

The Garden Of Kent Homecare Ltd

The Garden of Kent

Homecare Ltd t/a The

Garden of England

Homecare

Inspection report

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Date of inspection visit:
02 August 2016
03 August 2016

Date of publication:
31 October 2016

Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?

Requires Improvement ●

Is the service effective?

Requires Improvement ●

Is the service caring?

Good ●

Is the service responsive?

Requires Improvement ●

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

The inspection took place on 2 and 3 August 2016. The inspection was announced.

The Garden of Kent Homecare Ltd t/a The Garden of England Homecare was registered as a domiciliary care agency providing personal care to people living in their own homes. The agency was centrally situated in Maidstone town centre and provided a service to people living in Maidstone and the surrounding area. There were approximately 60 people receiving support to meet their personal care needs on the days we inspected.

There was a registered manager based at the service. The registered manager was also the registered provider. 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.

Some people required the support of staff to administer their prescribed medicines. Medicines were not managed safely. The records kept to document when prescribed medicines had been administered were poorly recorded with many gaps that were unaccounted for. Care plans were not always clear whether people required support with their medicines or were able to manage this themselves. This meant that staff appeared to be confused whether they should be administering medicines or not in some cases. Guidance was not available for staff regarding medicines to be taken 'as and when necessary'.

Individual risks had not been always been identified so risk assessments were not in place to keep people safe. Where individual risks had been identified, risk assessments did not contain the detailed information necessary to ensure people received safe care.

There were suitable amounts of staff employed to deliver the care people were assessed as requiring. However, staff were not deployed appropriately as people and their family members said they did not have consistent staff supporting them. We have made a recommendation about this.

People were kept safe from abuse by staff who had received the correct training and had access to guidance and advice through an up to date safeguarding procedure and a hand size booklet. Staff understood their responsibilities in safeguarding vulnerable adults.

Environmental risk assessments had been carried out in and around people's homes to ensure the safety of people and staff. Emergency plans were in place to ensure the continuation of the service should a major emergency occur.

Robust and safe recruitment records were in place to ensure that only suitable staff were employed to support vulnerable people.

Evidence of induction for new staff was not available to make sure that new staff had received the knowledge and support required to be able to support people in their own homes. Staff supervision and assessment to provide staff with the support and development required to carry out their role was not regular or often. We have made a recommendation about this.

There was an understanding of the basic principles of the Mental Capacity Act 2005, however detail was missing from people's care plans. We have made a recommendation about this.

We had good feedback from people and their family members saying that they found all staff to be kind and caring. Staff always stayed for the amount of time people had allocated and they were only occasionally late. People told us staff found the time to have a chat while supporting them.

People had an initial assessment before support started that they and their family members were involved in. Care plans were in place to describe the care and support people were assessed as needing. However these were basic and did not have the individual detail required to make sure all staff knew exactly how people liked to be supported. Regular reviews of people's care and support had not taken place.

People knew how to make a complaint if they needed to. Some complaints had been made over the last year and the registered provider had responded well to these, recording the action taken.

A customer satisfaction survey had been undertaken in 2015 and a 2016 survey was about to be sent out. Telephone surveys to ask people if they were happy with their support were meant to be carried out regularly. One telephone survey had been carried out with some people recently, however these had not happened regularly. No satisfaction survey had been undertaken with staff or any other people involved with the service to gain their views.

The registered provider did not have any auditing processes in place to check the quality and safety of the service provided. This meant that some of the concerns highlighted had not been picked up sooner, or if they had, a process was not in place to improve the area of concern.

We found two breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. You can see what action we have told the registered provider to take at the back of the full version of the report.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement ●

The service was not safe.

Prescribed medicines were not managed safely for those people who required support with medicines administration.

Individual risks were not always identified to ensure measures were put in place to keep people safe.

There were suitable amounts of staff employed, however they were not deployed in order to make sure people had consistent staff to support them.

Safe and robust recruitment records were kept to make sure the staff employed were suitable to support people.

Is the service effective?

Requires Improvement ●

The service was not always effective.

New staff did not receive a suitable induction to make sure they were equipped to support people well.

One to one staff supervision and assessment to provide support and guidance was not regular.

There was an understanding of the Mental Capacity Act 2005 (MCA). However the basic principles of the MCA were not used to inform care planning.

Staff were provided with suitable training required to carry out their role.

Is the service caring?

Good ●

The service was caring.

People were happy with the support they received from the staff.

Staff enjoyed chatting with people and didn't rush while supporting them.

People always received the care and support they were assessed as needing.

Is the service responsive?

The service was not always responsive.

People and their family members were involved in their initial assessment.

Care plans were not person centred, they provided basic details rather than individual and thorough information. Regular reviews of people's care had not taken place.

People knew how to complain if they needed to and knew how to go about it. Complaints that had been made had been investigated and responded to well.

People had the opportunity to take part in a survey in 2015 and a 2016 survey was due to be sent out.

Requires Improvement 

Is the service well-led?

The service was not well led.

People said they were happy with the support they received from staff but heard little from the registered provider or office staff.

There were no auditing processes in place to monitor the quality and safety of the service provided.

The views of people were not analysed and used to improve the service provided. Feedback was not provided to people following the survey that had taken place.

Requires Improvement 

The Garden of Kent Homecare Ltd t/a The Garden of England Homecare

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

The inspection took place on 2 and 3 August 2016 and was announced. The provider was given 24 hours' notice because the location provides a domiciliary care service and we needed to be sure that someone would be available.

The inspection team consisted of two inspectors. One inspector made telephone calls to people who used the service to gain their views.

Before the inspection we asked the provider to complete a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the home, what the home does well and improvements they plan to make.

Prior to the inspection we also looked at previous inspection reports and notifications about important events that had taken place at the service. A notification is information about important events which the home is required to send us by law.

We spoke with seven people who received personal care from the service and two relatives, to gain their views and experience of the service provided. We also spoke to the registered provider, the assistant manager, a coordinator and three care staff. We asked two health and social care professionals for their views of the service after the inspection but they did not respond to our request.

We looked at nine people's care files and six staff records as well as staff training records, the staff rota and team meeting minutes. We spent time looking at records, policies and procedures, complaints and incident and accident recording systems and medicine administration records.

A previous inspection took place on 17 April 2014 when the service had met the essential standards of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010.

Is the service safe?

Our findings

The records staff kept when supporting people with their medicines were poorly managed. Some people's records gave conflicting information about the support they required with their medicines. For example, one person's initial assessment stated they were able to look after and administer their own medicines. However their care plan stated, 'give medicines' and 'cream legs' with no further guidance. The person's daily records, where staff documented the care, support and interactions they had with people also gave conflicting information about medicines administration. In the daily records we looked at, some staff recorded they had prompted the person with their medicines and other staff members stated they had administered medicines. These are two very different personal care tasks. There were no medicines administration records (MAR) and no clear direction how and where to apply the creams. There was a danger a medicines error could happen as staff were not sure what they were required to do and they appeared to be doing different things.

Another person required staff to administer their prescribed medicines and it was clear in their care plan that this was the case. However, the person's MAR charts were very messy, staff had not taken any care to ensure the records were legible and clear. One MAR chart that should have recorded one month's medicines administration had been used for two months as staff did not go into the office to collect a new sheet. This meant the records were very unclear. Staff were sloppy in recording the medicines the person was prescribed on the MAR chart so it was not clear what the medicines actually were or how often they should be taken. Whole days were not signed for with no explanation given. When checking the daily records, in most of these instances, staff had recorded 'medicines given'. We looked at another person's MAR charts and records and found the same issues, very poor recording, illegible writing, crossings out, and gaps of days without any recording with no explanation why. We also found 'as and when necessary' (PRN) medicines appeared to be given ad hoc with no protocols in place guiding staff why the medicine was prescribed or when to offer the medicine. This meant that the person was at risk of not receiving the medicine when they required it. Staff had not had any administration of medicines competency or spot checks to make sure safe practices were being used.

When we spoke to the registered provider about the serious concerns we had found she told us she had identified issues with the management of people's medicines and had started to put measures in place to rectify the situation. However, it was evident from the records we looked at that unsafe medicines administration had been a concern for many months and continued to be so. The registered provider did not have measures in place to ensure the safe administration of medicines to people in their homes.

The registered provider failed to ensure staff administered people's medicines safely. This constitutes a breach of Regulation 12(2)(g) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014; Safe care and treatment.

Most people either took care of their own medicines or a family member or friend assisted with this. In this instance, people were asked what medicines they were taking at the initial assessment so staff were aware of potential side effects that may affect people when they were providing care and support. Where staff did

support people with administering medicines people were asked where their medicines were stored and how they were supplied and collected.

Some individual risk assessments were in place, however these were not detailed and did not consistently cover all the areas of risk that were evident in the initial assessment and the care plan. We looked at the care plan of one person who required the support of two staff to move around and needed the assistance of a hoist. Risk assessments gave only basic details for staff to follow, such as how many staff were required for the task. The moving and handling risk assessment assessed the risk as low even though two staff and a hoist were needed to help the person to move. Specific detail of the risks individual to the person and their home environment were not explored and recorded. Information such as where to position the hoist, how to attach the sling and what safety measures to be aware of to be able to carry out the manoeuvre safely. This meant that when different staff were supporting the person in their home, the personal care tasks with risks identified may not be carried out appropriately or safely for the individual. Personal health risks were not assessed separately to identify how people's health conditions may affect them, what staff needed to be aware of and how to respond. We looked at one person's care plan who was diagnosed with epilepsy. There was no risk assessment to identify the risks associated with this condition and how they were managed. An individual risk assessment was required to ensure staff would know what to do in the event of the person having a seizure to keep them safe.

The registered provider failed to ensure risks to the individual were identified and controlled to help keep people safe from harm. This constitutes a breach of Regulation 12(1),(2)(a)(b) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014; Safe care and treatment.

People said they felt safe when being supported by The Garden of England Homecare staff. One person told us, "The carers are good and I do feel safe with them here", and another person said, "The staff are good they take care of me and yes I do feel safe in their care". People's relatives also said their loved one was happy with the staff who visited. One family member told us, "I do think mum is safe with the staff that come, she would tell us if she was not happy".

People were given information about safeguarding vulnerable adults when they first received support from the service as details were included in the service user guide. The information provided was easy to read and included a flow chart to follow for further ease of access if people or their relative's needed to raise a concern. The registered provider helped to keep people safe by having a safeguarding procedure in place for staff to follow if they had concerns or suspicions of abuse. The procedure was comprehensive but easy to read. Staff were provided with a safeguarding vulnerable adults guide in the form of a booklet when they first started to work at the service. The staff had a good understanding of their responsibilities in keeping people safe and reporting any suspicions of abuse. Staff received appropriate training to make sure they had the knowledge required to fulfil their responsibilities in keeping people safe.

The provider had an emergency plan in place to make sure they were prepared for most circumstances that would have an impact on their ability to run the service. Such as adverse weather conditions or a flu epidemic which would have an impact on staff numbers. Those people who were the most vulnerable had been prioritised as requiring priority support if an emergency did take place. For example, people who lived alone with no relatives living nearby.

Environmental risk assessments of people's homes were undertaken to identify any risks to staff when attending the property. The outside of the property was checked for hazards such as poor street lighting, driveways, or outside steps. The inside of the property was looked at to check it was free from obstacles. Equipment in the home that would be used by staff were checked to make sure they were safe, for instance

the oven, hob and microwave. The whereabouts of fuse boxes, water stop cocks, smoke alarms etc. were also identified and recorded so staff had the information to help keep people safe. The assessments included checking if people had pets living in the property and if so, the type of animal, their tolerance of visitors etc.

All accidents and incidents were reported and recorded in detail, including what had happened, any injuries sustained and the initial action taken.

People told us that staff always stayed for the amount of time they were supposed to and were only occasionally late. However, people did not usually have the same staff visiting them, there was no consistency. One person said, "As to staff, I tend to know most of them as they have come here one time or another. It would be better to have the same few though". Another person told us, "I never know who is coming but someone always turns up, so it is ok". The relatives we spoke to said the same thing. One family member said, "Mum did have the same staff and then it changed and she does not know who will come and there are many different ones. It is not good for mum". The provider employed enough staff to be able to provide the care and support people had been assessed as needing. However, there was an issue with the deployment of staff as people were not receiving their support from consistent staff. Staff covered each other's visits in the case of absences such as sickness or annual leave and they reported that this generally worked well although weekends could be a problem. Staff tended to work extra hours at these times to make sure people got their support.

We recommend the registered provider seeks advice and guidance from a reputable source about the deployment of staffing resources in order to provide people with consistent and person centred care and support.

A structure was in place in the office to meet the support needs of staff and manage the delivery of care and support to people. The registered manager had a team consisting of an assistant manager, two coordinators and an administration assistant at the office base in Maidstone town centre. The assistant manager and coordinators managed the office functions such as completing staff rotas, answering calls, responding to problems and concerns and dealing with office systems.

The service had robust staff recruitment practices, ensuring that staff were suitable to work with people in their own homes. Checks had been made against the disclosure and barring service (DBS) records. This highlighted any issues there may be about staff having criminal convictions or if they were barred from working with vulnerable people. Application forms were completed by potential new staff which included a full employment history. The registered manager made sure that references were checked before new staff could commence employment.

Is the service effective?

Our findings

There was no evidence that new staff had received suitable induction training. Some staff had completed induction awareness on line training, however there was no introduction to the service or organisation. This meant new staff did not have the opportunity to learn about the vision and values of the service or the standards expected of them before going out to support people. One staff member had started work on the care certificate and the registered manager told us all new staff would be completing this. There were no records to show that new staff were supported into their new role by shadowing an experienced member of staff. This gives the new member of staff the chance to be introduced to people and learn how to support people correctly before working on their own. People told us they were not introduced to new staff. One person said, "No, I don't remember any one coming round to introduce any new staff". Another person told us, "New staff are not introduced they just turn up". The lack of evidence of any induction meant the registered provider could not be assured that new staff had the skills and knowledge to support people well.

Although the registered provider's staff support procedure stated that staff should have one to one supervision every three months and in addition observational assessments in the workplace, we found this not to be the case. Although staff had received occasional one to one supervision or observational assessments these were very irregular. Out of the seven staff files we looked at only two had three or four one to one or observational assessments in the last year. The rest had between one and two, including new staff. The registered provider could not be assured that staff were performing to the standard expected when supporting people in their homes without discussing and observing their working practice.

We recommend the registered provider seeks information and guidance from a reputable source to introduce a proven regime of staff induction, one to one staff supervision and observational assessments of staff.

Staff had received enough training to have the theoretical knowledge to support people appropriately. Most training was through online learning and staff were mainly happy with this. Some training was practical face to face training, such as moving and handling and NVQ's. The registered provider said that she was going through the process of registering all staff to study towards an NVQ if they hadn't already completed this. Seven staff were currently enrolled.

Staff had a good understanding of the Mental Capacity Act 2005 (MCA) and knew what this meant for people they supported in their own homes. At the initial assessment people were asked questions about how good their memory was and if they made all their own decisions and choices or if a family member or friend supported them with this. Where a family member held Lasting Power of Attorney (LPA) for financial matters or health and welfare matters this was recorded within the care plan. However there was no reference to the Mental Capacity Act 2005 and whether mental capacity assessments had been undertaken.

We recommend the registered provider seeks advice, guidance and training from a reputable source to ensure the Mental Capacity Act 2005 is fully understood and capacity assessments and care plans are following the basic principles of the Act.

Support with nutrition through the day varied from one person to the next and was generally decided by people and their family members. Some people did not need any help with their meals as they took care of this themselves or a family member or friend did. One person said, "My daughter sorts out all my meals and food shopping. The girls always make me a cup of tea and do some toast if I want it in the morning". Others did require support at mealtimes so people were asked where they usually sat to eat their meal, what their food likes and dislikes were and if they had food allergies. This information was included in their care plan so staff had the information they needed to assist people in the way they wanted with their meals.

Generally people managed their own health care needs, such as contacting the GP or district nurse, or had the help of family members. Where people did require help staff made contact with health and social care professionals when needed for routine health issues. The state of people's health was recorded, staff were aware and were observant of any changes to report. The records showed that staff had contacted the office staff when concerned about people they had visited. Office staff were responsive and promptly responded to these calls, ensuring people had a visit from the relevant health care professional.

Is the service caring?

Our findings

People were happy with the staff who supported them and felt they were treated well. There were many positive comments about the staff support. One person told us, "I find the staff very polite, they are thoughtful and they tidy up after themselves". Another person said, "They are so kind they would do anything if I asked them". We were told by another person, "They don't rush me, they give me time and we have a natter".

Although people had a care plan documenting the support they required and to give guidance to staff, many people were able to direct their own care on a daily basis. People told us that even though there was a care plan, staff asked each day what they wanted to do first. One person said, "The staff always do what I want them to, they always ask first", and another person said, "The girls ask me what I want them to do when they come".

We heard many friendly and respectful conversations on the telephone when people rang in to the office. Calls were generally from people wanting to change their support times or cancel as they were going to be away. One coordinator was heard calling people or their family member's to ask if they were happy to change times for a short period over the summer holidays in order to keep their preferred staff member. Some staff members had needed to change the hours they worked due to the school holidays.

We heard many conversations on the telephone where staff had called in to ask advice or to update and share information. One staff member called in to gain guidance about an incident they had found when arriving at a person's home. The office staff talked the staff member through what to do and remained on the phone until the matter was resolved. The office staff member and the staff member at the home were clearly very concerned for the person, wanting to resolve the situation as quickly as possible to avoid further upset and distress.

People were given a guide to the Garden of England service when they commenced receiving support. The guide provided all the information people would need to know about the services provided. For example, who the registered provider was, the staffing structure and which areas the service covered. Useful telephone numbers and the service people could expect to receive were also included in the service user guide.

Staff told us how they liked to ask people about themselves while delivering their support. One staff member said, "I have time to chat while I'm working so I always like to ask people about their life. Some people don't want to talk about personal things of course and I am always aware of that". Another staff member said, "People have such interesting tales". People told us that although they don't always have the same staff, they found that all the staff were kind and always chatted to them. One person said, "The girls know me ok we do have a chat while they are here, some of them have asked me about my life, where I was brought up, the war and stuff like that".

Another person told us, "The girls all like a chat, I enjoy that, I look forward to seeing them".

Respecting people's privacy and dignity were a key element of the care and support provided. People we spoke to were clear that staff were respectful when providing support. One person we asked told us, "I do find they treat me and my home with respect, I was worried about that, I was not sure what to expect but all the staff so far have been very kind and considerate". Another person said, "Yes they are caring people and I would say they treat me with respect". Staff told us they were very aware of the fact they were in people's own homes and were aware of maintaining their privacy. One staff member said, "Everyone likes their things in certain places and everyone is different so I always respect that and put things back in the right place".

People were helped to remain as independent as possible. One person stated in a six month review how pleased they were that they only needed one staff member to support them now rather than two as they had made such good progress.

The registered manager said she was proud of her staff and thought they were caring. She described them as being like one family.

Is the service responsive?

Our findings

An initial assessment was undertaken with people before a support service was commenced so the registered manager was satisfied that the Garden of England Homecare were able to provide the support required. People were fully involved in their assessment with the opportunity to say how they would like their support and state their preferences for the time of their visits. Family members were involved in the assessment where appropriate to support their loved one. People were asked about their health conditions and the care and support they required.

An individual care plan was agreed with people to give guidance and direction to staff about the care and support people had been assessed as requiring. People were involved in how their care was described in their initial care plan by stating how they wanted staff to support them and care plans had some individual detail. Although care plans had the basic information for staff to support people with their assessed needs, they were not individual and did not provide the detail necessary to be able to support people well. Person centred care plans ensure a more holistic approach to supporting people's needs and maintaining their well-being. We spoke to the registered manager about ensuring the staff writing care plans took a more person centred approach and she agreed this would benefit the service provision. Daily records did not always give an accurate record of people's care. There were often long gaps with no explanation. It was often the case that the person had gone in to hospital, however, staff did not record this either when they went to hospital or on their return.

Some annual reviews were carried out, although not everyone had their care plan reviewed. Those that did were basic in detail and did not provide the required amount of information to satisfy the registered provider that people's changing needs had been explored and captured. Where it was evident there had been a change in people's needs, for example, when people had been in hospital for a period of time, no review had taken place. This meant that there was no up to date documented guidance how to support people correctly. One person had been admitted to hospital and on their return staff recorded in the daily records that they had hoisted the person, however there was no change in the care plan and no risk assessment in place to show this. The involvement of people and their family members was not obvious from the reviews seen. All the people and relatives we spoke to told us they had not been involved in any reviews. One person said, "They did go through the help I need with me at the start, and now and again they ask if I am happy". Another person told us, "Not sure about that, I am asked by the office girls sometimes if everything is OK". A family member said, "I was involved with mum right at the beginning about her care and what help she needed from them. They have not had a review for a long time that I know of".

The most recent survey had taken place in June 2015 when 11 people responded. Most people and their relatives we spoke to said they had not been asked for their views of the service. Only one person out of the eight we spoke to said they had been sent a questionnaire. This may be because it was over a year ago since the last survey had been sent out. The next survey was due to be sent to people. The last survey, in 2015, showed that most people were happy with the service provided. Although the registered provider had at the time investigated one negative comment, no analysis had been carried out and the opportunity to make improvements based on the results of the survey had not been taken. Feedback had not been given to

people following the survey. We discussed this with the registered provider who said that she had previously used surveys to respond to people individually if they had a negative experience. She agreed that this did not benefit the service as a whole. The registered provider planned to provide an analysis and feedback this back to people following the 2016 survey.

Office staff carried out telephone surveys with people to check their satisfaction with the service they received. Questions such as; do people receive their full visit time, were the care workers respectful, were staff punctual and were they generally happy with the service. Responses recorded were basic with yes or no answers. The staff did not tend to explore further to gain more detail to take the opportunity to make improvements to the service provided. The telephone surveys were not regular. We saw that people had been contacted in recent months to take part, however, there were very few opportunities previous to this.

Most people said they had no reason to complain and they knew what to do if they did need to at some time. One person said, "I would ring the office straight away if I was not happy about anything, I know the manager would sort things out". Another person told us, "I could call the office if I wasn't happy". The service guide contained the information people would need if they wished to make a complaint and where to get a copy of the provider's complaints procedure. The complaints procedure was easy to read and follow. Ten complaints had been recorded since the beginning of 2016, all had been made over the telephone. Following investigation, all complaints had been responded to within one to three days by the registered manager. Most complaints had been regarding late or missed visits. For example, one person had rang to say a staff member had been late. Following investigation the registered manager had issued the staff member with a disciplinary sanction. All complaints were appropriately recorded with clear outcomes for each.

Compliments were also recorded to pass on to staff. A number of compliments had been received in the last 12 months. Comments included '(staff member's name) is a true professional and an ambassador for your company', and, 'A great big thank you to (staff member's name) for giving me great care and attention and because of that I have remained happy and well in my own home'

Is the service well-led?

Our findings

There were no processes in place to monitor the quality and safety of the support and services provided. For example no medicines administration audits had taken place. This meant staff had not been recording appropriately and this had gone unnoticed, leading to serious issues and continuing unsafe practice. The concerns had come to light following a medicines error. The registered provider sent selected staff on further medicines training once she was aware there was an issue. However, no follow up checking that staff had used their learning to improve practice had taken place. This meant the training had no impact and the serious issues continued. Further examples of the impact of not having a quality monitoring process in place included the issues found with care planning and risk assessments that had not been picked up by the registered provider.

One customer survey had taken place in 2015 with 11 respondents. No further surveys, with relatives, staff or stakeholders had been undertaken. Although some telephone surveys had taken place recently, these were used to check individual satisfaction. There were no processes in place for the registered provider to be able to analyse and use information gathered to make improvements. For example, the information documented in accidents and incidents, complaints and the customer survey forms.

This is a breach of Regulation 17(1)(2)(a)(b) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014; Good Governance.

People we spoke to told us they did not have a lot to do with the management of the service. They were all happy with the staff who supported them but had very little contact with or from the office staff so felt they could not comment on how the service was run. One person said, "I don't know how it is managed no one has come here from the office that I know". Another person told us, "I don't know about the running of the agency". Many were concerned they did not have the consistency of staff and nothing appeared to have been done about this. People and their relatives said they used to have the same staff but this had all changed. Although people were clear that they always got support and staff were generally on time and always stayed their full allotted time. A family member said, "Well I guess it has not improved as mum doesn't get her own girls now, but I have no issue with what the carers do for mum".

The registered provider was also the registered manager of the service. She told us she was aware there were some issues to deal with and was keen to spend time improving the service. She had recently employed a new assistant manager to assist in the management and leadership of the service. The registered provider told us she expected to be able to take steps to improvement quickly now she had the added support.

The registered provider had a range of policies and procedures that were easy to follow and at the same time comprehensive. However, many of them were not being followed as the procedure stated. For example, medicines administration, moving and handling, quality assurance and staff support/supervision procedures. These procedures were clearly not being followed as directed, evident by the issues we found during our inspection.

Very few staff meetings had taken place, one in March 2016 and one in February 2015. Limited meeting minutes were available for either of these meetings and no list of which staff were in attendance. This meant there was no proper record of what was discussed and who was there to take part in the discussion. The registered provider did not undertake a survey with staff to gauge the views and satisfaction of the staff group. As staff supervision was limited and sporadic this meant another avenue to gain feedback as well as to test the continued knowledge and skill of staff was not used to its advantage. There were no opportunities for staff to take part in the direction of the organisation or to put forward ideas for improvement. The registered provider did not take the opportunity to ensure the staff team were aligned with the values and vision of the service and to check their commitment and enthusiasm to their role. Although some staff said they felt supported, the support was reliant on their contacting or visiting the office themselves. The formal route for staff support and development was lacking so the registered provider had very little evidence of any time she had spent with staff.

All the staff we spoke to said the registered provider was very approachable and they would be happy to take concerns to her. All the staff we spoke to also said they could contact the office at any time and would get a response and be supported. They also said they didn't generally get time to get into the office though to speak face to face with senior staff.

The registered manager had produced a newsletter for staff, the last one was in April 2016. The newsletter covered a welcome to new carers, complaints and compliments, staff rotas, sickness reporting and a reminder that bacon sandwiches were available in the office once a month for all staff.

All staff were provided with a handbook designed to give information to staff who supported people in the community. The handbook provided good information, tips and guidance about working and keeping safe in the community.

This section is primarily information for the provider

Action we have told the provider to take

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

Regulated activity	Regulation
Personal care	<p>Regulation 12 HSCA RA Regulations 2014 Safe care and treatment</p> <p>Regulation 12(2)(g) HSCA RA Regulations 2014: Safe care and treatment People who used the service were not protected from the risks associated with the unsafe administration of prescribed medicines.</p> <p>Regulation 12(1)(2)(a)(b) HSCA RA Regulations 2014: Safe care and treatment Detailed individual risk assessments were not in place to identify and protect people from the risks associated with their assessed personal care needs.</p>
Regulated activity	Regulation
Personal care	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>Regulation 17(1)(2)(a)(b) HSCA RA Regulations 2014 Good governance There were no auditing systems in place to ensure the good quality and safety of the services provided. The views of people, staff and stakeholders had not been sufficiently sought or analysed to enable the continuous improvement of the service.</p>