

Amanda Osborn

All Care

Inspection report

104 The Commons

Pretty gate

Colchester

Essex

CO3 4NW

Tel: 01206 366361

Website: www.allcareplus.co.uk

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Ratings

Overall rating for this service

Requires improvement



Is the service safe?

Good



Is the service effective?

Requires improvement



Is the service caring?

Good



Is the service responsive?

Requires improvement



Is the service well-led?

Requires improvement



Overall summary

We inspected this domiciliary care agency on the 12 and 14 August 2015. The agency was last inspected in January 2015 and we identified some breaches in regulation. This resulted in a requires improvement rating. This inspection of 12 and 14 August was brought forward because of some concerns we received about the service. During the inspection we saw a genuine effort had been made to improve the service but there were still areas that required improvement.

This agency provides different levels of support to people in their own homes ranging from personal care to helping people with domestic skills and shopping. The majority of people using the service were older people but they do support people with a learning disability, mental health needs or physical disability. There was a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like Registered providers, they are

Summary of findings

'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.

We found people received their medicines safety and records relating to administration of medicines had improved.

Risks assessments were more robust than before and there was more monitoring of the risk assessments designated senior staff.

Staff training and induction was improving but we found there were some concerns about the skills and competence of some of the staff and people did not always feel they were able to meet their needs. We attributed this partly to poor record keeping with care plans not always being up to date. People's health was not always adequately monitored and the impact was that people were at increased risk of receiving poor care.

Staff training in Mental Capacity is being planned following our inspection. Senior staff had adequate knowledge and people's consent was sought before staff provided care and support to them. However staff had limited understanding of capacity and we were not assured that they were acting lawfully.

Staff providing care were reported to be kind and caring and their performance was monitored to ensure they

were upholding people's dignity, self-determination and dignity. New records being introduced focussed much more on the individual and how they wished to have their care needs met.

People were consulted about the service provided to them and felt the service acted upon concern's

The service provided was improving In terms of record keeping. However people did not always have up to date records about their care needs and this was being addressed.

The service was improving in terms of fewer complaints received and fewer missed calls. There had been one this year which was a big improvement on previous years. However there were still gap in terms of the reliability of the service and the robustness of investigations into incidents affecting the well-being and or safety of people using the service.

There were quality assurance systems in place which included feedback from people using the service to help the service know where the agency required improvement.

We found breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 in multiple regulations. You can see what action we told the provider to take at the back of the full version of this report.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was safe.

Medicines were given by staff who were trained to administer it and staff's competence was reviewed. Gaps in staff signatures were identified in relation to the administration of creams.

Staffing was adequate to meet people's needs and this was kept under review in line with new care packages which were only accepted if these could be adequately met.

Risks to people's safety were kept under review and the new risk assessments were robust.

Staff understood what actions they should take to keep people safe and knew how to raise concerns if they had any. They were confident these would be addressed.

Good



Is the service effective?

The service was not always effective

People using the service and their family members were not always confident in the service provided or the skills of the staff to deliver their care.

The service had appointed additional staff to help grow and manage the business. Systems were in place to ensure staff were adequately supported and their competence assessed.

Staff training was being designed around the new care certificate and had improved. However people were not always confident about the skills and competence of the staff.

People were assumed as having capacity to make decisions in relation to their care and welfare. Where they were unable to the Local Authority would be involved.

Where the service supported people to eat and drink a record of this was kept to identify any risks.

Requires improvement



Is the service caring?

The service was caring.

Staff were kind and caring and most people said they trusted the staff providing a service.

Records showed us how people were consulted and involved in their plan of care and how care was centred around their needs.

Good



Summary of findings

Is the service responsive?

The service was not always responsive

Care plans were detailed but not everyone had an up to date record of their needs.

Complaints were responded to and people felt that concerns were taken seriously.

Requires improvement



Is the service well-led?

The service was not always well-led

There were concerns about the delivery of the service with late calls and changes of carers being amongst the most persistent concern.

The service had quality assurance systems in place to monitor the service delivery and competence of the staff Changes had been made since the last inspection and the service was gradually improving. However investigations of incidents and events affecting people using the service were not sufficiently robust which meant the service may not learn from events and reduce the likelihood of it happening again.

Requires improvement



All Care

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.

The inspection took place on the 12 August and the 14 August 2015 and was announced. We announced our inspection because this is a domiciliary care agency and we asked them to make arrangements to enable us to visit people using the service. The inspection was carried out by

three inspectors. Before the inspection we reviewed the information we already held about the service including previous inspection reports and notifications. A notification is information about important events which the service is required to send to us by law. We also reviewed previous inspection reports and safeguarding concerns.

We spoke with eleven people who used the service and four relatives. We spoke with nine staff in total including three care staff, a senior, the training coordinator, care co-ordinator deputy manager, the manager and the Director. We reviewed nine people's care plans. We reviewed the medication records for five people. We also looked at staff personal files, audits and other records relating to the management of the business.

Is the service safe?

Our findings

At the last inspection in January 2015 we identified breaches in relation to: staffing, safe administration of medicines, and poor monitoring of risk in terms of people's health and welfare. At this inspection we identified that some improvement had been made and the service was now meeting the standards expected in these areas.

We reviewed the care plans and other records relating to medicines for 5 people. Records clearly stated if the person was able to take their own medicines. One person told us "I do my own medication." Another person said, "I get my medication on time." We looked at a sample of medication recording records and these had been completed by the care staff and there were no unexplained gaps. There were clear instructions about when medications should be administered such as, 'half an hour before food.'

We observed some inconsistencies in the way medication/creams had been recorded; sometimes it was on the medication recording sheet which did not detail all the medication to be given. On other occasions the medication had been recorded within the daily notes including creams applied and sometimes on a topical creams record sheet. There were also some gaps in recording. In one record staff had only signed three times in one month for a cream and it was not clear if it was prescribed when necessary or needed each day.

We looked at what the service had done since the last inspection and found Improvement had been made to records showing what medicines had been administered. The service kept a list of all medicines prescribed, and their usage. Whether they were regular medicines or prescribed as required, (PRN) such as analgesics. There was a separate record for cream administration. It stated other information like a 15 minute gap was necessary between different applications of cream and included guidance for when to administer prescribed when necessary medicines. People's level of assistance was recorded so whether they were able to take medicines themselves or if they required prompting to take their medicines or if it needed to be administered. They also recorded who else might be involved in ensuring people received their medicines, such as family involvement and who was responsible for collecting the prescription. This meant it was clear who was responsible for what.

People had a record which indicated if medicines had been given. Staff would sign for medicines given. The manager told us that records were audited to ensure people received their medicines safely. Staff received medication training and annual refreshers and in addition an assessment of their competence.

Since the last inspection there had been a slight reduction of the number of people the service was supporting. Staff told us their rota's were subject to change mostly at weekend and due to staff sickness. They said it had improved with additional senior staff who could pick up calls, but with often no gaps for travelling time in the rotas they said they were really busy and often ran late.

We looked at staffing and were told that new business was only accepted if the management felt they were able to provide enough staff to cover the call. The manager told us staff recruitment had been difficult and they had introduced, new holiday staff contracts and bonus schemes to try and help them retain staff in the busiest periods and reward staff loyalty and improve performance. They told us they had not achieved their recruitment targets partly because people did not always turn up for interview. At the last inspection the service had another local agency they could call upon if they needed extra staff cover but this arrangement was no longer in place.

People told us they were usually happy with the service and trusted the staff who visited them to help them with their care. One person said, "I feel safe with the carers those I have are very good." Another person said, "The staff are very professional." The only time people felt concerned about the service was when their regular carers were away, on holiday or sick. Then people told us they were not kept informed of any changes. For example, one person told us, "When my regular carer is off I don't get told who is coming" and "sometimes when the carer is going to be very late I don't get told this." The manager told us it was not possible to issue rotas due to changes to rotas, some planned, others not. They said they always tried to inform people ahead of time of any changes to their usual schedule/carers.

Staffs timesheets were monitored along with the rota and people's daily notes to see if staff were making their scheduled visits and staying the allocated amount of time. The manager said they would be trialling a new GPS system which required staff to check in and out remotely at each person's home when arriving and leaving the service. This

Is the service safe?

would be trialled in the near future. This should help increase the level of monitoring. Additional staff worked in the office and we were told that seniors shared the on call out of hour's responsibilities and if calls needed to be covered urgently. One of the senior's on-call would cover and there was a backup senior who would take over the on-call telephone.

We spoke with a number of staff including the staff member who did the weekly rotas. They knew the local area and tried to match people who lived close by along with staff who lived nearby to minimise the travel time. This was usually effective but staff told us that at the weekend although they had less calls to complete there was a lot more travelling between calls because there were less staff working. Staff said this caused them sometimes to run late for calls and this was the biggest concern expressed to us by some people using the service. Some staff felt this had improved by a greater continuity of people they visited rather than lots of changes to their rotas. Rotas showed little opportunity to catch up should staff be running late because there were very few gaps in their rotas.

We looked at two recruitment files and these showed there were adequate recruitment checks taken up before the employment of new staff. Staff had been interviewed and appropriate employment checks taken up including references, verification of identify, work eligibility and personal and professional references and employment history.

Staff were aware of how to raise concerns and were familiar with both whistle blowing and safeguarding procedures. There were policies in place which were accessible to staff and staffs knowledge and understanding was enhanced through safeguarding training. We saw this was also discussed as part of supervision. Staff told us about recent safeguarding events and we could not see that the service had taken all the necessary actions to protect people. We had asked for more information which was not forthcoming at the time of writing this report.

Risks to people's health and safety was documented and there was improved documentation in place. However this was not in place for everyone but was being rolled out. We revisited a couple of people's care plans where we had identified risk which had not been identified by the service previously. This was very much improved with a very detailed risk assessment and what was in place to reduce the risks for the person and what staff needed to be aware of when providing support to a person. The level of risk was identified and there were dates in place for reviews. We asked the service how they determined the level of risk for everyone using the service because although they were introducing new detailed documentation they had not done this yet for everyone and did not have a clear plan of who they should prioritise, i.e. those with greatest needs. However since the inspection the Director has divided the service into three areas with a senior taking a lead for all reviews in their area and said this would all be complete with the new paperwork in place by February 2016.

Is the service effective?

Our findings

At the last inspection in January 2015, we identified breaches in relation to staff training and staff support. We felt staff did not have the necessary skills to meet everyone's needs. At this inspection people still had concerns about staff skills and competence. We found evidence to support that improvements were still needed in this area.

People told us that new staff were rarely supported by an experienced member of staff. One person said, "If they are new you have to tell them every little thing and then they forget to do important things. All Care often don't do shadowing." Another person told us, "When I have a new carer I have to teach them. They are supposed to shadow but that hasn't happened for some time. It takes a lot longer for them to help me when I have to go through everything with them." "One carer keeps forgetting what they're supposed to do even when they were here the day before. I have to go through everything again." However people's experience was not upheld by records which showed staff had to complete shadow shifts, of 20 hours supervised by a more senior member of staff and have to complete an induction before visiting anyone.

Other people told us they did not have confidence that some of the staff could provide their care safely. Some people said not all staff confidence with a hoist.

Another person said, "I used to have a shower every week when I knew the staff. Now I don't have confidence in the new staff giving me a shower safely. I've had several falls that's why I'm worried."

A relative told us, "Carers have left the person in the kitchen rather than taking them into the sitting room. There is a big step out of the kitchen that's easy to catch your foot on. I'm concerned that they may have a fall if they make their way by themselves."

Another relative told us, "There is quite a turnover of staff so we don't get experienced staff. One forgot to put the emergency call bell round the person's neck before they left. They have on occasions left the door unlocked."

Senior staff were carrying out direct observations of staff practice but the records were in insufficient detail.

A person confirmed that staff did not wash their hands and put on new gloves after they had provided personal care, before they changed catheter bags. This would increase the risk of cross contamination and of the person developing urine infections.

This is a breach in Regulation 12 HSCA 2008 (Regulated Activities) Regulations 2010: Safe care and treatment. This relates to staff not having sufficient skill and competencies to meet the needs of people they were supporting.

Staff spoken with told us they felt well supported and said they received monitoring of their practice, supervision and appraisal. They said their training was kept up to date. The service had its own training officer. They told us that all new staff did a minimum of ten training session and then did a number of shadow shifts amounting to twenty hours, which meant they were supervised by someone more experienced before going out on their own. We did not feel the training and, or the shadowing was sufficiently robust due to the practice issues identified above.

The training officer was working on the new care certificate which was a series of staff competencies within a national framework. We saw as part of the induction staff were introduced to the company and to the companies, policies and procedures and given a staff handbook. There was then an introduction into a number of key topics essential to care. The training was all face to face with a series of tests/multiple choice competencies to test staffs understanding. Following the induction they told us staff completed a minimum of twenty hours under supervision. However this was not recorded on the rotas. Following the shadow shifts which was recorded, senior staff said there was a meeting to see how the person had got on and if they needed additional support. However we could not see this recorded. We also found observations of staff's practice poorly recorded with poor evidence of how issues were followed up. Following the shadowing, staff had a care booklet which included details of how staffs knowledge and skill base was assessed and staff were required to work through this.

We looked at the content of the training. We could not always see what was delivered. The manual handling training included both theory and practice but the trainer was only able to evidence the theory and had no record of what staff had covered as part of the practical element of the course. Staff had not signed to say they had been shown how to use specific equipment or if they felt able to

Is the service effective?

use it safely. The training officer had a train the trainer certificate to teach manual handling and other staff involved in training had enhanced certificates, although we were not provided evidence of this for all senior staff.

The training officer said they had a training attendance register and used evaluation sheets to judge the effectiveness of their training. The training officer said if staff's training had lapsed they would be prevented from working until their training was brought up to date.

Some staff were doing other courses in addition to the mandatory courses such as 'common health conditions. Level 2, dementia care, end of life and a visit to funeral directors to understand end of life care. We were unable to establish how many staff had higher qualifications in care as staff were not able to produce any figures. The manager thought about 25%. However they told us that they were looking to increase their numbers and had additional staff enrolled for September 2015.

There was a schedule for monitoring staff which included direct observations of practice either because of concerns identified or as part of planned monitoring. There was also an assessment of competence of staff when administering medicines. Staff were also having supervisions and annual appraisals and we saw where staff were underperforming, disciplinary action was being taken. We saw recorded poor practice such as time keeping and this was being addressed. Senior staff told us staffs performance would be monitored every three months and they would manage to achieve this when the new senior was on board. There was a diary planner in place to show when staff received a supervision or observation of practice.

There had been a change to the assessment form and information was now included about people's dietary needs and when someone required support around nutrition this was recorded and there were food/fluid charts in place. There were also re-positioning charts in place which had been introduced where people were nursed in bed and at risk of developing pressure sores.

There was some training for staff on meeting people's health care needs and evidence that staff reported concerns and, or changes in people's health care but we did have examples as to when people's health care could be compromised. For example A relative told us, "Timekeeping is very bad. We would like the morning visit at 09.00-9.30 but sometimes they don't come until 11.00.

That throws out the timing for all their meals and then they don't want their supper." This person had insulin controlled diabetes, so the changes in the time they had breakfast and their morning dose of insulin could have a detrimental impact on their health.

One person we visited was constantly scratching their extremely dry and irritated hands. The skin had broken down in some areas and was bleeding. There was no mention of this in their care plan.

A relative told us that the person they cared for could become dizzy and was likely to fall if they got up too fast. There was no mention in their care plan that they needed to sit on the bed for a while before they got up.

One person's care plan stated that staff should observe them taking their morning medicines and injecting their insulin. However, there was no mention of the need for staff to monitor their health for signs of a low or a high blood sugar. This was particularly important as the timing of the agency's visits could vary by more than two hours. Another person who was being treated for cancer had previous wounds and signs of pressure sores. They had been receiving community nursing support until a couple of months previously. However, there was no risk assessment for pressure sores. There was also no mention of the importance of staff monitoring the person's skin condition in their care plan.

This is a breach of regulation 9 Person centred care. People were not getting their needs met.

We saw that people's consent had been recorded for aspects of their care. One person had signed their consent for carers to administer their medicines. However when we asked their relative they said, "Their mother lacks capacity to consent, they said, "if you put a form in front of her and ask her to sign it she will, but would not know or remember what it was for." However when we asked the deputy manager about this they had a good understanding of mental capacity and how they should act in a person's best interest. They said if there were any concerns about a person's capacity they would contact the Social Worker and where appropriate family members. They said they only carried out tasks identified at the point of assessment and any change in a person's capacity would be highlighted. There was no information for staff to help them act lawfully when supporting people who might lack capacity and the Mental Capacity training was not included in their current

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training programme. The acting manager said there was training on lines of accountability and professional boundaries and staff would know how and who to report concerns or changes of people's need too. Since the inspection the Director has identified mental capacity training for their staff which they said would be undertaken soon.

This is a breach of regulation 11 Consent. We could not be confident all staff were acting lawfully in supporting people in decision making and asking for their consent to care.

Is the service caring?

Our findings

We spoke with one person who was full of praise for their regular carer who they told us, they got on well with and felt safe with. However they also told us, “I don’t mind if I have a man carer, the ones that come are very good, very sensitive to my needs especially when they are helping me to wash, very professional.” and “The carers I have are very caring” & I couldn’t get better, she saved my life when I came out of hospital I wanted to give up she is wonderful.”

Other comments included: “The carers are all good.” “They know what they are doing.” “They always make sure I’m OK before they leave.” “They laugh and joke with me.”

People confirmed that staff treated them respectfully and upheld their privacy and dignity whilst in their home. People told us that where they had stated a preference for a female care worker this was always respected. One lady did not have a preference and said that they were very happy with the male care staff.

One person told us, “They are all kind and polite nice boys and girls They always ask if I need anything else before they leave.”

Staff spoken with told us how much they enjoyed their job and the people they were supporting. One staff said, “I really love my job and the people I support, it’s as good as any other agency.”

The records where completed using the new format which clearly showed how people had been asked about their care needs and their preferences were recorded. Records documented what people needed help with but also what people required support with. This meant that wherever possible people’s independence was facilitated and staff support was provided according to a clearly defined need. However some care plans which had not been updated were task orientated and gave very little information on people’s preferences, their abilities and how staff could support them to maintain their independence.

People told us that staff asked if there was anything else people needed doing before they left and people felt staff were generally supportive of them.

People were consulted about the service they received and there were direct observations of care provided to people to ensure it was appropriate. This also helped ensure carers were polite, respectful and familiar with people’s care needs.

Is the service responsive?

Our findings

At the last inspection in January 2015, we found records were not up to date so could not always see how staff knew what people's needs were or if their needs were reviewed. We identified a breach with records. At this inspection we noted some improvements but the issues had not been fully addressed.

The care records were not of a consistent standard. Since the last inspection a new care plan format and risk assessment had been designed. These were much more robust. The manager said this was being rolled out for all new people using the service and gradually all the old style care plans would be replaced. This meant when we went out on visits to people's homes we found some care plans were not up to date or included changes in people's medical condition or care needs. The care plans did not mention people's medical conditions. They did not provide care staff with information on what they should be monitoring or what to do if they noticed any changes in the signs or symptoms of their medical condition. A number of the risk assessments were only partially completed. Some of the records were not dated or signed.

One person told us, "They don't do a review (of care plans). I haven't had one for a long time." Staff had updated one part of the care plan when a person's needs changed from requiring full hoisting with two care staff to using a banana board and one care staff. However, their care plan had not been fully updated as it stated "Maintain a well-balanced diet." when staff no longer had responsibility for providing any food or drink.

On the morning of our visits a number of people were having their needs reviewed and told us this had not happened for a long time.

Staff told us there was usually enough information to help them support a person, but said care plans were not always immediately in place or fully up to date. However they said there was always someone to ask if they were unsure of something.

Care plans were in place within 72 hours of a person being offered a care package or sooner if required, although staff told us they were given basic information about people's needs before visiting. There was a review of care within

three months of someone first using the service then annually unless there had been any known changes to a person's need, such as a hospital admission. The records had improved for those people who had a new care plan implemented and included body maps and incident records for staff to bring in to the office if needed. Reviews had been scheduled but not everyone had the new care plan format and the manager said it would be February 2016 until everyone had a new plan in place, which we considered unacceptable.

This is a breach of regulation 17. Clinical Governance. we found records not up to date or given an accurate description of people's needs.

People and relatives told us that they were generally happy with the experienced staff. We found that when required, appropriate referrals were made to relevant health professionals, for example, whilst visiting a person with a carer present, the carer noted the person had a sore foot, with their permission they recorded this in their daily notes and sought the person's permission to contact their GP to request an urgent visit. Another relative appreciated that a member of staff had called an ambulance when they found the person had fallen out of bed.

The Director said they thought we had said at our previous inspection that people's daily notes should stay in people's property. We questioned this just because we could not see how the service monitored the quality of visits without sight of these records, particularly medicine records. Spot checks included a review of records. The Director said they would ensure records would be transferred back to the office and audited monthly to help them improve their quality assurance.

Each person were given a copy of the complaints procedure and who they should contact if they had any concerns about the service. Complaints were addressed in accordance with their policy. People and relatives spoken with were happy with how their concerns had been addressed. For example one relative told us, "We have asked that only female carers attend to my mother's toileting and personal care needs, they always make sure this happens." They told us the office changed the times of the visits without agreeing this with us, we spoke to them and they apologised and reinstated the visit times that had originally been agreed.

Is the service well-led?

Our findings

At the last inspection we identified a concern and a reported breach in terms of the management of the service particularly in relation to people not always receiving a reliable service and complaints not being investigated robustly.

At this inspection we found most people reported being happy with the service and made positive comments about the staff that supported them. However, people said that there was a high turnover of staff and they did not get continuity on a day to day basis. People did not know which carer was visiting and did not get a rota “because it’s subject to change so often”. Even if people were told who would be coming, this was frequently changed at the last minute. One person told us, “I would prefer the same carer. I had five different ones last week. They keep changing the rota round.” Another person said, “I don’t like not knowing who’s coming.” A relative told us, “Inconsistency of carers is a problem. There’s no rapport with carers they don’t know. Regular carers are more likely to notice and report any changes in health.” A person who had one visit six days a week said that they had eight different staff in less than a month.

People and relatives told us that rotas did not allow for staff travel between visits. Therefore staff either had to leave one person early or arrive at the next person late. One person said, “They don’t stay the right time usually because they have to be at the next house. The carers don’t have time for travel.”

Some people were happy with the timing of their visits. Others would have preferred the times to be changed to ones that suited them better. However, all the people we spoke with wanted visit times to be more consistent. They considered that this was more of a problem at weekends and at holiday times.

People signed a timesheet that the carer had already completed. They did not check what times were recorded.

The manager was also the Director of the company who had employed a day to day manager to oversee the business. In addition to the manager there was also a deputy manager, two care co-ordinators and one senior, a second senior had been employed but was still in training. The service had a human resources department and a person responsible for training. A number of staff were fairly

new to their position but the Director told us that all staff had done all roles so were familiar with them and able to cover if necessary. The manager told us there was a better structure in place and a clear oversight of everyone’s roles.

We identified some concerns. The first related to a concern which was received about a person’s care and reported by us to the Local Authority safeguarding team. We were concerned about how this had been investigated. The investigation was not thorough and there were no conclusions drawn as a result of the investigation. We also identified a missed call, which had not been investigated at the time of our inspection. Another concern identified was some alleged poor practice which was dealt with by the service. However we could not see records for this. This meant we did not have confidence in the service to keep us informed of events affecting the well-being and, or safety of people using the service or in the management and reporting of these events. This led us to conclude the service was not always well managed.

Since our inspection we have met with the manager and she has already looked at our concerns and carried out detailed investigations to identify short falls in the service delivery and these have been addressed.

We identified a breach is regulation of Regulation 13 HSCA 2008, (Regulated activities) Regulation 2010, Safeguarding. (3) Systems and processes must be established and operated effectively to investigate, immediately upon becoming aware of, any allegation or evidence of such abuse.

Senior staff told us that they were trying new ideas, communication was good and improvements were being made. There were meetings for senior staff.

Staff told us they felt very supported. Staff came into the office on a Friday for their time sheets. Staff meetings were not occurring very frequently every three to six months. The last meeting was in February and did not include a record of attendance. Memorandums were occasionally sent out but again these were few and far between. The Director told us more robust communication with staff was required and this would be addressed immediately. The manager said there was a notice board which was used to inform staff of anything they needed to or any changes.

People told us that the manager took prompt action if they were unhappy with a member of staff and did not want them to return. For example one person told us, “One carer

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made me feel very uncomfortable because they didn't communicate with me. They told me they were 'not a morning person.'" Another person thought their care worker was drinking their whisky. Both people were happy with the prompt response from the manager.

The Director did have oversight of the service and there were quality assurance process in place for both staff and people using the service. Checks of staffs performance and practice were in place but forms were not being completed robustly. We were able to see actions taken as a result of staff's underperformance. In addition reviews of care were being undertaken but were not all complete. The Director

told us there was a schedule for this and also said each week they were conducting telephone interviews with, two a month and showed us a file which had mostly positive information from people and praise that the service had improved. The feedback was consistent with our finding it terms of continuity and people were happy when they had their regular carers. . They completed annual surveys where they sent surveys to people but said this was not due to September. This included feedback from people using the service and their family but did not include feedback from staff or professionals.

Action we have told the provider to take

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

Regulated activity	Regulation
Personal care	<p>Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment</p> <p>Regulation 12: 2 (c) The provider had failed to ensure that all staff delivering care had the necessary skills and competencies to deliver care effectively.</p>

Regulated activity	Regulation
	<p>Regulation 9 HSCA (RA) Regulations 2014 Person-centred care</p> <p>Regulation 9, (1) a, b. The provider had failed to ensure everyone using the service had their needs met effectively in relation to their care and welfare and Regulation 9 (3), a and b. the service was not carrying out, collaboratively with the relevant person, an assessment of the needs and preferences for care and treatment of the service user; or designing care or treatment with a view to achieving service users' preferences and ensuring their needs are met;.</p>

Regulated activity	Regulation
Personal care	<p>Regulation 17 HSCA (RA) Regulations 2014 Good governance</p> <p>Regulation 17, The provider had failed to</p> <ol style="list-style-type: none">1. assess, monitor and mitigate the risks relating to the health, safety and welfare of service users and others who may be at risk which arise from the carrying on of the regulated activity;2. maintain securely an accurate, complete and contemporaneous record in respect of each service user, including a record of the care and treatment provided to the service user and of decisions taken in relation to the care and treatment provided;

This section is primarily information for the provider

Action we have told the provider to take

Regulated activity

Personal care

Regulation

Regulation 13 HSCA (RA) Regulations 2014 Safeguarding service users from abuse and improper treatment

Regulation 13 (3) The provider had failed to establish proper systems and processes to investigate, immediately upon becoming aware of, any allegation or evidence of such abuse.

Regulated activity

Regulation

Regulation 11 HSCA (RA) Regulations 2014 Need for consent

Regulation 11, (1) (2) (3) The provider was failing to ensure that people could give valid consent and staff did not know how to support people who could not consent to care and treatment.

This section is primarily information for the provider

Enforcement actions

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