

Staff Line Home Care Limited

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Inspection report

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Date of inspection visit:

14 June 2018
15 June 2018
25 June 2018
05 July 2018
13 July 2018
07 August 2018
21 August 2018

Date of publication:

22 November 2018

Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?

Requires Improvement ●

Is the service effective?

Requires Improvement ●

Is the service caring?

Requires Improvement ●

Is the service responsive?

Requires Improvement ●

Is the service well-led?

Requires Improvement ●

Summary of findings

Overall summary

Staff Line Home Care provides personal care and support to people in their own homes.

Our previous comprehensive inspection to the service was undertaken between 4 and 17 May 2017. The overall rating of the service at that time was judged to be 'Requires Improvement'. Five breaches of regulation were highlighted.

This inspection was completed between 14 June 2018 and 21 August 2018 and was announced. At the time of the inspection there were 108 people receiving support from the domiciliary care service.

A registered manager was in post. 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.

Quality assurance checks were not routinely being undertaken to enable the registered provider and registered manager to assess and monitor the service in line with regulatory requirements or to improve the quality of the service. The registered provider and registered manager had not taken appropriate steps to ensure they had sufficient oversight of the service to ensure that people using the service received personalised and responsive care. The lack of managerial oversight had impacted on people and the quality of care provided. The registered provider and registered manager were unable to demonstrate where improvements to the service were needed, how these had been addressed.

People's comments about staffing remained variable. The service sought people's views about the quality of the service provided and from this a review form was completed. These demonstrated people did not always receive a consistent service that was caring and our findings in terms of how staff supported people did not concur with people's comments about a caring service. People did not always know if they were to have a regular member of staff attend to their care and support needs. People told us this impacted on the level of care they received as they would have to tell the member of staff what they needed to do and how they wished their care and support to be provided. People were concerned that the times of visits by staff were inconsistent especially in the evenings and at weekends. Furthermore, people and those acting on their behalf were concerned and unhappy that some members of care staff did not stay very long or for the full allocated time that they should. This also meant we could be assured people using the service always received their medication at the times they needed them and received appropriate nutrition and hydration according to their needs.

The Care Quality Commission had not been notified of safeguarding incidents, despite the service working in collaboration with the Local Authority on several safeguarding concerns since our last inspection in 2017. This was not in accordance with regulatory requirements pertaining to notifications. Where the service had been asked by the Local Authority to undertake an internal investigation and complete a subsequent written

report, these were poorly completed. This showed that the management team did not fully understand their role and the relevant safeguarding processes to follow.

People's comments about the care and support they received was variable. Our findings as discussed with people using the service, their relatives and detailed within review forms, showed people did not always receive a consistent service that was caring or respectful.

Responses to complainants did not always consider all elements of the complaint and responses to professionals and complainants were not always appropriate.

Appropriate arrangements were now in place to recruit staff safely. Risks to people were now assessed, managed and reviewed to ensure their safety.

People's healthcare needs were managed well. Medication practices and procedures had improved since our previous inspection and although there were still some recurrent errors, these were mainly in relation to records.

Staff received opportunities for training and this ensured staff employed at the service had the right skills and competencies to meet people's needs. Newly employed staff received a robust induction. Staff felt supported and received supervision at regular intervals and an appraisal of their overall performance. However, where concerns about a staff member's performance had been raised, there was insufficient information available to show how this was monitored and suitable actions taken to address this with the staff member.

Staff demonstrated a good knowledge and understanding of the people they cared for and supported. People told us their personal care and support was provided in a way which maintained their privacy and dignity. We found that people's support plans reflected information to guide staff on the care people required to meet their needs.

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

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement ●

The service was not consistently safe.

People did not always receive care from regular staff at a consistent time.

Although improvements were made to the service's medication practices, recording errors still occurred and because of staffing issues, there was a risk these impacted on people receiving their medication in a timely way.

The registered provider and manager did not fully understand their roles and associated responsibilities relating to safeguarding policies and procedures. This referred specifically to not raising safeguarding concerns with the Care Quality Commission and internal investigation reports not being robust.

Proper arrangements were not in place to manage and mitigate all risks to people's safety.

Is the service effective?

Requires Improvement ●

The service was not consistently effective.

Whilst suitable arrangements were in place for staff to be supervised and monitored at regular intervals, improvements were required to ensure where issues were highlighted, actions were taken to address these.

People's nutritional and healthcare needs were identified to ensure that they received proper support from staff. However, we could not be assured people received their meals in a timely manner because staff did not always arrive on time or stay for the correct amount of time.

Staff received appropriate training and an induction.

Is the service caring?

Requires Improvement ●

The service was not consistently caring.

People's comments about the care and support they received

was variable and this demonstrated that people did not always receive a consistent service that was caring or respectful.

Staff demonstrated a knowledge and understanding of the people they cared for and supported.

Is the service responsive?

The service was not consistently responsive.

Appropriate steps had not been taken by the provider to ensure that people who used the service and those acting on their behalf had their concerns and complaints listened to, taken seriously and acted upon.

People did not always receive care and support that was responsive to their needs.

People's support plans guided staff on how to provide appropriate care and support.

Requires Improvement ●

Is the service well-led?

The service was not consistently well-led.

The provider had failed to recognise and identify the shortcomings in the service to improve the quality and safety of the service provided.

We found that the provider had failed to implement a robust quality monitoring system that operated effectively to ensure compliance with regulatory requirements.

Requires Improvement ●

Staff Line Home Care 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.

The inspection to the domiciliary care service office took place on 14 and 15 June and 5 July 2018 and was announced. The registered provider was given 48 hours' notice because the location provides a domiciliary care service and we needed to be sure that someone would be in. People using the service and/or their relatives or those acting on their behalf were contacted by telephone on 5 and 6 July 2018. Staff were contacted by telephone on 13 July 2018. On 7 August 2018, feedback of our inspection findings was provided to the registered provider and manager. The inspection was undertaken by three inspectors. One inspector was on site at the domiciliary care office on all three days, one inspector was on site for two days and one inspector was on site for one day.

We reviewed the information we held about the service including safeguarding alerts and other notifications. This refers specifically to incidents, events and changes the provider and registered manager are required to notify us about by law.

We spoke with six people who used the service and 11 people's relatives. We spoke with two members of staff whilst at the domiciliary care service, the person responsible for facilitating staff training and the registered manager. We also spoke with the registered provider when giving feedback of our inspection findings. We also contacted 10 members of staff by email with the intention of speaking to them about what it is like to work for the organisation. No staff contacted the Care Quality Commission, despite being given additional time to contact us.

We reviewed 12 people's support plans. We looked at the service's staff support records for six members of

staff. Information relating to staff training provided at the service was viewed. We also looked at the service's arrangements for the management of medicines, complaints and compliments information and quality monitoring and audit information.

Is the service safe?

Our findings

At our previous inspection in May 2017 safe was rated inadequate. This was because the registered provider's medication practices and procedures were not safe. Recruitment practices were not robust to safeguard the people using the service and improvements were required. Staff did not always stay for the full amount of time allocated and they did not always arrive when they were supposed to. Improvements were also required to ensure that people using the service received care and support from regular staff. The registered provider shared their action plan following the inspection with us and this provided detail on their progress to make the required improvements.

At this inspection we found that medication practices and procedures in relation to the administration of medication had improved. Recruitment practices and procedures were now safe. However, we have continued to rate the safe domain as 'Requires Improvement' as safeguarding arrangements were not robust and people's comments about staffing remained variable.

There continued to be no system in place to monitor 'missed' or 'late' visits by staff for people using the service. People and those acting on their behalf told us that although 'missed' visits by staff remained infrequent, the timings of staff visits throughout the day were variable and inconsistent. Visits were not always evenly spaced out with visits often too close together. People told us they rarely received a telephone call from individual staff members or the domiciliary care service office to notify them if staff were running late. People told us they wished to have a consistent staff team and did not like not knowing who was to provide their care and support needs. This was a shared concern from many people using the service and those acting on their behalf. One relative told us, "It is the not knowing or not being informed that is the problem. We have rung the office but nothing changes."

We discussed the above with the registered provider and registered manager and were advised that a system had still not been put in place to monitor 'missed' or 'late' visits. The only way they would know this, was if people using the service, those acting on their behalf and staff contacted the office and informed them. The registered manager told us the above could be monitored through analysing staff's time sheets. However, an analysis of staff's time sheets had not been conducted, therefore it was not possible to determine the actual number of 'missed' or 'late' visits each month.

One person told us there was a time when they didn't know who they were getting and there was a different member of staff every day. The issue was discussed with the service and the situation improved whereby they were allocated a regular member of staff each morning. However, this had not improved in the evenings and they could have four or more different members of staff throughout the week. Another person told us they could be assisted to bed as early as 7.30pm and staff not arrive until 10.00am the next morning to assist them to get out of bed. They told us this had been raised many times with the domiciliary care service office, however there had been little improvement. On the day we contacted this person to speak to them, they were still in bed and it was 10.10am. No one had contacted them to provide a rationale for staff's late arrival or to provide an estimated time when they might get there. A third person told us staff could be very late on occasions and at these times they were only too pleased that their relative was there to assist

them to bed.

The domiciliary care agency did not have an effective system in place to determine whether they had sufficient number of staff and our findings demonstrated a continued breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Information held by the Care Quality Commission confirmed there had been no safeguarding concerns raised since our last inspection to the service in May 2017. However, prior to this inspection the Local Authority made us aware that safeguarding concerns relating to two people had been raised since May 2017. Additionally, the registered manager told us that a recent safeguarding concern had come to light and this too was being dealt with by the Local Authority.

The Care Quality Commission had not been notified of any of the above safeguarding incidents. This was not in accordance with regulatory requirements pertaining to notifications. This states that we must be notified about abuse or alleged abuse involving a person(s) using the service. We discussed this with the registered provider and manager. They stated they were unaware that they were required to notify the Commission as the Local Authority was involved and taking the lead. Where the service had been asked by the Local Authority to undertake an internal investigation and subsequent written report, these were poorly completed by the registered manager. The reports did not consider all aspects of concerns raised or provide robust evidence of actions taken and lessons learned. This demonstrated that neither the registered provider and manager fully understood their roles and associated responsibilities in relation to the registered provider's safeguarding policies and procedures.

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

Staff's medication practices and procedures had improved since our last inspection to the service in 2017. Although, there were still some recurrent errors, these were mainly records based. Because of this, the registered provider had ensured staff responsible for administering medication, had received additional one-to-one support and training in this area. Six out of 16 members of staff were identified as not being able to or requiring further supervision to administer medication. For that reason, the registered provider had made the decision to create a separate medication team who would visit each person requiring support with medication and separate to the care support they would receive. However, where people received late calls from staff, there were occasions whereby they did not receive their prescribed medication on time and there was a risk this could impact on people's safety.

Appropriate arrangements were now in place to manage risks to people's safety. Where assessments were in place we found that these primarily related to people's manual handling needs, environmental risks and medication. Other risks relating to people's health and wellbeing had now been considered. For example, people who required catheter care and the associated risks, such as, catheter blockage, pain and discomfort to the person.

The registered provider was now able to demonstrate proper recruitment checks had been completed on all newly appointed staff before they commenced working at the service. Staff recruitment records showed the registered provider's recruitment practices were now safe and were being operated in line with their own policy and procedures and with the fundamental standards. An application form had been completed, written references relating to an applicant's previous employment was evident, proof of an applicant's identity had been sought and a criminal record check with the Disclosure and Barring Service [DBS] had been undertaken. Information was recorded as part of good practice procedures relating to the interview to

demonstrate the outcome of the discussion and the rationale for the appointment. This showed staff employed had had the appropriate checks to ensure they were suitable to work with people using the service. Prospective employees' equality and human rights characteristics, such as those relating to age, disability, ethnicity, religion or sexual orientation, were considered when recruiting staff.

People and those acting on their behalf told us they were safe and had no concerns about their safety. All people spoken with confirmed they were safe. One relative told us they had no complaints about the service otherwise they would look for a different domiciliary care service. They confirmed that their relative was safe. Another relative told us, "It is reassuring to know there is somebody going in when we are not there."

The staff training records provided showed that staff employed had received safeguarding training. Although staff could demonstrate a good understanding and awareness of the different types of abuse, would escalate concerns to the registered manager and were confident the management team would act appropriately; as already stated this did not concur with our findings.

Is the service effective?

Our findings

Effective was previously rated as 'Requires Improvement' at our last inspection in May 2017. The registered provider's training, induction, supervision and appraisal arrangements were not effective. The registered provider shared their action plan with us and this provided detail on their progress to make the required improvements. At this inspection we found that not all required improvements had been made and 'effective' remained rated 'requires improvement'.

Suitable arrangements were in place to assess people's care and support needs prior to the service being offered and agreed. People's equality and human rights characteristics, such as those relating to age, disability, ethnicity, religion or sexual orientation, were considered when making care and support decisions.

The training records showed staff were provided with a range of training in line with the organisation's expectations when first employed by the service. Thereafter staff received refresher or up-dated training for their roles to ensure their knowledge and skills were up to date for the delivery of safe and effective care. This was confirmed by staff as accurate and consisted of 'face-to-face' training, DVD's and workbooks. Suitable arrangements were in place to enable staff to attain specialist training relating to people's specific care and healthcare needs. Since our last inspection to the service in May 2017, staff had received specific training relating to catheter and stoma care, Parkinson's disease and dementia. Where workbooks were completed by staff, these had now been marked to confirm staff were competent in each subject and topic.

The person responsible for training confirmed all newly employed staff received a robust induction over a two-and-a-half week period. This consisted of classroom based training as required by the provider and the completion of the Skills for Care 'Care Certificate' or an equivalent. Staff's competencies were assessed and the organisation's values were covered as part of the induction process. Staff confirmed that in addition to the above they were given the opportunity to 'shadow' and work alongside more experienced members of staff. The registered manager confirmed the latter could be flexible according to an employee's previous experience and level of competence.

Staff told us they felt valued and supported. Staff had received formal supervision or been subject to 'spot visits' by a representative of the organisation at regular intervals. The latter is where a representative of the organisation calls at a person's home so that they can observe staff as they go about their duties. Nonetheless, where subjects and topics were raised, information was not always available to show these had been followed up to demonstrate actions taken, particularly where there were concerns about a member of staff's performance and conduct. Additionally, where staff arrived late to a person's home or there were missed calls, these had not always been dealt with under formal supervision procedures and this demonstrated these arrangements were not effective.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible

people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. We checked whether the service was working within the principles of the MCA. From our discussions with people using the service, we were assured that staff understood the importance of giving people choices when providing support and how to support people that could not always make decisions and choices for themselves.

Where staff were involved in people's nutritional and hydration support they did so as required to meet people's needs. People told us that staff, where appropriate, provided support with meal preparation and the provision of drinks and snacks. People told us their nutritional and hydration needs were not always met. This was because the timings of staff visit throughout the day were variable and inconsistent. Visits were not always evenly spaced out with these often too close together, some visits being significantly later than planned or not at all.

Where appropriate people had access to health professionals as required, for example, District Nurse services. People told us if there were concerns about their healthcare needs they would initially discuss these with their family member or a member of staff. Staff told us if they were concerned about a person's health and wellbeing they would relay the concern to the office for escalation and action.

Is the service caring?

Our findings

Caring was previously rated as 'Requires Improvement' at our last inspection in May 2017. People's comments about the care and support they received was variable and this demonstrated that people did not always receive a consistent service that was caring. The registered provider shared their action plan with us and this provided detail on their progress to make the required improvements. At this inspection caring remained rated as 'Requires Improvement' as people's comments about the care and support they received remained variable.

People using the service and those acting on their behalf were complimentary about the care and support provided. People told us they were happy with the care and support provided and that their needs were met. Comments included, "Yes, I feel that my care needs are met, there are no problems", "I feel staff do their job and my needs are met" and, "I am happy with my carers [staff] and have no complaints at the moment."

However, our findings as detailed within 'Service Review and Quality Monitoring' forms showed people did not always receive a consistent service that was caring. Our findings in terms of how staff supported people did not concur with people's comments about a caring service. This related specifically to people using the service not always having a regular member of staff attend to their care and support needs and visit times by staff being erratic and unpredictable.

People told us this impacted on the level of care they received. For example, one person told us when staff were late, this meant their morning medication was administered and received later than it should be. Also, this could have an impact on meal times, meaning their breakfast and lunchtime meal could be too close together. Moreover, where missed calls had occurred, this meant they had not always received their medication when they should. Another person commented about the impact of not having a consistent member of staff for their visits. They told us, "I have different ones [staff] every week. I had a carer recently in the morning who said, I don't know what to do as I only do evenings." They told us they had to instruct the member of staff what to do. This was not an isolated case. Another person told us they had a new member of staff visit them and they were asked, "What do you want me to do for you?" They told us regular staff knew exactly what their care and support needs were and didn't need to ask. Furthermore, some people were concerned and unhappy that some members of care staff did not stay very long or for the full allocated time that they should. This meant the service still needed to improve the way they delivered personalised care to people to ensure it was suitable to meet their needs and in line with their wishes and preferences.

People told us their personal care and support was provided in a way which maintained their privacy and dignity. They told us the care and support during personal care was provided in the least intrusive way and they were always treated with courtesy and respect by staff at these times. However, we found instances whereby staff had not always treated people or their relatives with respect. People commented that some members of staff could be surly and abrupt at times. For example, we were told of an incident whereby two members of staff were arguing with each other in front of a person using the service, about who was going to provide personal care. The relative told us, "Some [staff] can be rude, yelling and speaking to you like a naughty child." Others told us that staff whose first language was not English, could often be overheard

talking with one another in their own native language. This did not treat people respectfully.

People were encouraged to make day-to-day choices and their independence was promoted and encouraged where appropriate and according to their abilities and strengths. For example, where appropriate people were encouraged to maintain their independence with eating and drinking and with some aspects of their personal care. People told us that staff used the term of address favoured by the individual when communicating with them. In addition, people told us that they were supported to maintain their personal appearance, to ensure their self-esteem and sense of self-worth. People could wear clothes they liked that suited their individual needs and staff were seen to respect this. People told us that where possible they tried to maintain their independence. This showed that people were empowered to retain their independence where appropriate according to their needs and abilities.

Is the service responsive?

Our findings

Responsive was previously rated as 'Requires Improvement' at our last inspection in May 2017. People's comments about the care and support they received was variable and this demonstrated people did not always receive a service that was responsive. Appropriate steps had not been taken by the registered provider to ensure people who used the service and those acting on their behalf had their concerns and complaints listened to, taken seriously and acted upon. The registered provider shared their action plan with us and this provided detail on their progress to make the required improvements. At this inspection responsive remained rated as 'Requires Improvement' as the required improvements had not been made.

Guidance on how to make a complaint was given to people when they first started using the service and was recorded within the provider's Statement of Purpose. The registered manager confirmed a complaints log detailing the number of concerns and complaints received at the service since our last inspection to the service in May 2017 was not compiled. Although a complaint log was retrospectively completed and forwarded to the Care Quality Commission on 9 July 2018 by the registered manager, complaints recorded were only from 23 March 2018. This was not accurate as we were aware of other concerns and complaints received by the service prior to this date. This meant the registered provider and registered manager did not have a clear system in place to identify patterns or recurrent issues.

Improvements were required by the service to demonstrate people's concerns and complaints had been listened to, taken seriously and acted upon. Investigation reports were not robust as they lacked detail and were not thorough. Responses to complainants did not always consider all elements of the complaint and responses to professionals and complainants were not always appropriate, as the language used was either inappropriate or critical of the complainant and the person using the service.

Where people had raised concerns or complaints as part of the registered provider's own quality assurance processes; although information relating to the issues raised had been identified, no further action had been taken to log these as a concern or complaint or to address the issues raised. For example, one person highlighted that some of the evening staff who visited were a little rough. The care manager's comments five days later recorded efforts would be made to determine which staff members this related to, however no further information was recorded. We discussed this with the registered manager and they were not aware if this had been followed up or addressed to improve the service provided.

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

People did not always receive care and support that was responsive to their needs. Evidence as detailed within this report, demonstrated the service's inability to consistently provide a personalised and responsive level of support that people using the service required to meet their needs.

The registered manager confirmed that recommendations and referrals to the service were made through the Local Authority and Continuing Health Care [CHC]. Referrals and enquiries were also received by the

service from people wishing to contract directly and privately with the organisation. An initial assessment was completed by the organisation and the information gathered was used to inform the person's support plan.

People's support plans included the level of support required, the number of staff required to provide support each visit, the length of time for each visit and additional duties and tasks to be undertaken by staff. Records also showed that assessments relating to moving and handling, the environment and medication were completed. Evidence was available to show the content of the support plans had been agreed with the person who used the service and/or those acting on their behalf. Staff spoken with demonstrated an understanding and knowledge relating to the care and support needs of the people they provided regular support to.

Is the service well-led?

Our findings

Well-led was previously rated as 'Requires Improvement' at our last inspection in May 2017. The registered provider and manager had failed to recognise and identify the shortcomings in the service to improve the quality and safety of the service provided. The registered provider shared their action plan with us and this provided detail on their progress to make the required improvements. At this inspection well-led was remained rated 'Requires Improvement' as the required improvements had still not been made.

Our findings at this inspection demonstrated not all required improvements to achieve compliance with regulatory requirements had been made since our last inspection to the service in 2017. This referred specifically to the Care Quality Commission still not being notified of safeguarding incidents. This was not in accordance with regulatory requirements pertaining to notifications. There continued to be no system to monitor 'missed' or 'late' visits to ensure people received personalised support that was caring and respectful. Complaints management by the registered manager did not ensure complaints were thoroughly investigated and suggested a defensive attitude by the organisation.

Information was available to show that people using the service and those acting on their behalf had been asked to provide feedback and to complete a 'Service Review and Quality Monitoring' form and satisfaction questionnaire at regular intervals; to give a view about the quality of the service provided. However, many of the comments viewed demonstrated people were displeased with aspects of the service provided. This referred specifically to the lack of consistent staff provided, not being notified when staff were running late, the timings of visits undertaken by staff and the length of time some staff stayed. People felt this impacted on the quality of care and support they received from the domiciliary care service. For example, such as having their care and support needs rushed, the perception of the timing of visits being at the convenience of staff and this resulting in the service not considering their wishes and preferences which were identified at the time the care package was agreed. People spoke about being anxious because they did not know when staff would arrive or who this would be. None of the issues as detailed had been logged as a concern or complaint; and it was not always possible to determine what actions had been taken by the registered provider or registered manager to address these. This meant feedback provided by people using the service or those acting on their behalf were not always acted on.

Since our last inspection to the service in 2017, the registered manager had completed a small number of internal audits to review the consistency of staff provided to people using the service. For example, one audit in November 2017, showed over a four-week period the person using the service received support from nine different members of staff. The registered provider and registered manager were unable to provide any evidence to demonstrate the steps being taken to address and monitor this further. Moreover, these audits were not routinely completed, despite people's negative comments being consistently recorded within 'Service Review and Quality Monitoring' forms and satisfaction questionnaires. This meant suitable and effective arrangements were not in place to listen and respond to feedback from people using the service and those acting on their behalf.

Medication audits were completed but these had not always identified recording errors or staff's poor

administration practices, for example, where medicines were given too close together. No incident reports were completed where these had occurred and an analysis of medication errors in preceding months was not undertaken.

The lack of audits and checks meant there were inadequate arrangements in place to effectively monitor the quality of the service. Suitable arrangements were not in place to ensure the service was operating safely and lessons learned when things go wrong. It was apparent from our inspection that the lack of robust quality monitoring and auditing was a contributory factor to recognise breaches or potential breaches with regulatory requirements and to help drive and sustain improvements. Had there been a more effective quality assurance and governance process in place, this may have identified the issues we found during our inspection. It would have also enabled the registered provider and registered manager to identify where improvements were needed, to monitor and analyse trends and to learn from adverse events, such as safeguarding incidents, concerns and complaints.

The registered provider told us and records confirmed they met with the registered manager at intermittent intervals, however following the first two days of this inspection and discussions held with us, two meetings were conducted in June 2018. Although this was positive, matters discussed focussed mainly on medication and the registered manager undertaking face-to-face supervision with staff to help gain a better understanding of what was happening within the service. No discussions were recorded as having been held relating to 'missed' and 'late' calls, ensuring people received personalised support that was caring and respectful, complaints management and the outcomes from 'Service Review and Quality Monitoring' form and satisfaction questionnaires. This showed there was a lack of oversight by the registered provider and registered manager based on people's actual experience of the service and a lack of understanding to address these issues.

Staff meetings were infrequently held to give staff the opportunity to express their views and opinions on the day-to-day running and quality of the service and minutes of the meetings confirmed this. Where minutes of meetings were available, information detailing actions and how these were to be addressed were not completed. For example, reference was made in January 2018 there should be a minimum of four hours between each visit made by staff. No information was recorded specifying how this should be monitored to ensure visits to people were timely in line with their care and support needs.

As already stated people did not always feel the service provided by the domiciliary care service was well-led. In addition to concerns already stated within this report, people were concerned that requests for a 'call-back' from the office did not routinely happen. Evidence demonstrated support for the registered manager by the registered provider was not as effective as it should be. The registered manager was unable to demonstrate an understanding of the potential risks and issues posed for people using the service; and legal requirements were not always understood or met.

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

Information available and discussions held with the registered manager suggested the service worked in partnership with other agencies, for example, the Local Authority and healthcare professionals.

Despite all the shortfalls in monitoring and record keeping, some people were receiving a good level of care and were happy with the care and support provided. Comments included, "[Name of person using the service] is very happy, they [staff] are all very good", "To keep the care the way I have it now. We have efficient carers who are considerate and helpful" and, "I am still extremely satisfied with the service and have

no issues."

The registered provider and registered manager had addressed the shortfalls relating to staff receiving appropriate training, induction, supervision and appraisal. Some aspects of medication practices had been addressed and efforts were being made to make further improvements by introducing a dedicated medication team to solely administer people's medication.

This section is primarily information for the provider

Action we have told the provider to take

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

Regulated activity	Regulation
Personal care	<p>Regulation 13 HSCA RA Regulations 2014 Safeguarding service users from abuse and improper treatment</p> <p>The provider must ensure robust procedures and processes that make sure people are protected are followed.</p>
Regulated activity	Regulation
Personal care	<p>Regulation 16 HSCA RA Regulations 2014 Receiving and acting on complaints</p> <p>The provider must establish and operate effectively a system for identifying, recording, handling and responding to complaints by people using the service and others.</p>
Regulated activity	Regulation
Personal care	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>People who use services were not supported by the arrangements to assess and monitor the quality of service provided. The arrangements in place were not effective in identifying where improvements were required.</p>
Regulated activity	Regulation
Personal care	<p>Regulation 18 HSCA RA Regulations 2014 Staffing</p> <p>The provider must ensure that suitable arrangements are in place to ensure people using the service receive care and support from a consistent staff team and at a reasonable time in line with people's wishes and</p>

preferences.