turn up", "Usually, I don't mind if they are late as long as they arrive before 11.30am when I go out" and "Yes- they are never late." Relatives said "They don't always turn up. We have to contact them. My family member is partially sighted so can't manage things on their own", "I have concerns. Sometimes they fail to turn up, there is no

notification so I have to take over" and "They are supposed to come at 7.30 but have turned up at 10.30, no notification. That's no good so I shall do it myself when usual carer is on leave."

We also asked people if the care workers stayed for the agreed length of time and we were told "Usually yes", "Sometimes they will stay over their time", "Yes and they leave the place tidy" and "Yes, they never rush." Relatives commented "I'm not sure they stay as long as they should", "They do what needs doing. They spend time on personal telephone calls instead of looking after my family member. They are unrelated calls, not to the office, personal I would say" and "It should be one hour."
The provider had a complaints policy and procedure in place. We asked people if they knew how to raise a complaint with the provider and if they had ever made a complaint. We received varied comments which included "Yes but no I have never complained", "I've made frequent complaints. They don't ring you back if you leave a message and emails are never picked up", "I did complain about a bad carer. I couldn't understand them. There were lots of things wrong, they even got me out two dinners", "There is no need for complaints" and "Never needed to complain." Relatives commented "Yes and we have made numerous complaints. We can't rely on them. It is worse at weekends. They are not well trained, some are not very caring. It is hit and miss as to whether they turn up. We have to phone them, they don't ever phone us", "No, been no point" and "No I haven't made any complaints."

During the inspection we looked at the records for three complaints that had been received during 2016. The complaints had been recorded on a log sheet describing the issue, the date received and when completed with the outcome of the investigation. We saw these records were detailed and included if the complaint was resolved. Information on how to make a complaint was included in the pack provided when people started using the service.

People were able to provide feedback on the quality of the service they received. The manager explained a questionnaire had been sent to people using the service over the summer but there was a low response rate. They confirmed the next questionnaire would be sent out during October 2016.

Requires Improvement

Is the service well-led?

Our findings

The provider had a range of audits in place but those in relation to the recording of medicines, recruitment records and other records of care provided were not effective in identifying issues. During the inspection we identified a number of issues in relation to the care plans and daily records not reflecting people's wishes as to how they wanted their care provided. In addition when other records had not been completed in full this had not been identified through the audits in place.

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

During the inspection we saw the initial assessments had been completed using different forms. The regional manager explained the form had been revised a few months before and the new forms were available on the provider's computer system. We spoke with the staff member who completed the assessments who explained they used the template on their system which had not been changed to the updated version. This meant the assessments had been completed using a form which did not include all the information required in newer versions to help create the care plans.

During the inspection we asked the regional manager for details of planned arrival and departure times for visits compared to the times care workers actually carried out the visit. We reviewed the records showing the planned arrival and departure times and actual visit for two separate days during September 2016. We saw a number of visits started more than 30 minutes before or after the agreed call time with some visits happening up to two hours before or after the planned time. We asked the regional manager why there were so many calls which were outside the planned time and they explained that this could be due to the information on the computer system being incorrect. They confirmed that if a care worker was late arriving the person using the service would usually contact the office. The information recorded for planned visit times on the computer system may not represent the actual times agreed with people using the service for their visits. This meant that the provider could not ensure that care workers attended people's home at the agreed time.

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

The provider had a range of other quality monitoring systems in place to identify issues and these were regularly carried out. The provider completed a monthly report for the local authority which reviewed a number of areas which included the number of risk assessments completed before the first visit, the number of care workers who have completed the Care Certificate and have worked for the provider for more than six month. Other information included how many people were introduced to their care workers before the first care visit, the number of incidents and accidents and how many care workers had completed training for the administration of medicines.

The manager confirmed a care plan audit had been completed and the aim was to review a minimum of 12

care plans per quarter to ensure all the required paperwork was in place and up to date.

An audit was carried out weekly of the care worker compliance with the electronic call monitoring system. This audit identified how many care workers had used the system to record their arrival and departure times for each visit. The manager explained each care worker was expected to use the monitoring system for a minimum of 75% of their visits. If the care worker did not meet the 75% rate they were asked to provide any mitigating circumstances which meant they could not use the system which could include the telephone of the person they were visiting not being available or if the visit was cancelled with late notice. If the care worker's compliance rate was still below 75% they would be monitored over the following four weeks and supported to improve their call compliance.

The service had a registered manager in place. There were also two managers who had recently joined the service who were in the process of registering with the Care Quality Commission to replace the existing registered manager. A registered manager is a person who has registered with the CQC to manage the service and has the legal responsibility for meeting the requirements of the law, as does the provider.

We asked people if they knew who to contact at the provider's office if they have any questions. We were told "Yes, but haven't needed to ask about anything", "Office staff should be sent out with the carers so they understand what the problems are", "You have to speak to the person you know. No point in leaving a message", "Yes but I would ring the carer" and "Yes I do, I have their number." Relatives commented "It's no good if you can't get hold of them. I have been told I shouldn't contact the carers but what do you do if you can't get through to the office" and "Difficult to get through, they are always on the phone and don't return calls."

We asked the people using the service we spoke with if they felt the service was well-led. People gave mixed feedback including "Everything is done as it should be. I am quite satisfied", "Company needs to be looking at rotas. They don't pay/cover travel time or make allowances", "Mostly yes", "Absolutely, satisfaction all round", "Yes everything is 100%", "I have no complaints. They are efficient" and "They are a great help to me, everything is OK." Relatives commented "No, this isn't a reliable service", "The girls have no training and can have three jobs going on at once" and "No, I don't because then they first came round they didn't put a rubber mat down in the shower- My family member fell and cut their leg badly. We had to have the district nurse in. I have my niece helping me at the moment. I just hope [care worker's name] is coming back."

We also asked care workers if they felt the service was well-led. They said "Yes. There is a strong support system. There are policies and procedures in place. Staff are supported all the way. There is an on-call service after hours. Service users are valued and respected" and "Yes, rotas are received on time, payslips are out on time, regular payments. My voice and opinions are listened to by the office and they act on issues raised."

We asked care workers if they felt that they felt they understood what they were doing and they felt that had proper support to do their job and meet people's needs. They commented "Yes I do. I receive positive feedback from service users, their relatives and other work colleagues" and "Yes I have proper training and feel confident in my abilities to perform my duties. I enjoy my job very much. I always make sure I am meeting my client's needs. I always leave them happy and comfortable."

Care workers were asked what they felt about the culture of the service and if it was fair and open. They told us "Culture of the organisation is free and open. We have staff meetings with management where we are free to discuss any concerns we may have" and "Yes the organisation is fair and open."

People using the service were given a booklet which included information on the philosophy, aims and objectives of the organisation, how care was provided and the contact details of the provider. Care workers also received a handbook and code of practice document which included a summary of the main policies and procedures, for example a code of conduct, policies, emergency procedures and how care should be provided. Therefore, both people using the service and care workers were given information in relation to how the service provided care.

A care worker meeting was held every three months and the manager confirmed they varied the times and the day to enable as many care workers as possible to attend. Minutes of the meetings were circulated to all the care workers. Memos were also sent to care workers to remind them of policy or procedure such as uniform, suitable footwear and informing the provider they were unable to work.

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 9 HSCA RA Regulations 2014 Person-centred care The care and treatment of service users did not meet their needs or reflect their preferences. Regulation 9

Regulated activity	Regulation
Personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment The registered person did not ensure the proper and safe management of medicines Regulation 12 (2) (g)

Regulated activity	Regulation
Personal care	Regulation 13 HSCA RA Regulations 2014 Safeguarding service users from abuse and improper treatment The registered person did not ensure service users were not deprived of their liberty for the purpose of receiving care or treatment without lawful authority. Regulation 13 (5)

Regulated activity	Regulation
Personal care	Regulation 17 HSCA RA Regulations 2014 Good governance The provider had not assessed, monitored and improved the quality of the services provided.

	Regulation 17 (2) (a) The provider did not have a system in place to maintain an accurate, complete and contemporaneous record in respect of each service user including a record of care provided and any decisions taken. Regulation 17 (2) (c)
Regulated activity	**Regulation**
Personal care	Regulation 19 HSCA RA Regulations 2014 Fit and proper persons employed The registered person did not ensure that people employed for the purpose of carrying on a regulated activity had the qualifications, competence, skills and experience which are necessary for the work to be performed by them. Regulation 19 (1) (b)