

MiHomecare Limited

MiHomecare - Seaford

Inspection report

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Ratings

Overall rating for this service

Requires improvement 

Is the service safe?

Requires improvement 

Is the service effective?

Requires improvement 

Is the service caring?

Good 

Is the service responsive?

Requires improvement 

Is the service well-led?

Inadequate 

Overall summary

MiHomecare – Seaford is a domiciliary care agency (DCA), based in Seaford. It provides personal care and support to older people living in their own homes covering a large area incorporating Eastbourne, Seaford, Lewes and Peacehaven. People receiving this care had varied care and support needs. This included help with personal washing, the administration of medicines and support in the preparation of food. Some people had memory loss and lived with dementia. Other people had mobility problems and needed assistance in moving, often with the support of two staff and equipment.

In addition the agency had a contract with the local authority to provide personal care and support to people who lived in two Extra Care Housing schemes. These provide a number of self-contained flats that were managed by a separate organisation. These developments have communal sitting areas and food was provided through a kitchen on site if wanted. People over the age of 60 years rent or buy a flat and the agency provides 24 hour contact service for extra care or emergencies. Personal support and care is available on a

Summary of findings

regular basis if people want this service. One of the schemes is located in Peacehaven and is called Downlands Court. The other is located in Uckfield and is called Margaret House.

This inspection was announced with the provider given 48 hours' notice. The inspection took place on the 5 and 9 February 2015.

The DCA did not have a registered manager. A registered manager is a person who has registered with the Care Quality Commission (CQC) 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. The registered provider must ensure the registered location had a registered manager in accordance with their condition of registration. The DCA had lacked leadership and clear management for the past year.

Medicines were not always managed safely. Records were not always accurate and systems did not ensure that variable dosage medicines and other prescribed medicines were given as required.

Recruitment records did not confirm the provider had assured themselves that staff working had relevant checks undertaken to ensure they were suitable to work with people at risk.

Written and verbal complaints were not always responded to in a timely and proactive way. This meant information of concern was not always used to improve the service and some complainants did not have their concerns addressed.

The management of the service did not ensure that the Statement of Purpose (SOP) had been revised and updated to reflect the current practice of the DCA as required, or that notifications were sent to the CQC in accordance with legal requirements.

The provider had not established quality monitoring systems across the service. Ways of reviewing the care and improving the care and quality of the service were not in place.

The scheduling of staff allowed for staff with the correct skills and approach, that met people's preferences, to care for people at times that met people's needs. People felt safe and liked the support workers who looked after them. Risk assessments were undertaken to identify and minimise risk as far as possible. Communication between people and the office staff was not always effective although feedback indicated this had improved over recent weeks.

Staff training had been reviewed and established with a training co-ordinator to schedule and monitor staff completion of essential training. Induction training was completed and all staff had either undertaken or were in the process of completing the Organisational induction programme. Staff had the opportunity to develop their skills with additional training if they wanted to. Systems for monitoring and supervision of staff were being developed, but were not in place for all staff.

People were looked after by staff who were caring and kind and took account of people's privacy and dignity. They worked with other health and social care professionals to promote a person centred approach and as much independence for people as possible. People had their health care needs attended to with the support and guidance of additional health and social care professionals when required.

People said they were happy with the care and support staff provided to them and that it met their individual needs. However, not all care plans and assessments were completed in a consistent way. Some documents were missing from files and other information was not up to date. This may lead to staff not fully understanding the care needs of people.

We found a number of breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010. You can see what action we have taken at the back of the full version of the report.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Some aspects of the service were not safe.

Medicine records identified that medicines were not always managed safely. People were at risk of not receiving the correct prescribed medicine as records were not clear or accurate.

The provider had not carried out thorough checks on staff to ensure they were suitable and safe to work with people at risk.

People who used the service and relatives told us they felt safe with the staff that supported them. Risk assessments were in place to ensure people were safe within their home and when they received care and support.

Staff had a clear understanding of what to do if safeguarding concerns were identified. We saw that there were enough staff to deliver care safely, and ensure that people's care calls were covered.

Requires improvement



Is the service effective?

The service was not always effective.

Staff did not receive consistent and effective support across the service. Training had been reviewed and a training programme for staff had been established and was being delivered.

Care records held in the office were not complete and did not reflect all the care needs of people. However, care staff understood people's health needs and acted quickly when those needs changed.

All staff had a basic understanding of the Mental Capacity Act 2005 and consent issues. Senior staff knew what they were required to do if someone lacked the capacity to understand a decision that needed to be made about their life.

Where required, staff supported people to eat and drink and maintain a healthy diet.

Requires improvement



Is the service caring?

The service was caring.

People were happy with the care and support they received. They felt their individual needs were met and understood by staff. They told us they felt they were listened to and their views and preferences taken into account.

Staff were able to give us examples of how they protected people's dignity and treated them with respect. They were also able to explain the importance of confidentiality, so that people's privacy was protected.

Good



Summary of findings

Is the service responsive?

The service was not always responsive.

People knew how to make a complaint and raised any concerns with the office staff. However, complaint records were not complete and did not demonstrate that they were used to improve the service.

People told us they were involved in planning the care and support provided and changing needs were responded to. People's needs were reviewed, however records to support and evidence the contact with and review of people was not well documented.

Requires improvement



Is the service well-led?

The service was not well-led.

Effective management arrangements had not been established and a registered manager was not in post. Two newly appointed managers had taken up post, however they had not had time to establish clear roles of responsibility and leadership.

Systems for quality review and maintaining the organisations aims and objectives were not established. The provider had not ensured that the CQC had been supplied with required documents and notifications.

The provider had taken steps to address areas of concern identified by the local authority with the progression of appropriate action plans.

Inadequate



MiHomecare - Seaford

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.

On 1 April 2015 the Care Act 2014 came into force. To accommodate the introduction of this new Legislation there is a short transition period. Therefore within this inspection report two sets of Regulations are referred to. These are, The Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. All new inspections will only be completed against the new Regulations - The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We carried out this inspection on 5 and 9 February and it was announced. The provider was given 48 hours' notice. Notice was provided to ensure relevant people were in the office to facilitate the inspection process. The inspection was undertaken by two inspectors. The inspection included two visits to the main office that was the registered location. We also visited the two Extra Care Housing schemes where the provider provides personal care and support to people living in a development of flats.

Before our inspection we reviewed the information we held about the home, which included previous inspection reports, safeguarding alerts, associated investigations undertaken by the local authority and notifications received. A notification is information about important

events which the service is required to send us by law. We spoke with the Local Authority Contracting Team, who has responsibility for monitoring the quality and safety of the service provided to Local Authority funded people. We also spoke to an operations manager who worked for the local authority. We used all this information to decide which areas to focus on during our inspection.

On the inspection days we spoke to two acting branch managers, two team leaders, one supervisor and three care co-ordinators. Following the office visits we spoke to 11 staff on the telephone. These contacts included supervisors and support workers. We also visited both of the Extra Care Housing schemes and spoke to six staff working at the time of our visits. This included team leaders and support workers.

We spoke to 34 people who received care and support within their own home and 11 people who lived in the Extra Care Housing schemes who received a service from the staff working on site from MiHomecare – Seaford.

During the office visits we looked at 13 staff files, complaint and safeguarding records and quality review checks. We reviewed the computer systems used for booking and co-ordinating the work schedules for staff and 15 files containing care records which were held in the office. When visiting the Extra Care Housing schemes we saw five further care record files held within people's own flats and four further staff files. The care records included the individual care plan, associated risk assessments and Medicine Administration Records. (MAR charts)

We observed care and staff interaction with people during the visits to the Extra Care Housing schemes, this included the administration of medicines. During our office visits we heard staff talking to people who used the service.

Is the service safe?

Our findings

People told us they felt safe and that staff supported them in a safe way, they were professional and knew what they were doing. One person said, “Yes I feel very safe, staff are always professional in their approach”. People said they were mostly visited at the expected time by staff they knew. One person said, “I am very happy we get the same carers every time and they are good and very pleasant.” Another person said, “We get two or three regular staff and they are always on time and usually early”.

Records relating to medicines were poorly completed and did not give clear instruction for staff to follow to ensure medicines were administered safely. MAR charts were not complete and had not been completed fully and signed by staff to confirm that medicines had been given or not. For example, prescribed eye drops were not given in a consistent way there was no evidence that they were given on a regular basis as required and prescribed. Where a variable dose medicine had been recorded separately to guide staff on what dose was required these records had not been signed on each day. There was no evidence that this important medicine had been administered as prescribed. Records did not clearly record where and when prescribed creams were to be applied and a lack of signatures indicated that the creams were not administered as prescribed, Where medicine administration was part of the care provided by staff this was not always recorded in an individual care plan. Records did not provide clear guidelines for staff to follow or support the safe administration of medicines to people. This was a breach of Regulation 13, of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 which corresponds to regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

When we observed staff administering medicines this was completed in a safe way with staff ensuring people took their medicines and recorded the administration afterwards. Staff told us they had received training on the administration of medicines and felt safe to complete this task. The organisation had policies on medicines that provided guidance to staff. Senior staff told us no medicines are administered covertly and when people decline their medicines this is referred back to the GP for review. A number of visits were tailored around the

administration of medicines these were time specific and were seen as a priority for staff to complete at the correct times. People said they were helped with their prescribed medicines as they needed. One person said, “Staff help me with my medicines as I cannot handle them now.”

Staff files varied in what they contained. We were told the staff files for people who worked in the Extra Care Housing schemes were minimal as the previous employer had retained many of the records when MI Homecare – Seaford took over the contract for another organisation in August 2014. Evidence of safe recruitment practice was not available in these files. For staff working at Margaret House the provider had taken steps to apply for Disclosure and Barring Checks (DBS), but not all had been received back. These checks identify if prospective staff had a criminal record or were barred from working with children or people at risk. However, for staff working at Down Lands Court the provider had not progressed these checks. The provider could not be assured that staff working were suitable and safe. Staff files for staff employed by MiHomecare – Seaford did not always demonstrate a thorough recruitment procedure was being followed. Staff were employed with one reference and a photograph was not retained within records held on file. The provider had a recruitment procedure but this had not been followed in the past.

The provider had not ensured the required checks had been undertaken on all staff who worked for the organisation and could not be assured they were safe to work with people who were at risk.

This is a breach of Regulation 21, of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2010. which corresponds to regulation 19 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Staff files did not contain terms and conditions of employment or job descriptions. However, staff knew their roles and responsibilities. The provider had not ensured that staff had clear terms and conditions of employment in order to follow disciplinary procedures effectively. This was identified as an area for improvement.

The security of people’s homes was assessed and key locks were used to maintain the security of the home. Staff were aware to keep this information secure. However, we noted

Is the service safe?

that most staff did not wear an identity badge. This did not ensure people knew that staff were sent by the agency and staff could not confirm their identity. This was identified as an area for improvement.

The agency had established systems completed by the care co-ordinators to schedule staff to people who needed care and support. Staff told us there were enough staff now to schedule and ensure people got a visit from a suitable member of staff when they needed it. Recent staff recruitment had provided more staff at all levels to organise and provide the care and support required. People said, "They come on time and do a good job and we always know who is coming," and a relative said, "They come at the same time and spend time with him; they send a man which he likes." The care co-ordinators knew where staff and people lived and had the information to organise work in an emergency situation for example in the event of snow.

The provider used a system of real time telephone monitoring. This system required care workers to log in and out of their visits via a mobile telephone provided by the agency. This system created data to reflect the time taken with each person and the time to travel in between and allowed the care co-ordinators to know if staff member was running late. This information can then be passed on to waiting people if staff were running late. This system was new and there was some problems with ensuring the system was working effectively. The acting branch manager and other senior staff told us the system was now working well and generating useful information to help plan the scheduling of staff.

There was some mixed feedback from people about the provision of staff. People said there had been a lot of staff changes and they had not been provided with regular staff who knew them. People also complained about some missed and late visits. Comments included, "We've had a flurry of new ones as a lot of people have left recently," and "We don't know which one is coming on which day and we hope for the best." Staff had also been concerned about the changes in staff and extra pressure put on the staff. Staff told us, "Lots of people are leaving and there is lots to cover. We are asked to double up and there is lots of different carers with no continuity of care."

Other feedback was positive and indicated that problems in the past were being resolved. People felt that suitable staff were now being provided in a planned and organised way. One person said, "Staff come on time and do a good job and we always know who is coming," another said "The office now send a letter at the beginning of the week to tell us who is coming." The telephone system was also supported by written records held within each person's home that recorded the time of each visits.

The provider had relevant policies and procedures to protect people from abuse and to guide staff as to what to do if there was an allegation or suspicion of abuse. Records and staff confirmed that they had received recent training on safeguarding. The training and procedure reminded staff that all employees had a duty to report any concerns of abuse they had or were told about. Staff had a good understanding of what abuse was and the signs that it may have taken place. They knew who to report concerns to and the senior staff were aware of the reporting procedures. Staff shared examples where they had been involved in safeguarding investigations and had worked closely with community services to protect people.

There was a system in place to identify risks and protect people from harm. Each person's individual records included a number of completed risk assessments that had been discussed with them and reviewed. These included environmental risks, medicine risk, fire risk, hazardous substances and moving and handling risk assessment. When fire safety issues were identified these were referred on to the fire brigade for advice and guidance. Additional risk assessment were undertaken if required and included skin integrity assessments and nutrition. When risks were identified we saw that these were highlighted to senior staff. For people who needed equipment to move them two staff were supplied to use the equipment safely. People told us, "When the hoist is used two staff always come." They felt that the staff were competent in the use of any equipment and staff told us they were trained on using any equipment and only competent staff were sent to use it. "They wouldn't ever send new staff." One person was at risk when being moved in a wheelchair. This was reflected within an individual risk assessment and staff were aware of the risk and responded to it when using the wheelchair.

Is the service effective?

Our findings

People told us they liked the staff that looked after them, they felt they knew how to look after them and took account of their choices and preferences. People told us it was important to them that they were sent regular staff who they knew. People's comments included, "The carers definitely give us enough time," "We more or less get the same carer each time," and "They come on time and do a good job and we always know who is coming."

Staff told us they had regular people to look after and this allowed them to provide a good level of care to people they knew and understood. If there was any problem with the work relationship between people and staff this was discussed and reviewed with the team leader or supervisor. This ensured a good relationship between people and staff. One person told us that a staff member was changed as they did not get on with them. One staff member said, "My work is fairly constant and I visit the same people every week."

People were supported by staff that had the knowledge and skills to carry out their roles. People told us staff were well trained to complete their work and were knowledgeable. One person said, "She knows the answer to any question I may have." The agency had a designated training co-ordinator who had reviewed the knowledge and skills of staff employed. Training schedules had been established and all staff had either completed or were undertaking an induction training programme for the organisation. Essential training included induction, safe moving and handling, health and safety, food hygiene, medication, infection control and dementia care.

Staff were complimentary about the training they had been given and offered. They told us, "The training is brilliant and the refresher training covers everything," "The induction is good and we shadow an experienced carer for a week," "We all had a refresher a couple of months ago which covered everything including first aid/moving and handling," and "Can't fault them. If we need extra training they will always put it on." Staff told us they could access additional practical training for specific care needs like stoma care and were supported to complete a diploma in health and social care. Additional training via e-learning had also been introduced. A team leader told us that they had arranged to undertake training on completing staff supervision to develop her management skills. A supervisor told us about

their moving and handling risk assessment training that was undertaken regularly to give her the skills to complete risk assessments effectively. However, staff training records held to demonstrate the training skills and competency of staff were poor. Some staff files did not contain any evidence of training undertaken. A staff training plan had been commenced but had not been supported with relevant documentary evidence.

Systems were in place to provide support to new staff. New staff completed an induction programme that included classroom and practical training. People and staff told us that new staff were accompanied by experienced staff on a shadowing programme for a couple of weeks after the induction training. On-going support was provided by the supervisors and team leaders. Each of the Extra Care Housing schemes had a team leader and supervisors to review care and support staff. Other supervisors work in the community completing reviews and caring out 'spot checks'. Staff told us the supervisors were available as needed. One staff member said, "Supervisors are out in the field most of the day visiting clients and checking our paperwork and monitoring our area." Another said, "Carers can contact the supervisor direct to meet with carers to help with clinical care or advice by phone."

Staff and records told us that formalised one to one meetings with a senior member of staff had not been maintained for all staff. We were told that these were being re-established along with a system for annual appraisal. Staff told us there were no team meetings for sharing views as a group. Systems for effective support for all staff had not been fully established. This meant that staff were not given the opportunity to discuss their roles identify any concerns or areas for development. This was identified as an area for improvement.

Care records and care plans held centrally at the office did not consistently reflect the care and support required by people and some risk assessments and care plans were absent. This meant that records held in people's own homes may not accurately reflect their individual care needs and staff who worked in the registered office did not always have a clear understanding of people's needs. This was identified as an area that needed improvement.

Where required, staff supported people to eat and drink and maintain a healthy diet. Staff had charts to monitor what people were eating and drinking when necessary. These were used to monitor any concerns and to raise with

Is the service effective?

the GP and family as necessary. When staff were involved in people's dietary needs the plan of care reflected what staff needed to do to provide suitable food and drink to people. Staff told us that they monitored what people ate and would always raise any concerns. One staff member told us they encouraged one person with their food as they often forgot to eat.

The provider had a number of policies in place to ensure staff had guidance about how to respect people's rights. These included clear policies around the Mental Capacity Act 2005 (MCA) and the Deprivation of Liberty Safeguards (DoLS). The MCA is legislation which provides a legal framework for acting and making decisions on behalf of adults who lack the capacity to make decisions for themselves. DoLS is the process to follow if a person has to be deprived of their liberty in order for them to receive the care and treatment they need. These policies were also linked to the best practice guidance and other associated legislation for staff to reference.

Staff had a basic understanding of the MCA and their responsibilities in relation to people's decision making. A staff member said, "We had some training on the Mental Capacity Act in my induction. I'd raise it with the manager if I had any concerns." Another said, "We would never restrict anyone we always ensure we have consent for any care." Senior staff had a more in depth understanding of the MCA and described how they would seek further advice from the local authority if they thought people lacked capacity to make certain decisions. They understood the principle of ensuring any decision was made in a person's best interest.

People had been supported to maintain good health and ongoing healthcare support. People told us staff had responded quickly to health needs. One person told us they always reported concerns to the relevant health care professionals. For example, the staff contacted the district nursing team when a person receiving care started to develop a sore. A person said, "The staff won't let anything slip." A relative told us staff had been very responsive when her partner had collapsed at home they had called emergency services promptly.

Staff told us they worked closely with a number of health and social care professionals in order to respond to people's health care needs. This included work with the occupational therapist who often visited with supervisors to provide advice and guidance. Records confirmed staff had liaised with the district nursing team and had documentation from them within the care records.

Staff told us they always reported any change in health and welfare to the staff in the office or the supervisor. They felt they were listened to and senior staff followed up on any health need if required. This often included questions about medicines. When people returned following a stay in hospital senior staff told us they worked with the hospital staff to ensure any health care need was identified and responded to. For example, any change in equipment required including a bed or lifting equipment.

Is the service caring?

Our findings

People told us staff were good, kind and they received a good standard of care that met their individual needs. People felt the staff were 'diligent', 'adaptable' and 'attentive'. They complemented the approach of staff and said they enjoyed their company and felt they were listened to and not rushed. Comments made included, "I am very impressed with the care I receive," "They are all nice and they never rush anything. They do everything they need to do and always leave him clean, tidy and warm," and "The girls that come here are marvellous."

Staff were able to describe how they met and understood people's individual needs. Staff were seen to approach people in a sympathetic and compassionate way taking time in asking them how they were feeling, and when they had completed any required care they asked if there was anything else they could do. Staff knew people and said that they had read the care plan held at each person's home. Care plans reflected people's choices and information about people's life stories. We heard staff reporting back to senior staff when people's needs were changing and this was done in a way to improve the care and wellbeing of people. For example, staff reported back to office staff when people wanted to talk to more senior staff. One person wanted to check who was covering the night shift at an Extra Care Housing scheme as they wanted a particular procedure undertaken by a particular staff member. The senior staff member spoke to the person concerned to allay any concern they had.

People and their relatives told us they received the care they required and had been involved in agreeing what care this was to include. People knew the care plan was in their home and knew where it was. They said they had looked at

it, were aware of its content and had been involved and contributed to its content. We saw that a supervisor or team leader carried out the initial assessment in consultation with the person and a representative if wanted. The care and support required was then agreed.

People told us staff always treated them with respect and took account of their dignity when providing care. One person said, "The care is very good and they are all kind and respectful." A relative said, "They treat her well and altogether treat her with respect." We saw staff were respectful in their approach to people. Staff rang door bells before entering and called out to make sure people were happy for them to come into their home. Staff told us, "You have to remember that we are invited into their homes and need to respect their home." Staff described how they treated people with respect and dignity and talked about maintaining people's independence as much as possible. They confirmed that they had received training on privacy and dignity and took account of people's individuality. One staff member said, "I always respect what people have to say for instance around religion even if I do not agree, I just listen." Another staff member said, "I treat people as I would want my close relative cared for."

Confidential information was handled appropriately by staff. The service had a policy and procedure on confidentiality and a staff code of conduct included maintaining people's confidentiality. Confidential records were held in the office and were locked in filing cabinets. The staff training programme included handling information, and staff had a good understanding of how they maintained confidentiality. One staff member said, "I know not to mention anything about work outside of work."

Is the service responsive?

Our findings

People felt they were consulted about what went into their care plans and that they reflected the care they needed and in a way they wanted it provided. One person said, "Our preferences are accommodated for example when we requested a female carer." People told us how staff signed in the care documentation each time they visited and this included the time of the visits. Senior staff undertook spot checks and people said that the care plans were reviewed with them. "The care plan is done and reviewed regularly."

People told us they would raise any concern and would feel comfortable to do this with the office staff. One person told us that when they raised issues with the office they were dealt with effectively. "The other week they suddenly changed timings and I was furious but I complained and they resolved it." For people who lived in the Extra Care Housing they told us they went to the office on site and raised anything with senior staff. The agency had a complaints procedure and guidelines were available to people and staff to follow. However, we found that complaints were not dealt with in a consistent way that ensured they were used to improve the service. Complaints were not recorded centrally for the registered office. Four separate complaint logs were maintained and contained minimal information. They did not demonstrate that complaints were dealt with in a thorough way including an investigation and resolution for all complaints raised. We found that not all complaints were recorded and when we asked a senior staff about recording complaints she was unable to locate where a complaint, which had been received a week before, had been recorded on the computer system. The provider had not established an effective system to receive handle and respond to complaints appropriately.

These issues were a breach of Regulation 19 Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 which corresponds to regulation 16 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The care plans seen reflected a person centred approach to care and recorded preferences and choices. For example, how people wanted to be showered and what assistance they required and what they were able to do for themselves. Where people had mobility problems staff worked with occupational therapists and physiotherapist to provide adaptations or therapy to promote people's independence and safety for staff. Senior staff indicated that there was a move to provide more personalised care plans that recorded peoples' life stories and much more about the individual person. This approach was seen in some recently reviewed care plans.

Where people needed a visit at a specific time we saw that this was reflected in the care plan and accommodated in practice. This included visits for medicine administration that had to be given at a certain time in the day. This showed the agency was able to respond to specific care needs of people.

Once care and support had been agreed and provided the agency had a framework to review the service provided. A follow up review was planned for six weeks and on-going review visits at least annually with telephone reviews as required. The documentation to support these reviews were not well established and did not demonstrate a thorough systematic approach to the review process across the service. In reality more regular review and contact with people was required and undertaken, but not clearly documented.

Staff reported back to senior staff on any changing needs and any concerns about the service.

For example, staff reported back to office quickly if visits were taking longer and people needed the extra time to provide the care and support in the best way. When this was highlighted to senior staff a review was undertaken to assess the need for extra time. Which was then taken forward for extra funding if required. The agency had regular contact with the local authority about funding to meet people's individual needs.

Is the service well-led?

Our findings

We received mixed feedback on the way the office staff responded to people when they were contacted and how they communicated with people. Some people complimented the office saying staff were polite and responded to any issues raised and informed them of changes in staff. Comments included, “The staff in the office are very helpful,” and “Office staff are very good they phone me frequently.” Other people were less satisfied with the response from the office staff and one person said, “The people (in the office) are not as good I phoned up and they got all the information wrong.” One relative told us they had a problem at the weekend and when they rang the office it went to an answer phone and then through to a staff member who was not working. No one responded to their message on the answer phone. They said, “We sat there in limbo wondering what was going on with the uncertainty about if someone was turning up that day.”

Staff also gave mixed feedback about the management of the service. Staff said the staff in the office were pleasant and always tried to be helpful and respond to any queries that staff had. However, staff felt the office arrangements did not work well and did not support the effective management of the service. Staff complained that the office was not organised and they did not always receive their schedule of work in a timely way. They told us that they were pushed into working extra shifts to cover sickness beyond their availability. One staff member said, “It took a long time to get them to listen and they make me work outside my availability.” Another said, “They try to fit in too many calls.”

The office management systems did not always support people or staff to maintain effective communication for the smooth running of the service. This issue was identified as an area for improvement.

There was no registered manager in post as required and this position had been vacant for over a year. There were two appointed managers who had taken up post recently. We were told that one manager was to be based in the Seaford office and was also to be the registered manager for Downside Court. The application for this registration has been received by the CQC. A second manager was appointed to manage an office in Eastbourne and Margaret House. The CQC had not received an application for this post. Both appointed managers did not have job

descriptions that reflected clearly their roles and responsibilities. The provider had not ensured that the service had suitable management arrangements. Without effective and established management the provider could not be assured that the organisation’s values and objectives were followed and that the service was managed appropriately. The provider is required to ensure the registered location has a registered manager in accordance with their condition of registration. Not to have a registered manager is a breach of a condition imposed upon the provider’s registration contrary to Section 33 of the Health and Social Care Act.

When we reviewed the Statement of Purpose (SoP) held at the registered location we found that this was out of date and did not reflect the services being provided. The SoP is a legal document that the provider must give to the Care Quality Commission to record the services they provide. The provider had failed to give the CQC an up to date SoP. This was a breach of Regulation 12 of The Care Quality Commission (Registration) regulations 2009.

When we checked the notifications from the service we found that the provider had failed to ensure that the CQC was notified about all incidents that affected people who used the service. This was a breach of Regulation 18 of The Care Quality Commission (Registration) regulations 2009.

Quality monitoring systems across the service had not been fully developed. An organisational quality review had been completed for the home care services in Seaford and Lewes areas only in September 2014. This had identified a number of areas for improvement, but many of these had not been taken forward. A process to audit systems and records across the service had not been established. For example, the MAR charts were not audited in any way. This meant any issues relating to poor practice had not been identified quickly so that action could be taken to address any concern. There was limited evidence of any auditing or quality review across the service.

The provider did not have an effective system to regularly assess and monitor the quality of service people received. This is a breach of Regulation 10 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 which corresponds to regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014..

The newly appointed managers were aware there was a need to establish quality monitoring measures and one

Is the service well-led?

had started a quality review at one of the Extra Care Housing schemes. It was evident that the DCA had lacked an established consistent leader to manage and oversee the services provided.

Staff told us they could raise issues with the new managers and felt that they would be listened to. In this way they felt they could influence and change the service. They told us the appointment of the new managers had promoted a more open communication with the management. Staff were aware of the Whistle blowing procedure. One staff member told us that they had used the whistleblowing procedure in the past and that issues raised had been

followed up by the local authority. They felt they had been treated appropriately by the provider following this action and had not felt blamed or discriminated against in any way.

When the local authority had identified concerns about the service the organisation had developed action plans to address these concerns. This action had included the appointment of an agency manager at Margaret House to oversee the implementation of an action plan. An action plan had also been implemented for the home care services provided around the Eastbourne area. The provider had taken the concerns raised by the local authority seriously and had taken steps to address the issues raised. This was an on-going process which had included a restructuring of the staff and management.

This section is primarily information for the provider

Action we have told the provider to take

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

Regulated activity	Regulation
Personal care	<p>Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment</p> <p>Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment.</p> <p>People were not protected against the risks associated with the unsafe use and management of medicines.</p> <p>Regulation 12(1)(2)(g)</p>

Regulated activity	Regulation
Personal care	<p>Regulation 19 HSCA (RA) Regulations 2014 Fit and proper persons employed</p> <p>Regulation 19 HSCA (RA) Regulations 2014 Fit and proper persons employed.</p> <p>People who used the service were not protected against the risks associated with unsafe or unsuitable staff as effective recruitment and selection procedures were not followed and thorough checks were not undertaken.</p> <p>Regulation 19(1)(a)(2)(a)(3)(a)</p>

Regulated activity	Regulation
Personal care	<p>Regulation 16 HSCA (RA) Regulations 2014 Receiving and acting on complaints</p> <p>Regulation 16 HSCA (RA) Regulations 2014 Receiving and acting on complaints.</p> <p>The registered person had not ensured an appropriate system was in place to deal with and record all complaints. Regulation 16 (1)(2)(3)</p>

Regulated activity	Regulation
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This section is primarily information for the provider

Action we have told the provider to take

Personal care

Section 33 HSCA Failure to comply with a condition

Section 33 Health and Social Care Act 2008- Failure to comply with conditions.

The Registered Provider must ensure that the regulated activity personal care is managed by an individual who is registered as a manager in respect of that activity at or from all locations. Section 33 (b)

Regulated activity

Regulation

Personal care

Regulation 12 CQC (Registration) Regulations 2009
Statement of purpose

Regulation 12 of The Care Quality Commission (Registration) regulations 2009. Statement of Purpose.

The registered person had failed to keep under review and revise the statement of purpose. Regulation 12 (2)(3)

Regulated activity

Regulation

Personal care

Regulation 18 CQC (Registration) Regulations 2009
Notification of other incidents

Regulation 18 of The Care Quality Commission (Registration) regulations 2009. Notification of other incidents.

The registered person had failed to notify the Care Quality Commission about any incidents that affected people who used the service. Regulation 18(1)(2)(a)(e).

Regulated activity

Regulation

Personal care

Regulation 17 HSCA (RA) Regulations 2014 Good governance

Regulation 17 HSCA (RA) Regulations 2014 Safe care and treatment

The provider did not have an effective system to regularly assess and monitor the quality of service that people received. Regulation 17(1)(2)(a)(e)(f)

This section is primarily information for the provider

Action we have told the provider to take