

Ever Healthcare Limited

Blades Enterprise Centre

Inspection report

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Ratings

Overall rating for this service

Inadequate 

Is the service safe?

Inadequate 

Is the service effective?

Inadequate 

Is the service caring?

Requires Improvement 

Is the service responsive?

Inadequate 

Is the service well-led?

Inadequate 

Summary of findings

Overall summary

Ever Healthcare Limited registered with the Care Quality Commission in April 2016. Ever Healthcare Limited is registered to provide a domiciliary care service from a location called Blades Enterprise Centre, John Street, Sheffield, South Yorkshire, S2 4SW, but they currently provide and manage their service from Ever Healthcare Limited, 27 Taplin Road, Hillsborough, Sheffield, South Yorkshire, S6 4JD. This location is not yet registered with the CQC, but we visited this location for the purpose of our inspection. The service is a domiciliary care agency. It provides personal care to people living in their own houses and flats in the community. It provides a service to older and younger disabled adults. Not everyone using Ever Healthcare Limited may receive the regulated activity, personal care. Care Quality Commission (CQC) only inspects the service being received by people provided with 'personal care'; which is help with tasks related to personal hygiene and eating. Where they do we also take into account any wider social care provided.

This inspection was undertaken on 9 and 13 November 2017 and was announced. We gave the service 48 hours' notice of the inspection site and office visits because the service is small and we wanted to ensure the sole director and manager would be available. We also wanted to arrange to visit some people who used the service in their own home.

This was the first inspection of this registered provider. The inspection was prompted in part as a result of ongoing concerns that the registered provider was operating in breach of their conditions of registration, in that they were operating from a location address that was different to the address they had registered. This had been brought to their attention by the CQC, and they had been provided with opportunities to have applications validated to rectify this and appoint a registered manager, but they had failed to achieve this. 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.

In addition, the local authority had raised concerns with the CQC about the service being unable to meet requirements of their contract with them and they had withdrawn that contract. Some people had chosen and were able to remain with the service, because they received funding directly from the local authority to purchase the care from services they chose as appropriate to meet their needs.

The sole director of the organisation was currently managing the service and we will refer to 'the director' as the person with the responsibility for oversight and management of the service at the time of inspection.

At the time of the inspection the agency was supporting approximately 11 people and employed approximately 15 staff.

We asked the director to arrange visits to people in their own homes. We carried out those visits two days before we carried out a visit to the office base. The director was given two days' notice of the inspection as

we needed to be sure they would be available.

Governance systems and processes were not in place to ensure the service met regulations, assessed, monitored and improved the quality and safety of the service and mitigated risks relating to the health, safety and welfare of people and others.

There was an assessment of people's needs, choices and preferences that had been developed into a plan of care to inform staff of the care and support to be delivered. These were complex and difficult to navigate with three sets of records kept, sometimes with conflicting information and information that was inaccurate. In some instances the record did not provide sufficient information about how staff should manage risks presented in the course of their duty.

There were sufficient numbers of staff to provide a regular team of care staff for people, but information and documents were not always available for all of those staff to assure us they were safe to work with vulnerable people.

The systems and processes in place for the management of medicines were unsafe.

Systems to control the spread of infection required improvement by ensuring a bare below elbow procedure and that staff removed gloves between tasks to prevent the spread of infection, in accordance with the service's own policy and procedure statement.

Staff had not always received training relevant to their role and their competence in their role assessed.

People were supported to eat and drink in accordance with their assessed needs and plan of care.

The premise used for managing the regulated activity required improvement in its maintenance so that it was fit for purpose. The service had not provided mobile telephones for staff and they were expected to use their own for the purpose of carrying out the regulated activity.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible, but the directors lack of knowledge of the Mental 2005) (MCA) and policies and systems in the service placed this practice at risk.

Not everyone who used the service had built positive and meaningful relationships with all staff that provided care for them and some reported they did not feel they were treated with consideration and respect. Communication was a barrier to some people who said they felt some staff did not understand them.

The system and process in place for the management of complaints was ineffective as it did not demonstrate the director had acted in an appropriate way to manage complaints that had been made. Not everyone was confident that if they reported any complaints they would be acted on.

There was not a credible strategy in place to support the delivery of high quality care and support, promoting a positive culture that achieved good outcomes for people.

There was not an effective governance framework where risks and regulatory requirements were understood and managed.

The inspection found a breach of the Health and Social Care Act 2008, a breach of the Care Quality Commission (Registration) Regulations 2009 and nine breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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

Services in special measures will be kept under review and, if we have not taken immediate action to propose to cancel the provider's registration of the service, will be inspected again within six months. The expectation is that providers found to have been providing inadequate care should have made significant improvements within this timeframe.

If not enough improvement is made within this timeframe so that there is still a rating of inadequate for any key question or overall, we will take action in line with our enforcement procedures to begin the process of preventing the provider from operating this service. This will lead to cancelling their registration or to varying the terms of their registration within six months if they do not improve.

This service will continue to be kept under review and, if needed, could be escalated to urgent enforcement action. Where necessary, another inspection will be conducted within a further six months, and if there is not enough improvement so there is still a rating of inadequate for any key question or overall, we will take action to prevent the provider from operating this service. This will lead to cancelling their registration or to varying the terms of their registration.

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

Full information about CQC's regulatory response to the more serious concerns found during inspections is added to reports after any representations and appeals have been concluded.

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.

Safe systems and processes were not in place to safeguard people from harm, individual risks, the recruitment of staff, the management of medicines and learning and making improvements when things go wrong.

Systems to control the spread of infection required improvement by ensuring a bare below elbow procedure and that staff removed gloves between tasks to prevent the spread of infection.

There were sufficient staff to provide a regular team of care staff for people.

Is the service effective?

Inadequate ●

The service was not effective.

People's needs and choices were assessed and care and support plans established, but there were three different copies available that were difficult to navigate, did not provide consistent information for staff and in some cases contained inaccurate information.

Not all staff had received relevant training or their competency appraised to make sure they had the right skills, knowledge and experience to deliver effective care and support.

People had access to healthcare services to receive ongoing healthcare support, but the system to ensure review of that care and that it met people's needs was not in place.

The director lacked understanding of legislation and guidance in place to make sure people maintained control over decisions made about their care.

People were supported to eat and drink in accordance with their assessed needs and plan of care.

Is the service caring?

Requires Improvement ●

The service was not always caring.

Some comments by people told us they felt they were not always treated with consideration and respect. They told us they had not built up trusting relationships with all staff that assisted them with their care and support, and that those staff were not consistently concerned about their wellbeing.

People expressed their views but some people did not feel they were listened to and actively involved in decisions about their care.

Is the service responsive?

Inadequate ●

The service was not responsive.

Discussions with some people identified a lack of inclusion in the assessment and care planning process and staff relying on discussions with them to ensure those people received personalised care that met their needs.

There was an ineffective system in place to demonstrate that the service had listened to people's concerns in that the initial complaint was recorded to identify what the complaint was, the outcome of any investigation and whether there was any learning or actions as a result of the complaint to prevent a reoccurrence.

Is the service well-led?

Inadequate ●

The service was not well-led.

The service did not have a director or registered manager that understood their regulatory requirements.

There was an absence of quality assurance systems to ensure the service ran safely, made improvements and learnt from feedback about the service, complaints and accidents and incidents.

Blades Enterprise Centre

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 was prompted in part as a result of ongoing concerns that the registered provider was operating in breach of their conditions of registration, in that they were operating from a location address that was different to that they had registered. This had been brought to their attention and they had been provided with opportunities to have applications validated to rectify this and appoint a registered manager, but they had failed to achieve this. In addition, the local authority had raised concerns with us about the service being unable to meet the requirements of their contract with them and they had withdrawn that contract.

Inspection activity for this inspection started on 8 November 2017 and ended on 17 November 2017. We gave the service 48 hours' notice of the inspection site visits so that people who used the service were able to be contacted about us visiting them at home and because the service is small. When we visited the office we wanted to ensure the director who was managing the service would be available. The inspection team consisted of two adult social care inspectors.

At the time of the inspection the agency was supporting approximately 11 people. The numbers of people at the time of the inspection was unclear because the local authority had withdrawn their contract with the service and whilst some people were choosing to remain with the service others were in the process of transferring to other service providers. We visited eight people who used the service. We were able to speak with four of those people and four of their relatives to obtain their views of the support provided. We also contacted another relative by telephone after those visits.

At the time of this inspection the service employed approximately 15 staff. The number was approximate as because service users were transferring to other service providers, the numbers of staff required was reducing. We spoke with five of those staff to obtain their views and experience of working for this agency.

The visit to the agency office took place on 13 November 2017 and included inspection of seven people's care records, five staff recruitment records and other records relating to the management of the service, policies and procedures and training records.

Before the inspection, we reviewed the information we held about the service. This included information we had received about the service and notifications submitted by the service. A notification must be sent to the Care Quality Commission every time a significant incident has taken place. For example, where a person who uses the service experiences a serious injury. We also contacted commissioners of the service and Healthwatch (Sheffield). Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England. This information was reviewed and used to assist with our inspection.

The registered provider was also asked to complete a Provider Information Return (PIR). This is a form that asks the registered provider to give some key information about the service, what the service does well and improvements they plan to make. They did not complete and submit this form.

Is the service safe?

Our findings

We checked and found the systems and processes in place to ensure people were protected from abuse were ineffective.

We saw policy statements were in place to protect people from abuse and avoidable harm. The policy statement said there would be governance processes in place to ensure that staff recognised and responded to abuse, the manager reporting any incidents of abuse to the relevant authorities, including the Commission and during induction training that employees would complete the 'understanding abuse' workbook as part of the Care Certificate.

The director confirmed there was no governance process in place to monitor and mitigate risks in relation to safeguarding and accidents or incidents.

We saw a safeguarding notification had been submitted to the CQC indicating the service had followed the policy statement in place to protect people from abuse and avoidable harm. However, during the inspection the director provided a safeguarding alert form that had been submitted to the local authority regarding a medicines error. Although the form prompted the director to notify CQC. This part of the form was not answered and a notification to inform the CQC had not been submitted. Action to be taken to prevent a reoccurrence identified the member of staff involved was referred to take a refresher course for medicines. We found the staff member had received a supervision after the incident and that a date and time would be arranged for them to attend the training. We found the staff member had received training approximately 11 months prior to the incident, but no further formal training. An observation of their competency in medicines had been completed after their formal training, prior to the incident and an action from that observation was for the person to complete mandatory training, especially medicines. This had not been completed.

We found that although staff had received safeguarding training this had not always been effective. For example, two staff members we spoke with were unable to describe what this involved or what their responsibilities were. A recently employed member of staff said they had not received any safeguarding training.

Relatives told us of one occasion where staff had 'dropped' their relative. We spoke with the director about the allegation and they told us there was no evidence the relative was 'dropped'. There was no record of the incident to describe what had allegedly happened or the investigation and what the outcome was to determine whether appropriate action had been taken to minimise the risk of the same concerns arising again.

Two people told us that staff assisted them with financial transactions. One person told us they only let one member of staff do their shopping as they 'don't trust the others'. They said, "I trust [member of staff] with my life. They've never done anything wrong yet and I've known them [a long time]. I just give them my bank card or cash. They always bring a receipt and give me change if I've given them cash". Another family

member was confident money was dealt with appropriately as they left it in a safe and identified the same member of staff as dealing with this. They said if they spent any of the money they left a receipt to verify what it was spent on.

We spoke with one staff member who confirmed what people had told us and that they knew how they supported them was not procedure, but the person would not have it any other way.

We spoke with the director of the company about the management of people's money and our discussions with people and staff. They were not aware of the systems and processes in place when staff assisted people with their money and confirmed they had no oversight of what those arrangements were.

This meant people were not protected from harm because of the ineffective systems and processes in place. This was a breach of Regulation 13 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, Safeguarding Service Users from Abuse and Improper Treatment and a breach of Regulation 17, Good Governance.

We found the systems and processes in place to manage risks for people to have their safety monitored and their freedom respected was ineffective in practice.

On our visits to people we identified from our observations, discussions with those people and records a wide range of possible risks to people who used the service. For example, finances, medicines and behaviour that challenged. We found there was facility for the service to record risks and control measures within the electronic care system that was used. These were not always utilised to full effect to ensure risks to people were identified and mitigated. For example, one person told us a staff member carried out shopping and paid some of their bills. The summary included this information, as did the outcome section for maintaining independence. We found the care visit and task list about dealing with this was completed on the day of the inspection visit to the office. There was no information of the risks this presented to the person and of actions to be taken by staff to mitigate those risks.

The same person told us they now used a ceiling hoist to get out of bed. They told us the main member of staff that attended them had received training, but could not confirm other staff had. Information about how to support the person with moving and handling was not fully completed, identifying equipment that was required, but not what the equipment was. This person also smoked. There was no risk assessment of agreements that had been reached with the person to mitigate any harm to staff from inhaling passive smoke whilst attending to carry out personal care for them. When we spoke with the member of staff who was the main staff member attending the calls, they confirmed the information the person had told us about their shopping arrangements and moving and handling. This meant that whilst we found a lack of risk assessment had not impacted on the care received or placed the person at risk of harm there were concerns that should staff who were not so familiar with the person this may not be the case.

We spoke to the director who confirmed there was no system in place to monitor and mitigate risks to people.

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

We checked and found there were sufficient numbers of staff to support people, but we found the systems and processes to monitor that people were receiving their planned care required improvement.

People and their relatives told us they were provided with a consistent team of staff, that staff attended their calls and very rarely missed a call, stayed for the correct amount of time and completed all the tasks they were asked to do.

We asked the director how they assured themselves they had sufficient staff to provide support for people's needs. They were not able to provide us with information about how they did this. This meant they could not be assured there were sufficient staff.

We asked the director how they monitored that people received the calls they required. The director explained they had an electronic system that confirmed people received their calls. We looked at the system for two weeks for 11 people. We identified 662 visits were required by staff. 448 of those visits were recorded as being completed, 173 missed and one started. It identified that some calls were to be attended by two staff and only one staff member attended. This meant the system in place to monitor staff were attending calls as required was ineffective in practice.

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

The recruitment and selection procedure did not contain accurate information to confirm the information and documents required by the current regulations and as specified in Schedule 3 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 would be obtained. Schedule 3 is a list of information required about a person seeking to work in care to help employers make safer recruitment decisions.

We looked at five staff files for staff who worked as care staff for the service in people's homes. There were gaps in all files of information required by the regulations. This included proof of identity including a recent photograph, a full employment history, together with satisfactory written explanation of any gaps in employment, the police check not confirming that the adults barred list had been checked and sometimes commencing employment before the information was returned, satisfactory information about any physical or mental health conditions which are relevant to the staff member's capability to properly perform tasks which are intrinsic to their employment, no verification that some staff had a valid permit to work in the United Kingdom and evidence of satisfactory conduct in previous relevant employment.

During the inspection some of the people we spoke with raised concerns about some staff not being able to understand English well and this had created a barrier to effective communication. Staff being able to communicate with people using a service effectively is intrinsic to the work they are employed to do.

This was a breach of Regulation 19 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, Fit and Proper Persons Employed.

We checked and found the system and processes in place for medicines was not safe.

Policies and procedures were available for the safe administration of medicines, but these were ineffective in practice.

Staff received training in medicines and some had received an assessment of their competence to carry out that task, but this had not resulted in staff following the service's procedures for the safe administration of medicines.

The procedure stated and provided a pro forma of the medicine assessment that was to be carried out,

which included a list of the medicines to be administered and the level of assistance required. We checked the records and care files of five people where staff provided assistance with medicines. The information did not correlate to information in the service's procedure in that the assessment of medicines included a list of the medicines the care staff were responsible for administering or prompting.

When we spoke with staff they told us the record they relied on for the medicines to be administered to people was the medicines administration record (MAR) in people's homes. This meant there was no individual plan of the medicines to be administered to people in agreement with them. They also told us they were responsible for the ordering and collection of medicines for some people, but there was no specific arrangements in place for this and what their responsibility was.

On our visits we identified in some instances where the MAR did not contain the name and dosage of the medicines to be administered. This meant there was not always a record of what medicines had been administered and when. Some people were prescribed creams and ointments on an 'as directed' basis. There was no record of what this meant for staff, with body charts identifying the area for the cream to be applied. We found staff had not recorded any carried forward medicines remaining from the previous prescription and where they were responsible for ordering and collecting/receiving prescriptions that the amount received tallied with the order and what was recorded on the MAR. We checked the stock of some medicines where we were able and found the stock remaining did not always tally with the MAR of medicines administered.

For one person we found that health professionals had attended and referred the person to their doctor for a potential health infection. The MAR was not clear if the entry for one antibiotic related to a new prescription as the record was not sufficiently detailed and the antibiotic on the MAR had been administered prior to referral to the doctor for the latest health condition.

One person described they had a pain patch, where the staff member placed it on one side of their back one week and the other side the next week. They couldn't remember when the staff member had last changed it because 'they forget' and that they relied on the member of staff to do this. When we looked at the MAR the name, dosage and specific instructions of the medicine were not included.

When we spoke with the director about our findings with medicines they confirmed there was no governance system in place to monitor and mitigate any risks we had found.

This meant risks in respect to people's medicines had not been managed in a safe way. This was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, Safe Care and Treatment and Regulation 17, Good Governance.

We saw the systems and processes in place for the prevention and control of infection could be improved.

The service had an infection control policy and procedure. The policy and procedure said they would provide staff with training and this was confirmed by records.

We saw that staff were provided and wore gloves when attending people. However, we saw that staff did not always remove gloves appropriately, for example, between tasks, which increased the risk of cross contamination. In addition staff were not 'bare below elbows' as identified in the service's policy and procedure to control the spread of infection.

Is the service effective?

Our findings

We checked and found that improvement was required so that assessment of people's needs and choices of the care and support delivered achieved effective outcomes for them.

There were assessments and care plans in place. However, three sets of differing documentation were available – one in the person's home, a hard copy at the office and an electronic copy that both the person and staff member could access via a secure application on their mobile telephone. Whether assessments and care plans covered the full range of people's diverse needs, with information for staff about how they might meet those needs differed was dependant on which documentation you viewed. Discussions with the director identified assessments and care plans in place had been completed by the previous manager. The director had no qualifications, skills or experience to carry out any further assessment. They confirmed they had not reviewed the assessments and plans since the previous manager left the service, despite the assessments and care plans being identified for review and some plans not reflecting accurate information of the care provided. The director also confirmed there was no current monitoring in place to monitor the care delivery against the assessed plan and make changes where appropriate.

Comments from people and their relatives were mixed in terms of how information in care records had impacted their delivery of care. Comments included, "Because [the agency] have been going to [family] from the beginning, I think [their relative] has moulded staff into what they need," "I moved from a previous agency that closed, because of [main staff member] moving to this agency. [Main carer's] the best out of the lot, they clean up and everything. They don't read the care plan I just tell them what to do" and "I've reported Ever Healthcare to Sheffield Council because it's rubbish. Rubbish care. The main carer is wonderful. It takes a lot of pressure from me six days a week. It's excellent. They order and bring medicines, take [family member] shopping and basically take care of the home, but when [main staff member] doesn't attend it's abysmal. Other staff just don't know about [family member's] needs. We've asked for quality shadowing, as one call is not enough for them to get to know [family member], but it doesn't happen. The latest one is better, but I've come some days when main carer is on a day off and it's like a tip."

One family described how the previous manager had visited and they had talked over what they needed from them before their family member started using the service.

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

We checked and found there was an ineffective system in place to ensure staff had relevant training and support to provide effective care for people.

When we spoke with staff about their induction they described this as shadowing other staff and the tasks required for the people they would be supporting.

We checked records of the induction process. We found a system and process was in place for the induction

of staff. This included a demonstration of particular activities and subjects, an assessment of those areas and then a review. We found staff had not always received demonstrations of all the topic areas and had an assessment of those areas, including key areas of work such as, health and safety, infection control, first aid, moving and handling, and medicines and some of those staff did not have previous experience in social care.

All staff providing care for the service were not identified on the training matrix we were provided. This meant we could not be assured all staff had received relevant training.

One member of staff who provided care was also a train the trainer for staff in the safe handling of medicines. Staff had received this training, but this had not been when they commenced employment, with an assessment of their competency undertaken before they were allocated tasks associated with medicines. In another instance a staff member had received training, but an assessment of their competency identified further mandatory training was required. This training had not been undertaken prior to an incident with medicines which involved the staff member. For another staff member an observation of their competency had identified they required medicines training and should not be administering medicines. Records showed this training was carried out five months later with the staff member continuing to administer medicines.

There was a mixed response from staff about having the right support at work and staff were unable to describe the supervision received by the director.

There was also a mixed response from people about whether staff were competent in their role. Those that were not confident could not always describe why.

We discussed the training and supervision of staff with the director. They confirmed staff had not been assessed as to whether or not they held the skills and experience in the areas and standards of the Care Certificate, required training to be undertaken by new staff. The director confirmed he had not received training in the Mental Capacity Act (2005) or behaviour that challenged. He stated that some staff may have done he wasn't sure. They told us they had commenced supervisions of staff since they had taken over their role, but confirmed this had not been an assessment of their competence. This was in conflict with the service's Statement of Purpose that identified staff would receive training in national organisation standards within their first twelve weeks of employment.

The above meant staff had not received appropriate training and supervision to enable them to carry out the duties they are employed to perform. This was a breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, Staffing.

Our findings showed there had been a lack of good governance around staff training, supervision and competence. This was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, Good Governance and Regulation 18 Staffing.

We checked and found that the service needed to improve to meet the standards expected by other organisations to deliver effective care, support and treatment.

The local authority shared with us that they had withdrawn their contract with the service because the service had failed to make sufficient improvements to meet the standards expected in their contract with them. Some people who used the service told us that when their care and support transferred to other agencies it was not properly planned and co-ordinated, which meant they were dissatisfied with their new

care company and had transferred back to the care agency under a different funding arrangement.

Care records showed that people had access to a wide range of health and social care professionals. We saw notes from meetings where staff at Ever Healthcare Limited were part of the wider reviews of people's health and social needs undertaken by health and social services.

However, we found instances where care plans were not meeting the health and social care needs of one person and there was no record to confirm a review of that care had taken place to meet their needs. The person described how they felt imprisoned to their home because of their needs. Information in the care and support plan identified that the person's needs were impacting on their day to day living conditions. This had been identified for review which had not been completed.

Our findings meant there was a lack of good governance around reviews of care assessments and plans. This was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, Good Governance.

We checked and found the premise used for managing the regulated activity was not properly maintained and staff had not been provided with equipment necessary to carry out their roles.

When we spoke with staff we found they were using their personal mobiles to enable the director to contact them when required and would need to use their own mobile to access online records.

On our visit to the office there was no heating. We were told the heating was not working and had been reported for repair. A portable heater was provided that we shared with the director and another staff member during the inspection. The plug was hot when we unplugged it from the socket when we had vision problems we associated with using the heater, because when we turned it off and opened the door for ventilation our vision improved.

We checked staff sought people's consent to care and treatment in line with legislation and guidance.

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, 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. In a domiciliary care service this means an application must be made to the Court of Protection.

In our discussions with people and their relatives we found people were supported to make choices and they did not feel they were restricted in those choices by staff. However, in our discussions with some staff, we found they did not demonstrate a good understanding of the Mental Capacity Act (2005).

The director confirmed he had not received training in the Mental Capacity Act (2005) and therefore had no knowledge about their responsibility for ensuring people consented to care and treatment and where they lacked capacity appropriate procedures were followed so that decisions made on their behalf were lawful. In our discussions with the director about how people consented to the care they were provided, there was reliance that relatives would be the persons consenting to the care and treatment provided.

When we looked at people's care files we found there was a section to complete about who had given consent to the care assessment and plan. In one instance the care file stated a family member was responsible for every area of decision making, but there was no power of attorney in place. This meant decisions may have been made on behalf of the person that are not lawful.

This was a breach of Regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, Need For Consent.

In another two files there was inaccurate information. For example, for two people the care file recorded no-one had power of attorney to act on the person's behalf. We spoke to a family member who said they had lasting power of attorney for both health and welfare, which meant they were legally authorised to make decisions on their parents' behalf. This family member had been involved in decisions about care, but inaccurate records provide a risk this may not happen.

This showed the system in place to ensure an accurate and complete record for each person using the service required improvement.

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

Some people who used the service had been assessed as needing support to eat and drink. This could involve care staff preparing meals for people and/or physically supporting them to eat or drink. Everyone we spoke with who needed this type of support told us they were satisfied with the care they received and it reflected their needs and preferences as described in their care record.

Is the service caring?

Our findings

We checked and found there was a mixed response from people and their relatives when we visited them about whether staff treated them with compassion, kindness, dignity and respect.

Two of the five homes we visited people and relatives or relatives speaking on people's behalf felt staff were very respectful. Comments included, "I speak regularly with staff. [Staff member] is nice and I just speak with [director] to pass messages on. It's not that the staff are not carrying out the tasks, it is something being added on," "They're very good people, very respectful. They always make sure [relative's] dressed nicely" and "[Main carer] is their saving grace. [Main carer] cares about the person. They go way beyond their call of duty. That's why [main carer] is my favourite carer. I just want treating with a little bit of respect. They need more compassion".

In the other three homes discussions with people and their comments told us they did not feel respected by all staff. There was one member of staff who people and their relatives thought very highly of and that member of staff predominantly provided care to those people. The first language of those people and staff member was English. For other staff that attended their first language was not English and people and a relative reported difficulty understanding the staff and that staff did not understand them. Comments included, "I can't understand a lot they say, as they're foreign. I'm not biased, but I have to keep saying can you repeat that. I've been left a message by [the director], but I didn't understand it" and "Half of them can't speak English and I can't understand them". One person described an example. They said, "You ask for a plate and they give you a bowl or a saucer, anything but a plate. You just have to keep saying no and eventually you get there" and "One's [staff member] right arrogant. I only have a good relationship with [main carer]; I don't have much to do with the others. I just put up with it. If [main carer] left I'd leave".

On our visits some people and their relatives were not aware we would be visiting despite us making these arrangements with the director two days earlier.

When we looked at care records in people's homes we saw written information that demonstrated not everyone was treated with respect. The record read 'regular carer frustrated with [person]. She sorts everything out and they make flat a mess'. This person told us about not feeling respected. They said, "They treat me like an idiot. [One staff member] laughs a lot and thinks it's funny. [Staff member] is a manager. They get on my nerves. They don't understand me. It's frustrating. They're not obliging enough. They should treat you better than this. [Staff member] once came and said "treat them with respect". When they're late they never let me know. They're always in a rush".

On one visit we noted the member of staff that people spoke highly of was working with another member of staff. The member of staff thought highly of took the lead on the visit prompting and checking the other staff member had completed tasks. We noted that member of staff did not converse with the person they were caring for or ourselves, conversation was carried out with the lead member of staff.

Comments by people identified the service were not fulfilling their statement of purpose which states that

people must be treated with respect at all times.

When we spoke with staff it confirmed what some people told us. Communication was not easy. We asked staff if they understood what we were asking as some questions they answered out of context. They told us they did.

One staff member we spoke with acknowledged that some staff had trouble understanding English as this was not their first language. For example, a staff member chairing a meeting translated information for staff because they had difficulty understanding English. They also shared concerns that this was impacting on people using the service.

Is the service responsive?

Our findings

We checked and found some people identified a lack of inclusion in the assessment and care planning process and staff relying on discussions with them to ensure those people received personalised care that met their needs.

There was a mixed response from people and their relatives about whether they were aware of their care plan and had been included in discussions about the care to be provided. The response was also mixed about staff knowledge of their health and support needs as well as any particular interest they may have. Relatives told us they had been involved in the formulation of their family member's care plan. People we spoke with were not sure, but described how staff wrote in a book. They told us they informed staff what to do when they came.

When we viewed people's care files we found the narrative and content in people's assessments and care plans difficult to navigate. There were three sets of records in place with a different level of detail in each and often with conflicting information. It was not clear who the assessment and plan had been formulated with by reading the content.

When we spoke with staff about care plans, one member of staff did not understand what these were. We explained it would be like a book where there would be information about the person and what they would need to do on the visits. The staff member said there was a book where you wrote what you had done and the times you arrived and left. We asked how they would know they were meeting people's diverse needs and they said, "You have to give them the right service, so just ask them". When we asked how they got to know about people they said, "I ask, everyone's different".

Discussion with another member of staff confirmed their knowledge of people's needs was good, but there was a reliance on the person informing them of what their care needs were and of any changes. For example, a relative informing them of any changes to their relative's medicines. Where people were not so informative they said, "You just prompt them". This was despite them knowing a care plan was in place.

When we spoke with the director he confirmed there was no system and process in place to assess and monitor that staff were providing personalised care that was responsive to their needs and that there were accurate records in place to inform staff of this.

We spoke with the director about any steps they had taken to comply with the Accessible Information Standard to identify how they would record, share and meet the information and communication needs of people. The director did not have any knowledge about what this was. We provided an example about how it might mean they needed to provide information for people in a different format because of their ability to use written information. For example, one person they supported had difficulty reading information because of a deteriorating health condition.

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

2014, Good Governance.

We checked and found an ineffective system and process in place for recording, handling and responding to all complaints in accordance with the service's own procedures and as required by the regulations.

When we spoke with people and their relatives about complaints comments included, "[Family member] reports problems, but they do nothing" and "[Staff member] pops in to check all's okay. I've told them I don't like carers, because they can't understand, but they don't say anything". In contrast another person said, "A while ago they kept sending different carers and that got [relative] agitated. I told them and it got settled".

The director provided the complaints, suggestions and complaints policy and procedure. It included that complaints will be recorded centrally in order to identify any pattern of complaints relating to service users and that the central information would be regularly reviewed and analysed.

We asked the director for the central record of complaints and analysis. They provided two outcome letters to complainants. There was no record of what the original complaint was about, who had made the complaint and the method of investigating. There was no record of any of the concerns raised by people we visited. This meant we could not be assured complaints were addressed, investigated and acted on to prevent a reoccurrence and identify any trends so that the service could identify any improvements that are required.

The director was not aware of any other complaints and confirmed no analysis of complaints had taken place. This meant concerns identified and raised by people about inadequacies within the service were not always being addressed and/or recorded.

This was a breach of Regulation 16 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, Receiving and Acting On Complaints and Regulation 17, Good Governance.

Is the service well-led?

Our findings

We checked and found the leadership, management and governance of the organisation did not assure people received high quality person-centred care.

Since May 2017 the registered provider had been in breach of a condition of their registration and been unsuccessful in submitting valid applications to add a location and register a manager. 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 and associated regulations about how the service is run.

This was a breach of Section 33 of the Health and Social Care Act 2008, Failure To Comply With Conditions.

The director told us that they were now supervising and managing the regulated activity. They told us they were working towards a relevant qualification and in terms of skills and experience had worked alongside the previous manager.

The service had a Statement of Purpose that had been reviewed in 2017. The review had been ineffective as the information did not contain all the details required by the regulations and also some inaccurate information about the people who they provided a service to. The service would be unsafe to provide a service to some client groups they had identified as staff were not sufficiently trained to provide a service to these groups. For example, people who misused drugs and alcohol.

This is a breach of Regulation 12 of the Care Quality Commission (Registration) Regulations 2009.

We found notifications had not been reported as required by the registration regulations to the Care Quality Commission when people had been placed at risk of harm.

The registered provider was asked to complete a Provider Information Return (PIR). This is a form that asks the registered provider to give some key information about the service, what the service does well and improvements they plan to make. They did not complete and submit this form. We discussed this with the director. They were not aware of this.

The director had purchased their policies and procedures from an external company. The recruitment policy and procedure did not meet the requirements of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This report has identified areas where the service were not following their own procedures, such as respecting people, the management of medicines, safeguarding people from harm, complaints and training of staff.

When we asked the service for their business continuity policy and procedure it was a pro forma that included specific hazards in regard to the provision of the regulated activity. The risk associated for each hazard was not identified and for incidents that had the potential to have a high impact on the running of

the service no mitigation to minimise the risk. For example, telephone failure, theft of personal records, staff unavailability and death or incapacity of senior personnel.

When we spoke with people and their relatives we asked them their opinions of the management and leadership of the agency and if the service delivered high quality care. Comments were mixed and included, "Manager visit. He's very good. It's a family firm and they both come to see if everything's ok" and "Boss pops in regular. He checks tablets when he's here. [Director] in office is very educated. He's better than previous manager. They're doing very well. It's an efficient, nice and friendly company". Some of the people and relatives we spoke with were concerned about CQC closing the service down and thought that is what might happen in discussion with a staff member that visited them or their relative.

We also asked staff their experience of the management and leadership of the service. Again there was a mixed response. One staff member thought the service was managed well, but that they had not been there long. They said they were given clear direction and they would recommend the service for a relative and felt the service provided was very good. Other staff said, "I spend a lot of time reporting. I don't think it's always acted on and I feel as if I'm on my own. I feel as if there's no back up. I'd like the owners to do spot checks. It's not clear whose responsibility it is to pick the medicines up. At times I feel as if it's me that's running the service," "It's a new company. I wouldn't say good or bad, there's just not enough clients" and "It could be good, if it was better managed". Two of those staff said they would not recommend the service as the service was not well established and one said, "It needs better managerial skills. You struggle getting your rota and they double book and then it means one of you doesn't get paid and you've travelled and got ready for work. I think they could do better, but they've not been given a chance. I'd rate them as requires improvement and they could be good".

There was a mixed response from staff about whether staff meetings took place and they could share their opinion. Staff comments ranged from 'very good' to identifying they were not effective. The director was provided with the opportunity to provide minutes of staff meetings. but did not do so. Meetings are an effective way of providing a clear vision and strategy of what is expected of them in order that good quality care is provided.

Discussions with staff identified they were not provided with mobile telephones, equipment the director relied on to communicate with staff.

The director was provided the opportunity to provide the quality assurance policy/procedure in place to assess and monitor the quality of the service. It was not provided. Discussions with people, relatives and staff identified that whilst someone from the agency might visit them to ask if everything was ok there was no formal process in place that assessed the outcome of those discussions and changes made within the service in order that it improved.

Our findings from the inspection meant there was an ineffective governance system in place. There was a breach of the Health and Social Care Act 2008, a breach of the Care Quality Commission (Registration) Regulations 2009 and nine breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

This was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, Good Governance and Regulation 5, Fit and Proper Persons: Directors and Regulation 8: General.

This section is primarily information for the provider

Enforcement actions

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

Regulated activity	Regulation
Personal care	Regulation 12 Registration Regulations 2009 (Schedule 3) Statement of purpose The Statement of Purpose had not been kept under review to include the information listed in Schedule 3

The enforcement action we took:

Notice of Proposal to Cancel Registration

Regulated activity	Regulation
Personal care	Section 33 HSCA Failure to comply with a condition The service provider had failed, without reasonable excuse, to comply with a condition of their registration

The enforcement action we took:

Notice of Proposal to Cancel Registration

Regulated activity	Regulation
Personal care	Regulation 5 HSCA RA Regulations 2014 Fit and proper persons: directors The sole director of the organisation did not have the qualifications, competence, skills and experience which are necessary for the relevant office or position or the work for which they were employed.

The enforcement action we took:

Notice of Proposal to Cancel Registration

Regulated activity	Regulation
Personal care	Regulation 8 HSCA RA Regulations 2014 General A registered person must comply with the relevant regulations in carrying on a regulated activity

The enforcement action we took:

Notice of Proposal to Cancel Registration

Regulated activity	Regulation
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Personal care

Regulation 11 HSCA RA Regulations 2014 Need for consent

Care and treatment of service users had not been provided with the consent of the relevant person

The enforcement action we took:

Notice of Proposal to Cancel Registration

Regulated activity	Regulation
Personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment Care and treatment had not always been provided in a safe way for service users

The enforcement action we took:

Notice of Proposal to Cancel Registration

Regulated activity	Regulation
Personal care	Regulation 13 HSCA RA Regulations 2014 Safeguarding service users from abuse and improper treatment Systems and processes to prevent the abuse of service users had not been effective

The enforcement action we took:

Notice of Proposal to Cancel Registration

Regulated activity	Regulation
Personal care	Regulation 16 HSCA RA Regulations 2014 Receiving and acting on complaints The registered person did not have an effective system for identifying, receiving, recording, handling and responding to complaints made by service users and other persons in relation to the carrying on of the regulated activity

The enforcement action we took:

Notice of Proposal to Cancel Registration

Regulated activity	Regulation
Personal care	Regulation 17 HSCA RA Regulations 2014 Good governance Systems and processes were either not established or operating effectively to ensure compliance with regulations

The enforcement action we took:

Notice of Proposal to Cancel Registration

Regulated activity	Regulation
Personal care	<p>Regulation 19 HSCA RA Regulations 2014 Fit and proper persons employed</p> <p>All information specified in Schedule 3 and other information as is required under any enactment to be kept by the registered person in relation to persons employed for the purposes of the regulated activity was not available</p>

The enforcement action we took:

Notice of Proposal to Cancel Registration

Regulated activity	Regulation
Personal care	<p>Regulation 18 HSCA RA Regulations 2014 Staffing</p> <p>Persons employed by the registered provider for the provision of the regulated activity had not received appropriate support, training, supervision and appraisal as is necessary to enable them to carry out the duties they are employed to perform</p>

The enforcement action we took:

Notice of Proposal to Cancel Registration