

## Firstpoint homecare

# Firstpoint homecare Bristol

## 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?

Good



Is the service responsive?

Requires Improvement



Is the service well-led?

Inadequate



## Overall summary

We carried out an announced inspection of this service on 14 January 2015. The last inspection was in July 2014 and two breaches of regulations were found. These related to a lack of effective care plans and risk assessments to keep people safe and the provider did not have an effective system in place to identify, assess and manage risks to the health, safety and welfare of people using the service and others. During this inspection we found not all the required improvements had been made to meet the requirements.

Firstpoint Homecare Bristol provides personal care to people in their own homes. At the time of our inspection there were 48 people being supported by the service.

A registered manager was not in post at the time of the inspection. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act and associated Regulations about how the service is run.

# Summary of findings

People did not always receive safe care. This was because some visits to people were late and some visits had been missed.

People said they felt safe and well looked after by their care workers. One person told us “safe, yes. For me what is good is that they always arrive wearing a uniform. I know instantly who they are even if I haven’t seen them before, and so I don’t worry about letting them in. New carers always introduce themselves.”

The senior management team told us they had a rolling programme of recruitment for care workers, although they stated they did currently have sufficient numbers of staff to undertake the current level of contracts. The provider was currently recruiting a new branch manager and office member of staff.

Not all risk assessments gave guidance for staff to follow. This was because some people had no risk assessments in place and many had not been updated. Therefore staff did not have full and up to date information to ensure people were kept safe and protected from harm.

People’s care files did not always record their care and treatment as some care plans were not in place in people’s homes. Many care plans had not been updated to reflect the person’s current circumstances that could result in people’s needs not being met by staff.

People were protected from the risks associated with cross infection. The staff followed the Department of Health infection control guidelines. Staff used personal protective equipment (PPE) such as aprons and gloves when required to reduce the risks of cross infection when assisting people.

The provider had ensured that staff had the knowledge and skills they needed to carry out their roles effectively and ensure people were safe. Staff had completed their

safeguarding adults training to ensure their knowledge was current and in accordance with current guidance. An electronic system was in place to alert the senior manager when training was required.

Staff had training in the Mental Capacity Act 2005 and had a good understanding of the processes to be followed to ensure decisions were made in people’s best interests. This information was correctly recorded to help protect people’s rights.

There were positive and caring relationships between staff and people at the service, we saw this when we went to visit some people in their own homes. People praised the staff and told us they provided a good standard of care even when they were very busy.

Some people’s care records demonstrated their involvement in care planning and decision making processes as some people had signed their documentation. However some people told us reviews did not take place.

Staff meetings did not take place. The senior management team couldn’t supply evidence to support this. Therefore staff did not have the opportunity to get together and exchange best practice ideas. Staff were not supported by receiving supervisions and appraisals in line with the organisation’s policy to give them opportunities to monitor their work and development.

The quality and safety of the service was not monitored, systems had not been improved since the last inspection. Systems had not been implemented to gain people’s views on the service they received to enable improvements to be made.

We found four breaches of regulations. You can see what action we told the provider to take at the back of the full version of the report.

# 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 always safe.

People did not always receive safe care. Some visits were late and some visits had been missed.

Some people's risk assessments had not been reviewed or updated to ensure staff had guidance to meet their needs safely.

People and their relatives we spoke with were confident that the service was safe and spoke highly of the care that they received.

The provider had suitable arrangements in place to respond to suspected abuse. A clear policy was in place for staff to follow.

**Requires Improvement**



### Is the service effective?

The service was not always effective.

Staff did not receive regular supervision or competency checks to support their role in line with the organisation policy.

People were supported by staff who were appropriately trained. New staff received a detailed induction and all staff received training to support their role.

The level of support people required to eat and drink enough to maintain good health was assessed and detailed in their care plan.

**Requires Improvement**



### Is the service caring?

The service was caring.

People told us staff were caring and sensitive to their needs.

People and their relatives were involved in the assessment process and felt they had a say in how they wanted to be looked after.

Observations that we made while visiting people demonstrated person centred interactions between staff and the person.

**Good**



### Is the service responsive?

The service was not always responsive.

People's care needs were not always assessed and personalised care plans were not always put in place. Over half of care documentation that we viewed needed updating.

People's care plans were not reviewed on a monthly basis in line with the organisation policy to ensure they were reflective of their needs.

**Requires Improvement**



# Summary of findings

Some people we spoke with said they didn't know how to make a complaint and did not have access to the complaints procedure. One person told us they had made a complaint in the past but nothing was done about it. We recommended the provider reviews its procedures in relation to raising awareness of the complaints procedure for people that use the service.

## Is the service well-led?

The service was not well led.

The previous manager had not returned the Provider Information Return (PIR). This would have given key information about the service.

No registered manager was in post at the time of our inspection.

Some people were not spoken with to provide feedback on the service they received.

Staff told us they did not receive regular supervision. Records we viewed confirmed this. Staff meetings did not take place on a regular basis.

A quality assurance system was in place that could have supported the manager and provider highlight any improvements that needed to be made. However this was not used fully.

**Inadequate**



# Firstpoint homecare Bristol

## Detailed findings

### Background to this inspection

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

This inspection took place on 14 January 2015 and was announced and 48 hours notice of the inspection was given to ensure that the staff we needed to speak with were available. The inspection was undertaken by two inspectors and an expert by experience. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service.

The inspection also followed up the actions the provider had taken to meet the legal requirements following the last inspection when two breaches of regulation were found.

We reviewed the information that we had about the service including statutory notifications. Notifications are information about specific important events the service is legally required to send to us.

Before the inspection, we asked the provider to complete a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. They did not return the PIR and we took this into account when we made the judgements in this report.

During our inspection we spoke with 14 people who used the service some of whom were relatives. We spoke with seven members of staff that included the nominated individual/clinical lead, compliance and quality manager, operations director and a branch manager who had supported the service for the past few weeks.

We reviewed the care records of eight people who used the service, four staff files that included recruitment, supervision and training information and reviewed documents in relation to the quality and safety of the service.

# Is the service safe?

## Our findings

People did not always receive safe care. Some visits to people were late and some had been missed. One person told us “On occasions nobody has turned up. My [name] will not let me wash [name] so that means a day without basic care”. On the day of our inspection, we saw that one care worker was 40 minutes late for a visit. They had not telephoned the office to inform them of this. This meant the office had not phoned other people the care worker was due to visit and people were left waiting without care. Some people were concerned that when a care worker did not arrive they had to phone the office to ask what had happened instead of the office ringing them.

There had been a significant amount of missed or late calls over the last six months and these were now being monitored internally and externally. The senior management team told us there had been improvements in this area very recently and would continue to monitor this to ensure people received safe care.

Where people relied on assistance, for example to empty their catheter bags, they did not get the assistance they needed, when needed. One person showed us their catheter bag that was full to capacity as the member of staff was late arriving. This increased the risk of infection and discomfort and meant people’s needs were not being met safely in line with their assessed needs. Another person told us, “The care staff don’t normally turn up on time”. However several people told us that staff generally did arrive, albeit on many occasions late (over 30 minutes). However some people did tell us they were telephoned by the office staff if the care staff would be late giving traffic given as the reason.

Risk assessments had not been reviewed or updated to ensure staff knew how to care for people safely. We saw one person did not have a care plan in place for staff to follow or any risk assessments in their home. Therefore staff did not have the information they needed to be able to provide safe individualised care and the person may have been at risk. We asked the member of staff how they knew how to support the person and they said, “I just ask the person what they want.”

We saw a risk assessment for staff working alone or late in one person’s care plan held at the provider’s office. This identified there should be documents in place such as a list

of emergency contact numbers including plumbers and GPs for out of hours contact. However we did not see any such information in the care files held in people’s homes therefore this information was not available for staff to access quickly in the case of an emergency.

A system was in place to report and monitor safeguarding alerts that had been made to the local authority. A branch ‘safeguarding tracker’ was a tool designed to record and follow up any actions in relation to safeguarding. However when we examined the tracker, this had not been updated since October 2014 and therefore contained out of date information. This was because the information was not reflective of the current safeguarding alerts that were on-going. Some entries had not been concluded or updated since January 2014. Therefore the provider did not have accurate information to demonstrate the outcomes or progress, of some people’s safeguarding investigations. This could have impacted on the care they received.

This was a breach of Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulation 2010.

People and their relatives we spoke with were confident that the service was safe and spoke highly of the care that they received. Comments included; “[name] is very safe. I am really satisfied that the care staff know how to look after [name] safely. As their condition deteriorates then I will rely on service even more.” “I am confident that the service is safe and that the care staff know what they are doing”. Another person said “My care worker never leaves without asking and checking that I am safe”. Staff we spoke with also felt people were safe in their homes with the care the service provided.

People were protected from the risk of abuse. The provider had suitable arrangements in place to respond to suspected abuse. A clear policy was in place for staff to follow. Staff we spoke with had a good understanding of what safeguarding adults meant. We asked staff what they would do if they suspected someone was being abused. Staff told us they would report to the head office, Police or CQC if necessary. Staff said, “I watch out for tell-tale signs and inform the office” and “I’ll go to the Police if necessary.” Staff received training in this area and this was confirmed by the training records that we viewed.

## Is the service safe?

Staff understood the term 'whistleblowing'. This is a process for staff to raise concerns about potential malpractice in the workplace. Staff understood whistleblowing and the provider had a policy in place to support staff who wished to raise concerns in this way.

There were sufficient numbers of care and support staff to meet people's needs safely. Where people needed more than one member of staff to meet their specific needs, these arrangements were adhered to. This was confirmed by staff, records that we viewed and people we spoke with. However staff were not always being deployed effectively as some people's calls were overlapping resulting in staff being late. Some staff felt more office staff were needed to support phone support and updating care plans etc as there was only one person now in place in the office. We discussed this with the senior management team who confirmed they were recruiting another office person to support the workload.

The provider followed safe recruitment procedures before new staff were appointed to work with people. Appropriate checks were undertaken including an enhanced Disclosure and Barring Service (DBS) check. The DBS ensured that people barred from working with certain groups, such as vulnerable adults, would be identified. A minimum of two

references were sought and the senior management team told us no member of staff would start working in people's homes before all relevant checks were undertaken. All these checks were contained in staff files.

People were protected against the risks associated with medicines because there were appropriate arrangements in place to ensure they received their medicines safely. One person required an 'emergency medication protocol' to be in place. This detailed what care workers would need to do in a medical emergency and demonstrated that all relevant parties had been involved in its development.

An assessment process determined what level of support people needed in relation to the safe management of their medicines including if people wished to self-administer their medicines. One person confirmed they were supported to take their medicines independently. Care workers received safe medicine administration training prior to being able to support people with their medicines and then had competency assessments to ensure their practice were safe. Staff we spoke with confirmed that training and competency assessments were carried out.

Where staff supported people with their medicines the medicine administration records were signed correctly.

# Is the service effective?

## Our findings

Feedback we received from staff showed that supervision and support for their work was not implemented. Supervision is dedicated time for staff to discuss their role, personal development and training and support needs. Staff records showed staff had not received regular one to one supervision in line with the organisation's policy of several times per year. Two out of four staff files that we looked at showed the staff had only received supervision in March and April 2014 with nothing recorded since that date. This was confirmed by staff their comments were; "I haven't had a supervision but I know they're due" and "I used to have a debrief regularly and the manager was always available on the phone but we don't have a manager now".

Senior management confirmed staff also underwent regular competency 'spot checks' of their practice in people's homes and that they could meet people's needs. However, the only records that could be found confirmed that only five 'spot checks' were undertaken between January to April 2014 and none since. Therefore staff member's competency to undertake the role had not been checked in line with the organisation's policy. The senior management team acknowledged our findings.

This was a breach of Regulation 23 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010.

People were satisfied with the service they received. People's comments included; "My carer gets my breakfast every day. She always asks what I want and we have a good chat over a cup of tea. It's lovely and I couldn't do without her". Another person said; "The girls wash me and get me up in the morning. They always tell me what they are going to do. I'm pleased with the care they give me". Two people we spoke with told us their care worker always asked them what they wanted rather than doing the same things every day. This was confirmed when we spoke with a member of staff who told us; "I always ask what people like me to do for them, it might be different every day."

We saw some care plans had been signed by the person themselves wherever possible. This demonstrated their involvement in the assessment process. However we found these documents had not been reviewed regularly. Therefore the information held for some people was not reflective of their current needs.

People were supported by staff who were appropriately trained. New staff received an induction training programme when they first started working. Staff confirmed their induction included: infection control, manual handling, safeguarding adults, medicines, reporting and basic first aid. One staff member said; "I'm due to do refresher training, they do it annually" and another said; "We have a file, like a handbook given us which gives us information we need." Other staff confirmed they were offered training annually. One fairly new member of staff said; "We went through the training books and the handbook and how to fill in forms correctly. I then shadowed someone for one day; I already knew how to do things so it was nice to meet people." A further member of staff told us; "I've said that some staff coming into the job don't have enough training like catheter care and medicines; some of the aren't up to speed" and "If people knew more about catheters it would be useful." We discussed this with a senior staff member and they confirmed this training should and can be provided and they would arrange for refreshers to be undertaken.

The level of support a person required to eat and drink enough to maintain good health was assessed and detailed in their care plan. We saw the care workers prepared meals for people.

One care worker told us they prepared two meals some days, so the person they supported could have a meal for the following day. They said, "All they have to do is microwave it and make the gravy" and "I cook what they want." One person told us, "They help me do the shopping and make sure I've got a meal every day" and "Staff do my meals." People's nutritional needs were assessed and highlighted in their care plan.

People's consent to care and support was determined before starting a service and the service adhered to Mental Capacity Act code of practice to protect people's human rights. Staff told us they had completed Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards training (DoLS). This is legislation to protect people who may not be able to make certain decisions for themselves. Staff were able to tell us why this legislation was important.

One member of staff told us they regularly visited the same people and were able to accompany people to hospital appointments if this was arranged in advance. Staff also confirmed that they would also call a doctor if necessary for people if they felt unwell. Where people were supported

## Is the service effective?

by other health and social care professionals, the staff team worked jointly. For example, one person's documentation demonstrated that their social worker had been involved when they experienced a change in their need. This

resulted in an increased care package being arranged. This demonstrated the service worked jointly with external professionals to ensure the care the person received was effective.

# Is the service caring?

## Our findings

Some people and their relatives were involved in an assessment process and felt they had a say in how they wanted to be looked after. However some people told us they were not involved and could not remember being involved in a care review. They also told us they were not involved in any questionnaires or other forms of providing feedback to the organisation about the quality of the service they received. Without people's opinions and input in care reviews, people's individual wishes may not be acknowledged.

Surveys were completed on a yearly basis. The last survey was undertaken in January 2014 and was reported in the last inspection report. Twenty-three surveys were returned by people and one action was identified. For example, two people stated they were dissatisfied with a particular member of staff who missed calls to them. The compliance and quality manager attempted to make contact with the people concerned but the questionnaires were anonymous and couldn't progress this further. We were told that one was due to be sent again for 2015 at the end of January. However the service had started to ring people to gain their views on the service they had received.

People and their relatives spoke of their individual care workers in glowing terms and a number of people said that they had become part of their family. One relative said; "All

the carers that have been have been very caring. They have treated [name] very kindly. They have supported us as a family." Another person said; "My carers are so kind to me. I don't really know what I would do without them."

Observations that we made while visiting people demonstrated personalised interactions between staff and the person. Staff understood people's needs and communicated positively and clearly in a respectful way. For example, they addressed the person by name, listened to what the person said, smiled and chatted.

The service provided to each person was personalised and based upon their specific needs although some documentation was not fully completed. Service planning took full account of what the person wanted and what was required to meet that need. The views of the person receiving the service were respected and acted on and staff demonstrated how they did this. For example a member of staff told us "I would sit with [name] and ask them what they thought they needed and if they were happy with what was planned". We saw in some people's files that family members or other representatives advocated on their behalf with their agreement that demonstrated their involvement. People were treated as individuals and people told us they were treated respectfully.

Staff we spoke with described how they supported people with personal care in such a way as to preserve their dignity, such as making sure doors and curtains were closed and covering people with towels. Staff told us they always remembered they were in the person's own home and involved them fully in the activity that was undertaken.

# Is the service responsive?

## Our findings

People's care needs were not always assessed and personalised care plans were not always put in place to ensure people received the care they needed. Over half of care documentation that we viewed needed updating, reviewing and were not always reflective of the person's current needs. It was the organisation's policy to include information about the safety in the environment, personal care, pressure area care, mobility, incontinence, hydration/nutrition, breathing, communications, psychological and emotional needs and medicines, in all care plans. However this varied across the sample that we viewed. The care files we saw were mostly out of date and lacked information. One person we visited in their own home did not have a care plan or risk assessments in place. We viewed the office version which was a set of blank templates that had been signed by a care supervisor in September 2014, but had not been fully completed or placed in the person's file in their home. Full information was not available to staff to guide them in meeting the person's needs.

One care plan was last updated in July 2014 and December 2014, the person's situation had changed in April 2014 yet this was not recorded or acted on.

One person's care plan was dated September 2013 and was not reflective of their current needs. For example it stated no assistance was required at night. However in January 2014 the care plan stated that a 'night care' was in place and was to be reviewed fortnightly. It was not recorded to show these reviews took place. A later recording stated 'waking night staff to be replaced with sleep in staff and continue for two more weeks'. Again this was not reflected anywhere in the care plan to show this person's change in need. A member of the senior management team told us the person did receive the care as the funding was provided, but confirmed the care plan did not reflect the changes as it had not been reviewed.

Another person's file showed that in November 2014 their care plan needed updating but had not taken place. Another person's care file was not updated and was due for review in December 2014. Due to this delay important personal information was not contained in the care file that new staff may not have been aware of and could have caused distress to the person.

Some staff we spoke with recognised some care plans were out of date. A member of staff said; "Some care plans are out of date and sometimes they can be quite confusing." Another staff member said "I phone the office if I have any concerns, or speak to a family member." Although staff we spoke with told us they knew the people they were supporting well, information was not recorded in the care plans and posed a risk to new staff who may not know the person.

Following our last inspection the provider submitted an action plan that stated 'All care plans to be updated with the involvement with the client and their families to produce a personalised care plan outlining the client's needs. Care plans will be signed by the client or their representative to ensure they agree with the care outlined in the care plan. All risks identified with the client, a risk assessment will be completed or updated to ensure the clients safety'. This action had not been completed.

This was a breach of Regulation 20 of the Health and Social Care Act 2008 (Regulated Activities) Regulation 2010.

People's understanding of the complaints procedure was mixed. Some people we spoke with said they didn't know how to make a complaint and we also found no information was contained in people's care folders in their home's to guide them how to make a complaint. However, one person told us; "I'll say if I'm not happy with anything." Other people's comments were; "I don't know how to make a complaint, but my care assistant will pass it on". This meant if people were unhappy about the care provided for them, their concerns may not be communicated to the manager and changes may not be made to improve the service they received. Other people did confirm they felt confident about making a complaint if they needed to and that the office was their first port of call. However they were less sure how to raise a concern if it involved a manager. One person did tell us they had made a complaint about a care worker and the organisation rearranged their support so they no longer visited them. They said, "I didn't like the way they spoke to me." One relative told us, "When I have complained about the care staff not arriving or arriving late I have spoken to the manager but she has blamed everything and everybody but doesn't take responsibility or sort things out".

Although the provider had systems in place to receive and monitor any complaints that were made, none were held

## Is the service responsive?

on file since July 2014. We discussed this with the senior management team who told us they would have expected to have received some recorded complaints during this time, especially as calls had been late or missed.

People were given a copy of the 'client services guide'. This provided details about the service, team, costs, safeguarding and what services can or cannot be provided. This document gave people information about the provider and policies that were in place to support the care they received.

Many people we spoke with told us they received the support they needed. Comments included: "It's a good service. They come every day, I'm well looked after" and "She's a very efficient worker, she's done a lot." Staff supported people to access community facilities for example one person told us a care worker took them to church each week.

People and their relatives told us that they usually had the same care staff to support them and that when an unfamiliar care worker arrived, they introduced themselves and asked about the care the person would like. However

one person told us they had lots of different care staff and they didn't always know who was going to turn up. This meant there was a risk that the care they received was inconsistent.

The senior management team confirmed that telephone reviews were now taking place to gain people's views on the service they received. Evidence of this was viewed.

People told us that they were able to make choices about their care. For example some people told us they could ask for either female or male carer workers but none said that they felt the need to. All people felt that the care staff and the care received was appropriate to meet their needs.

Some documentation that we viewed was signed by the person or their relative. The documentation demonstrated how the person was involved and confirmed their wishes and preferences.

**We recommend the provider reviews its procedures in relation to raising awareness of the complaints procedure for people that use the service.**

# Is the service well-led?

## Our findings

Before the inspection, we asked the provider to complete a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. They did not return a PIR and we took this into account when we made the judgements in this report.

A number of people told us that they had not been asked for any feedback about their care or sent any form of questionnaire. Few seemed to know who the previous manager was or the fact that there was no longer a manager in post at the service. One person said, "No one from the company has contacted me to ask about my care. The local authority has contacted me on a regular basis". Many people we spoke with and their relatives told us that they would welcome the opportunity to speak with managers to give them feedback.

The provider's quality monitoring systems had not been used and failed to highlight all the concerns highlighted at this inspection. The senior management team talked us through the system and the auditing processes that should have been in place. Documents called 'Trackers' should have been used to monitor various aspects of the service that included; safeguarding, complaints and care plan reviews. Documentation that we saw confirmed this system was not being used and therefore failed to identify the concerns so improvements could be made.

'Daily logs', which were people's daily records of their care, should have been returned to the office to be audited on a monthly basis. Records confirmed this did not take place on a regular basis. Therefore the provider could not be assured people's care was being delivered and recorded appropriately. Audits of these logs were only undertaken in August and September 2014 and identified gaps in some people's records. However no action plan was collated and therefore the provider could not monitor if this had been resolved.

We saw a monthly audit of people's medicine record sheets in one person's file, which was completed in July and August 2014. The audit noted, 'Gaps. Carers writing wrong key.' There were no further audits and no explanation what actions had been taken to rectify this situation. Therefore

there was a potential risk of people's medicines not being correctly recorded. We also found no system was in place to monitor late or missed calls that would have enabled the provider highlight any concerns in this area.

The findings of audits had not been used to improve the quality of the service provided to people. In November 2014 the compliance and quality manager for the organisation undertook a whole branch audit. The audit included; reviewing 19 people's files, spot checks, supervisions, branch trackers and meetings. The audit highlighted many concerns that included some areas that we highlighted at this inspection. For example care reviews and care plans were out of date, some documentation was not completed and daily logs needed to be audited. However the actions had not been completed. We were told by the senior management team that the purpose of these monthly audits when completed was to enable the manager to improve and develop the service.

We discussed in detail our findings with the senior management team. They confirmed what we found and told us a complete audit took place in June 2014 but the action plan had not been met. They told us another audit took place in November 2014 that confirmed this. We were informed all care files would be re-examined and updated immediately.

We were told that staff meetings should have taken place several times throughout the year. However the evidence that we found showed this did not happen to enable staff to give their views about the service. These meetings give opportunities for staff to discuss any concerns or improvement ideas for the service they deliver. Staff we spoke with couldn't confirm when they last had attended a team meeting.

Following our last inspection the provider sent us an action plan that stated 'The daily log sheets are to be collected on a 4 weekly basis and audited. The mars chart to be collected on a 4 weekly basis and audited. All auditing to be carried out by an appropriate named person. This will identify any areas of issues and they will be acted on immediately. Client surveys to be sent out and an action plan created following the responses on an annually basis'. Our inspection findings confirmed this action plan had not been met.

This was a breach of Regulation 10 of the Health and Social Care Act 2008 (Regulated Activities) Regulation 2010.

## Is the service well-led?

Senior managers acknowledged they should have recognised the shortfalls sooner and were now supporting the branch on a daily basis on a rota basis in the absence of a manager. They confirmed all detailed audits would be undertaken on a monthly basis.

A member of staff said they had too much time waiting in between calls when it wasn't possible to go home because calls were not booked correctly. They said, "They need to go back to the council and tell them we can't always be everywhere." We discussed all the comments raised with the management team who confirmed they were reviewing all the work plans that staff have, to ensure calls are planned effectively and avoid staff travelling across town wherever possible.

We asked staff if they felt the service was well-led. Staff said, "It's hard to say because everything is changing all the time". One person said "I hope we get a new manager soon as we need one". While another member of staff told us they did not receive support and the only contact they had was if they went into the office.

Out of office hours there was an on-call system for management support and advice. Staff said the arrangements worked well and they could contact a manager of the service if they needed to.

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 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 2008 (Regulated Activities) Regulations 2010 Care and welfare of people who use services</p> <p>People who used the services were not protected against the risks of receiving unsafe care because care plans and risk assessments had not been updated. Some were not reflective of people's current level of need. Regulation 9 (1) (a), (b) (i) and (ii).</p>

Regulated activity	Regulation
Personal care	<p>Regulation 10 HSCA 2008 (Regulated Activities) Regulations 2010 Assessing and monitoring the quality of service provision</p> <p>The provider did quality assurance and auditing system in place to monitor the quality of the service that people received. However this was not used effectively. Regulation 10 (1) (a) and (b).</p>

Regulated activity	Regulation
Personal care	<p>Regulation 23 HSCA 2008 (Regulated Activities) Regulations 2010 Supporting staff</p> <p>Staff did not receive regular supervision, appraisal or competency checks of their practice.</p> <p>Regulation 23 1(a)</p>

Regulated activity	Regulation
Personal care	<p>Regulation 20 HSCA 2008 (Regulated Activities) Regulations 2010 Records</p>

This section is primarily information for the provider

## Action we have told the provider to take

Not all records were completed fully. Some people's care files lacked recordings in relation to their care and treatment. This posed a risk to people's individual needs being met effectively. Regulation 20 (1) (1) and (b).