

Total Care At Home Limited

Total Care at Home

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?

Good 

Is the service responsive?

Requires Improvement 

Is the service well-led?

Inadequate 

Summary of findings

Overall summary

This inspection took place on 20, 22 and 28 February 2017. The first day was unannounced; the other two days were announced. We gave people 48 hours' notice so the provider could inform them of our inspection and we could visit them.

Total Care at Home is registered to provide personal care to people who wish to remain living in their own homes. The agency can also provide a 24 hour personalised service to support people at home and in the community. At the time of this inspection, the agency was providing a service to 45 people. The frequency of visits ranged from one visit per week to four visits per day depending on people's individual needs. There were three teams which operated in different areas; one team covered the Weston-super-Mare area, a second team covered the Clevedon area and a third team covered the Portishead area.

There is a registered manager 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.

During the last inspection in August 2016 we found the provider had breached five regulations of the Health and Social Care 2008 (Regulated Activities) Regulations (2014):

1. ☐ Safe care and treatment (Regulation 12). The required improvements had not been made.
2. ☐ Fit and proper persons employed (Regulation 19). The required improvements had not been made.
3. ☐ Staffing (Regulation 18). The required improvements had not been made.
4. ☐ Good governance (Regulation 17). The required improvements had not been made.
5. ☐ Receiving and acting on complaints (Regulation 16). The required improvements had been ☐ made.

People were not protected against the risk of harm because risks associated with people's conditions had not all been assessed. Risk management plans did not contain the information staff needed to be able to provide safe care and treatment. One person had been placed at risk because staff had not visited the person to provide care and support in line with their care plan.

People were supported with their medicines by staff who had not been assessed as competent to do so. Monitoring the safety of medicines had not identified the shortfalls we found. The deputy manager told us medicines audits were the only audit undertaken, no other quality assurance checks were in place.

People benefited from a service where staff understood their safeguarding responsibilities. People told us they felt safe with their care. People said, "I am safe most of the time, I have no reason not to be". Staff received training in how to recognise and report abuse.

People told us they had not been able to receive sitting services, where these had been booked, because

there weren't enough staff. People told us they were unhappy the times of their visits had been changed. Everyone we spoke with told us their carers were kind and considerate, and gave them choices.

Required employment checks had not been completed before staff began work. Staff were not enabled to complete an induction programme which gave them the skills for the job. Staff had not received training to be able to provide care and support for people with conditions such as diabetes, dementia, strokes, or people who used catheters.

People told us they were happy with the care they received from staff, and staff showed respect for people's dignity and preferences. People told us staff were polite and said, "She's more than a carer, she's a friend" and "We get on well and are able to have a chat and a laugh".

People and staff told us the deputy manager was accessible and approachable. Staff and relatives felt able to speak with the deputy manager and provided feedback on the service.

We found repeat breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. 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. Full information about CQC's regulatory response to any concerns found during inspections is added to reports after any representations and appeals have been concluded.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Inadequate ●

The service was not safe.

Risks to people had not always been identified. Staff did not have the guidance they needed to manage people's risks.

The provider did not follow their recruitment procedure, so they could not ensure people were supported by staff with the appropriate experience and character.

People received their medicines from staff who had not had their competency to give medicines checked.

Most staff had a clear understanding of how to recognise abuse and were confident any concerns they raised would be dealt with.

Is the service effective?

Requires Improvement ●

The service wasn't always effective.

People were supported by staff who did not have the training they needed to be able to provide people with the care and support they needed.

People were supported by staff who did not always have supervision line with the provider's policy.

People's decisions and choices were respected and care was only provided when the person consented.

Is the service caring?

Good ●

The service was caring.

Staff were knowledgeable about the care people required and the things that were important to them.

Staff were respectful of people's privacy. We saw positive interactions between staff and people using the service. People responded well to staff.

Is the service responsive?

The service was not always responsive.

Staff did not have up to date or accurate information in care plans and daily task sheets about some conditions people may need support with.

People's complaints were being recorded, although some people felt they were not able to make a complaint.

People's views had been sought via a survey. Some surveys did not have dates on them so it was difficult to see if the feedback was recent or historical.

Requires Improvement ●

Is the service well-led?

The service was not well led.

Systems to assess the quality of service provided had not identified the shortfalls we found in care plans and risk assessments.

People's rights to safe, high quality care were not consistently supported because staff could not safely rely on the information made available to give them accurate information about how to support people's care.

The provider did not supply information as it was asked for. An action plan from the last inspection and information about accidents and incidents had not been provided.

Inadequate ●

Total Care at Home

Detailed findings

Background to this inspection

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

This inspection took place on 20, 22 and 28 February and the first day was unannounced. We gave 48 hours' notice so the provider could inform people of our inspection and we could visit them. It was carried out by an adult social care inspector 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 expert-by-experience was experienced in the care of elderly people, dementia and using domiciliary care services. A specialist pharmacist inspector also contributed their expertise.

Before the inspection, the provider had not been asked to complete a recent 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. The last PIR was completed in August 2016. We looked at the information in the PIR and also looked at other information we held about the service such as notifications, before the inspection visit.

We spoke with four people and one relative during the inspection, and phoned 23 people after the inspection. We also spoke with the registered manager, the deputy manager and two office staff, three members of staff working with people during the inspection, and phoned another six members of staff after the inspection. We spoke with a local authority commissioner and a healthcare professional. We looked at four staff files, eight care plans in the office, four care plans in people's homes, complaints, quality assurance, policies and procedures, training records, minutes of meetings and management action plans.

Is the service safe?

Our findings

The service was not safe.

During the inspection in August 2016 we found people's risks were not always assessed which left staff without information and guidance about how to care for people safely. During this inspection, we found the required improvements had not been made.

People had allocated staff visits based on their assessed needs. We saw one person had a week when none of their scheduled visits had taken place. A healthcare professional had telephoned the provider to ask why these visits had not taken place, as the office had been unaware. The person was assessed as needing four visits each day with two care staff attending each time. The deputy manager told us staff had telephoned the person each day to ask if they wanted their visits, because they were under the impression this was acceptable. A risk assessment for this person instructed staff to check the person had taken medicines to control a health condition, check their medicines and, "Check blood sugar levels". The deputy manager told us the visits were all welfare checks. After the inspection, we followed this up with the healthcare professional, who told us, "They were not welfare checks, we only provide visits for critical care needs. This could have had a serious impact on their health and they put this person at serious risk." This meant care and treatment had not been provided in a safe way for this person and the person had been placed at risk.

Risk assessments had been completed for environmental hazards in people's homes, such as checking doors and escape routes were free from obstruction and if there was adequate lighting. Staff were encouraged to ensure all pathways were clear to prevent slips and falls. Staff were also reminded to ensure they carried torches that had been provided for them and to ensure correct personal protective equipment such as gloves and aprons were used appropriately.

However, risks associated with people's conditions had not all been assessed. People were not being protected against risks and action had not been taken to prevent the potential of harm. For example, one person's assessment noted they had a health condition, but there was no information for staff what to look for if the person showed signs of becoming unwell. Staff we spoke with told us they did not know what symptoms to look out for should the person become unwell and therefore they may not react in the appropriate way to keep the person safe. Although this shortfall had been pointed out during the last inspection, action had not been taken to address it.

Two people used pressure relieving mattresses on their beds to help prevent their skin breaking down. There was no guidance for staff about who was responsible for monitoring the settings on the mattresses or how to monitor the settings on the mattresses were correct. The staff we spoke with were not aware of the correct settings for the mattresses. One staff member told us, "We haven't had any training about pressure relieving mattresses". This meant people were at increased risk of developing pressure ulcers. Although these shortfalls had been pointed out during the last inspection, action had not been taken to address them.

One person's care plan labelled 'promoting independence' stated the person was at risk of choking, but there was no risk assessment or guidance for staff around this. Where risk assessments had been completed, the risk management plans were not always appropriate. For example, one risk assessment identified one person suffered from depression and self-neglect; however the risk management plan simply informed staff to prompt the person with personal care, cleaning and tidying. There was no guidance for staff about what might trigger people's depression, how they would identify the person was depressed and what they should do to help the person. This meant staff may not identify when people felt depressed and people may not receive the support they needed.

Risk assessments and information in care plans sometimes gave conflicting information for staff. A risk assessment should be a careful examination of what might cause harm to people. For example, one risk assessment for one person said they did not have any pets. Information in a care plan for this person stated, "I enjoy the company of my cat". Staff did not appreciate risk assessments were necessary for any risk. They told us, "Risk assessments are there for people who need hoisting", "They're there for information if someone is high or low risk with their mobility". This meant people were being supported by staff who were not aware of the importance of identifying all risks relating to people and measures to reduce the risk.

The provider's improvement plan, dated November 2016, stated the required improvements around risk assessments would be made by December 2016. When we discussed this with the provider and the deputy manager, they acknowledged there were still improvements they needed to make. The deputy manager said, "You've not told me anything I didn't know, we're working on it".

Medicine administration systems in place were not safe. Training records showed 11 staff had completed medicines training. At the time of the inspection, eight staff had not completed this. One member of staff who had not completed medicines training confirmed they did not administer medicines to anyone. Staff had not had any competency assessments, where they were observed to check their medicines administration practice was safe. A pharmacist specialist informed us, "I think it is essential that all staff handling medicines should be assessed regularly as competent to do so". The provider's training records noted competency assessments on a regular basis were good practice. Staff told us, "I've done medicines training, but I've not had any assessment" and "What's a competency assessment?" The deputy manager told us, "We've not had these before". The deputy manager told us the team leaders would assess staff competencies, although they had not been trained to do so. This meant staff who had not been assessed as competent to administer medicines safely themselves would be assessing other staff, and this meant there was a risk unsafe practice would not be identified.

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

During the previous inspection, we found appropriate recruitment checks were not always carried out before staff started work. Staff had started work before appropriate checks had been carried out and gaps in employment had not been explored. During this inspection, we found the necessary improvements had not been made.

Rotas showed two staff had worked unsupervised before their Disclosure and Barring Service (DBS) check had been returned. The DBS helps employers make safer recruitment decisions and prevent unsuitable people from working with vulnerable people. Although we asked the deputy manager for the rotas for four new staff, only three had been provided. Staff files showed one member of staff had four gaps in their employment history and another member of staff had a gap of one year, none of which had been explored. Gaps in employment can raise concerns in the minds of potential employers about the candidate's

experience and suitability for the role and need to be clarified. Two members of staff had not completed application forms correctly, and had not given the month and year they worked for previous employers. These could potentially conceal a gap in employment and had not been explored. We fed this back to the provider and the deputy manager; they agreed there was still work to do.

The providers' recruitment policy stated where a potential member of staff had previously worked in care; "a reference would be sought from this employer". One member of staff said they had worked in care previously on their application form, however the provider had not followed their policy and requested a reference from this employer. Not all of the staff files contained two references, and one file contained a reference from a family member. Where positive disclosures had been received, risk assessments were in place. A positive disclosure is where the DBS showed the member of staff had received a caution, warning or conviction. The risk assessments required the signature of the registered manager, however one risk assessment dated September 2016 had not been signed to show the registered manager approved the person's suitability to work. This meant people were supported by staff who had not received the appropriate checks to ensure they were suitable to work with vulnerable people.

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

People had mixed views about whether there were enough staff to meet their needs. Most people told us there were sufficient staff to meet their needs, but they were concerned about changes to staff. People said, "I've had 43 different people in the last two years. It's not the girls, it's the firm", "These poor girls have got half an hour here and a quarter of an hour there" and "My tea time call was always someone different". One relative told us their family member had complex needs and had not always been able to have the sitting service they were entitled to because of shortage of staff. This meant the relative had not been able to have any respite. Other people also said they had been unable to have a sitting service because there weren't enough staff available for this. The deputy manager confirmed they were aware they had not been able to provide a sitting service for one person. Another person told us, "I no longer have a regular carer; this has upset me as I am having care from strangers all the time." One relative told us, "[Name] has the same carers so there is continuity of care, my relative is safe and I trust them". People told us, "Managers sometimes provide care themselves; they do spot checks or will accompany another carer if there is a shortage of staff". We asked to see rotas which would show how many staff were available to support people on any one day. We were told the system did not allow them to filter the information this way and we could only see what individual staff were doing. This meant the provider did not have a system that could clearly show they had enough staff to support people. The deputy manager told us there were enough staff to complete the visits booked. Staff told us they thought there were enough staff to support people.

We asked the deputy manager about safeguarding referrals to the local authority. They told us they had made two safeguarding referrals since August and showed us the records for these. However, during our conversation with the local authority, we found a safeguarding meeting was about to take place for a person with complex issues. The deputy manager had not made this information available to us when we asked for it. Where safeguarding referrals related to members of staff we found the registered manager had made appropriate referrals to the Disclosure and Barring Service (DBS).

People benefited from a service where staff understood their safeguarding responsibilities. People told us they felt safe with their care. People said, "I am safe most of the time, I have no reason not to be", "I feel safe with my carers, I would not change them, they cheer me up, I feel uplifted by them". Relatives told us, "I feel my relative is safe, I rely on them and I have complete confidence in the way they provide care". Staff told us, and records confirmed that most staff received training in how to recognise and report abuse. Staff

spoken with had a clear understanding of what may constitute abuse and how to report it. All were confident that any concerns reported would be fully investigated and action would be taken to make sure people were safe. Staff said, "I've done safeguarding training and assessment, I'd report anything to the office straight away", "I'm sure they'd look into anything, but I'd chase them if necessary" and "100% I'd report it, I'd go to CQC if I had to because safety comes first". This meant people were supported by staff who knew how to recognise and report abuse.

People told us they ordered their own prescriptions and used prescription collection or delivery services. Most people told us they were either able to take their medicines independently, or their relatives helped them. Where people took medicines which needed to be taken half an hour before food, people told us they were able to do this themselves. Where people needed to avoid foods such as grapefruit because it affected their medicines, people knew about this and information was available in their medicine care plans. Medicine administration records (MAR) we saw had all been signed where staff had prompted people to take their medicines. The deputy manager told us there had not been any medicine errors since the last inspection.

Is the service effective?

Our findings

The service wasn't always effective.

During this inspection, we found not all of the required improvements had been made. We received mixed feedback from people and their relatives about how well trained they thought the staff were. One relative said, "My relative has dementia and gets extremely anxious, one of the carers, who has previously worked in a care home for people with dementia does not react, I do not think the others are trained in dementia, only in the physical care". We found this member of staff had not reacted when the person hit them, although they had informed the office. Other comments included, "Carers are great at caring for [name] but because of [name's] complex needs cannot do all care, although initially we had been told they would" and "I would say carers are well trained, they seem to know what they are doing and are efficient and competent".

One person had undergone radical surgery which meant their mobility was seriously impaired. Information in their care plans contradicted itself. For example, one care plan for this person stated, "Walks independently with a walking stick" and "prone to falls". A risk management in their care plan stated, "To use a wheelchair when moving around" and "Care staff to communicate and support with education around the surgery". Staff told us, and records confirmed staff had not had the necessary training to be able to support the person with this. This meant staff were not trained to meet this person's specific need.

Records showed four people had catheters. Staff were expected to learn about catheters through watching others and they were not given specific training by people trained to do so. The deputy manager told us, "All catheter education is done on shadow shifts". It is important for staff to receive specific training in this subject to ensure they followed best practice guidelines. The deputy manager told us a district nurse was willing to provide training for catheters and epilepsy; however at the time of the inspection this had not been arranged. The deputy manager told us the district nurses were very busy and it was difficult to arrange a date. This meant people were at risk of not receiving the care and support they needed because staff had not received training from someone who had been trained to follow best practice.

From the care plans we saw, we identified three people had diabetes. A daily task sheet for one person instructed staff to "Check blood sugar levels", but did not explain if staff were expected to do the test themselves or simply check the results. Blood sugar levels can be checked by a simple finger prick to obtain a spot of blood and then using a special machine which will give the blood sugar reading. However, staff told us and records confirmed they had not received training for diabetes care and checking blood sugar levels. There was no guidance for staff around what the normal results or the expected results for that person should be. This meant staff were asked to provide care and support for people's needs when they had not received the necessary training and did not have any guidance in place. This further meant staff may not recognise when the person was becoming unwell and the person may not receive the support they needed in a timely manner. Staff said, "We do in-house training", "We do different training every month" and "I've done level 4 NVQ so it covers everything".

Information in people's care plans stated that all staff should receive training for dealing with cleaning

substances (COSHH training) and infection control. The training records showed six staff had completed COSHH training, 15 staff had yet to do this. Nine staff had not completed infection control training. One person had a PEG fitted. This is a tube through which the person could be fed or receive their medicines. The deputy manager told us, "The core team have all had PEG training". However, the training records did not confirm this. One member of staff who told us they supported this person confirmed they had not received specific training for caring for a person with a PEG, but said, "We clean the area and twist it". This meant people were supported by staff who had not been trained to fulfil their role.

During the previous inspection, we found not all staff had completed an induction programme before working on their own. During this inspection, we found not all of the required improvements had been made.

We found staff had not received an in-depth induction to prepare them for the role. For example, records in staff files showed three staff had completed an induction the provider considered appropriate, most of which was marked as completed in one day. Staff told us, "My induction took two hours in the office" and "My induction took about half a day in the office and was about the job role". We asked staff if they were able to shadow other, more experienced staff and if they were able to request an extension to the time they were given shadowing if they felt this would be beneficial. One member of staff said, "You shadow until they think you're competent".

The provider's induction policy needed to be updated because it referred to the 'Common Induction Standards', which were replaced by the Care Certificate in April 2015. The Care Certificate standards are recognised nationally to ensure staff have the skills, knowledge and behaviours to provide compassionate, safe and high quality care and support. It is the new minimum standards that should be covered as part of induction training of new care workers, and takes around three months to complete all 15 standards. The CQC's Fundamental Standards state, "It is expected that providers that employ healthcare assistants and social care support workers should follow the Care Certificate standards to make sure new staff are supported, skilled and assessed as competent to carry out their roles." The Fundamental Standards are the standards below which, care should never fall. The provider's policy stated, "The manager is responsible for assessing the training needs and developing a programme for each employee." The training records showed nine members of staff had completed induction since the last inspection in August 2016. Staff told us, "I've not been told if I'm doing the Care Certificate" and "I don't know if it's the Care Certificate". This meant staff were not given an induction which met the standards required by the Care Certificate.

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

Not all staff had a clear understanding of the Mental Capacity Act 2005 (the MCA) and how to make sure people who did not have the mental capacity to make decisions for themselves had their legal rights protected. When asked if they knew about the Mental Capacity Act 2005 (MCA) staff said, "I've heard of it, but I can't get it out" and "I think it's about giving people choices". Training records showed only seven staff had completed MCA training; 15 staff had yet to complete this.

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.

At the time of the inspection, the deputy manager told us everyone had capacity to make their own day to day decisions. People told us staff always asked for their consent before providing care and support. People said, "[Name] has a good relationship with carers and is able to make their own decisions, [name] enjoys the banter and chat and is always asked about care before it happens" and "Carers always ask me politely "would you like me to", or "is it alright if I.....". This meant although staff did not fully understand the principles of the MCA, they gave people choices and respected their decisions.

People were concerned they did not get rotas telling them which staff to expect. People told us, "We get rotas now and again", "More often than not the carers change" and "More often when you get a rota the same girls don't come". Other comments included, "I get regular carers, but no rota for the last three weeks so I do not know what time they will come" and "My carers are on time, one does not always stay as long as others, but no rota for three weeks or more, it is helpful to know who is coming".

Four people told us they were unhappy the times of their visits had been changed. People said, "They were coming early, now it's hour and half later; to sit here that long is too much", "Last night they were late, they phoned to say they were on their way but it was still another half an hour." Another person told us, "I know it has been difficult for the office to arrange care at the times I have specified, I also find this frustrating, and at times I have had to forgo my care because I have to go out". Other comments included, "Carers can be an hour early or an hour late, I understand this as it depends on who else they have to deal with, however, it can be distressing for my relative; once they are here they are not rushed and will do everything that is needed", "Carers come on time, the agency has lost some members of staff lately so we are seeing new faces, unfortunately the person my relative had most confidence in has gone", "Carers are generally on time, if I need to change time for hospital appointments, the manager has said to let her know and she will do the best to change it" and "Carers arrive on time, I have never been let down, it works like clockwork".

During the last inspection, we found staff did not always have supervision in line with the provider's policy. Supervisions are an opportunity for staff to discuss their performance and identify any further training they required to help them provide the care people needed. The provider's quality assurance policy stated staff should receive supervision every two months and have an annual appraisal and end of year review. The deputy manager told us they tried to give staff four supervisions each year. During this inspection, we found staff had received supervisions during 2016, but these had not been in line with the provider's policy because the provider's policy had not been updated to reflect the new supervision schedules. At the time of the inspection there were no supervisions planned for 2017. However, we spoke with one member of staff after the inspection, who told us they had a supervision planned. Other staff told us they felt supported, and were able to speak with the deputy manager if necessary.

During the last inspection, we found people's health care needs were not met effectively. During this inspection, we found this had improved. People told us their health care needs were met effectively because most of their health care appointments and health care needs were co-ordinated by themselves or their relatives. One person told us, "Carers are very vigilant, if they notice anything untoward such as soreness or redness, or if they have any concerns about someone's health they will inform family or if appropriate the GP". People's care records showed where district nurses and other professionals had been involved in people's care.

Where people needed support with their meals, people told us staff provided support in a sensitive manner. People told us, "Everything the carers do for us is marvellous". People told us mealtime arrangements varied from making tea and toast at breakfast, to making sandwiches or reheating a 'ready meal'. A relative told us, "Carers give [name] their breakfast, I have no worries, they have learnt how to do it from me" and a person said "Carers give my relative lunch which has been prepared by me; they try to make it a social

occasion and chat whilst doing it". We observed one person being supported to eat a meal, staff supported the person in a considerate and appropriate manner. This meant people received the support they needed with meals.

Is the service caring?

Our findings

The service was caring.

Most people told us they were happy with the care they received. They told us, "There is nothing wrong with my girls, you can't fault the care", "My carer is marvellous; I always have a good night's sleep when she's made the bed" and "She's more than a carer, she's a friend." People told us staff were flexible and would ask what they needed doing. One person said, "I don't have to tell them, they see what needs doing and just do it." Another person told us they had problems accessing their medicines and was running out of an essential medicine. They told us carers rang 111 for advice, which resulted in the medicine being sourced locally, and the carers collected it for them. Staff told us, "We've got such a good team" and "No-one's perfect but we've got great staff."

We watched the interaction between the staff and people using the service. From our observations, we could see that people were relaxed in the presence of staff and appeared to be happy. Relatives told us, "My relative gets on well with the carers, they chat and 'socialise', they have got to know [name] as a person, they are sensitive in what they say and know when to hold back". Comments from people included, "We get nice girls, all are capable and know what to do, they do not leave until everything has been done" and "I have every confidence in staff, they are a nice bunch of girls, and they let me do what I can for myself". We saw that staff were attentive and had a kind and caring approach towards people. One person told us, "On finding us at home in the dark during a power cut, two carers made us comfortable, then left and returned with fish and chips, ensuring we both had a hot cooked meal, the refused payment for it". Staff were offering people choice, encouraging them to undertake tasks independently and supporting them where needed.

People told us their care was reviewed one month after the service started, then regularly, in most cases six monthly afterwards, although some people were not sure if they had had a review. This was their opportunity to express their views of the support they received and make decisions about their care. People told us reviews were often done informally whilst the manager was delivering care.

Some people told us they received care and support from staff who had got to know them well; however other people said they were unhappy with the staff changes. One relative said, "I would like to see the same carers to have more continuity of care". Another relative told us, "My relative is physically very unwell, but mentally OK and loves the carers coming in for 'her daily gossip'". Other comments included, "I get on really well with my carers, they know what has to be done, and it just happens, they talk to me as they are 'doing'" and "We get on well and are able to have a chat and a laugh".

The relationships between staff and people receiving support demonstrated dignity and respect at all times. People told us that staff were 'kind and gentle' when they assisted with personal care. Personal care is when staff provide support with intimate care such as washing and dressing. A relative said, "Carers are very friendly, kind and caring to my relative who is bed bound, they treat [name] with great respect", "Carers always chat and are cheerful, respect and dignity is difficult because my relative can be very violent, they are doing their best; and "Carers make sure my relative is kept warm and covered up when moving them from

the shower back to bed to be dressed, although [name] cannot respond verbally, it is obvious when they are happy from the tone of voice being used".

Staff we spoke with were able to give examples of how they promoted and ensured dignity and respect for all people. Staff said, "When I'm giving personal care I reassure them, explain everything and ask if it's ok to wash them" and "I close the curtains and the door and make sure I have a conversation with them, it's important to explain everything". This meant staff respected people's privacy and dignity when giving them personal care.

Where staff let themselves in to people's homes using a key, people told us staff called out and let them know who was coming in, and said staff made sure they locked up when leaving. Some people told us they were confident staff would arrive, and usually on time; and said staff phoned them if possible to let them know if they were delayed. Most people said staff stayed the allocated time and said staff did not make them feel rushed. People told us if they needed to change the time of a call for any reason, this was done wherever possible.

Everyone told us that staff were very polite and addressed them by their preferred names. We saw that staff used appropriate communication and were familiar with people's needs. People said that staff spoke calmly and with respect. People said that they would feel confident to speak to a member of staff if they were worried about anything. Where people did not feel comfortable with staff, people told us they had been able to discuss this and their wishes had been respected. One person told us, "[Name] was not comfortable with two carers, so asked for them to be taken off the ROTA, this was done without disruption to care".

Is the service responsive?

Our findings

The service was not always responsive.

During our inspection in August 2015 we found the provider had breached Regulation 17 of the Health and Social Care 2008 (Regulated Activities) Regulations (2014) as people's care records did not contain sufficient or accurate information. The provider told us that they would make improvements by April 2016. During the inspection in August 2016 we found sufficient improvements had not been made. During this inspection, we found the required improvements had still not been made.

People's care records did not contain sufficient or accurate information to ensure they received personalised care. For example, where people had conditions such as diabetes, high blood pressure, or medical conditions including bypass surgery, renal failure, tubes inserted to receive foods through, amputation or Parkinson's disease, there was no information in people's care plans giving staff guidance how to meet the person's need. One person had a dementia and could be anxious. Their care plan informed staff, "I can get agitated at times". There was no guidance for staff if there were any triggers for behaviours that challenge and no guidance for staff how to support the person when they were anxious. Staff confirmed they did not have any guidance or training to support people with complex needs. This meant the person may not receive the support they needed when they were anxious.

People's care plans were not logically labelled to enable staff to find the information easily. For example, one person's personal hygiene care plan stated, "Exercises to reduce the risk of deteriorating mobility" but did not actually give staff information what these exercises were. The local authority's care plan dated September 2016 stated, "This person is not doing her exercises as advised by the physiotherapist. Wherever possible, carers should be trying to encourage [name] to do these exercises or there is a risk of her mobility deteriorating". Staff told us, "We don't do exercises with them". The personal hygiene care plan also stated, "Management of my catheter" and "Putting on and removing my leg splints" but did not give any guidance for staff how to do this. Another person's care plan entitled 'How I Like My Home Environment' told staff, "I need carers to record my fluid input and output and ensure my equipment is flushed and cleaned". One person's care plan said they needed the help of carers to keep on top of cleaning their home; however there was no guidance for staff around what cleaning needed to be done. Another care plan stated an aim was to reduce the person's isolation, but there was no guidance for staff how to help the person with this. We asked staff how they knew what support to provide for people. Staff told us, "Relatives are usually there" and "People with complex conditions have got families with them". This meant staff did not have clear guidance around the care and support they needed to provide, and people were at risk of not having their needs met.

Some care plans contained conflicting information. For example, one person's care plan contained out of date information which stated they were able to mobilise with support from two staff, while another area in their care plan stated they needed to be hoisted. This meant without the correct information, staff may not provide the support the person needed. Another person's daily task sheet instructed staff to support the person with food preparation; the person told us staff didn't do this. One care plan contained a patient

safety alert regarding the risk of severe harm and death due to withdrawing insulin from pen devices; however this person told us they didn't have diabetes. This meant staff were not provided with the correct information they needed to be able to provide the support people needed.

During the last inspection we found staff had access to daily task sheets which provided a summary of the support the person needed. However, these records did not contain all of the information they needed. During this inspection, we found the required improvements had not been made. Information from local authority care assessments was not always written in to the provider's care plans or daily task sheets. For example, one person's care plan said they needed their legs to be creamed three times every day. This person told us staff creamed their legs once a day. Another person's care plan stated staff should assist the person to prepare meals; the person told us this was not done. None of these pieces of information had been written on to people's daily task sheets. This meant people did not receive the support they needed to meet their needs because there was a lack of guidance and information for staff.

During the last inspection, we found staff were knowledgeable about day to day things that were important to people they were caring for, but care plans did not include information that enabled the staff to monitor the well-being of the person. There were no dates in the care plans, so it was not possible to see how old the information was and therefore be sure the information was still relevant. During this inspection, we found the same and the provider had taken no action to improve this.

During the last inspection, we found people's needs were not reviewed regularly and as required. During this inspection, we found although reviews were being undertaken by a senior carer, these did not lead to the care plans being updated with all the necessary information. Nine care plans had been reviewed in total. We saw three of these and found they had not included information such as behaviour plans, catheter care plans or guidance for staff how to support someone who may be depressed.

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

People told us their requests for carers of a particular gender were not always respected. People said, "I definitely do not want a carer of the opposite sex, but because of a change of circumstances this is not always possible. My calls to the manager have either not been passed on or ignored because my requests for return calls are ignored, and at weekends there is nobody in the office". However, another person told us where they had requested not to be supported by specific carers, this had been respected. They said, "Where there has been a request not to have specific carers, this has been arranged".

During the previous inspection in August 2016 we found complaints were not always recorded or acted on in a timely way. During this inspection, we found this had improved. Since August 2016 there had been two complaints. We saw the provider had taken appropriate action in response to these. There had also been three compliments received; one relative wrote, "You responded so swiftly in the first place to setting up the care plan for mum and then were so accommodating to match what was required without fuss."

People and relatives told us they were aware of how to raise a concern or make a complaint, although not all said they would feel able to. One person said, "I would never complain" however they declined to say why this was so. One person said they would definitely complain if necessary, to protect other vulnerable people who might not be able to do so. Staff told us, "If I had a complaint I'd pass it on to the office, I'd make sure everything was recorded". This meant people were aware of how to complain but not everyone would make a complaint.

The provider's quality assurance policy stated, "The manager will contact each service user once a month to consult them about the quality of care they are receiving. This will either be by telephone or a pre-arranged personal visit to the service user's home." People told us these calls were not always taking place. The policy also stated people would be given bi-annual satisfaction surveys and feedback would be sought from families, staff and healthcare professionals. Seven people had responded to the surveys sent out in November 2016. Six people were very satisfied with the service they received and one person was fairly satisfied. Comments included, "There could be more checks, some [staff] do not adhere to the 'to do and not' list" and "I am very happy with the level of support given and the care and compassion shown by the carers". There had not been any changes as a result of feedback received. This meant people were supported to express their views about the service.

The deputy manager told us staff had been given surveys in November 2016 as well but none had been returned. However, they also showed us four staff surveys which did not have a date, so it was not possible to see if these were recent surveys or not. Comments from staff about the surveys were mixed. Staff said, "The best thing about working for the company is the clients and carers I work with". Things the company should do better included, "Better communication from the office." One member of staff disagreed with the statement, "The training I receive is adequate to allow me to meet the needs of the people I look after." This meant staff had identified areas they felt the provider should improve.

Is the service well-led?

Our findings

The service was not well-led.

During the inspection in August 2015 we found the provider was breaching Regulation 17 of the Health and Social Care 2008 (Regulated Activities) Regulations (2014) as systems to assess the quality of the service were not effective. During this inspection, we found things had not improved.

During the previous inspection, we found the service was not well-led. The quality assurance systems in place to monitor care and plan on-going improvements were not effective. The systems in place had not identified the shortfalls we found. Not all risks to people had been identified and staff did not have the guidance they needed to be able to care for people safely. Staff recruitment files did not contain the necessary checks or risk assessments to ensure people were suitable to work with vulnerable adults, and not all staff received the supervision they needed. Although the provider had engaged a number of new staff, existing staff had not completed training the provider identified as mandatory. The registered manager told us he would email a copy of the staff rota to us, as the only copy available during the inspection was written on a board in the office. We did not receive this. After the inspection, the provider was asked to supply us with an action plan saying how they were going to ensure the service would improve and when this would be achieved. We did not receive this. During this inspection, we found the required improvements had not been made.

The deputy manager showed us the improvement action plan, dated November 2016. This document listed the shortfalls identified during the inspection in August 2016 and identified the actions needed, where the provider felt actions were required. For example, the improvement action plan stated the risk management forms had been redesigned to make them easier to use. "New care plans would include a dedicated risk management section, which would include information on the signs staff should look out for and the action to be taken, even where a relative was responsible for administering insulin. The new risk assessments and care plans were being rolled out to all service users and would be completed by December". There was no update to explain why only nine of the care plans had been updated at the time of our inspection. The deputy manager told us, "Care plans are work in progress". There had not been any audits of the new care plans to ensure they contained all the information they needed.

During the previous inspection in August 2016, we found complaints and concerns were not always recorded, explored and responded to in good time and were not used as opportunities for learning and driving improvement. The action plan did not state how this would be addressed. Daily task sheets did not contain all of the information they needed; the provider had marked this action as complete. In addition, the action plan stated compliance will be monitored through spot checks and quality assurance visits, and listed five areas which would be audited; these included a risk management audit, a health and safety audit, an infection control audit, a food hygiene audit, a financial protection audit and a medicines audit. However the deputy manager told us medicines was the only area that was being audited at the time of the inspection.

The action plan stated staff training records had been reviewed and a new programme of specialist staff training had been commissioned, starting with a level two dignity and safeguarding training. There was no record of this on the training record and staff we spoke with about training did not mention this. The action plan also said, "We have also made further improvements to our staff induction programme." We did not see this improvement. The action plan also stated "There is a clear management schedule in place to schedule future supervisions"; however there were no supervisions planned at the time of the inspection. The action plan further stated, "There is a clear management schedule for when the spot checks are to be undertaken"; however we did not see this. During the last inspection, we found gaps in employment for four staff files; the action plan stated, "All staff files have been checked and there are now suitable written explanations for these breaks in employment"; this action was marked as complete. During this inspection, we found gaps in employment were still not being explored.

The provider's improvement plan, dated November 2016, stated the required improvements around risk assessments would be made by December 2016. When we discussed this with the provider and the deputy manager, they acknowledged there were still improvements they needed to make. The deputy manager said, "You've not told me anything I didn't know, we're working on it".

During the last inspection, we found the provider was not following their policy around undertaking spot checks on staff. During this inspection, we found the provider had reviewed and updated their policy to say staff will receive one spot check each year to ensure they were following the provider's policies and providing appropriate support, before a supervision was due. The spot check records showed five checks had been carried out; two of these had one form which covered two members of staff. As there were 24 staff employed at the time, this meant 19 staff had not received spot checks. This meant not all staff had received a spot check and those that did, did not always have the benefit of a confidential form if there was a need to discuss anything during supervision.

We found where medicine audits had identified shortfalls; there were no records to show these had been followed up to check they had led to improvements. An audit completed in October 2016 identified missed signatures on medicine administration records (MAR) and all staff were reminded to sign for medicines during a staff meeting. In November 2016, the audit of one person's medicines records identified staff had not signed the records; there was no name or other identifying information on the records such as a date of birth, and no information about allergies. The audits had not been revisited to show any required actions had been completed. The deputy manager told us staff had been spoken to about this. This meant the provider did not have effective systems in place to monitor the quality of care and support that people received.

Another medicines audit identified the need to complete additional information in one person's medicines records; however there was no further information to show this had been done. The audit had not been signed or dated to state it had been completed. An audit in January 2017 identified one person's records did not record their allergies and the name and strength of the medicines they took needed to be recorded. Staff were reminded of this via a message sent to their mobile phones. This meant although medicines audits were being conducted and some actions had been taken, they were no records to show the actions had been completed or led to improvements.

The provider's medicines policy needed to be updated. The provider's policy informed staff to ensure the right person was given the right medicine, at the correct dosage and at the correct time. Where staff administered medicines, NICE guidance gives six areas staff should check before administering medicines. The provider's policy did not meet NICE guidelines because it did not include the route and the person's right to refuse their medicine. This meant the provider's policy did not meet current national medicines

guidance.

Although the provider told us it was impossible for staff to miss visits because their allocation system alerted them; the provider had not been aware when staff had not visited one person. The deputy manager told us this had been, "A learning curve for staff". No action had been taken to evaluate and improve their practice to mitigate the risks to people and ensure this would not happen again.

During the inspection, we asked for information about accidents and incidents. The deputy manager said everything was recorded on their electronic system and they would email the information to us. Although we reminded them on the last day of the inspection, we did not receive this information.

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

The staffing structure for the service provided clear lines of accountability and responsibility. The registered manager line managed three senior care specialists, the deputy manager and the administration team. Each of the senior care specialists managed two care specialists. The deputy manager was responsible for managing the seniors when the registered manager was absent. Everyone we spoke with told us the service had improved over the past six months. They said this was because there was better communication, more reliable and regular carers, and better timekeeping.

The registered manager had previously told us they had taken a step back because people had mixed views about the support and communication they received from the registered manager. The deputy manager was responsible for the day to day running of the agency. When describing the deputy manager people said, "The manager is very helpful and empathetic, they are doing their best", "The manager is very approachable, understands how unsettling having different carers can be" and "The manager does her best if we have to change times for hospital appointments; they do care, and are happy to speak and will always call back". Other comments included, "I can ring at any time, the manager is at the end of the phone and will listen". Staff told us, "I've not had any problems, if I've had any issues I've phoned the deputy manager and it's been dealt with" and "I feel supported".

Risks which could affect the service such as severe weather, utility failures or staff sickness had been assessed and there were plans in place how to reduce the impact of these. However, the business continuity plan listed a deputy manager and a senior care specialist who had both left the service as contacts.

The provider had a mission statement which stated, "At all times expect your care to be delivered in line with the three core principles of dignity, respect and choice." We asked staff if they knew what the values of the organisation were; staff said, "Not off the top of my head" and were not able to demonstrate that the vision of the service has been clearly communicated to them.

People and those important to them had opportunities to feedback their views about the service and quality of the service they received. People told us there had been regular questionnaires sent out, either six or 12 monthly. However, no one was able to say if there had been any changes made as a result of any comments. We asked the deputy manager if any changes had been made as a result of feedback from questionnaires, and there were none.

Periodic monitoring of the standard of care provided to people funded via the local authority was also undertaken by the local authority's contract monitoring team. This was an external monitoring process to ensure the service meets its contractual obligations to the council. We contacted the contract monitoring

team prior to our inspection and there were several concerns highlighted. The local authority found staff started work before appropriate checks had been made and required references had not been obtained. They also found spot checks had not been undertaken in line with the provider's policy and there were gaps in staff training requirements. The local authority asked for more detail in care plans and for a process to ensure any issues or concerns were followed up and referred to healthcare professionals where necessary. They also asked for a plan to show reviews were conducted in a timely way and risk assessments to show how risks should be managed. They found risk assessments did not always cover people's needs. The local authority required the provider to conduct a full audit of client files to ensure records were up to date and accurate, a full health and safety audit and a financial transaction audit. The local authority completed a comprehensive review of the service in December 2015 and produced a report of their findings. They generated an action plan of the improvements they expected the provider to make. Following this visit, they completed four compliance monitoring visits throughout 2016 and a further review in February 2017. Of the 46 actions required by the local authority from December 2015, twelve had been completed and one was no longer applicable, meaning 33 actions were still in progress.

The provider's website did not clearly display the rating they received from their previous inspection, and their rating was not on display in the office. This is a legal requirement under the Health and Social Care 2008 (Regulated Activities) Regulations (2014). We discussed this with the registered manager, who made the necessary changes to the website immediately.

The deputy manager had notified CQC about significant events. We used this information to monitor the service and ensure they responded appropriately to keep people safe.

This section is primarily information for the provider

Enforcement actions

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

Regulated activity	Regulation
Personal care	<p>Regulation 12 HSCA RA Regulations 2014 Safe care and treatment</p> <p>Regulation 12 (1) of the Health and Social Care 2008 (Regulated Activities) Regulations 2014: Care and treatment were not provided in a safe way for service users.</p> <p>Regulation 12 (a) Lack of risk assessments meant risks to the health and safety of service users was not assessed.</p> <p>Regulation 12 (b) Ineffective risk management plans meant risks were not mitigated.</p> <p>Regulation 12 (c) Staff did not receive training to care for people with specific needs such as diabetes, amputation, stroke risks, diabetes, behaviour management.</p> <p>Regulation 12 (g) Staff did not have their competency to administer medicines assessed.</p>

The enforcement action we took:

NOP being served to cancel registration.

Regulated activity	Regulation
Personal care	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>Regulation 17 of the Health and Social Care 2008 (Regulated Activities) Regulations 2014</p> <p>Regulation 17 (1) Systems and processes were not established and operated effectively.</p> <p>Reg 17 (2) (a) There were no audits of staff files, care plans, complaints to assess, monitor or improve the quality of the service.</p> <p>Reg 17 (2) (b) SU's did not have all risks assessed and risk management plans were absent or ineffective.</p> <p>Reg 17 (2) (c) SU records were not accurate, complete and up to date.</p> <p>Reg 17 (2) (f) The service did not evaluate and improve their practice in respect of processing</p>

information referred to in sub-paragraphs (a) to (c).

Regulation 17 (3) The registered person did not send to the Commission, when requested to do so:

Regulation 17 (3) (b) The provider did not submit plans they had for improving the standard of the services provided to service users with a view to ensuring their health and welfare.

Provider did not submit action plan as requested following last inspection.

Provider did not supply accident and incident information as requested (or reminded) during the inspection.

Provider did not supply the 4 rotas as requested during the inspection.

The enforcement action we took:

NOP being served to cancel registration

Regulated activity	Regulation
Personal care	<p>Regulation 19 HSCA RA Regulations 2014 Fit and proper persons employed</p> <p>Regulation 19 (3) of the Health and Social Care 2008 (Regulated Activities) Regulations 2014</p> <p>Regulation 19 (3) (a) Information in staff files did not meet the requirements of Schedule 3</p>

The enforcement action we took:

NOP being served to cancel registration

Regulated activity	Regulation
Personal care	<p>Regulation 18 HSCA RA Regulations 2014 Staffing</p> <p>Regulation 18 of the Health and Social Care 2008 (Regulated Activities) Regulations 2014</p> <p>Regulation 18 (2) (a) staff did not have appropriate training.</p>

The enforcement action we took:

NOP being served to cancel registration