

Westhome Care Services Limited

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Inspection report

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Date of inspection visit: 18, 23 and 25 September 2015
Date of publication: 03/12/2015

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



Overall summary

This inspection took place on 18, 23 and 25 September 2015 and was announced. We last inspected the service on 13 August 2013. We found they were meeting all the legal requirements we inspected against.

Westhome Care Services Limited provides personal care for people living in their own homes. At the time of the inspection they were supporting 131 people (some of whom were living with dementia) living across Sunderland and South Tyneside.

The service had a registered manager. 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.

Medicine administration records were not always completed. This meant that it was not always possible to

Summary of findings

see whether medicines had been administered. People's care plans did not list their medicines. It was not always clear from the plans what kind of support they needed with their medicines. There was no guidance for staff to follow when supporting people with 'when required' medicines.

Risks to people's health were not always fully assessed. Some care plans referred to people's particular health needs but did not set out how they should be mitigated. Where risks were identified for staff to monitor, there was no evidence that this was being done. We did not see any evidence of initial moving and handling assessments being completed.

There was no safeguarding policy in place. It was not clear how people were made aware of how to report possible concerns. Staff were trained in safeguarding and had a good working knowledge of possible types of abuse and how to respond. Safeguarding incidents were investigated and action plans were created but it was not always clear that remedial action had been taken.

The recruitment policy specified that staff had to obtain a Disclosure and Barring Service (DBS) check and provide two references before beginning work. We saw that staff started before these were in place. When staff started in post prior to receipt of satisfactory employment checks, they were always supervised or risk assessed.

People told us that there were enough staff employed to support them. There was not always continuity of staff and they were sometimes late. People said that when appointments were missed or staff were running late communication from the service was poor. Staff told us that they had enough time to support people.

Staff received mandatory training in areas such as moving and handling, emergency first aid, infection control and safeguarding. We saw that some staff were overdue mandatory training or had never completed it. Staff did not receive training in specialist areas of care, such as pressure care or skin integrity.

The service had a policy of annual appraisals and supervisions of staff every four months. We saw that staff did not always receive them. Where supervisions had taken place and staff had raised an issue remedial action was not always taken. Staff told us that they felt confident to raise issues with management.

People said they felt supported with their food and nutrition. Where people had specialist dietary requirements these were recorded, but we saw that they were not always acted on.

There was no evidence that capacity assessments had taken place or any formal record of decisions being made in people's best interest.

Some people's care plans showed that they were receiving support in specialist areas from external professionals such as occupational therapists. However, some people with the same support needs had not been referred to such professionals.

People told us that not all staff were caring. They told us that they were often supported by staff they had not met before, which made them feel that staff did not know them or how to support them. People said that when appointments were missed or staff were running late communication from the service was poor.

Care plans were not always written in a person-centred way. It was not always clear from care plans what level of support people needed or had requested. Not all care plans contained information about people's background or personal preferences.

The service had a complaints policy, but this only related to written complaints. There were no records to show that investigations of complaints occurred or remedial action taken. Where people told us that they had raised concerns with the service this had not been recorded.

Audits of care plans relied on people, some of whom were living with dementia, filling in a questionnaire to tell the service that their support needs had changed. People were supposed to be sent a questionnaire twice a year, but we saw that some people's audit questionnaires were overdue.

We were told that staff meetings took place but that the last one was held in June 2014. It was not clear how the service sought feedback from staff who had not received supervisions or appraisals, or how any feedback given was used to improve the service.

The registered manager did not always understand their responsibilities to make notifications to the CQC. We saw that we had not been told about some relevant matters.

Summary of findings

You can see what action we told the provider to take at the back of the full version of the report.

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.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was not safe.

Risks to people were not always fully assessed, and care plans did not always contain details of risks arising.

There were gaps in medicine records, care plans did not always contain guidance on how people should be supported with medicines and there was no guidance for staff on the use of 'as and when required' medicines.

Some staff started work before proper employment checks had been carried out.

Inadequate



Is the service effective?

The service was not effective.

Staff had not always completed mandatory training and did not undertake specialist training, which meant they did not always have the skills to support people.

Staff did not always receive supervisions or appraisals.

Care records did not contain details of people's mental capacity.

Requires improvement



Is the service caring?

The service was not always caring.

People had a high turnover of staff which meant it was not always possible to form positive, caring relationships.

Staff were often late to appointments and sometimes did not attend without notice.

When staff did attend people were treated with dignity and respect.

Requires improvement



Is the service responsive?

The service was not always responsive.

Care and support were not always planned or delivered in a personalised way.

Complaints were not always investigated and remedial action was not always taken.

Requires improvement



Is the service well-led?

The service was not always well led.

The service relied on people carrying out their own audits of care plans, and had no system in place for monitoring when this wasn't taking place.

Inadequate



Summary of findings

The service did not operate an effective system for gathering feedback from staff or people using the service.

The registered manager did not always make notifications that were required to the CQC.

Westhome Care Services 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 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 18, 23 and 25 September and was announced. The provider was given 48 hours' notice because the location provides a domiciliary care service and we needed to be sure that someone would be at the office to support the inspection.

On 18 September 2015 the inspection team consisted of two adult social care inspectors. On the 23 and 25 September the inspection team consisted of one adult social care inspector.

Before the inspection we reviewed the information we held about the service. This included the notifications we had received from the provider. Notifications are changes, events or incidents the provider is legally required to tell us about.

We spent time at the office location and were supported by the registered manager and a director from the provider during the inspection. We met and spoke with the training manager, two care co-ordinators and two carers. We spoke with another carer on the telephone. We contacted 75 carers by email and received three responses.

We reviewed seven people's care records including medicine records. We looked at six staff files including competency, training and supervision. We viewed six staff recruitment records and viewed management records for the service.

We spoke with eight people who used the service on the telephone and two relatives.

Is the service safe?

Our findings

The director told us that risks to people were assessed when their care package was put together and was recorded in care plans, along with any actions needed to mitigate risk. They said that assessments were undertaken by either the care co-ordinator or the training manager. We looked at care plans and saw that risks were not always fully assessed.

In one care plan, a person was identified as, ‘COPD – shortness of breath – carers to put on oxygen if required’. There were no instructions on how the person’s breathing should be monitored, if there were any triggers for staff to look out for or if any actions should be encouraged or discouraged to mitigate the risk. The care plan contained no information on how the person’s oxygen should be used or any recordings to suggest that it had been. Elsewhere in the same care plan, the person’s personal care needs were described as, ‘...each day is different due to breathing issues’. The plan contained no description of how breathing variations should be assessed, monitored or recorded and no description of how it would vary the support needed. In another care plan the person was identified as suffering from pressure sores ‘occasionally’ and staff were instructed to, ‘check...for pressure sores from time to time’. There was no information on how this should be done, how often or any record of whether it was being done. In another person’s care plan, an assessment stated, ‘...may flinch when care workers are washing lower half’. There was no assessment of causes of the flinching or whether the person was in pain, or any guidance for staff on what to do if the person did flinch. A relative of another person said, when talking about how staff used a hoist to help that person move, “They don’t know what they’re doing. They [the person] shout in pain because they don’t know how to use the hoist”.

We asked the registered manager and director about the care plans, and the director said, “Some are more detailed than that. We know that they need looking at. They’re not looking at risk as well as should be. We’re looking at care plans”.

Care plans recorded whether a person was taking medicines but did not document what those medicines were. This meant that it was not possible to see whether the support being offered to people remained suitable or to monitor any changes in their prescribed medicines. Care

plans contained an ‘Assessment of Medication’ but these did not always contain information on how support should be delivered. One person was described as needing, ‘level 3 support’ but under the ‘medication procedure’ instructions all that was recorded was, ‘Carers must monitor and make sure [the person] taken medication and report any problems to office’. Another person’s ‘medication procedure’ stated, ‘Carers must ensure that medication is taken’. It was therefore unclear how people’s medicines should be safely and properly managed.

We saw there was contradictory information in relation to people’s medicine administration plans. One person’s visit requirements stated ‘prompt medication’ and ‘cream legs and groin area if required’. The specific instruction for staff stated, ‘carer to open medi-pack for [person] then prompt to take medicine.’ There was no detail in relation to the application of cream and when the person may need to have it applied. Further information in the management of continence plan stated the person was prone to pressure sores and ulcers so needed cream to be applied daily. It was therefore unclear whether the person needed their medication daily or only if required. This meant that they may not have been getting their medicine when they needed it.

The service used ‘Medication Prompts’ sheets to record when service users had taken medicines. They did not specify which medicines had been administered. Some sheets contained blank entries which meant it was not possible to see whether medicines had been administered at specified times. Two people’s sheets had blank entries on 17 different days over a three month period. One relative said, “Carers don’t know how to fill [medicine chart] in. I have to sit down with the girls and show them how. Girls not getting told anything by Westhome”. The service had a, ‘Medication Quality Policy Statement’. The policy did not contain any guidance on the use of ‘as and when required’ medicines or any guidance on how to assess when service users needed their medicines. This created a risk that ‘as and when required medicines’ were not being properly managed. We asked the registered manager and director about the management of medicines. The director said, “There’s no excuse. Some may have written things on care notes”.

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

Is the service safe?

The service did not have a safeguarding policy and investigations of incidents were not always fully recorded. This meant we could not see how the service was dealing with concerns. Staff were trained in safeguarding but did not always follow procedures to protect people from possible abuse. In one case, staff had not reported alleged abuse of a person. When the service eventually became aware of the allegation the registered manager did not inform the relevant authorities as soon as reasonably possible. This meant that there was a delay in steps being taken to safeguard the person from possible abuse.

Safeguarding incidents were investigated and action plans were created but it was not always clear that remedial action had been taken. One investigation had resulted in an action plan requiring, 'Interview agency staff...and take appropriate action', 'Care plans to be re-investigated in home and ensure staff understand them', and, 'Financial sheets to be investigated in home and ensure staff understand them'. The timescale for the actions was recorded as, 'ASAP'. We could not find any evidence that the actions had been completed. The director told us that they had been but may not have been fully recorded.

This was a breach of Regulation 13 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Application forms and interview records were used in the recruitment of staff. Application forms did not request any information with regard to a person's previous personal caring responsibilities. This meant we were unable to assess the criteria the provider used for inviting applicants to attend interview. Interviews included scenario based work questions where applicants were asked what action they would take in response to situations. For example, a person being emotional; working with a colleague who didn't follow infection control regimes and what would you do if you found a person who was unwell during a visit. Application forms asked for the details of two referees. Staff

files did not routinely contain two references. One person's staff file did not contain any references or an interview record; they did have a contract of employment which specified a start date but the contract had not been signed.

We checked the start dates for staff against the dates references were received. We found that staff routinely commenced in post before the receipt of references. The reference request letter stated 'could you please respond as soon as possible as the applicant is unable to commence employment until we are in receipt of suitable references.' We saw that the training manager signed staff contracts. We asked them whether staff started in post before the receipt of references. They said, "Yes, sometimes we get people in before references to do their training so that's probably what happened." We saw that some people commenced in post before receipt of completed DBS checks. We asked the director about this, who said, "They always go out with a senior carer. Co-ordinators would go out if necessary if we were short". The staff rota showed that two members of staff without DBS clearance had worked alone with people. We saw no evidence that staff starting in post prior to receipt of satisfactory employment checks had been risk assessed. This meant that people were being supported by people who may not have been suitable to work with vulnerable people.

This was a breach of Regulation 19 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

There were enough staff to support people safely. The director told us that staffing levels were based upon dependency and were assessed at the time a support package commenced. They said, "When I go out to speak to clients I discuss how many carers they need. If there is a care package of four visits a day they will usually be assigned six main carers." At the time of the inspection the service employed 75 carers. One member of staff said, "I think there are enough staff. We have enough time with people. If we arrive on call and it runs over we phone the office and they extend it and we also review to see if it needs extending longer term".

Is the service effective?

Our findings

We looked at records of appraisals and supervisions. The appraisal and supervision policy stated, 'In order to identify any shortfalls in competences and training needs, to allow staff to identify their own progress within the job and to deal immediately with any issues that staff may come across whilst working with service users, all staff must attend three monthly supervision sessions as from the day they start and also have an annual appraisal.' We saw no evidence of this and therefore conclude that the provider was unable to meet the requirements of their own policy and procedure.

Staff were not routinely receiving supervision and appraisal. These are a means for management to assess staff competency and knowledge in the delivery of their role. One staff file recorded that the staff member had received one supervision since their start date in March 2015. Another staff member had been in post since August 2012. We saw they only had two recorded supervisions. One was from October 2012 and the other July 2014. This staff member had an appraisal which was dated 24 June 2014. Where reference was made to last year's appraisal objectives and targets the comment was 'N/A.' 46 members of staff had received no supervision or appraisal in 2015, despite them being scheduled. This meant that management were not routinely assessing staff competence and knowledge.

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

There was an overall training matrix to allow the service to monitor staff completion of training. The registered manager told us mandatory training required updating every three years. Mandatory training covered areas such as 'Moving and Handling People Safety', 'Health and Safety (including Fire Safety)', 'Handling Medication', 'Safeguarding' and 'Mental Capacity'. Staff had an 'Individual Training Record' which recorded training undertaken, the name of the provider and the completion date. The records showed that six members of staff were overdue mandatory training. One member of staff had not undertaken medicines training since 2006 or safeguarding training since 2009. Two members of staff had never

received mandatory training in areas including safeguarding, medicines training and mental capacity. One staff file showed that they had not attended induction training.

Some staff had documents asking questions to test understanding of induction, safeguarding, moving and handling and medicines. We asked the training manager about these. They said, "We sit in a classroom setting with power point and things and go through the questions, it isn't a test or anything, we do it together. If I think they are competent that's fine, if not I would get them back into the office." We saw no evidence of an assessment of competency on any of these questionnaires.

We saw in care records that some people needed care with behaviour that may challenge; continence care; pressure sore care and Parkinson's disease. We asked the training manager whether the staff had received training in these areas of care. They said, "No, no. If it was needed it could be arranged. We've had the district nurse come in before and visit houses and deliver things." This meant that staff were providing support without having relevant training or their competency assessed in specialist areas.

We asked the registered manager and director about training. The director said, "We are starting to get tough. It used to be that we couldn't take people off their work if they missed training but now we're dealing with it. I'm now freed up to deal with it. They do specialist training, for example in dementia. The problem is that staff don't always want to do it. We are looking at all of the courses as we know our courses only give an overview and it's good to have external help."

The Care Quality Commission (CQC) is required by law to monitor the operation of the Mental Capacity Act 2005 (MCA) including the Deprivation of Liberty Safeguards (DoLS), and to report on what we find. MCA is a law that protects and supports people who do not have the ability to make their own decisions and to ensure decisions are made in their 'best interests'. We saw no evidence of the assessment of capacity or any formal record of decisions being made in people's best interest. Where documents required a signature from people it was often recorded as 'UTS.' This meant unable to sign or it had been signed by a relative as a record of consent with no information as to whether the relative had formal consent via a lasting power of attorney or not. The training manager acknowledged that next of kin cannot give formal consent to care or

Is the service effective?

treatment without a Lasting Power of Attorney decision in place. We asked the registered manager and the director about this and the director said, “We see that we need to record this. We rely on the local authority to tell us if there is an issue with capacity when a package starts, but we should record this”. We asked the local authority if anyone using the service lacked capacity to consent to care. We were told that no-one lacked capacity to consent. We concluded that the principles of the Mental Capacity Act 2005 were being followed.

The service supported some people’s food and nutritional needs. The director said, “We have one person who has thickener in their food but her [relative] takes care of her food”. The care plan documented this and confirmed that the person’s relative was responsible for their food. In

another care plan the person was identified as a diabetic and staff were instructed to ‘monitor intake of sugar’. There was no information on how this should be done, how often or any record that such monitoring was taking place.

Care records contained some evidence of people being referred to external professionals. One person had a speech and language therapist report for swallowing difficulties (dysphagia). Another person had an occupational therapist report. Care records contained no evidence that people were receiving ongoing support in relation to continence care, support with moving and handling and mobility; pressure area care and skin integrity. These assessments are important to ensure that people are supported to maintain their health. The director said, “We don’t have that many people with external involvement”.

Is the service caring?

Our findings

People and family members gave us mixed views about the staff providing their care, some of which were positive. Some people told us that a lack of continuity of staff supporting them made it difficult to develop positive, caring relationships. One person said, “Some carers are alright, others just don’t seem to care...some carers know what I want but others don’t...I don’t think carers have enough time. They seem to have a good day when they’re working together but then they split them up. It makes me feel like I’m not considered...I’m supposed to have the same carers but they can never guarantee it”. The person’s relative said, “They just take people out and put different people in...got to tell them everything over and over again”.

Another person said, “I’m not happy with the care. The carer I have now is very good and is always on time, or contacts me if stuck in traffic. But a while ago during their holidays I was getting all sorts of carers at all sorts of times...It is difficult as they get to know you and the house and then it changes...Now I’m back to normal and carers know what they’re doing, they know me and what I need.” Another person said, “They are mostly good but one or two aren’t good. There are some that stay here and talk to me...They’re nearly all caring, but the odd one or two doesn’t have time as they have to get to the next appointment and they don’t have time to travel between appointments.” Their relative said, “The girls are okay. They all like my [relative] and have a chat with them”. Another person said, “It’s very, very good. They provide excellent care...They have time to give excellent companionship. It’s always the same carer and I have no issues – it’s perfect”.

Three people and two relatives told us that appointments were often missed without them being given notice, or that

staff attended late. One person said, “It’s quite good care except at times they miss me. It’s happened a few times and I have to phone to tell them”. Another person said, “I feel awful as they are all canny but some of them do come late and don’t stay for the full time”. Their relative said, “They’re late every day. Once or twice they’ve let us know. I have to ring up to ask where they are. The times are getting a little bit better. I checked [yesterday] and they hadn’t been. My [relative] is happy but I don’t think it is right. Westhome are astonished that the girls aren’t there.”

People and their relatives did not always feel involved in decision making or planning. One person said, “I can’t remember ever being asked for feedback or my opinion”. Another said, “I have never been asked for feedback”. Another said, “When I phone [about staff not attending] they say they’ll try and get someone out but they never phone me back”. One relative said, “We were promised a review when we first started with them but it never really happened. Every time I ring up with problems it’s the same thing.” Another person said, “Sometimes, every now and again, the supervisor comes out and asks question”.

Care plans did not always contain information about how privacy and dignity should be maintained. One person’s care plan stated that the person was nursed in bed and did not wear any clothes and the person required the support of two staff for all transfers and personal care. There was no detail recorded on how to maintain the person’s privacy and dignity whilst providing the care. People said that they were treated with dignity and respect. One said, “They always look after your privacy by shutting doors and curtains and things like that”. Another said, “They’re very kind, they always treat me with dignity and respect”. A third said, “When they come in to help they shut the blinds straight away so they look after privacy”.

Is the service responsive?

Our findings

Three care plans we looked at showed that people received support from the service before their needs were assessed. One person had a date of assessment recorded as 27 August 2014, the date the service commenced was 20 August 2014. The person's care plan date was recorded as 1 September 2014. This meant staff were caring for the person with no care plan or assessment to follow for at least one week. This same person had an assessment of need which stated they needed a hoist to transfer and the person's profile bed was used to turn the person onto their side. There was limited detail recorded on how to support the person with either transfers or re-positioning. This left the person and the staff at risk. Another person had a date of assessment recorded as 21 July 2014 and the date the service commenced was 23 February 2014. This meant that staff were caring for the person with no care plan or assessment to follow five months. This same person had an assessment of need which stated they used a hoist, 'for all transfers'. There was no detail recorded on how to support the person with either transfers or re-positioning. This left the person and the staff at risk. We saw one person's care notes recorded that the care provided included, 'night bag attached' and on another occasion, 'urine bag emptied.' We checked the care plan and found no information in relation to this person needing to receive catheter care. This meant care plans had not been kept up to date in response to people's changing need.

We asked staff how they knew what care and support people wanted and needed. One member of staff said, "People's likes and dislikes are in the care plans, but we also communicate with them. Most of them are capable of letting you know what they like and dislike". Another said, "Preferences and what people want are in the care plans". We asked people if staff knew what care and support they needed. One person said, "Carers don't look at the care

plan before they help, they just sign it when they're done". Another said, "I have asked numerous times to have time sensitive calls because of [medicines] so need carers to be time sensitive. I managed to get through to Westhome a couple of times and nothing was done about it". Another said, "Carers don't always know what I need help with. I asked one for help to wash, but they said my plan said only my hands and feet down to be washed."

This was a breach of Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The service did not always effectively respond when people raised issues or complained. The service had a complaints policy, but this only related to written complaints. One person had a service user review form which stated they were unhappy with care as the night carer hadn't turned up. It recorded [staff member] had fallen asleep and overslept. There was no record of any action taken to ensure the person received support that night, or any action taken to prevent it happening in the future. Another person's review form stated that the person had a lot of missed calls. We saw no evidence of how this was being investigated and managed to prevent further occurrences. One person complained about missed appointments in June 2015. Minutes from a meeting held to discuss the complaint recorded, '[director] explained that I had investigated...I also informed her that I would be carefully monitoring the care package'. The director told us that this was the case but we saw no evidence of this being done. One person's relative said, "When I put a complaint in I feel like they were taking the mickey out of me". Another person's relative said that when they had problems, "We tell Westhome about it and they say it's fine but it doesn't get through. I haven't made an official complaint as you get nowhere with them".

This was a breach of Regulation 16 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Is the service well-led?

Our findings

The service used an electronic system called 'Care Free' to record and monitor quality assurance audits. We were told that audits of care plans took place twice a year. This involved people being sent a 'Quality Assessment' questionnaire to ask if any changes were needed in their support package. We asked the registered manager if any further audits or checks took place if no changes were noted, or if people did not send the questionnaire back. We were told that no further audits took place. This meant that people's care records were not being audited if they did not respond to the questionnaire. We checked the 'QA Schedule by client'. 37 care plan audits were overdue, one since January 2015. This meant that there was a risk that care plans had not been kept up to date in response to people's changing need.

The 'Quality Assessment' questionnaire asked questions about the overall performance of the service. These included, 'Does your carer arrive on time?', 'Does your carer stay his/her allotted time?', 'Have you ever a) needed to contact the office and b) was your query dealt with satisfactorily?'. We asked how these were monitored if people did not send questionnaires back and the registered manager told us that no other audits took place. Where people told us they had informed the service about staff attending appointments late or missing them we did not find any evidence that this had been recorded, investigated or acted on.

'Care Free' was also used to organise staff supervisions. The service had a policy of annual appraisals and supervisions every four months. We were also told that staff received five unscheduled spot checks every year. We checked 'QA Schedule by carer'. Where people had raised issues in supervision, there was no evidence that management had taken remedial action. Minutes from the supervisions of

one member of staff showed that they had requested more medicines training in two successive supervisions. There was no evidence of this in the 'Care Free' system and no evidence to show what, if any, remedial action had been taken to support the member of staff. The registered manager said, "I'm aware we're behind so where people have a review and an appraisal we did the appraisal so the review would show as undone but the appraisal is much more in-depth". The director said, "We are a bit behind at the moment as I've been waiting to do them myself to raise issues with staff".

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

We saw that there were records relating to safeguarding allegations that had not been reported to CQC. The incidents had reached the stage of a police investigation or investigation by the local safeguarding authority. We asked the registered manager about their responsibilities to make notifications. They said, "I would make notifications is something was established."

This was a breach of Regulation 19 of the Care Quality Commission (Registration) Regulations 2009. We are taking action about this outside of the enforcement process.

Policies were in place with issue numbers and issue dates of January 2015; review dates were recorded as 2017. We noted that policies referred to outcomes in the Health and Social Care Act 2008. No update had been added in relation to the Health and Social Care Act 2014. The registered manager told us that they always tried to monitor changes to the law.

Staff were positive about the culture and values of the service. One said, "The culture is to support people to do what they can't do, to help them keep their independence and to stay at home". Another said, "It is a very happy company and the management are brilliant".

This section is primarily information for the provider

Action we have told the provider to take

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

Regulated activity	Regulation
Personal care	<p>Regulation 9 HSCA (RA) Regulations 2014 Person-centred care</p> <p>Care plans were not always in place before support began and did not always contain enough information to allow staff to deliver person-centred care. Regulation 9(3)(a) and (b)</p>
Regulated activity	Regulation
Personal care	<p>Regulation 13 HSCA (RA) Regulations 2014 Safeguarding service users from abuse and improper treatment</p> <p>The service did not operate effective systems to investigate alleged abuse. Regulation 13(3)</p>
Regulated activity	Regulation
Personal care	<p>Regulation 16 HSCA (RA) Regulations 2014 Receiving and acting on complaints</p> <p>The service did not operate a system to identify, receive, record, handle or respond to complaints. Regulation 16(2)</p>
Regulated activity	Regulation
Personal care	<p>Regulation 17 HSCA (RA) Regulations 2014 Good governance</p> <p>Audits of care plans did not always take place, and the service did not operate an effective system for gathering feedback from staff or people using the service. Regulation 17(2)(a)</p>
Regulated activity	Regulation

This section is primarily information for the provider

Action we have told the provider to take

Personal care

Regulation 18 HSCA (RA) Regulations 2014 Staffing

Staff did not receive regular supervisions and appraisals to monitor their suitability for their role. Regulation 18(2)(a)

Regulated activity

Regulation

Personal care

Regulation 19 HSCA (RA) Regulations 2014 Fit and proper persons employed

Some staff started work before proper employment checks had been carried out. Regulation 19(2)

This section is primarily information for the provider

Enforcement actions

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

Regulated activity	Regulation
Personal care	<p>Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment</p> <p>People's needs were not always fully risk assessed, and care plans did not always contain details of risks arising. Regulation 12(2)(a) and(b)</p> <p>There were gaps in medicine records, care plans did not always contain guidance on how people should be supported with medicines and there was no guidance for staff on the use of 'as and when required' medicines. Regulation 12(2)(g)</p>

The enforcement action we took:

We are taking enforcement action and will publish this when the inspection process is complete.