Care Support Force Limited

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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?	**Requires Improvement**
Is the service responsive?	**Requires Improvement**
Is the service well-led?	**Inadequate**

Summary of findings

Overall summary

Care Support Force Limited is a small domiciliary care agency. The service is based in Pocklington and is registered to provide personal care to people living in their own homes.

We inspected this service on 27 October, 7 and 14 November 2016. The inspection was announced. The registered provider was given 48 hours' notice of our visit because the location provides a domiciliary care service and we needed to be sure that someone would be in the location's office when we visited.

At the time of our inspection, the service was supporting 17 people with the regulated activity 'personal care'.

We rated the service 'Good' when we last inspected in October 2015.

The registered provider is required to have a registered manager as a condition of registration for this 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 2008 and associated Regulations about how the service is run. At the time of our inspection, the service did have a registered manager who was also the nominated individual.

During our inspection, we identified concerns about late and missed visits from staff. We found evidence that staff did not consistently stay for the agreed length of time at each visit due to staff shortages. People we spoke with told us there had been a high turnover of staff and raised concerns about the skills, knowledge and experience of some of the staff employed.

We identified gaps in staff's training and supervisions had not consistently been completed to monitor and support staff's continued professional development.

Appropriate records were not always maintained of the care and support provided for people to take prescribed medicines. The registered provider did not have a sufficiently detailed or up-to-date policy and procedure to guide staff on how to safely administer medicines.

Although we received a number of positive comments about the care and support provided by Care Support Force Limited, some people we spoke with raised concerns about a disorganised service, a lack of communication and that the registered manager was not always responsive to issues or complaints.

There was not a robust system of quality assurance audits in place to monitor and improve the quality of the service provided. Issues and concerns identified during the course of our inspection had not been robustly addressed. The registered provider had failed to display their rating following the last Care Quality Commission inspection on their website.

We found breaches of regulation in relation to staffing levels, safe care and treatment, the requirement to display ratings and good governance. You can see what action we told the registered provider to take at the back of the full version of this report.

People who used the service were asked to consent to the care and support provided. Where there were concerns regarding one person's mental capacity, we found clear and complete records were not in place with regards to decisions about their care and support. We have made a recommendation about this in the body of our report.

People who used the service had developed positive caring relationships with some of the regular staff that supported them. However, people told us that a number of staff had left and there had been a high turnover of new staff which sometimes impacted on the quality of the care and support they received.

Person centred care plans were put in place to support staff to meet people's needs. However, people we spoke with told us they had to prompt and remind some staff who did not appear to know what they were doing. This was not good person centre care. We have made a recommendation about this in the body of our report.

There was not a robust and transparent system in place to evidence how the registered provider listened and responded to feedback about the service provided. We have made a recommendation about the management of complaints in the body of our report.

People's needs were assessed and proportionate risk assessments put in place to guide staff on how to provide safe care and support. People who used the service told us they felt safe with the care and support that staff provided.

People who used the service were supported, where necessary, to prepare meals and drinks and to access healthcare services if needed.

People provided positive feedback about individual members of staff and told us they treated them with dignity and respect and supported them to make decisions about the care and support they received.

During the inspection, we identified that the registered manager had sold a number of personal items to someone who used the service. This was a clear conflict of interest. We are carrying out further enquiries in relation to this and will report on our findings at a later date.

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.

People who used the service raised concerns about staff arriving late, not staying for the right length of time and missing visits. The registered provider had not ensured that sufficient staff were deployed to meet people's needs.

Medication Administration Records (MARs) were not completed appropriately increasing the risk of medicine errors occurring.

People who used the service told us they felt safe with the care and support staff provided.

Risk assessments were used to provide guidance to staff about how to provide safe care and support.

Is the service effective?

Requires Improvement

The service was not always effective.

We received mixed feedback about the skills, knowledge and experience of the staff working for Care Support Force Limited. People who used the service raised concerns about the support provided from new staff.

Staff training was not always up-to-date. The registered manager did not document regular supervisions or appraisals.

People who used the service were asked to consent to the care and support provided. However, a clear and complete record was not in place where there were concerns regarding a person's mental capacity.

Staff supported people who used the service to eat and drink enough and to access healthcare service where necessary.

Is the service caring?

Requires Improvement

The service was not always caring.

We received generally positive feedback about the kind and

caring staff.

People who used the service had developed positive caring relationships with regular staff. However, people we spoke with raised concerns about the high turnover of staff and told us the lack of consistency impacted on their experience of using the service.

Staff supported people who used the service to make decisions and have choice and control over the support they received.

People where supported to maintain their privacy and dignity.

Is the service responsive?

Requires Improvement

The service was not always responsive.

People's needs were assessed and person centred care plans put in place. However, feedback from people who used the service demonstrated that the care and support provided was not always person-centred.

We received mixed feedback about the registered manager's responsiveness to complaints. There was not a transparent system in place to evidence how issues or concerns were dealt with.

Is the service well-led?

Inadequate

The service was not well-led.

Although we received a number of positive comments about the care and support provided by Care Support Force Limited, people we spoke with raised concerns about a disorganised service.

We identified concerns about the management of the service and found that effective quality assurance systems were not in place to monitor and improve the service provided.

Care Support Force 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. The inspection was planned to check whether the registered provider was 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 27 October, 7 and 14 November 2016 and was announced. The registered provider was given 48 hours' notice of our visit, because the location provides a domiciliary care service and we needed to be sure that someone would be in the location offices when we visited.

The inspection was carried out by one Adult Social Care Inspector and an Expert by Experience. An Expert by Experience is someone who has personal experience of using or caring for someone who uses this type of service. The Expert by Experience supported our inspection by making telephone calls to people who used the service and their relatives to ask their views about the service provided by Care Support Force Limited.

We did not ask the registered provider to complete a provider information return (PIR) before this inspection. This is a form that asks the registered provider to give some key information about the service, what the service does well and what improvements they plan to make.

When planning our inspection, we looked at information we held about the service, which included information shared with the Care Quality Commission (CQC) via our public website and notifications sent to us since our last inspection of the service. Notifications are when registered providers send us information about certain changes, events or incidents that occur within the service. We also contacted the local authority's adult safeguarding and commissioning teams to ask if they had any relevant information about the service. We used this information to plan our inspection.

Before our visit, we received information raising concerns about the service provided by Care Support Force Limited. This included concerns regarding staffing levels and the management of medicines. We have recorded our findings in relation to these and other concerns in the body of this report.

As part of this inspection, we visited two people who used the service and spoke with seven other people by

telephone. We also spoke with four people who were the relatives or carers of people who used the service. We visited the location offices and spoke with the registered manager, deputy manager and three members of staff. We looked at four people's care files, five staff recruitment and training files, medication administration records, meeting minutes and a selection of records used to monitor the quality of the service.

Requires Improvement

Is the service safe?

Our findings

Before our inspection, we received information raising concerns about staff missing planned visits, turning up late to people who used the service or not staying for the agreed length of time.

During our inspection, people who used the service told us, "They [staff] are not always on time and they don't ring to say they are going to be late...Sometimes they can be up to an hour late", "Their [staff's] timekeeping is poor and they have missed the odd call", "They are often late, and have missed calls in the past" and "They do sometimes ring if they are late, but not very often."

We received mixed feedback from relatives of people who used the service. One relative said, "They [staff] always turn up...on the whole, they are very prompt." However, other relatives told us "The timekeeping has been poor. Morning times are erratic...it is best not to ask for times, just wait until they arrive", "They are often late and they don't always ring me to let me know" and "Their timekeeping is poor and they often don't turn up."

Records evidenced a number of examples where visits to people who used the service had been missed. We found examples where staff did not turn up at people's agreed times or did not stay for the agreed length of time. Although it was sometimes recorded in people's notes that staff left early, by agreement, as they were no longer needed, this was not consistently documented and we found documented references to staff cutting short the length of their visits due to issues with staffing levels.

The registered manager said a number of staff had left in a short period and they were recruiting new staff. They told us there had also been issues with sickness and absences as well as holidays to cover. The registered manager told us this had impacted on the number of staff available to provide care and support and they had already stopped supporting some people, because they did not have sufficient staff for those visits.

Although we could see the registered manager had taken some steps to address issues with staffing levels, we were concerned that people who used the service were not consistently receiving the level of support they had been assessed as needing. Missed and late visits increased the risk of harm to people who used the service.

This was a breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Where necessary, staff supported people who used the service to take prescribed medicines. One person who used the service told us, "I used to get mixed up with pills. They [staff] do it now and it is a lot better."

The registered provider had a medication policy and procedure. However, this did not provide sufficiently detailed or up-to-date guidance for staff on how to safely support people who used the service to take prescribed medicines. We were concerned as the registered manager had told us they were updating the

medication policy and procedure at our last inspection of the service.

Staff responsible for administering medicines received training and observations of their practice were completed to monitor the care and support provided. A member of staff told us, "I shadowed somebody doing medicines for the first couple of days and then someone observed me."

Where staff supported people to take prescribed medicines, Medication Administration Records (MARs) were put in place to record the assistance provided. We reviewed completed MARs and identified gaps where staff had not consistently signed to record if they had supported that person to take their prescribed medicines. If a medicine had been refused or not administered, additional information was not always recorded to explain the reason for this.

Where staff had forgotten to sign MARs, documented instructions had been left for them to check and complete these records in retrospect. We were concerned that staff had not maintained complete and contemporaneous records of the support provided for people to take their prescribed medicines.

We found one person's medicine had run out on a number of occasions and so had not been administered. The registered manager told us this was because of issues with the supply of their medicine from the pharmacy. Although there was evidence that staff had reacted to these issues, we were concerned that more robust systems were not in place to proactively monitor and address on-going problems with the supply of this person's medicines.

We concluded that issues and concerns regarding missed and late visits and the management of medicines evidenced that the registered provider had not consistently provided care in a safe way for people who used the service.

This was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

People who used the service told us they felt safe with the care and support provided by staff from Care Support Force Limited. Comments included, "Yes I feel safe. I am quite happy with them" and "I feel very safe, comfortable and confident with them [staff]." A relative of someone who used the service told us, "I feel so comfortable with them [staff]."

New staff completed an application form, had an interview and the registered provider obtained references from previous employers. We saw that Disclosure and Barring Service (DBS) checks were completed. DBS checks return information from the Police National Database about any convictions, cautions, warnings or reprimands. DBS checks help employers make safe recruitment decisions and prevent unsuitable people from working with vulnerable groups.

Each person who used the service had a care file containing copies of assessments of their needs and support plans providing guidance to staff on how to provide safe care and support. We found that risk assessment checklists were used to identify potential risk. The risk assessment checklists prompted staff to assess risks in respect of a wide range of daily activities and potential hazards, including the risk of falls or those risks associated with manual handling, managing medication or bathing. The level of risk was then assessed and proportionate information provided about how those risks should be managed to keep people who used the service safe. Environmental risk assessments were also used to identify any potential risks or hazards associated with providing care and support in people's homes.

If a person who used the service had an accident, a record was kept of what had happened and how staff had responded. These records showed that appropriate action had been taken by staff to minimise newly identified risks and to prevent the future risk of avoidable harm.

Staff we spoke with understood the types of abuse they might see and their responsibility to report any issues or concerns to the registered manager. The registered provider had a safeguarding vulnerable adult's policy and procedure in place to provide further guidance on how safeguarding concerns should be dealt with. This showed us that the service had a system in place to identify and respond to signs of abuse to keep people safe.

Requires Improvement

Is the service effective?

Our findings

We received some positive feedback about the skills, knowledge and experience of staff working for Care Support Force Limited. Two people who used the service said, "They [staff] are really good at their jobs. If I need anything, I only have to mention it" and "I couldn't fault the carers, they know what they are doing."

However, people who used the service and relatives we spoke with told us there had been a high turnover of staff. Four people who used the service raised concerns about the skills and experience of some of the staff sent to support them. Comments included, "I have several different carers, some new ones. I am not very happy with some of them", "The new ones are quite good then they get lax" and "I need to tell the new staff what to do all the time."

Relatives of people who used the service said, "Some carers are good, some are poor and some just don't know what they are doing" and "Sometimes they [staff] are not concentrating, I have to keep reminding them what to do."

The registered manager explained that new staff received training and shadowed more experienced members of the team to develop the skills and confidence needed before working independently. People who used the service confirmed this saying, "They always send new staff with a regular one. They never just turn up" and "The new carers come around with whoever's on." However, another person who used the service told us, "I don't think they are trained at all, a new carer arrived and didn't know what they were doing. They were just pitched in from the beginning, they didn't stay long."

We also received mixed feedback from staff. One member of staff explained that they shadowed other workers until they felt confident working independently. They commented, "I love working here you get a lot of training and a lot of support. I feel I've got all the support I need." However, another person raised concerns about the level of support available and told us, "They [management] push me to do things I can't do."

Training was provided to staff on a range of topics including, but not limited to, food hygiene, safeguarding vulnerable adults, the Mental Capacity Act 2005, moving and positioning, infection prevention and control, health and safety, first aid, dementia care and medicine management. Staff files contained copies of certificates for training courses completed. We saw that training was provided through a variety of online courses as well as external taught courses, such as safeguarding training, which was provided by the local authority.

We reviewed records kept by the registered manager, which provided an overview of training staff had completed. However, it was noted that some training had not been completed or needed to be updated. For example, four out of eight staff needed to complete health and safety training and three out of eight staff needed to complete first aid training. We saw some steps had been taken to address gaps in staff training. Seven staff had been booked onto safeguarding vulnerable adults training as this had either not been completed (five staff) or needed updating (two staff).

The registered provider had a supervision and appraisal policy. This recorded that staff should receive a minimum of three supervisions per year and an annual appraisal. Supervision is a process, usually by way of a meeting, that an organisation provides support, advice and guidance to staff and encourages continuous professional development. Records of completed supervisions showed that these were used to support staff development and discuss any issues or concerns. However, we reviewed six staff files and saw that regular supervisions and appraisals had not been consistently completed. We spoke with the registered manager as we were concerned that supervisions were not being used more frequently to address issues and concerns with staff's practice, for example, around missed and late visits or with regards to issues with medicine management.

We were concerned regarding the consistency of the training, supervision and appraisals process. Feedback from people who used the service raised concerns about the knowledge, skills and experience of new staff supporting them.

This was a breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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 MCA requires that as far as possible people make their own decisions and are helped to do so when needed. Where people lack mental capacity to make 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 to receive care and treatment when this is in their best interests and legally authorised under the MCA. Where people live in their own homes, applications to deprive a person of their liberty must be authorised by the Court of Protection.

We checked whether the service was working within the principles of the MCA. We found that care files recorded details about people's ability to make decisions. People who used the service were asked to sign their care plans and risk assessments to record that they consented to the care and support provided.

We saw one example where there were concerns about a person's ability to make an informed decision. A mental capacity assessment had been completed, which recorded the person lacked mental capacity. However, we saw that they had then been asked to sign their risk assessment. Whilst we could see the registered manager was mindful of issues regarding people's capacity, we spoke with them about developing a process to ensure consent to care and treatment was clearly and appropriately recorded in people's care files and that care files documented best interest decisions made when necessary.

We recommend that the registered provider seeks advice and guidance from a reputable source regarding the Mental Capacity Act 2005.

Staff supported people who used the service to prepare meals and drinks if needed. People who used the service were satisfied with this aspect of their care and support. People told us staff asked what they wanted to eat and made sure they had drinks before they left. Where staff did support people with preparing meals or drinks, their care plans contained details about the level of support required. Staff documented in people's daily notes what support they had provided and also recorded what people had eaten or had to drink during their visit. This enabled staff to monitor people's food and fluid intake to identify any issues or concerns around dehydration or malnutrition. A member of staff confirmed this saying, "We have to document what they have had...if we are worried we contact the nurses or doctors."

People who used the service told us staff supported them to maintain good health. Comments included,

"They [staff] have helped me recover and maintain my independence" and "Anything I want, they ring my doctor for a prescription. They [staff] pick them up for me if I need them to."

People's care files contained information about their medical history and any on-going health needs. Care files also recorded contact details of any healthcare professionals involved in supporting people who used the service. This was important as it meant staff had information about who to contact in the event of an emergency.

Records kept by the on-call worker evidenced that staff liaised with health care professionals and sought further advice and guidance where necessary. A relative of someone who used the service said, "The carers are very good. They know [relative's name] well. I am sure they would notice if there was anything wrong with them."

Requires Improvement

Is the service caring?

Our findings

People who used the service were generally positive about the kind and caring staff who supported them. People told us they felt comfortable around staff and told us staff treated them with respect. Comments included, "They [staff] are very caring carers, they are respectful and they help me maintain my independence", "I get on with them all" and "They [staff] are mostly very nice."

Relatives of people who used the service also provided generally positive feedback about staffs caring attitude. However, some concerns were raised about inconsistencies in staffs practice. Comments included, "The girls can be wonderful sometimes. Some of them are spot on", "There are some that are better than others, but they [staff] understand my mother", "One particular regular carer sometimes brings books she knows [relative's name] will like, or sweets or DVDs. She is very organised and goes the extra 10 miles" and "They are all very nice carers, they leave my [relative] happy. They are very patient with him. I see they have built a good relationship with him. He enjoys the banter with them. They are thoroughly nice people."

Our conversations demonstrated that people had established positive caring relationships with regular and familiar staff. However, people raised concerns about the high turnover of staff and told us that this impacted on the quality of the care and support they received. Comments from people who used the service included, "They have a very high turnover of staff" and "In general I receive good care, but I have a lot of different carers so it's a bit hap-hazard."

Relatives of people who used the service provided mixed feedback regarding the continuity of care. One relative told us, "It's very consistent now, which is what we didn't have with other carers [provided by other services]." However, others felt that a number of experienced staff had left and there had been a large turnover of new staff. People we spoke with raised concerns that their relatives care and support suffered from a lack of routine and continuity. One relative told us, "[Relative's name] is very happy when they get their regular carer, but they are sending lots of new carers. It seems the long-term staff are leaving. This is hard on my [relative]. They need routine and get upset with the new carers."

The registered manager told us that recruitment issues were because of the rural area the service covered and not a reflection on their organisation. They confirmed that a number of staff had left and they had been recruiting new staff to replace them. Despite this, feedback from people we spoke with demonstrated that the high turnover of staff had impacted on the quality of the care and support provided and people's experiences of using the service.

During our inspection, people who used the service told us that staff supported them to make decisions and respected their choices. At the time of our inspection, no one who used the service was supported by an advocate. An advocate is someone who can support people to ensure that their views and wishes are heard on matters that are important to them. The registered manager understood the role of advocacy and provided details about how they would support someone to access the support of an advocate if needed.

People who used the service told us they were treated with dignity by staff. Staff we spoke with

appropriately described how they provided support in a way which maintained people's privacy and dignity. One member of staff explained how they supported someone to get washed and dressed. They told us, "I put a towel over their legs and around their body...I make sure the curtains and doors are shut." Our conversations with staff showed us that they were mindful of supporting people who used the service to maintain their privacy and dignity.

Requires Improvement

Is the service responsive?

Our findings

The registered manager visited new people who used the service to gather information about their needs. This information was incorporated into a care plan, which provided guidance to staff on how care and support should be provided to best meet that person's needs. We reviewed four people's care plans and saw that they contained person centred information about that person's needs, the tasks they completed independently, support provided by relatives or carers and information about what assistance was required from staff. Care files also contained a one page profile and person centred information about people's family and social history, likes and dislikes. This information was important as it supported staff to get to know people who used the service. Where people had specific personal preferences with regards to how the care and support was provided, this was documented in their care plans.

We saw that care plans recorded the length of planned visits and details of the support required. However, care plans did not record the agreed time at which staff would visit. We spoke with the registered manager about recording this information in people's care files so they knew what time they should expect staff.

A copy of the care file was kept in people's homes for staff visiting to look at and a copy was also kept securely in the registered provider's office. We saw that there were systems in place to share information between different staff visiting. Staff wrote daily notes kept in a folder in people's homes. This recorded details of the care and support provided at each visit, including the time and length of calls, the support provided and any issues or concerns identified. This helped to ensure that information was handed over to the next member of staff visiting that person. A relative of someone who used the service said, "I have checked the notes and they [staff] do write anything down that they notice."

We asked staff how they got to know people who used the service and ensured they provided person centred care. One member of staff said, "When we first meet someone we try and gather as much information as possible...we talk with them constantly." Other staff explained how they used the care files to find out important information about people's needs. Although we could see these systems were in place, we were concerned that feedback from people who used the service, documented in the effective and caring domain, indicated that staff did not always know what they were required to do at each visit and needed reminding with tasks. This showed us that the care and support provided was not always person centred.

We recommend that the registered provider reviews the systems in place to support staff to provide person centred care.

The registered provider had a policy and procedure in place outlining how they would manage and respond to complaints about the service provided. People who used the service were given a 'service user guide', which contained the address and contact details of the office and provided details of the registered provider's complaints process. This also provided contact details for the Care Quality Commission should people wish to report their concerns to us. We also saw that each person's care file contained a 'complaints form', which people who used the service could complete to raise any issues or concerns. This ensured that

people who used the service would have the information they needed to make a complaint if necessary.

The majority of people who used the service and relatives we spoke with told us they could not recall receiving questionnaires, or calls from management to check if they were happy with the service provided. However, one person we spoke with told us the registered manager sometimes provided 'hands on' care and support and would ask them if there were any problems. Another person who used the service said, "If there is anything wrong they will come and see to me."

The registered manager told us they had received no complaints about the service provided since our last inspection of the service. During our inspection, one person who used the service told us, "I have made two complaints about lateness and missed calls. They just apologise, it makes no difference." The registered manager told us they were not aware of these complaints and speculated that staff may not have identified them as a formal complaint and so not passed this on to them. A relative of someone who used the service told us, "The office is very obliging on the phone, but they don't follow this through." This showed us that further work was needed to ensure that there were robust systems in place to listen and respond to feedback about the service provided.

The registered manager explained that they had dealt with minor issues that had not been recorded as formal complaints. We spoke with the them about maintaining a record of these issues and how they were resolved to ensure there was an accountable and transparent record of how people's issues or concerns were dealt with.

Before, and during the course of our inspection, we received information raising concerns that the registered manager had cancelled packages of care in situations where people had raised issues about the service provided. The registered manager told us they had cancelled some packages of care due to staffing issues or where they were no longer able to meet people's needs.

We recommend that the registered provider seeks advice and guidance from a reputable source about the management of complaints.

Inadequate

Is the service well-led?

Our findings

The registered provider is required to have a registered manager as a condition of their registration for this service. At the time of our inspection, there was a registered manager in post and they had been the service's registered manager since October 2012. The registered manager was supported by a deputy manager in the management of the service.

Where services have been inspected and awarded a rating by the Care Quality Commission (CQC), there is requirement to display this rating. Whilst the rating awarded to Care Support Force Limited following our last inspection in October 2015 was displayed in the location's offices, the registered provider had not displayed this rating on their public website.

This is a breach of Regulation 20A of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

During our inspection, we identified concerns regarding staffing levels and the systems in place to monitor and respond to late or missed visits from staff. We found examples where people's planned visits had been missed and staff had turned up late or had not stayed for the agreed length of time. We also identified concerns regarding the management of medicines and gaps in staff training, supervision and appraisals. People who used the service raised concerns about the high turnover of staff and the skills, knowledge and experience of some of the new staff that supported them. Underlying this were concerns about the lack of management coordination, oversight and quality assurance within the service.

Although we found evidence of systems in place to monitor the quality of the service provided, we were concerned that these were not sufficiently robust. We saw that audits were completed of the daily notes; however, these focussed on summarising people's progress over the month and made only general observations about the quality of the written records. For example, one audit recorded, "Documentation from staff has declined." This was not a sufficiently robust audit. It did not provide detailed information about the nature of the concerns, a robust action plan of how these issues would be addressed or information about how the registered manager would follow-up and check that improvements had been made. Medication audits were completed; however, these did not evidence of a sufficiently robust response to the issues and concerns we identified during the course of our inspection.

At the time of our inspection, the registered manager did not keep a clear record of how many missed visits there had been, the reasons for these or detailed information about how they had investigated or responded to the missed visits. There was not a clear and robust system of audits in place to monitor and address on-going issues with late visits. During our last visit to the service, the registered manager showed us a tool they were implementing to more closely monitor issues with missed visits.

We saw that the registered manager had held team meetings to share information and discuss issues or concerns regarding staff's practice. For example team meetings had been held in October, June and April 2016 and the topics discussed included staff shortages, documentation and issues with record keeping,

medication policy and the time and length of visits. However, given the nature of the concerns we identified during the course of this inspection, this was not evidence of a sufficiently robust management response to resolve on-going issues with poor care.

During our inspection, we asked for a range of records and documents relating to the running of the service. We found that records were not always well-maintained and did not consistently provide a clear and transparent account of the care and support provided or how issues and concerns were dealt with.

People who used the service raised concerns about some of the records completed by staff. Comments included, "They [staff] came and assessed my care plan, but they didn't write down the correct information" and "The carer wrote on the time sheet the times they should have attended, but this was not the correct time, or the correct amount of time they stayed." We saw in management records that staff had been instructed not to record in people's daily notes where visits had been cut short due to staffing issues and we identified that staff had been asked to sign MARs in retrospect if they had forgotten to do this. We were concerned that full, complete and accurate records had not been maintained.

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

During the inspection, we identified that the registered manager had sold a number of personal items to someone who used the service. This was a clear conflict of interest. The registered manager acknowledged this and agreed to refund the person for the items sold. We are carrying out further enquiries in relation to this and will report on our findings at a later date.

Despite the concerns identified during the course of our inspection, we received a number of positive comments about Care Support Force Limited. People who used the service told us, "They are all right" and "I can't praise them enough, I think they are brilliant girls." Relatives of people who used the service said, "I would recommend them [Care Support Force Limited] as I can't find a fault with them", "I have never met the manager, but we have spoken on the phone. She usually responds to what I say and is always pleasant" and "I cannot find one thing to fault them. [The registered manager] is brilliant."

However, people who used the service and relatives we spoke with told us they felt the service seemed to be very disorganised. People who used the service and relatives we spoke with told us staff often complained about the rotas being changed or being given limited notice of their visits for the day. A member of staff told us, "Recently it's terrible. I don't find who I've got sometimes until an hour before I start; they don't give you much notice [about rotas]." Another member of staff told us, that their visits were sometimes allocated the night before during holiday periods or at weekends.

People we spoke with also raised concerns about the lack of communication between themselves and the office. At the time of our inspection, the registered manager told us the location office was staffed between 8:30am - 1:00pm. The main contact number for the office was a mobile number and there was an on call rota designed to ensure that someone was available to answer the phones when the office was not staffed, out of office hours and in the event of an emergency. The registered manager told us that due to staffing issues, they had spent time providing care and support. We were concerned that this was impacting on the wider management of the service. People who used the service told us, "It's very difficult getting through on the phone. It's just an answerphone and they don't call me back." However another person commented, "I can mostly get through to [registered manager's name]." A relative we spoke with told us, "I would say they [management] are very disorganised."

We asked staff if they felt the service was well-led. One member of staff commented, "The manager is approachable. If you can't get hold of them straight away they always ring back" and "You can always get hold of someone." However, other staff we spoke with raised concerns about disorganised management and the lack of a clear and coordinated approach. Comments included, "They are not that brilliant, not organised...there is a large turnover of staff" and "There is a big turnover of staff. It's not a very professional company at all…The communication is terrible." They went on to explain that they felt the service was disorganised, the registered manager was difficult to contact and did not respond to issues or concerns commenting, "It's just swept under the carpet."

The registered manager asked people who used the service to complete an annual review and to rate the care and support provided by Care Support Force Limited. We saw that review feedback forms had been completed across the past year and generally provided positive feedback about the care and the support provided. Information from the returned questionnaires had been collated for the period September 2015 – September 2016 and analysed. This identified room for improvement with regards to the times staff arrived and left people who used the service. However, there was no action plan or detailed record about how these improvements would be delivered. We reviewed feedback from the previous questionnaire which had identified concerns about staff communication and staff listening to people's need. We saw that in response, person centre care and communication training had been provided and feedback from the 2016 survey showed that satisfaction in this area had improved. This demonstrated a positive management response to improve this area of staff's practice.

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	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment The registered provider had not ensured that care and treatment was provided in a safe way for service users.

Regulated activity	Regulation
Personal care	Regulation 20A HSCA RA Regulations 2014 Requirement as to display of performance assessments The registered provider had not displayed the rating awarded following the last inspection of the service on every website maintained by or on behalf of the registered provider.

Regulated activity	Regulation
Personal care	Regulation 18 HSCA RA Regulations 2014 Staffing The registered provider had not ensured that sufficient numbers of suitable staff were deployed to meet people's needs. Robust systems were not in place to ensure staff training was up-to-date and regular supervisions and appraisals were completed.

This section is primarily information for the provider

Enforcement actions

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

Regulated activity	Regulation
Personal care	Regulation 17 HSCA RA Regulations 2014 Good governance The registered provider had not established effective systems and processes to monitor and improve the quality and safety of the service provided or to mitigate risks.

The enforcement action we took:

We issued a Warning Notice relating to Regulation 17 - Good governance.