

Quality Home Care (Barnsley) Limited

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## Inspection report

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## Ratings

Overall rating for this service

Inadequate 

Is the service safe?

**Inadequate** 

Is the service effective?

**Requires Improvement** 

Is the service caring?

**Requires Improvement** 

Is the service responsive?

**Requires Improvement** 

Is the service well-led?

**Inadequate** 

# Summary of findings

## Overall summary

Quality Homecare (Barnsley) Limited is a domiciliary care agency registered to provide personal care for people living in their own homes.

At the time of the inspection the agency was supporting approximately 127 people. We spoke with 11 of those people to obtain their views of the support provided. We also spoke with the relatives of two of those people. We visited six people in their own homes to speak with them. On four of those visits, relatives were in attendance and we also spoke with them.

At the time of this inspection the service employed 67 staff. We spoke with 10 of those staff to obtain their views and experience of working for this agency.

We told the registered manager two days before our inspection that we would be visiting the service. We did this because the registered manager is sometimes out of the office and we needed to be sure that they would be available.

There was a manager at the service who was registered with CQC. 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.

The service has a history of breaches in regulation since 7 July 2014. The agency was last inspected on 7 and 11 March 2016 and was not meeting the requirements of two regulations of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Those regulations were safe care and treatment and good governance. We issued two warning notices. The registered provider sent us action plans stating the improvements they would make to comply with those regulations.

On this inspection we checked and found sufficient improvements had not been made to comply with the breaches of regulation identified at the last inspection, and a further breach in regulation was found. Full information about CQC's regulatory response to any concerns found during inspections is added to reports after any representations and appeals have been concluded.

All the required recruitment information and documents were not available for staff, which meant there was a risk people were not sufficiently protected, because the recruitment process was not sufficiently robust.

Care routines were reviewed to reflect the care delivered to people, but risks associated with the care routines continued not to be adequately assessed, monitored and recorded.

There were quality assurance systems in place to monitor the quality of the service provided. However, these continued to be ineffective in achieving sufficient improvement at the service to meet regulations.

Care staff had a good understanding of what to do if they saw or suspected abuse during their visits. They were clear that this must be reported to the registered manager of the service and were confident they would act on that information. However, the system and process in place for dealing with financial transactions were insufficient to protect people.

There were sufficient staff to provide a regular team of care staff. Staff received training, supervision and appraisal so that they had the right knowledge and skills they needed to carry out their role, so that people received effective care.

The conduct of staff did not always make people feel they were supported to have maximum choice and control of their lives.

Most people and relatives told us when they raised any issues with staff and managers, their concerns were listened to.

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

Most people told us they were treated with consideration and respect and the staff knew them well.

Staff were familiar with people's individual needs and were able to describe how they maintained people's privacy and dignity.

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.

## 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.

People's risk assessment records did not clearly identify risks and actions to be taken to mitigate those risks.

All the required recruitment information and documents were not available for staff, which meant there was a risk people were not sufficiently safeguarded from harm, because a robust recruitment process was not being followed.

There were sufficient staff to provide a regular team of care staff, but inconsistent timing of visits meant their needs were not always met, in regard to times of calls.

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

### Is the service effective?

**Requires Improvement** ●

The service was not always effective.

Staff received appropriate training and felt supported in their job role through regular supervision and appraisal, but staff enrolled on the Care Certificate had not completed this within the timescale recommended.

Staff told us they sought people's consent to care and treatment, but this was not always supported by people in our discussions with them.

People were supported to have sufficient to eat, drink, maintain a balance diet and access healthcare professionals when necessary.

### Is the service caring?

**Requires Improvement** ●

The service was not always caring.

Some comments by people told us they were not always treated with consideration and respect.

Staff were familiar with people's individual needs and were able to describe how they maintained people's privacy and dignity.

### **Is the service responsive?**

The service was not always responsive.

Some people reported a lack of inclusion in the assessment and care planning process, although most people told us they received personalised care that met their needs.

Most people and relatives told us they had no concerns about the service.

**Requires Improvement** ●

### **Is the service well-led?**

The service was not consistently well-led.

Quality assurance systems in place were not robust and effective in ensuring the service ran safely and issues identified were addressed.

The service had been in breach of regulations since 7 July 2014.

Some people reported a lack of inclusion about their opinions of the quality of service delivery.

**Inadequate** ●

# Quality Homecare (Barnsley) Limited

## **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.

At the time of the inspection the agency was supporting approximately 127 people. We spoke with 11 of those people to obtain their views of the support provided. We also spoke with two relatives of those people. We visited six people in their own homes. On four of those visits, relatives were in attendance and we also spoke with them.

At the time of this inspection the service employed 67 staff. We rang 27 of those staff and were able to speak with four. We left messages for staff we were unable to speak with to provide them with an opportunity to speak with us and share their views and experience of working for this agency.

The visit to the agency office took place on 21 December 2016. The registered manager was given two days' notice of our visit. We did this because the registered manager is sometimes out of the office and we needed to be sure that they would be available. During our inspection we spoke with the registered manager and four members of staff.

Two adult social care inspectors carried out this inspection.

Before the inspection, we reviewed the information we held about the service. This included the service's inspection history, information we had received about the service and notifications submitted by the service. We also contacted commissioners of the service and Healthwatch (Barnsley). 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.

During the inspection we also spent time looking at records, which included six people's care records, nine staff records and other records relating to the management of the service, such as training records and quality assurance audits and reports.

# Is the service safe?

## Our findings

We checked and found sufficient improvement had not been made following our inspection on 7 and 11 March 2016 when we found a breach of regulation in regard to safe care and treatment, in relation to assessing risks to people and that staff had the appropriate qualifications, competence, skills and experience to do so safely.

When we spoke with people and their relatives and visited them in their own homes, we found equipment was provided and intervention from health professionals was undertaken where necessary, for example, hoists, if they needed assistance to move.

We found assessments had been undertaken to identify risks presented by people who used the service. These included environmental risks and other risks due to the health and support needs of the person. For example, people needing assistance to move. On our visits to people and examination of reviews undertaken by the service we identified risks to people that could result in injury, if action was not taken to minimise those risks, such as the use of bed rails and hoists. The risk assessment did not always identify the risk and the level of risk. Insufficient information was recorded about the action for staff to take to mitigate the risk. People also told us risks associated with the use of equipment had not been discussed with them, so they could make an informed choice about decisions where they had chosen not to use equipment that may mitigate any risk, for example, the use of bumpers with bed rails.

This meant risks to people were still not being appropriately managed, because all mitigating action to minimise risks had not been considered and discussed with the person and recorded, so that people were protected, whilst at the same time respecting and supporting their choices and decision making about risk taking.

This was a continued breach of regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, safe care and treatment.

We checked and found improvements in the management of people's medicines.

When we spoke with people and their relatives about the support they received with their medicines they said, "[Staff] always administer [relative's] medicines in accordance with instructions" and "Staff put my medicines in an egg cup from the blister pack and then put them in my mouth. I know what they are and there's one I don't take. One member of staff checks the blister pack and another the medication plan and record".

Policies and procedures were in place for the safe administration of medicines so that staff had safe systems of work to follow. On visits to people's homes we saw that where staff were responsible for people's medicines, including topical medicines (creams) support plans contained detail regarding those medicines and the level of support required by staff.



Staff spoken with confirmed they had undertaken training on medicines administration. We looked at the staff training record which showed care staff were provided with medicines training to make sure they had appropriate skills and knowledge to keep people safe and maintain their health.

We were able to examine three people's medication administration records where they were supported by staff with their medicines, including topical medicines. The records demonstrated people were given their medications as prescribed and at the level agreed within their support plan.

We checked the systems in place to protect people from harm and abuse.

People said they felt safe in their homes when care staff were there. They said care staff knocked before they entered their home and shouted out their name letting them know who it was. People told us staff wore a uniform and carried an identity badge. Comments by people and relatives included, "I feel safe. No problem" and "I feel safe, because I trust them. They're all nice people".

We saw policy statements were in place to protect people from abuse and avoidable harm. Staff told us and records confirmed staff were aware of the policies and procedures to protect people as they had received safeguarding and whistleblowing training. Whistleblowing is where staff raise concerns about poor practice.

We found that where potential allegations of abuse had been identified, the registered manager had taken action in response to the allegation and reported this to the local authority safeguarding department, but they had not always notified us of the allegations, as required by regulations.

At the inspection on 7 and 11 March 2016 we discussed with the registered manager that we had seen staff had completed financial transactions on behalf of people on one visit. We discussed that receipts were in place, but the record was insufficient to protect people from financial harm as there was no record of change given back to the person, after a purchase had been made. The registered manager told us she would review the pro forma for financial transactions.

On this inspection we again saw staff had carried out shopping for people. They had obtained receipts and recorded they had done so in people's communication logs, but they had not recorded the information on financial transaction sheets we were told were in place and in accordance with the service's own handling money and financial matters on behalf of a person who used the service.

This was a continued breach of regulation 13 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, safeguarding service users from abuse and improper treatment.

We checked how the service ensured there were sufficient numbers of staff to keep people safe and meet their needs.

Discussions with people and their relatives told us they were provided with a consistent team of staff although this changed quite a bit, staff never missed a visit and in the main completed all the tasks they were asked to do. People and staff told us there was an 'on-call' system for any out of hours concerns or emergencies and they had the required telephone number within a service user handbook they had been given.

Staff we spoke with told us they received their rotas in sufficient time and usually had the same visits which helped ensure continuity of care to people.

Not everyone we spoke with knew which staff would be attending each visit. They said they often relied on the staff members informing them.

We found safe systems were not in place for the recruitment of staff so that fit and proper persons were employed.

The recruitment and selection policy due to be reviewed in April 2017 did not contain information to confirm to staff what information and documents are required by the current regulations and as specified in Schedule 3 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Schedule 3 is a list of information required about a person seeking to work in care to help employers make safer recruitment decisions. For example, confirmation of the person's identity, documentary evidence of the staff member's previous qualifications and training and a Disclosure and Barring Service (DBS) check. A DBS check provides information about any criminal convictions a person may have. This helps to ensure people employed were of good character and had been assessed as suitable to work at the agency and assists registered providers to make safer recruitment decisions.

We looked at five staff files who had commenced employment since the last inspection. For four of those staff a recruitment process had not been followed where all information and documents as specified in Schedule 3 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 was checked and obtained prior to staff commencing employment. This included a staff member with concerns identified on their DBS. The registered manager told us a risk assessment had not taken place of their suitability to work unsupervised with people. When we asked a staff member about why satisfactory evidence of conduct in previous employment concerning health and social care or children and vulnerable adults had not been obtained they said, "I'll hold my hands up, we've been very lapse". Subsequent to the inspection the registered manager submitted the risk assessment and we made a safeguarding alert to the local authority.

This was a breach of regulation 19 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, fit and proper persons employed and regulation 13 safeguarding service users from abuse and improper treatment.

# Is the service effective?

## Our findings

We checked and found the registered provider had made progress in regard to the governance arrangements to ensure staff received appropriate training, supervision and appraisal following our inspection on 7 and 11 March 2016.

When we spoke with people and their relatives, most people felt staff had the right knowledge and skills they needed to carry out their role, so they received effective care. Comments by people and their relatives included, "They all know what they're doing. It doesn't matter if they're a senior or care worker" and "All staff I think are well trained".

Feedback from stakeholders who have supported Quality Homecare (Barnsley) Limited with their training told us Quality Homecare (Barnsley) Limited have been supportive in sending seven of their staff during the year on the two day Foundation in End of Life care course.

Discussions with staff confirmed they received an induction and following this ongoing training. Where new staff had commenced employment the registered provider enrolled staff on the Care Certificate where staff had not previously worked and had qualifications in regard to caring for people. However, staff had not completed this within the twelve weeks guidelines.

The staff member responsible for training provided the current training record for staff, which they explained they used to monitor when staff required their training updating. This identified staff had been provided with training in key topics, including, health and safety, Barnsley Metropolitan Borough Council's medication policy, emergency first aid, prevention and control of infection, food hygiene awareness, Mental Capacity Act (2005) (MCA), Deprivation of Liberty Safeguards (DoLS), people moving people, safeguarding awareness, record keeping, pressure sore prevention and catheter care. In staff files we saw certificates were awarded for successful completion of training.

The supervision policy stated supervisions would take place every three months and there would be an annual appraisal. Supervision is an accountable, two-way process, which supports, motivates and enables the development of good practice for individual staff members. An appraisal is a process for individual employees where the employee and their manager discuss the employee's performance and development, as well as the support they need in their role. It is used to both assess performance in the last 12 months and focus on future objectives, opportunities and resources needed.

Discussions with staff told us they felt supported through ongoing supervision and appraisal. This was confirmed when we examined staff records.

We checked and found 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. At the time of this inspection no one who used the service was deprived of their liberty or under a court of protection order.

We found since the last inspection staff had received training about the MCA and when we spoke with staff they understood the principles of the Act and were able to describe how they used this in their work.

Discussions with people told us they consented to the care they received, but comments about people being in control of their own decisions were mixed. Comments included, "Care staff do let me make decisions. If they didn't I'd soon show them the door and say I'd never want them here again and I've never had to make a telephone call like that", "It's [my] way, while you're in my home, you do as I ask" and "I think I'm supposed to be in charge of my care, but I'm not and I'm not stupid. I get the feeling that you'll do as we tell you and that they think you'll eventually give up and give in".

People and relatives we spoke with did not receive assistance with their meals or accessing healthcare appointments routinely with staff. Discussions with them identified staff would ring for assistance from healthcare professionals if required and obtain approval to provide a meal if necessary. For example, one person described one occasion when they were ill when the member of staff visited and they called for an ambulance and waited until it came. They told us "They did everything they should".

## Is the service caring?

### Our findings

We checked caring relationships were developed between people who used the service and staff and that staff treated people with compassion, kindness, dignity and respect.

Some comments by people identified the inconsistent time of visits and visit times changed with no discussion, which did not demonstrate respect for people. Comments by people and relatives included, "Staff are kind and do their best, in their own way to keep me at home. I wouldn't be here if it wasn't for them", "I've been very satisfied. Staff are nice. I've got used to talking to them. I can't grumble", "They're brilliant. The staff are beautiful. I love every single one of them. If I feel down, they pick me up. They go beyond doing a good job. I can be ratty, I know that, but they work round me or put me in my place. I'm really happy. I hate it when they leave. I'd be in a right mess if I didn't have these girls", "They're quite nice. We have a chat, they seem alright. I get to know them. It's nice when they've been coming a while because you build relationships up, but they keep leaving. Two left this week. They're respectful. We have a little joke when we're doing things", "Two or three are very good – they're a bit older, the younger ones seem to be a bit gung ho, but we're doing reasonably well. They're as good as any I've had. You have to get used to people and I think if you try and be reasonable with them, they'll be reasonable with you. On one occasion I rang the manager and asked for an earlier call because I had an appointment. The appointment came and took place while I was in bed, because they didn't change the time", "The other week, I was feeling down. I'd had my flu jab and got flu and they gave me a cuddle", "They're smashing people. Very helpful, nice. Very good. We've not had a bad carer yet. They always knock before they come in. Some don't converse; they just get on with job. They don't talk about anyone else. They always ask if there's anything else", "Staff that visit are brilliant", "I think they're brilliant. All staff are punctual and friendly. They talk to me about their families, never about other people", "They're bang on right lass. They do everything we ask. They're polite, caring. I can't praise them enough, they're fabulous. They don't try rushing me", "I get on ok with them. On the whole the girls are nice, friendly and quite professional. You get very fond of them. They're not just somebody that come to the door and do a job" and "You don't seem to be able to plan anything as they don't come at set times. All of a sudden they change the time, but there's no discussion. It means you can't conduct as normal a life as possible regarding attending appointments. For example, the physiotherapist visits twice a week around the carers and then they come at those times. Sometimes if I've had a private appointment I've had to ask them to stand outside for half an hour. The local supervisor has the responsibility of rotas and doesn't seem to get a great deal of help from the office. For example, I rang [registered manager] to cancel a visit, because [relative] had to attend A & E and they still sent someone. It takes a long time to get hold of [registered manager] and on one occasion I had to ring twice. There's more time changes than we've ever had. I think she's [staff member] empire building. They're dealing with people who have lives, we're not commodities. The staff are ok, they do the job alright. They're friendly, kind and respectful. Sometimes I feel there's an atmosphere if we've complained".

During our visits and discussions with people and their relatives they told us staff were familiar and knowledgeable about people's individual needs, their life history, their likes and dislikes and particular routines. They gave examples of how staff treated them with dignity and respect and maintained their privacy. The examples they gave included making sure curtains and doors were closed and making sure

people were appropriately covered when providing personal care. They told us staff involved them in making decisions about their care and support.

During our visits to one person, three staff were present. We observed a caring attitude from those staff with the person they were providing support to and conversation between the person and staff showed they had a good rapport with the person. The person displayed warmth towards the staff members and this was also reflected by the comments made by most other people when we spoke with them.

People told us staff respected their privacy and they had never heard staff talk about other people they supported. This showed staff had an awareness of the need for confidentiality to uphold people's rights.

People were provided with a 'service user guide' to explain the standards they could expect from care staff working for the agency in terms of the service's quality assurance and complaints policy. Our findings during the inspection identified the service were not adhering to those standards.

We spoke with staff about people's preferences and needs. Staff were able to tell us about the people they were caring for, and could describe their involvement with people in relation to the physical tasks they undertook.

We saw no evidence to suggest anyone who used the service was discriminated against and no-one we spoke with told us anything to contradict this.

## Is the service responsive?

### Our findings

On this inspection we checked and found improved governance systems in place for receiving and acting on complaints.

On our visits to people in their homes we saw in people's care files there was a 'service user guide' that provided information to people and their relatives about the service. This included the complaints policy and procedure.

Most people and their relatives told us when they had raised any concerns or complaints they felt they had been resolved, but we had received information this was not the experience of everyone who used the service. Comments included, "I do complain to the office sometimes, but we try and sort it with the carers as we don't want to get them into trouble. I think they look at trying to make the job work for them", "If I have a problem I've got the phone number. Any complaints, they're right enough. It's only a problem, if you let it become one", "If we weren't happy, we'd tell our daughter who would tell them. She's honest and would stand up for us" and "Trust me, if I wasn't happy with them, they'd know about it. I've never had to complain".

Staff were clear that if anyone raised a concern with them they would act on the information..

We saw evidence of a working complaints procedure. The procedure required reviewing as it contained information within it about the role of the Care Quality Commission in the investigation of complaints which was incorrect.

Since February 2016 three complaints and five concerns were recorded in the record of complaints. All had been investigated and resolved. The action taken included one person moving to a different registered provider and six staff having disciplinary action taken against them.

We checked people received personalised care that was responsive to their needs.

When we spoke with people the majority told us they received personalised care that was responsive to their individual needs and preferences and staff were knowledgeable about their needs, preferences and interests, as well as their health and support needs, which enabled them to provide a personalised and responsive service. Comments by people and relatives included, "They're quite good, I'm satisfied. If I ask them to do something, they do it", "They're good. We have no bother. Their work's always good. We never have any problems. If we have a problem we sort it out with the manager or senior and it gets fixed properly. We get consistent staff and they've started to come on time now, because they've to clock in and clock out, it's a lot better, because they stick to the times. We've had loads of different seniors though. They walk out or get fired by the manager or they're overworked, so give other staff the role", "When I first got a care plan, I refused to sign it, because it wasn't what we'd agreed. Last week somebody came to check the care plans and it wasn't in the file so they went away and came back with a big thick thing. They were pressurising me to sign it, which I did, but I could have been awkward and not done, as I like to read through it and make

sure everything's right. I did afterwards and it is, but it doesn't reflect the social services one as that includes the shower", "They're beautiful. They'll do anything I want. They're smashing. They do a very good job. I've no complaints. I'd feel safe with them any day", "They're alright. Good lasses. They help me. They get me up in a morning, get me in the shower, put me to bed, give me my breakfast. They know what they're doing. I feel safe", "I'm very pleased with the service. Nothing is too difficult for them. They've chased things, even when it's not been their responsibility. They've changed visits round to suit us; we've had consistent staff – if there's a new one we always get told first. [One member of staff's] a proper gentleman – he takes his shoes off, so he doesn't tread mud through the house. They've recently updated the care plan because of changes to the length and timings of calls. Staff know [relative] well and make suggestions which help", "It's a credit to them that [relative's] never had a pressure sore. They always make sure [relative's] clean and comfortable" and "The number of staff attending have increased to two, but I don't know why".

When we examined people's care plans we found the care plans had been signed by the person receiving support or their relative and representative to evidence they had been involved and agreed to the plan. They contained a range of information that covered aspects of the support people needed. The plans gave details of the actions required of staff to make sure people's needs were met, but insufficient information in terms of the action to be taken in terms of the risks presented by caring for people. Care routines although basic, with minimal person centred information were sufficient for staff to have information about the care to be delivered to people. We found the information in people's care files reflected the care delivered that people and their relatives had explained to us.

Care staff completed a daily communication log to evidence the care delivered to each person.



## Is the service well-led?

### Our findings

We checked and found sufficient improvement had not been made following our inspection on 7 and 11 March 2016 when we found a breach of regulation in regard to good governance.

There was a registered manager in post at the service. 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.

The registered manager had qualifications and training relevant to managing the service, but there was conflicting information of whether their mandatory training required updating. Certificates were not available to verify this and the training matrix said they had been completed. The registered manager confirmed they required updating. This meant there was a risk the registered manager was not up to date with current practice, but in day to day charge of the agency.

The staffing structure included senior care staff and care co-ordinators. Staff spoken with were aware of the roles and responsibilities of the different staff within the structure.

The service had a Statement of Purpose that had been reviewed in April 2016. The review had been ineffective as the information contained within it referred to regulations that had now been superseded.

We saw the rating from the previous inspection on 7 and 11 March 2016 was not displayed within the office. The registered manager said it had been but they had decorated and it had not been put back up. Neither was the rating displayed on the provider website after the last inspection. The Care Quality Commission issued a fixed penalty notice, which the registered provider paid. Prior to the inspection we checked whether the rating was now displayed. It was not. When we asked the registered manager about this they said they were sure it was and at feedback said they had checked it and it was working, but on the day of the inspection it wasn't and they would speak with the company responsible for this. We checked this again subsequent to the inspection and found the rating continued not to be displayed on the website.

We found two safeguarding notifications that had been reported to the safeguarding authority, but not reported to the Care Quality Commission as required by the registration regulations. This meant the Care Quality Commission was not in a position to have accurate information about the service to monitor the level of risk presented and take any further action required.

The registered provider had not maintained consistency in meeting regulations since 7 July 2014.

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 included, "It's adequate, they're not good, amateurish", "I'm not particularly impressed, but I don't think they any better or worse than other providers, in fact Quality Home Care is probably better than them", "I mainly deal with the

registered manager who is on call 24/7. I sometimes speak with carers, but mostly deal with [registered manager]. Information I give to [registered manager] is always passed on to care staff. I've no concerns about communication", "I've never met the manager" and "I've found with [registered manager] she's very quickly onto the person she can blame. She has her own system. I'll talk to them, but she doesn't. Tends to push complaints to carers".

We also asked staff their experience of the management and leadership of the service. Staff were positive of their experiences. One staff member said, "I can't fault my employers and have no intention of changing", "Manager's approachable. I feel it's a comfortable environment to work in and they treat us with respect. I'm not bullied like at the last agency I worked for", "I haven't done any sort of staff survey but we do have regular meetings and supervisions so we get plenty of chances to speak about anything" and "I think we are a good team and support each other well – so yes, I feel we do give a good quality of care – these [Quality Homecare limited – Barnsley] are brilliant to work for".

Staff told us that staff meetings took place and they could share their opinion. This was confirmed when we looked at staff meeting minutes.

When we spoke with the registered manager, they acknowledged an auditing system was not fully in place and that they were doing 'bits' but not doing what they should be in terms of monitoring service delivery. They said the initial system they implemented didn't work, but a new one was being installed the day after our inspection which would have a system to monitor reviews, staff sickness, supervisions and that it would show themes and trends.

There was a quality assurance policy/procedure in place to assess and monitor the quality of the service. The registered manager said that the member of staff responsible for this had terminated their employment and a reconfiguration of current staff was being made to fill those responsibilities. The quality assurance policy included that a 'service user daily report sheet' was to be completed at each visit, that within four weeks of commencement of care the person would be visited to review their satisfaction with the service, telephone and spot checks would be carried out to verify satisfaction levels, a formal review between the service user and member of care staff and manager would be undertaken on a regular basis and updated on the monthly review sheet, any amendments to the care plan would be fully documented and the outcome from the quality assurance procedure would be published annually.

We spoke with a staff member who told us the quality assurance system was that people received a visit from an office member of staff to write up a review and log any concerns and that people were sent a quality assurance survey they could send back anonymously. They said they visited as many people as they could, but not necessarily everyone and five surveys had been returned. The staff member said each year in April a quality assurance report was completed. The last report that could be found was from April 2015. We spoke with the registered manager about this who told us they were not up to date with the quality assurance procedure and a report had not been completed in April 2016.

We found the service did not have a system in place to assure themselves reviews of care files were being carried out in accordance with their own policies and procedures and that appropriate actions were taken to reflect any findings. Staff provided us with two reviews that had taken place. The reviews identified potential risks to both the person and staff. We examined the person's file to check that those risks had been identified and assessed with the person's care plan and risk assessment and mitigating action taken to minimise the risk. We found both the care plan and risk assessment contained no information about the risks presented. All other files we examined did not contain information about any reviews. This meant there was an inconsistent system to monitor when reviews of care should take place and provide people and

others an opportunity to share their experience of the service.

The registered manager told us communication records were looked at when they were returned to the office, but records demonstrated this was not to identify any learning or action points from them, but to provide a summary of the actions within the month. This meant there was not an effective system to monitor people received the care they were purchasing and staff were carrying out their duties as required. For example, in the complaints record in November 2016 a relative had complained about the care provided to their relative, which resulted in disciplinary action for staff. We found the record for the review of communication records for the person had not been completed since January 2016, despite those records being available. Had those records been reviewed the complaint being raised may have been identified and addressed negating the need for the relative to complain. In addition, during the inspection a staff member retrospectively entered entries during our visit, which falsified the record, because the date they entered in the record was historic.

When we spoke with people and their relatives there was a mixed response about whether they had an opportunity to share their views on the quality of the service provided. Comments included, "Office never ring or visit. The only time you have contact, is when you ring them", "Even [registered manager] comes when she can't get carer", "They visit from office", "They never visit from office", "Gaffer (registered manager) only visits when they seem to be short of carers. They used to send surveys, but we've not had one for a long time" and "I can't praise them enough. When they come, they're always upbeat and make us feel good. They seem to have a problem with changing staff. When a new member of staff starts they always come out to observe, together with a supervisor and [registered manager] will ring to see if we're happy and staff are performing as we'd wish. They are interested".

The service had policies and procedures in place which covered all aspects of the service. The policies and procedures had been updated and reviewed, but we found the reviews ineffective as incorrect legislation and facts were used in the statement of purpose, complaints/compliments procedure and abuse policy statement.

Our findings above meant the quality assurance system continued to be ineffective in assessing, monitoring and improving the quality of the services provided in the carrying on of the regulated activity, assessing and monitoring the risks relating to the health, safety and welfare of people who may be at risk from the carrying on of the regulated activity and maintaining accurate, complete and contemporaneous records in respect of people, including a record of decisions taken in relation to the care and treatment provided.

This was a continued breach of regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, good governance.