

Quality Home Care (Barnsley) Limited

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Inspection report

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Ratings

Overall rating for this service

Inadequate 

Is the service safe?

Inadequate 

Is the service effective?

Requires Improvement 

Is the service caring?

Requires Improvement 

Is the service responsive?

Requires Improvement 

Is the service well-led?

Inadequate 

Summary of findings

Overall summary

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

At the time of the inspection the agency was supporting approximately 118 people. We spoke with 25 people who used the service or their relatives to obtain their views of the support provided. We visited six people in their own homes to speak with them. On five of those visits, relatives were in attendance and we also spoke with them.

At the time of this inspection the service employed 47 staff. We spoke with seven of those staff to obtain their views and experience of working for this agency.

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

There was a manager at the service who was registered with the Care Quality Commission (CQC.) A registered manager is a person who has registered with CQC to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act and associated Regulations about how the service is run.

The agency was last inspected on 21 December 2016 and was not meeting the requirements of four regulations of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Those regulations were safe care and treatment, safeguarding service users from abuse and improper treatment, good governance and fit and proper persons employed. The registered provider sent us action plans stating the improvements they would make to comply with those regulations. On this inspection we checked and found the necessary improvements had not been made to comply with the breaches of regulation identified at the last inspection. Full information about CQC's regulatory response to any concerns found during inspections is added to the reports after any representations and appeals have been concluded.

Care staff had a good understanding of what to do if they saw or suspected abuse during their visits. They were clear this must be reported to the registered manager of the service and were confident they would act on that information. However, the system and process in place for dealing with financial transactions was not robust enough to protect people and people were being charged for time that had not been completed by care staff.

Staff were familiar with people's individual needs, but care plans and risk assessments did not always provide accurate and complete records in respect of each person. In some instances staff had not always carried out the action required to mitigate the recorded risk.

There were mixed responses from people about having a regular staff team that came at the scheduled time and stayed for the allocated time.

All the required recruitment information and documents were not available for staff. This meant there was a continued risk that staff employed by the service had not been appropriately vetted to work with people that might be vulnerable.

Staff received training and supervision, but did not always carry out their training in practice. In addition to this staff competency checks, in respect of medicines, had not been carried out as required by the National Institute for Clinical Excellence (NICE) guidelines.

The management of medicines required improvement so a consistent system was in place for the application of creams and that sufficient time was left between calls so people received their medicines in accordance with the prescription.

Most people told us they were treated with consideration and respect and that staff knew them well. But we found and were told of occasions when staff had not applied their training which compromised this. People's records did not demonstrate that their preferred choice was being offered.

There was a mixed response from people and their relatives to confirm when they raised any issues with staff and managers that their concerns were listened to.

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

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 always safe.

People's risk assessment records were not always followed by staff and some did not contain information of the risk or mitigating action.

Safe systems and processes were not always in place to safeguard people from harm in regard to the management of medicines, recruitment of staff and the charges made to people.

There were sufficient staff to provide a regular team of care staff, but people and relatives provided a mixed response that this happened in practice and that staff came at the identified time and stayed for the correct amount of time.

Is the service effective?

Requires Improvement ●

The service was not always effective.

Staff received training and supervision, but some staff were not applying this in practice. Competency in respect of medicines was not being carried out in accordance with NICE guidance and staff reported not feeling well supported in their job role through regular training and supervision.

Staff sought consent to provide people's care and treatment.

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

Is the service caring?

Requires Improvement ●

The service was not always caring.

Some comments by people and their relatives and what we saw told us people were not always treated with consideration and respect. Records did not support the decision making of those individuals as reported by staff.

Is the service responsive?

Requires Improvement ●

The service was not always responsive.

Most people told us they received personalised care that met their needs, but some people and relatives reported a lack of inclusion in the assessment and care planning process.

There was a mixed response on how the service dealt with complaints by people and their relatives.

Is the service well-led?

The service was not well-led.

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

Inadequate ●

Quality Homecare (Barnsley) Limited

Detailed findings

Background to this inspection

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

At the time of the inspection the agency was supporting approximately 118 people. We spoke with 25 people who used the service or their relatives to obtain their views of the support provided. We visited six people in their own homes to speak with them. On five of those visits, relatives were in attendance and we also spoke with them.

At the time of this inspection the service employed 47 staff. We spoke with seven of those staff to obtain their views and experience of working for this agency. We left messages for a further seven staff we were unable to speak with, to provide them with an opportunity to speak with us and share their views and experience of working for this agency. Those staff did not return our calls.

The visit to the agency office took place on 12 July 2017. The registered manager was given two days' notice of our visit. We did this because the registered manager is sometimes out of the office and we needed to be sure they would be available.

Two adult social care inspectors carried out this inspection.

Before the inspection, we reviewed the information we held about the service. This included the service's inspection history, information we had received about the service and notifications submitted by the service. We also contacted commissioners of the service and Healthwatch (Barnsley). Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England. This information was reviewed and used to assist with our inspection.

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

Is the service safe?

Our findings

We checked and found the necessary improvements had not been made following our inspection on 21 December 2016 when we found breaches of regulation in regard to safe care and treatment, safeguarding service users from abuse and improper treatment and fit and proper persons employed.

People said they felt safe in their homes when care staff were there. They said care staff knocked before they entered their home and shouted out their name letting them know who it was. People told us staff wore a uniform and carried an identity badge. Comments by people and relatives included, "I feel very safe with them. They look after me very well," "[There is] nothing in particular. I just feel safe with them," and "Yes [relative] is safe. They are absolutely brilliant with [relative]."

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

We found where potential allegations of abuse had been reported, the registered manager had taken action in response to the allegation. The registered manager had also reported this to the local authority safeguarding department and notified the Care Quality Commission (CQC) of the allegations, as required by regulations.

One person raised concerns they were being charged for time staff had not spent with them, because they had not received their full allocated time. We spoke with a staff member and it was confirmed people were charged for the allocated call band time, for example, in quarter of an hour blocks. This meant people were being charged for time they had not received. The contract for people did not identify how people were to be charged, other than they had to give 24 hour notice if a call was cancelled. We submitted a safeguarding alert to the local authority to advise them of this practice.

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

In discussion with the registered manager we were told that equipment provided for people was risk assessed by the health professionals prescribing/providing the equipment. For example, bed rails. What we found was the health professional had not provided the outcome of the risk assessment to the service. This meant the registered provider had assessed the risk themselves, in order to identify for staff the action to be taken by them to minimise the risk. We found staff were not always carrying this out, which was unsafe.

At our previous inspection we identified a particular risk for one person. In this example, there was no information about how the risk was managed in their care file. The situation remained the same at this inspection. The registered manager said on this inspection the risk was not as recorded. This meant information available was inaccurate and therefore people were at potential risk of unsafe care and treatment.

We found where staff were responsible for checking the dates and storage of food for people this was not being done. For example, one person's food had been left uncovered in the fridge and the person had been provided with bread, where the use by date had passed. This meant the person had been placed at potential risk of unsafe care and treatment.

One relative told us they felt the only risk to their relative was when using the stairs. Their relative told staff and they altered how they supported them with this. However, the way staff did this was not in accordance with the training staff had received in assisting people up and down stairs in a safe way. Another person and their relative also described staff assisting them in the same way.

Key safes were used for the entry to a number of the properties we visited. When we spoke with people, their relatives and the registered manager we found the key safe numbers had not been changed when staff left the employment of the service. This was contrary to the service's own policy and procedure. One relative said, "I think they keep [relative] safe yes, and if they are worried about [relative] they let us know without alarming them. For example, someone tried to break into their key safe and they informed us without worrying them." The registered manager told us there had been no cause to change key safes. This meant that there was a risk of unauthorised person's having access to people's homes.

Two people told us of recent incidents that had happened to them where they had been placed at risk of harm. When we spoke with the registered manager they were unaware of those incidents. They did say that for one person their recollection of an incident may not be as it actually happened, or may not have happened. We asked the registered manager to look into those reports.

This meant risks to people were still not being managed in a safe way and was a continued breach of regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, safe care and treatment.

Views from people and their relatives were mixed about whether they were provided with a consistent team of staff, that staff attended their calls, stayed for the correct amount of time and completed all the tasks they were asked to do. Positive comments included, "[Relative] has the same two or three [staff]," "Yes, they are usually the same ones [staff]," "We have the same four [staff] generally," "Yes and they do everything I need doing," "Yes they arrive on time and do whatever [relative] needs," "Yes they do and stay the full time," "That is what I have insisted on because of my complex needs," "Yes usually, I am very happy with them." In contrast, other comments were negative. "I can't say [relative] is safe... they don't stay for the right length of time (more often than not)," "I have different ones but they are all good," "We do have different ones [staff]," "No, [relative] has different ones all the time. We used to get a rota so they had an idea who was coming but we don't anymore," "It depends ... sometimes they are running late," "Not always... and more often than not they leave early," "All different and carers will tell you if there is a change," and "Night call is often somewhat earlier than the agreed time – it should be 9pm and they come at 8pm. The morning call has slipped from 7am now to 8am."

We checked the consistency of staff and times spent at people's homes using the service's call verification log. We found people did receive a consistent team of staff, but staff did not always stay the required amount of time. The registered manager was aware some staff did not stay their full amount of time, but said it was hard to determine if this was at the person or relative's request. They addressed this through reiteration of staying the required amount of time at staff meetings. However, given the comments by some people it was staff that were choosing not to stay the required amount of time and therefore the system in place to monitor this was ineffective.

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

We found continued unsafe systems in place for the recruitment of staff. This meant the service could not be assured that they were employing fit and proper persons.

At the last inspection on 21 December 2016 we identified improvements were required in the recruitment of staff. The registered manager submitted an action plan stating there would be a thorough review of the recruitment procedures. We found this had not happened in practice.

The recruitment and selection procedure did not contain accurate information to confirm the information and documents required by the current regulations and as specified in Schedule 3 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Schedule 3 is a list of information required about a person seeking to work in care to help employers make safer recruitment decisions. For example, the registered provider's procedure made reference to a minimum of two references. Schedule 3 requires the registered provider and registered manager to assure themselves of satisfactory conduct in previous employment concerned with the provision of services relating to health or social care or children or vulnerable adults.

We looked at three staff files for staff who had commenced employment since the last inspection. In all instances DBS checks were confirmed after the staff member had commenced employment and in one instance the DBS adult first check had stated to wait for the full check before making a recruitment decision and this was not followed. For one staff member they had previously worked at a care home and there was no information to support evidence of satisfactory conduct in that employment.

This was a continued breach of regulation 19 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, fit and proper persons employed.

At the last inspection we checked and found improvements in the management of people's medicines, but this had not been sustained.

Policies and procedures were in place for the safe administration of medicines so that staff had safe systems of work to follow, but this was not always happening.

We found records of people's medicines did not relate to what we were told when we spoke with them. For one person, staff had recently started to assist a person taking their medicines from a 'dosette box'. There was no record of the medicines they had given to the person. The service user plan and risk assessment stated the person did not require support with their medicines. For another person, staff were applying creams and there was no record to confirm staff had done so or what the cream was. For a third person, staff were applying cream and signing to confirm they had done so, but there was no record of how often the cream had to be applied.

One relative said, "The calls aren't spaced out enough for [relative's] tablets to be taken safely." We checked this information against the call verification for the person and it confirmed this was the case for some visits.

This meant risks in respect to people's medicines had not been managed in a safe way and was a continued breach of regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, safe care and treatment.

Is the service effective?

Our findings

At the last inspection we checked and found the registered provider had made progress in regard to the governance arrangements to ensure staff received appropriate training, supervision and appraisal following our inspection on 7 and 11 March 2016. However, during this inspection we found mixed responses from staff about the training and supervision provided and some aspects of staff competence required reviewing.

When we spoke with people and their relatives about whether staff had the right knowledge and skills they needed to carry out their role, so people received effective care, feedback was mixed. Comments included, "Well some of them could be a little bit tidier, but they are ok," "Some are better than others," "The older ones are okay, but the younger ones have no life skills at all. For example, they will leave a tea bag on the sink instead of putting it in the bin," "They do provide good well trained older carers, not younger ones," "The quality of the carers is variable - some are very young. They're nice and [relative] says they're not as rough as me (when putting stockings on. The relative explained they thought it was because they were more skilled)," and "They are all good, they do their job well."

Discussions with staff confirmed they received an induction, but following this some staff reported they had not received ongoing training to check their competence in their role, particularly around medicines. When we looked at the training records we found training updates had been identified as being every three years. We discussed this with the registered manager and staff responsible for training as the time gap was too long to assure staff of their ongoing training and competence. We also identified it meant the service were not meeting NICE (National Institute For Health and Clinical Excellence) guidelines for Managing Medicines for adults receiving social care in the community which states staff should have an annual review of their knowledge, skills and competency.

In discussions with people we identified not all staff carried out the learning from their training. For example, covering people when washing to maintain their dignity, moving people from the lounge area, when assisting people with continence needs, when supporting people to go up and down stairs and when moving people in the hoist.

Where new staff had commenced employment, the registered provider had enrolled staff on the Care Certificate where staff had not previously worked and had qualifications in regard to caring for people. The aim of the care certificate is to provide evidence that health or social care support workers have been assessed against a specific set of standards and have demonstrated they have skills, knowledge and behaviours to ensure they provide compassionate and high quality care and support.

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

completion of training.

Discussions with staff about supervision provided a mixed response about whether they felt appropriately supported. Supervision is an accountable, two-way process, which supports, motivates and enables the development of good practice for individual staff members.

A supervision/competence yearly check tracker was used to record when staff had received a supervision or competency check. It was recorded the majority of staff had received a group supervision in March 2017 and an individual supervision in June 2017. Group supervision was not identified within the policies as being a way of supporting staff. The record conflicted with information we were told by staff.

Our findings meant there had been a lack of good governance around staff training, supervision and competence and was a breach of regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, good governance.

We checked and found staff sought people's consent to care and treatment in line with legislation and guidance.

The Mental Capacity Act 2005 [MCA] provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. In a domiciliary care service this means an application must be made to the Court of Protection. At the time of this inspection no one who used the service was deprived of their liberty or under a court of protection order.

Discussions with people identified there were no concerns of restrictions being placed upon them and their rights not being upheld.

We found staff had received training about the MCA, but when we spoke with staff they had a mixed understanding of the principles of the Act and how this was relevant in their work.

Where people required assistance with meals and healthcare this was identified within their care plan.

When we spoke with people and their relatives they confirmed staff did assist them with their healthcare needs if required or in an emergency. Comments included, "I'm wheel chair bound and carers contact GP/nurse and they visit when needed," and "They phone the GP for an appointment and take me in my wheel chair."

One relative told us how their relative had fallen during the night and was found on the bedroom floor by a member of staff. They explained the staff dealt with it 'fantastically.' They explained the following day a different member of staff attended and showed them how to help move their relative safely because of their injuries. They said, "I observed them wash and dress [relative] with such sensitivity and care, whilst at the same time trying to bring a smile to [relative's] face. [The staff member] completed the tasks in a swift time, whilst at the same time not rushing [relative]. It was all done in an exemplary fashion. I fedback to QHC who said they were pleased their training had been put into practice."

Is the service caring?

Our findings

Most people and relatives we spoke with thought staff were respectful and treated them with dignity. Comments included, "The carers are very kind, caring and trustworthy. [Relative] has an excellent relationship with them," "They are very respectful when they help me get washed and dressed," "Yes they respect [relative's] dignity, in the way they speak to them," "The carers are very respectful when they are helping [relative] with washing and dressing," "Yes they respect my privacy and dignity. They treat me very well," "Going to the bathroom – they shut the door and wait outside in case I need help," "Curtains are always drawn in the bedroom and front door," "Can't beat [member of staff] for caring, but I'm satisfied with them all," "They're always polite and talkative. We have a good relationship. I know them," "They're alright for me. Girls are bubbly all the time they're here. There's no-one with attitudes. It's much better now we see these staff. They talk about their families and you get to know them. They've got a good crowd now. They all can stand a joke. There's a lot of banter and it's pleasant," "Most staff sit on their phones rather than engaging with [relative]. It's mainly the younger staff" and "[Relative] finds them threatening because of their tattoos, facial piercings and coloured hair and says in her day people like that were criminals and navvies. The mature ones are much better, as they know what to talk to [relative] about. I rang to explain [relative] was better with the more mature staff and they were responsive to that initially, but then it deteriorated and feedback from staff is that staff are changing rounds."

During our visits to one person, two staff attended to provide personal care. We observed a caring attitude from those staff with the person, but relatives who were also in attendance said how they conducted themselves on that day whilst we were present was not always how they conducted themselves. We identified the provision of personal care was not carried out in accordance with the training staff received or in accordance with information in the care plan. The registered manager said it was their choice to have care provided in that environment. The person's comment was "They don't cover me up. A [male member of staff] came and that's what I was worried about, but now it doesn't bother me." For this person, relatives reported staff did not encourage their relative to go to the toilet, they just asked. If their relative declined, they were not encouraged.

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

People's records were stored securely at the office base.

Is the service responsive?

Our findings

When we spoke with people and their relatives there was a mixed response about whether people received personalised care that was responsive to their individual needs and preferences. The response was also mixed about staff knowledgeable about their needs, interests, as well as their health and support needs. This had an impact on there being a, personalised and responsive service. Positive comments included, "I think it feels personal to [relative]. There is very little to do but they use their time up talking to them," "Occasionally they have rung me if they have concerns about my (relative)," "Brilliant actually - they take me down to the supermarket in my wheel chair," In contrast, other people told us, "They quite often leave without filling [relative's] flask," "I don't think the carers are caring. They help [relative] shower and never wet their hair. They don't encourage them to have a shave, so I have to. The younger ones do not have life skills at all" and "The carers didn't tell us [relative's] legs were swelling... we had to have the district nurse to see to them. [Relative] became very confused while we were away on holiday... they didn't do anything then either."

We also asked people and their relatives whether they were aware of their care plan and had been included in discussions about the care to be provided. Comments were mixed and included, "Yes [relative] has a care plan. I don't know what it involves," "Yes [relative] does have one and I was involved in it. It has been looked at recently," "Yes and it has been reviewed since we started with them. I was involved in it," "Manager, mum, daughter and sister were involved in the care plan recently and yes we felt listened to," In contrast, "Yes [relative] has a care plan. It said, originally, they should have male carers but that has never happened," "I don't know if she has one..," "We're not involved. It just appears," "Not as far as I know" and "We don't feel in control of [relative's] care at all."

We checked the care verification log to verify what the relative had told us about their relative receiving male staff. No male staff had been provided in the last month. Care files we looked at did not contain information about the gender preference of people. This meant people's preferences were not formally recorded and discussions held with people when their preferences were unable to be offered.

When we examined people's care plans we found the care plans did not always reflect the care to be provided, which meant staff did not always have the correct information available to them and relied on knowledge gained or passed from other staff and the person. This meant staff were not utilising people's care plans to inform the care provided and therefore not reporting changes for them to be updated.

Care staff completed a daily communication log to evidence the care delivered to each person, which did not always reflect the care identified in the care plan.

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

When we spoke to people and their relatives about complaints comments included, "We have had a problem, not a complaint, and they were very helpful. [Staff member] is first class, absolutely brilliant," "We

did have a complaint and it was all sorted out," "I sometimes ring the office – when carers have only stayed 15 minutes, when they should be here for 45 minutes. It was resolved," "I've no complaints about care. We'd tell them if we weren't happy," "We've reported staff to a senior a lot, but it doesn't change" and "I haven't complained officially because [relative] doesn't want to get people in trouble. I have put something in the book though."

On our visits to one person, relatives told us they had complained about a member of staff. When we checked the complaints record, the complaint was not recorded. We spoke with the registered manager who recalled the concern. They said they had spoken with the member of staff, but their version of events was different than that reported to us. This meant there was an ineffective system and process in place for recording, handling and responding to all complaints in accordance with the service's own procedures and as required by the regulations.

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

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

Is the service well-led?

Our findings

We checked and found the necessary improvements had not been made to meet regulations, following our previous inspection on 21 December 2016.

There was a registered manager in post at the service. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act and associated regulations about how the service is run.

The service had a Statement of Purpose that had been reviewed in 2017. The review continued to be ineffective as the information did not contain all the details required by the regulations and also some inaccurate information about the people who they provided a service to. Subsequent to the inspection the registered manager sent an updated Statement of Purpose. This continued not to include all the requirement of the regulation.

The current rating of the location was displayed at the office. After the inspection on March 2016 the Care Quality Commission issued a fixed penalty notice because the registered provider had not displayed their rating on their website. The registered provider paid the fine accepting their failure to do this. Prior to the inspection we checked whether the rating was now displayed. It was not. When we asked the registered manager about this they said the website should no longer be operational. The registered manager provided information confirming that in May 17 they had requested the website to be terminated. This meant that whilst the registered provider had taken action, it had not been done in a responsive way.

This was a breach of regulation 5 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, fit and proper persons; directors and regulation 7, requirements relating to registered managers.

We found notifications had been reported as required by the registration regulations to the Care Quality Commission.

When we spoke with people and their relatives we asked them their opinions of the management and leadership of the agency and if the service delivered high quality care. Comments were mixed and included, "They seem to be open and we are very happy with them," "I think so. My (relative) deals with them more than me but there is never a problem," "We have met the manager once when we set up the service. They are always helpful," "Yes I think it is well managed," "I think so – with all organisations there are areas for improvements," In contrast, "They [staff] are all excellent. But they [owners] don't look after them and they eventually move on to other jobs," "I don't know," "It's a difficult one," and "When I ring if the carers are late they might say the person is on their way and they arrive, but sometimes they provide no answer and that they'll ring back but they don't and I have to ring again. (Another person reported having this same response). Having said that I'm fairly satisfied. I would say requires improvement or good dependent on which staff go."

We also asked staff their experience of the management and leadership of the service. Again there was a mixed response and some staff were reluctant to say.

There was a mixed response from staff about whether staff meetings took place and they could share their opinion. We saw three meetings had taken place. For two there was only an agenda of what was discussed. For the other there were records of the meeting. The information did not provide sufficient content to confirm the detail of the discussions that had taken place and that updates were provided to staff as identified by the registered manager.

There was a quality assurance policy/procedure in place to assess and monitor the quality of the service. The quality assurance policy included 'an external survey of service user and advocates will be carried out annually, share the results with staff and address any concerns or complaints, that people will be contacted by telephone or visited by the area lead on a regular basis to ensure the care plan is up to date, monitor performance of staff and assess levels of satisfaction, care plans will be reviewed annually or more often if required and care staff will receive four supervision meetings a year, including an observation'.

We discussed the annual external survey of service user and advocates with a member of staff. They told us surveys go out monthly with a full report of any findings prepared at the end of the year. They said if anything negative arose it would be followed up, maybe as a complaint, if positive, put in writing to give feedback. We were provided with information of the analysis from the surveys that were anonymous. For people, 25 people were sent a survey and 16 people responded. The responses to the questions were in the main positive about the service. In regard to comments about what the service did well, 'family contacted as required' and 'carers are good.' What required improvement was 'consistency of times' and 'regular times of calls.' There was no action plan attached to the analysis to identify how those improvements were going to be put in place. For staff, 20 staff were sent a survey and 14 responded. Again the responses were mainly positive. What was working well was identified as, 'all staff participate in care given,' 'strong leadership' and 'good communication'. This was in contrast to our findings.

People and their relatives we spoke with could not recall any visits or telephone calls from area leads to ask them about their satisfaction with the service. Most recalled staff visiting to review care notes or observe staff.

The service had a matrix to identify when the annual care plan required review. We saw from the matrix that most annual reviews had taken place within that time frame. However, what we found on visits to people is that care plans and risk assessments did not always reflect current care needs and risk. This meant the system had been ineffective in ensuring care plans and risk assessments were up to date.

The service had employed a company to support them with policies and procedures and implement systems and processes to meet regulation. However, despite these attempts to improve the service we found these had not always been followed or checked against the regulations and therefore regulations continued not to be met.

Our findings above meant the quality assurance system continued to be ineffective in identifying breaches of regulation in regard to safe care and treatment, safeguarding service users from abuse and improper treatment and fit and proper persons employed. Our findings also confirmed that effective governance arrangements to monitor and ensure those regulations were met required further improvement to meet regulations.

This was a continued breach of regulation 17 of the Health and Social Care Act 2008 (Regulated Activities)

Regulations 2014, good governance.