

1st Calder Care Ltd

# 1st Calder Care Ltd

## Inspection report

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### Ratings

Overall rating for this service

Inadequate ●

Is the service safe?

Inadequate ●

Is the service effective?

Inadequate ●

Is the service caring?

Good ●

Is the service responsive?

Inadequate ●

Is the service well-led?

Inadequate ●

# Summary of findings

## Overall summary

1st Calder Care is a domiciliary care agency. It provides personal care to people living in their own houses and flats in the community. It provides a service to people over the age of 18 years. Not everyone using 1st Calder Care receives regulated activity; CQC only inspects the service being received by people provided with 'personal care'; help with tasks related to personal hygiene and eating. Where they do we also take into account any wider social care provided. There were 13 people receiving personal care when we inspected.

This inspection took place on 7 and 8 August 2018 and was announced. The provider was given short notice of our intention to inspect the service. This is in line with our current methodology for inspecting domiciliary care agencies to make sure the registered manager would be available.

At our previous inspection in January 2018 we rated the service as 'Requires Improvement'. We identified four regulatory breaches which related to safe care and treatment, staffing, person-centred care and good governance. This inspection was to check improvements had been made and to review the ratings.

The registered manager who was in post when we inspected in January 2018 left the service. A new manager was employed who registered with the Commission in July 2018. 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.'

Although we found some improvements had been made at this inspection, concerns remained in several areas. We found continued regulatory breaches in relation to safe care and treatment (medicines), person-centred care, staff training and good governance. We also identified two new breaches in relation to staff recruitment and consent.

Medicines management was not safe as records were incomplete. This meant we could not be sure people were receiving their medicines as prescribed.

Not all staff had a full understanding of safeguarding or had received training in this area. Safeguarding incidents were reported to the local authority safeguarding team. Assessments identified risks to people, although some of these required more detail to show how the risks were managed.

Staff recruitment procedures were not robust as thorough checks had not been completed before staff started working in the service. Moving and handling training had improved, however, staff had not always received the induction and training they required to carry out their roles.

People were not supported to have maximum choice and control of their lives and staff did not support them in the least restrictive way possible; the policies and systems in the service did not support this practice.

There were sufficient staff to meet people's needs and provide a flexible service. People and relatives were happy with the service provided. They told us staff usually arrived on time and stayed the full length of the call. They said staff were caring and respected people's privacy and dignity. People's nutritional needs were met and people had access to healthcare services.

People's care plans contained basic information but there was a lack of detail to guide staff during care delivery and some aspects of people's needs were not included in the care plan. There was not enough detail to guide staff about the care and support people required.

The registered manager told us there had been no complaints, however, we found two complaints. Although both had been dealt with they had not been recognised as complaints or recorded as such. The provider's systems and processes did not enable them to effectively assess, monitor and improve the service.

The Care Quality Commission is considering the appropriate regulatory response to resolve the problems we 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.

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.

Medicines management was unsafe as we could not determine if people were receiving their medicines as prescribed.

Staff recruitment processes were not robust.

There were enough staff to ensure people usually received their calls on time and for the correct duration.

Safeguarding incidents were reported appropriately, although not all staff had received safeguarding training. Risks to people's health, safety and welfare were not always fully assessed and mitigated.

### Is the service effective?

Inadequate ●

The service was not effective.

Staff had not received the training and support they required for their job role and to meet people's needs.

People's rights were not always protected because the registered manager and staff did not understand their responsibilities under the Mental Capacity Act 2005.

People received support to ensure their healthcare and nutritional needs were met

### Is the service caring?

Good ●

The service was caring.

People said the staff were kind and caring.

People's privacy and dignity was respected.

### Is the service responsive?

Inadequate ●

The service was not always responsive.

People's support plans were not always person-centred and did not show the support people required on each call.

Complaints were not formally captured on the complaints record.

**Is the service well-led?**

The service was not well led.

People were happy with the way the service was managed. However, there remained significant shortfalls in the governance arrangements which failed to identify and rectify the issues we found at this inspection.

**Inadequate** ●

# 1st Calder Care Ltd

## **Detailed findings**

### Background to this inspection

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

This inspection took place on 7 and 8 August 2018 and was announced. The provider was given notice because we needed to be sure that the registered manager was available. The inspection was carried out by two inspectors. The inspectors visited the agency office on 7 August 2018 and made telephone calls to people who use the service, relatives and staff on 8 August 2018.

Before the inspection we reviewed the information we held about the service. This included looking at information we had received about the service. We also contacted the local authority contracts and safeguarding teams.

We had not asked the provider to complete a Provider Information Return (PIR) prior to this inspection. This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make.

During our visit to the agency office we spoke with the registered manager and the Company Director. We looked at the care records of six people who used the service, four staff recruitment files, training records and other records relating to the day to day running of the service.

We spoke on the telephone with six people who used the service and/or their relatives. We also spoke with four care staff.

# Is the service safe?

## Our findings

At our previous inspection we identified two breaches. These were in relation to safe care and treatment (Regulation 12) in respect of medicines and risk management; and in relation to staff training (Regulation 18) in safeguarding. At this inspection we found improvements to risk management. However, there were continued breaches in respect of medicines and staff training as not all staff had received training in safeguarding. We also identified a new breach in relation to staff recruitment (Regulation 19).

We found medicines were not managed safely. Although some action had been taken to make improvements since the last inspection, the systems put in place were not effective or robust. Printed medicine administration records (MARs) had been introduced and people's care records contained a list of their medicines. However, the details recorded on the MARs and the list of medicines were not always accurate. For example, a handwritten entry on one person's MAR had increased the dose of one medicine from one tablet to two. There was no information to show who had authorised this change or when. The list of medicines in the person's care records showed the dose was one tablet. We asked the registered manager about this and they were not able to provide any explanation as to why or when the dose had changed.

Another person's MAR gave instructions for one medicine to be given twice daily for two days, four times daily for two days and then to be used 'as required'. The medicine had been signed as given once daily throughout June 2018. There was no information to show when this medicine had started. The medicine was not included on the MAR for May 2018, however it was on the MAR for April 2018 but with different instructions for administration. The registered manager was not able to clarify the correct dose. This meant we could not be assured people were receiving the correct dose of medicines.

The registered manager told us the MARs were printed by the office staff every month, however they acknowledged there was no system in place to check that the information printed on the MAR reconciled with the medicines the person was prescribed.

Where people were prescribed 'as required' medicines, there was no guidance for staff about when to give these medicines, the dose, the required time gap between doses or the maximum dose. This was the same as we had found at the previous inspection.

Prescribed creams were included on the MARs, however there were not always instructions as to where the cream should be applied. The registered manager told us they were planning to introduce body maps which would give this guidance but acknowledged these were not in place.

There were gaps on the MARs where there were no staff signatures to show medicines had been administered. We saw key codes were being used that were not explained on the MAR. For example, staff had written WT which the registered manager told us meant 'witnessed taken'. The registered manager said they had told staff they should not be using these codes.

There was no information in people's care records to show who was responsible for the ordering and receipt

of medicines.

We saw medicine audits had been completed monthly by the registered manager. Some issues such as missing signatures on MARs had been identified and addressed with staff. However, the audits had not identified or addressed the other issues we found as detailed above. There were no effective systems in place to check staff's competency to assist people with their medicines. One staff member had a competency record but this did not evidence how their competency was assessed. The registered manager could not locate any other competency assessments for other staff. The National Institute for Health and Care Excellence (NICE) guidance recommends care workers should have their competency assessed annually. NICE guidance provides recommendations for good practice around management of medicines for adults who are receiving social care in the community. We concluded people were not receiving safe care and treatment in relation to the management of medicines. This was a continued breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Following the inspection the provider informed us they had taken action to address the medicine shortfalls identified in this report.

We looked at the recruitment records of staff who had commenced employment since the last inspection. Criminal records checks had been carried out and candidates had attended an interview before they commenced employment and provided proof of identify. However, we found robust recruitment processes had not always been followed. We saw examples where discrepancies and gaps in employment history had not been explored and appropriate references had not been obtained. For example, one staff member employed in February 2018 had only one reference which was not from their last employer and had been obtained in June 2018. Another staff member had worked unsupervised even though appropriate references had not been obtained. This meant the provider could not be sure staff were suitable to work in the care service. The registered manager acknowledged they had not picked up the shortfalls during the recruitment process and agreed to follow these up straight away. This was a breach of Regulation 19 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The registered manager told us there had been one safeguarding incident since the last inspection and records showed this had been referred to the local authority safeguarding team and notified to CQC. However, our review of the training matrix and discussions with staff found not all staff had received safeguarding training, which was an issue we had identified at our previous inspection. Only one of the five staff we spoke with confirmed they had completed the training and had a good understanding of safeguarding procedures. This meant staff were not equipped with the knowledge about protecting people from abuse. This was a continued breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

There had been a high staff turnover since the last inspection in January 2018. The majority of people and relatives we spoke with were satisfied with the staffing arrangements, although two relatives told us the staff changes had been unsettling for their family member. People told us staff usually arrived on time and stayed the full length of the call. Staff we spoke with raised no concerns about the current staffing arrangements although one staff member said the travel time between calls was sometimes tight. Staff told us two care workers were provided when required and they usually visited the same people. One staff member who covered evening calls said the rotas worked well because they had sufficient time with the people they supported. They said there had been some initial teething problems but these had all been resolved. The registered manager discussed a new electronic care system which was due to be operational two days after the inspection visit. They explained the electronic system would be used to plan and monitor staffing. For example, staff would get their rotas via a telephone and the times staff arrived and left a call would be recorded. The registered manager was confident this would enable the service to have more efficient and effective staffing arrangements.



Environmental risk assessments were in place; reviewing areas such as travel and access to the property. One person lived remotely and the risk of travelling in winter had been assessed with management plans in place to make sure the care package continued if weather conditions prevented staff from reaching the property. We saw some improvements had been made in identifying, managing and recording individual risks. Moving and handling assessments gave details of the equipment to be used by staff to make sure people were transferred safely. Other areas of risks to people such as pressure damage to skin, nutrition and falls were identified in a generic risk assessment. However, we found some areas of risk required more detail. For example, accident reports showed one person had experienced falls in April, June and July 2018, yet there was no specific falls risk assessment or support plan in place to manage the risk. The registered manager agreed to review people's care records and where appropriate add specific assessments.

We saw accident and incident reports had been completed and reviewed by the registered manager. However, there was a lack of detail to explain exactly what had happened and what action had been taken as a result. For example, one accident report in July 2018 stated the person had fallen down when they were using the commode and sustained a cut to their leg. There was no information to show whether staff were present when this accident occurred or the circumstances of the fall. The registered manager told us there was no analysis of accidents and incidents but said they would take steps to put this in place.

The service had an infection control policy. Staff we spoke with said they had been given identity badges, a uniform and had access to equipment to help control the spread of infection, such as gloves and aprons.

# Is the service effective?

## Our findings

At our previous inspection we identified a breach (Regulation 18) in relation to staff training as we found significant gaps in training and a lack of documentary evidence to show the training staff had completed. At this inspection although some improvements had been made, we found gaps in training and induction remained. We also identified a new breach (Regulation 11) in relation to the mental capacity act and consent.

The majority of people and relatives we spoke with felt staff were well trained and knew what they were doing. However, two relatives felt some new staff were inexperienced and had not received sufficient training or support before working alone. The registered manager told us all new staff completed an induction which included a period of shadowing more experienced staff. Staff files we reviewed showed an induction had been completed. The induction record showed each area had been demonstrated in one day and assessed on a second day. However, this covered a wide range of subjects such as policies and procedures, medical conditions including mental health, learning disabilities, cerebral palsy, and philosophy and principles of care. This meant very little time could be spent on each topic even though some were complex. None of the staff, some of whom had no previous care experience, had completed the 'Care Certificate', which is an identified set of standards workers adhere to and recommended by Skills for Care who is the body for workforce development in adult social care.

We received mixed feedback from staff about the induction. One staff member said they felt the induction had given them a good introduction to the service and they had completed most of their online training. They said they had covered equipment they would be using, an outline of the care people received, legal responsibilities such as data protection and expectations, for example, to do training. Another staff member did not feel their induction had been comprehensive and felt they would have benefitted from more shadowing opportunities.

Although two staff told us they had received a range of training we found many of the staff had not. We looked at the provider's training matrix, electronic training system and staff files and found a lack of evidence to show staff had received appropriate training and support. The registered manager said they were unsure what training staff had done in the past because records were difficult to locate. They said staff accessed an electronic training system, however, when we reviewed this we saw staff had not completed most of the training sessions which were relevant to their role. For example, one staff member who had been employed for a month had not started any of the training sessions. Neither had another staff member who had been employed since November 2017. A third staff member who had been employed for over a month had only completed moving and handling, medication and safeguarding.

The provider's training matrices showed staff were not appropriately trained. There were two training matrices. One matrix only included seven out of the 12 staff who were employed. None of the seven had completed training in infection control, nutrition and hydration, health and safety, equality and diversity, and mental capacity. Only one staff member had completed COSHH and three had completed safeguarding adults. The second matrix was updated on the day of the inspection. However, this still showed gaps in staff

training. For example, no staff had completed equality and diversity, and only the registered manager had completed infection control, nutrition and hydration, and mental capacity. Only the registered manager and one other staff member had completed health and safety, and only one staff member had completed COSHH.

Although everyone was generally happy with the staffing arrangements we found that staff sometimes worked unsupervised when they had not received appropriate training. For example, one staff member worked unsupervised with people and they had not completed safeguarding training. Another staff member had also worked unsupervised and the registered manager could not locate any evidence to show they had completed any training. This meant the provider did not ensure staff were suitably qualified, competent and experienced. This was a continued breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Following the inspection the provider informed us they had taken measures to ensure staff were completing the training they required for their roles.

Staff told us they generally felt supported by the management team and colleagues and had opportunities to discuss any issues that related to their work. One staff member said they had identified in an appraisal they would like more support around hoisting and had received this which had increased their confidence in using the equipment. Another staff member who had recently started working for the service said they had been told a supervision session was planned. A further staff member said they had not received formal supervision but worked closely with a senior staff member. The supervision matrix showed six out of 12 staff had received supervision between April and June 2018. The remaining six staff had supervision booked in for August 2018.

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 that, 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. For people being supported in the community, who need help with making decisions, an application should be made to the Court of Protection. We checked whether the service was working within the principles of the MCA.

Staff we spoke with said they had not completed training around mental capacity and training records we reviewed confirmed this. Staff understood that people had the right to make decisions about their care and if they did not have capacity to make decisions others should be involved in the decision-making process. They also gave examples where they checked people were happy to receive care on a day to day basis.

We reviewed three people's care records who had capacity to make decisions about their care. Their daily notes showed they made decisions such as what they wanted to eat. All three had consent records in their files but these had not been signed by the person. Two people's consent documentation was blank. Another person's consent documentation had been signed by a relative. The manager said the relative signed because the person was unable to scribe, however, there was no information about this in the person's care records.

The registered manager told us two people lacked capacity and said their relatives made decisions about their care as they had Lasting Power of Attorney (LPA). LPA is a legal document that lets a person (the 'donor') appoint one or more people (known as 'attorneys') to help them make decisions or to make decisions on their behalf. There are two types of LPA; one for health and welfare, the other for property and financial affairs. We looked at the care records for both people. There was no evidence in one person's care

file to show their relative had LPA. There was an LPA in place for the other person's relative, however, this was for property and financial affairs, not health and welfare and therefore did not provide the necessary authority for their relative to make decisions around care provision. This was a breach of Regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We saw evidence that people had access to healthcare services. Communication records showed staff had consulted with GPs, district nurses and social workers. One person's care record showed staff had contacted health professionals when a medicine error was made and had followed advice which ensured the person did not suffer harm or any adverse effects. One relative told us how staff had been prompt in identifying their family member was becoming confused. They said the staff had obtained a urine sample which had identified the person had a urine infection and this was then treated.

People's nutritional needs were met. Care plans showed the support required with eating and drinking. For example, one person's care plan stated they used specialist equipment to drink. Staff told us before they left their visit they made sure people had access to food and drink.

The registered manager told us they visited and assessed people's needs before the service commenced and this was confirmed in the care records we reviewed.

## Is the service caring?

### Our findings

People who used the service were complimentary about the staff and the care they provided. One person told us, "(Staff) are all very good. They turn up on time and do what they need to do and extra if I ask them. I'm very happy with them." Another person said, "The carers are very good with me."

Relatives also spoke positively about the staff. One relative said, "(Family member) likes the carers who come. (Family member) has a bit of banter with them and a laugh, they seem to get on well." Another relative told us the staff were 'generally pretty good'. A further relative described the staff as 'fantastic'. They said, "I can't praise them enough. They're very patient with (family member), sit and chat and don't rush."

People told us staff treated them with respect and maintained their dignity. One relative commented, "(Staff) are good like that, especially with toileting and showering. They make sure (family member) is all right and then wait outside the door to give (family member) their privacy. Then go back in to help when (family member) is ready."

Staff we spoke with gave examples of how they promoted people's privacy and dignity. For example, one staff member said, "I always make sure I cover people during personal care and check they are comfortable." They also said they had discussed the importance of respecting people's wishes around gender preferences. However, we found gender preferences were not always met. Relatives of one person told us their family member required two staff for each call. They said the family member preferred female care staff to attend the morning call when they were assisted to bathe. They said this meant the female staff member had to bathe the person alone while the male staff member completed tasks in the kitchen.

Staff were confident the service was equipped to meet people's individual needs, for example, sensory impairments and cultural needs. One staff member gave an example where one person's hearing had recently deteriorated. They said this had been highlighted to the person and their family and they had got equipment they needed.

People's care plans contained some basic information about their individual needs and preferences. For example, we saw they recorded people's religion and ethnicity, and statements such as 'respect my wishes at all times'.

## Is the service responsive?

### Our findings

At our previous inspection we identified a breach (Regulation 9) in relation to person-centred care as care records lacked detail about the support people required from staff. At this inspection we found these concerns remained.

We reviewed people's care records. Each person had an assessment to show their care needs had been assessed. Care plans contained basic information but there was a lack of detail to guide staff during care delivery and some aspects of people's needs were not included in their plan of care. For example, one person's care plan stated that they required assistance with continence management but there was a lack of guidance around how staff should provide the support. They were at risk of pressure sores but there was no information to show what pressure relieving equipment was in place and what checks staff should carry out. Another person's care plan was not up to date and there was insufficient detail for staff to know what support was required on each call. For example, the care plan stated staff were to assist the person with their medicines, yet the registered manager told us this no longer happened. A risk assessment identified the person may display challenging behaviour towards staff when they were providing support, yet there was limited guidance for staff in how to manage this situation.

Staff completed daily communication records at each visit, however, these were not always detailed and sometimes tasks were included which were not agreed through the care planning process. For example, staff recorded, in one person's daily notes, they left medicines out for the person for the following morning and medicine was taken before staff arrived. However, the person's care plan stated staff were responsible for administering medicines. This was a continued breach of Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

People had information in their care records that identified who was responsible for ensuring the person received appropriate care. For example, one person's relatives managed the person's medicines, assisted with showering and provided meals.

The registered manager told us none of the people who used the service were receiving end of life care. The registered manager said they would ensure that anyone who required end of life care would be supported to discuss their wishes with the involvement of anyone else they wished to be present such as their family, friends or advocate.

Details of the service's complaints procedure was contained in the service user guide which people were provided with when the service commenced. People and relatives we spoke with knew how to raise any concerns. The registered manager told us they had not received any complaints since the last inspection. However, our discussions with relatives and review of care records found two complaints had been made. A relative told us of concerns they had raised about the actions of a care worker who was supporting their family member which they had reported to the registered manager. We saw another person's records showed concerns had been raised around a staff member failing to provide appropriate care which included missed medications. The registered manager had taken action in response to these complaints but this had

not been formally captured on the complaints record. This meant they did not have an effective system to identify patterns and trends, and monitor the number of complaints that had been received. This was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

# Is the service well-led?

## Our findings

At our previous inspection we identified a breach (Regulation 17) in relation to governance as there were no quality assurance systems in place to assess and monitor the quality of service people received or identify where action should be taken. At this inspection we found audits had been put in place, however, these were not always effective in identifying or addressing issues as evidenced by the regulatory breaches cited in this report.

A new manager had been appointed following the last inspection and was registered with the Commission. The registered manager had worked hard to make improvements to the service including putting new quality audit systems in place. This included spot checks of staff practice and reviews of medicine administration records (MARs) and daily records. The registered manager told us they audited people's daily records and MARs when they were returned to the office at the end of every month. However, when we asked to look at one person's records for June 2018 we were told these had not been returned to the office so were not available. We saw completed audits of other people's MARs and daily records identified no concerns, although when we reviewed these records we found shortfalls. For example, one person's daily records showed staff had administered pain relief and a laxative, neither of which were prescribed on the person's MAR. This meant the provider was not monitoring people's care in a timely way, and they were not operating their monitoring system effectively.

The registered manager told us spot checks were carried out by senior workers to check the quality of care delivery. We saw examples of these in the records for people who used the service. We saw one person had been with the service since December 2017. In their care file there was only one spot check record which had been completed in July 2018. We asked the registered manager if there had been any other spot checks carried out for this person and they said no. They confirmed there was no system in place to show when spot checks should be carried out or to monitor that they had been completed.

The registered manager had implemented new policies and procedures. However, we found that these were not always being followed. For example, the recruitment policy identified gaps in employment were to be explored at interview and two written employer references were to be received, including one from the last employer. Our review of staff recruitment records evidenced this had not been done for some employees. Similarly guidance in the provider's medicine policy was not implemented.

The registered manager told us they worked closely with the Company Director who provided them with supervision and appraisal. They confirmed there were no audits carried out by the Company Director to monitor and review service delivery.

People received a letter when they commenced their care package. The letter said a summary of the latest service user satisfaction survey was enclosed. However, when we asked to look at the survey summary we were told this was not available. The registered manager said they had asked people to complete surveys but only a few had been returned. The registered manager located two returned surveys; these provided positive feedback about people's experience. A staff member told us they had seen blank surveys in people's



houses but was unsure if these had been explained to people.

We concluded the above evidence demonstrated a continued breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The majority of people and relatives we spoke with were happy with the management of the service. Comments included; "Nothing to improve from our point of view. Can't fault them" and "It's all very good for me." One relative told us they found the service provided was 'flexible and responsive'. However, others were concerned about the leadership culture and the continued turnover of staff saying, "Last year the service felt solid, this year it doesn't. It feels fragile." All the people we spoke with knew the registered manager and felt she had made some improvements to the service such as improved moving and handling training for staff.

Staff we spoke with said they received appropriate support from the management team. One staff member who had worked at the service for six months said the registered manager had made real improvements. They also told us they used public transport, and sometimes the Company Director picked them up to help with travel. They described the management team as 'brilliant'. Another staff member who had just started working at the service said they had shadowed the senior worker who had provided 'excellent support'.

We saw minutes from staff meetings held in March, May and August 2018 where topics such as medicines, rotas and on call arrangements were discussed.

The registered manager discussed a new electronic care system that was being implemented and due to commence two days after the inspection visit. They said this covered care delivery and staffing, and staff would receive basic information about the tasks they had to complete during calls and record their visits electronically. The registered manager was confident this would enable the service to improve their monitoring processes.

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 11 HSCA RA Regulations 2014 Need for consent  Care and treatment had not always been provided with the consent of the relevant person. Regulation 11 (1)

Regulated activity	Regulation
Personal care	Regulation 19 HSCA RA Regulations 2014 Fit and proper persons employed  Recruitment procedures had not been established and operated effectively to ensure that persons employed were of good character and had the qualifications, competence, skills and experience which are necessary for the work to be performed by them Regulation 19 (1)(a)(b)(2)

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 9 HSCA RA Regulations 2014 Person-centred care  The registered person had not designed care or treatment with a view to achieving service users' preferences and ensuring their needs are met. Regulation 9 (3)(b)

### The enforcement action we took:

Warning notice

Regulated activity	Regulation
Personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment  Service users were not provided with care and treatment in a safe way in relation to the proper and safe management of medicines. Regulation 12 (1) (2) (a) (b) (c) (g)

### The enforcement action we took:

Warning notice

Regulated activity	Regulation
Personal care	Regulation 17 HSCA RA Regulations 2014 Good governance  Systems and processes were not established or operated effectively to assess, monitor and improve the quality of the services provided. Regulation 17 (1) (2) (b)

### The enforcement action we took:

Warning notice

Regulated activity	Regulation
Personal care	Regulation 18 HSCA RA Regulations 2014 Staffing  Staff employed by the service provider in the provision of the regulated activity had not received appropriate support, training and professional development as is necessary to

enable them to carry out the duties they are employed to perform Regulation 18(2)(a)

**The enforcement action we took:**

Warning notice