

Mr Michael John Wakefield

Home Caring Services

Inspection report

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Ratings

Overall rating for this service

Inadequate



Is the service safe?

Inadequate



Is the service effective?

Inadequate



Is the service caring?

Requires Improvement



Is the service responsive?

Requires Improvement



Is the service well-led?

Inadequate



Overall summary

We carried out this inspection over two days; 20 November 2014 and 27 November 2014. This was an unannounced inspection. At the last inspection in May 2014, the service was found to be not meeting the requirements of Regulation 20 of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2010.

Home Caring Services provide care and support to people in their own homes. These services are provided within the Pontefract and Wakefield area.

It is a condition of registration that the provider has a registered manager at the service. A registered manager is a person who has registered with the Care Quality

Commission to manage the service and has the legal responsibility for meeting the requirements of the law; as does the provider. The registered manager was present on both days of our inspection.

There were no (or inadequate) audits carried out of medications, safeguarding logs and accident and incident logs. This meant it was not possible for the provider to identify potential problematic areas or themes in incidents. We did find, however, that safeguarding concerns were fully investigated at the service.

We found issues with training, where staff had not completed a training course or were overdue an update. We also found people were not involved in their care

Summary of findings

planning to enable the service to provide a more person-centred approach. We also spoke with staff about the Mental Capacity Act 2005 (MCA). However, staff did not have sufficient knowledge in this area and told us they had not received training in the MCA.

Both staff and people who used the service confirmed they had positive, caring relationships with each other. People we spoke with told us they liked their carers and if there were concerns about staff interactions or interventions, they would report it for a resolve to be reached. We also asked people and staff about privacy and dignity. People confirmed their privacy and dignity were respected and staff were able to tell us how they ensured this. However, we found people had not been involved in their care planning, there was a lack of information regarding people's life histories and no information had been given to people regarding advocacy services.

Although people were not involved in their care planning, they explained to us how they received personalised support from staff who knew them well. We also found that complaints and concerns were investigated by the service until a satisfactory resolve was reached. However, we found the service did not use these concerns and complaints to continually improve the service provided.

Although staff received regular supervision, we found no staff in the files we looked at had received an annual appraisal. We also found that there were no audits carried out at the service to ensure good, safe practice. We also found the service had a computer system in place that office staff did not fully understand, meaning discrepancies in the system could not be corrected and the system was not adequate for the role.

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

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was not always safe.

We found people were protected from bullying, harassment, avoidable harm and abuse that may have breached their human rights.

There were no reviews carried out of safeguarding or accidents & incidents. We saw information regarding the person's healthcare professionals but there were no plans in place for people in the event of emergency.

We found there were sufficient numbers of staff employed for the purposed of providing care and support to people. However, we found some employment checks were inadequate.

We found issues with medicine management at the service, where no audits were undertaken. It was not possible for the service to ensure medicines were not excessively or inappropriately used.

Inadequate



Is the service effective?

The service was not always effective.

We found people received care, which was based on best practice from staff who had the knowledge and skills required to carry out their roles. However, we found issues with training at the service, where staff had either not received training or where updates were required.

We found no evidence of mental capacity assessments or best interest decisions being made. We also found staff had not received training in the Mental Capacity Act 2005. No audits were carried out to ensure consent to care and treatment was sought in line with legislation and guidance.

People were supported to have sufficient food and drink that they had chosen themselves to maintain a balanced diet.

We saw information in care records relating to the healthcare professionals involved in people's care. However, we found no evidence of people being involved in planning or reviews of their own care.

Inadequate



Is the service caring?

The service was not always caring.

We spoke with people who used the service, who told us they had positive, caring relationships with their care staff. Staff were able to tell us how they provided person-centred care. However, we found no evidence in care records of people's life history.

Requires Improvement



Summary of findings

We found no evidence to show people were actively involved in the planning of their care and support. We spoke with people who used the service, who told us they had been given no information on advocacy services.

We spoke with staff who were able to explain to us how they protected and promoted people's privacy and dignity. People who used the service confirmed their own privacy and dignity was respected.

Is the service responsive?

The service was not always responsive.

We found no evidence of people being involved in their care and support planning. However, when we spoke with people who used the service, they told us staff members ensured the care and support received was personalised to them.

We found an annual satisfaction survey was sent out to people who used the service. We found concerns and complaints were explored and responded to appropriately. However, we found concerns, complaints and survey results were not used as an opportunity for learning and/or improvement.

Requires Improvement



Is the service well-led?

The service was not well led.

We found staff were well supported and received regular supervision, which was used to ensure a positive culture at the service. However, we also found that staff did not receive an annual appraisal.

We found there were no formal audits carried out at the service, including medication audits. We also found records at the service were not robust and staff did not fully understand the computer data management systems.

Inadequate



Home Caring Services

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 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 across two days, on 20 November 2014 and 27 November 2014 and was unannounced.

The inspection team consisted of one Adult Social Care bank inspector who attended both days of the inspection, one Adult Social Care inspector who attended the second day of the inspection and another Adult Social Care bank inspector who made phone calls to people who used the service and staff, following the two inspection days. At the time of the inspection a Provider Information Return (PIR)

was not available for this service. 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.

During our inspection, we spoke with three people who used the service, four relatives of people who used the service, five care staff, the registered manager and the registered provider. We reviewed records kept by the service.

We looked at the care records of nine people who used the service and the staff personnel records of thirteen staff members. The registered manager told us there were approximately 45 people who used the service and 45 staff members employed as care staff at the time of our inspection.

We looked at policies and procedures at the service and found the majority of these were inadequate or out of date. We spoke with the provider and registered manager about this, who told us they had recently bought a new 'Domiciliary Care and Personalised Policies' package. We saw evidence that these policies had been purchased six days prior to our inspection.

Is the service safe?

Our findings

We looked in care records to see if there was any information present on what to do in an emergency. We saw care records contained information of the person's next of kin and details of the person's GP. We saw no information in the care records we looked at which detailed information regarding emergency procedures. This meant the service did not always ensure plans were in place for dealing with emergencies. We spoke with the provider and registered manager about this, who told us they were in the process of reviewing all care records. This is a breach of Regulation 20 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010.

We looked to see if there was any trend analysis carried out of concerns or incidents. We were unable to find evidence of any formal trend analysis taking place. We spoke with the registered manager about this, who told us there was no formal trend analysis. This meant the service did not have arrangements in place to continually review concerns or incidents to ensure any themes were identified and acted upon. This is a breach of Regulation 10 of the Health & Social Care Act 2008 (Regulated Activities) Regulations 2010.

In one care record we looked in, where the person was diabetic and prescribed insulin, we saw no information relating to this. We also looked at two care records where there were no medicines risk assessments in place. In another care record we looked in where the person had been prescribed eye drops, we found that carers who were administering these eye drops had not received training to do so. We found no staff had received training from the registered provider in medicine management. We also found no review of medicines care plans in two of the care records we looked at. These examples demonstrated that procedures were not in place to ensure medicines were assessed and managed adequately to ensure they were administered appropriately. This is a breach of Regulation 13 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010.

We spoke with three people who used the service and the relatives of four people, who all told us they felt they (or their relative) were safe. One relative we spoke with said; "I know my mum is safe. I make sure. If anyone new (carer) comes, I stay in. They give a good standard of care and do what she needs." Two people we spoke with said they

weren't happy with some carers that were providing their care and that they had spoken to the registered manager about this. The issues aforementioned were regarding people's preferences of carer. Following these discussions, the registered manager changed the carers providing the care so that people were happy and felt safe. This demonstrated the service supported people to raise any concerns they had about staffing and keeping safe.

We spoke with five staff members about safeguarding. Every staff member we spoke with was able to explain the different types of abuse i.e. physical, mental, and psychological and what signs they would look out for i.e. the person becoming withdrawn or bruising on the skin. Staff were also able to tell us what they would do, should they have had any concerns or if they thought someone was being abused. They told us they would report it to their manager, the local authority safeguarding team and/or the Care Quality Commission (CQC). This demonstrated staff were knowledgeable about safeguarding and the procedures to follow should they have suspected someone was being abused.

We looked in the service's 'Service User Guide' to see if there was information provided about safeguarding and protection from abuse. We found there was no information contained in the guide about safeguarding. This meant the service did not support people to understand what 'keeping safe' meant.

We looked in people's care records and found risk assessments were in place for a number of different areas, including equipment, household appliances, safe movement around working areas and other identified hazards in the person's home. This meant the service ensured there were arrangements in place for managing risk appropriately. However, in care records we looked at during our inspection, we saw no evidence that the person who used the service had been involved in these assessments. We spoke with the registered manager about this, who told us they were in the process of implementing new paperwork that contained a sign-off sheet to evidence that the person who used the service had given information and had been involved in this.

We looked in the daily records made by care staff for people who used the service. In these records, we found information pertaining to risks to people's care and support. These records were used as a form of 'handover' for the next staff member to look at when they attended

Is the service safe?

the next call. However, in all daily records we looked at, we found several gaps, where records had not been completed or maintained. This meant methods used to share information regarding risks were not always appropriate or effective.

We looked at the safeguarding log held at the service to see if investigations into whistleblowing or staff concerns, safeguarding and accidents or incidents were thorough and complete. We saw evidence that all safeguarding concerns had been fully investigated and, where appropriate, actions plans had been written to address the issues raised. We saw that all incidents were logged and disciplinary procedures were followed.

We asked the registered manager how many staff members were employed at the service for the purpose of providing care and support to people. The registered manager told us there were approximately 45 care staff employed, of which, twelve had been employed since October 2014. We asked staff if they felt there were enough care staff employed at the service. All staff we spoke with told us they felt there were enough staff. One staff member said they were unaware of any agency staff used and told us; “I never get asked to cover any extra shifts so I think there are enough staff.” This indicated that the service had enough care staff for the required work..

We looked in the service user guide and found information that stated, where specialist care tasks were required, additional training would be given to staff. These specialist care tasks included assisting with artificial feeding, ileostomy and colostomy care and catheter care. We spoke with the registered manager about how they ensured staff had the right mix of skills, competencies and qualifications to meet people’s needs. The registered manager told us they aimed to have all staff trained up to National Vocational Qualification Level 2 in Health and Social Care. They also told us that one of the care co-ordinators at the service was a qualified nurse. Staff we spoke with were able to tell us procedures they followed when providing care. This meant the service ensured staff had the right mix of skills, competencies and qualifications.

We looked at thirteen staff files to see if safe recruitment practices were followed by the service. We found several issues of concern in this area. In three staff personnel files, we found no evidence of Disclosure and Barring Service (DBS) checks; in one staff personnel file we looked in, we found no record of the staff members interview; and in three staff personnel files, we found no evidence or certificates to demonstrate the qualifications and training undertaken. We also found some issues with reference checks held by the service. For example, in one staff member’s personnel file, we found two reference checks that had been received by the service from the same person. This person was someone who the staff member did ‘odd jobs’ for. This meant safe recruitment practices were not followed, including DBS checks and appropriate and reliable reference checks. We spoke with the registered manager and provider about this, who told us they would address the issues and seek to obtain further references.

We checked the accidents and incidents log and the safeguarding log to see if staff disciplinary procedures were followed, where staff were alleged to have been responsible for unsafe practice. We saw that staff disciplinary procedures were appropriately followed, including support being provided for both the alleged perpetrator and the victim.

We looked in care records to see if procedures were in place for the administration or assistance with administration of medicines. In one care record we looked at, we saw there were clear details of procedures to be followed when administering medicines. For example, we saw a care plan for medication that stated; “[Person] does take regular medication and can manage to do this himself. However, it is pertinent for support staff to ask [person] daily to ensure he has taken his medications.” This meant the service supported this person to take their own medications safely.

Is the service effective?

Our findings

We looked at the training undertaken by staff who worked for the service and found there were several areas where staff had not undertaken training. In all the staff personnel files looked at, we found no evidence of training in safeguarding, Mental Capacity Act 2005 or infection control. We also found a lack of training in medications in several staff files, including staff members who provided specialist care tasks but had had no training in these areas i.e. eye drop administration and time-sensitive medicines. Although, in one staff file we looked at, we found training had been undertaken in 'safe administration of medicines'. We spoke with the registered provider and the registered manager about this, who told us new training had been identified, where six mandatory training courses would be undertaken by all staff. These mandatory training courses were; moving & handling, medicines, first aid, infection prevention & control, food hygiene and health & safety. The registered manager and registered provider also told us they would be adding an additional training course to this list; safeguarding. Although these new systems were to be implemented, at the time of our inspection, not all staff had undertaken the relevant and required training courses to care and support people in a safe way. This evidence demonstrated a breach of Regulation 23 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010.

We looked in care records to see when people's capacity to consent to care and treatment was assessed. Although we found some information regarding people's mental status and cognitive abilities, we found no assessments of people's capacity in any of the care records we looked at. For example, in one care record we looked at, we read; "[Person] does have a learning disability and this does have an effect on his daily life. He is fully orientated to time and location." However, there was no information in the care file to demonstrate how the person's capacity had been assessed. In all care records looked at, we found no evidence of best interest decisions being made in line with legislation, where someone had been assessed as lacking capacity in this area.

We checked to see how the service monitored and improved the way staff sought consent from people regarding their care and treatment. We found no evidence of monitoring or auditing carried out by the service to

ascertain to this. This meant the service did not monitor consent to ensure they were adhering to the Mental Capacity Act legislation. This is a breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010.

In one care record we looked in, we found a care plan for percutaneous endoscopic gastrostomy (PEG) feeding, where a tube (PEG tube) is passed into the person's stomach through the abdominal wall as a means of feeding and administering medicines when oral intake is not adequate. However, we found this care plan contained no instructions of the person's routine and daily records were incomplete. We also found that, during a one week period in May 2014, eight different care staff provided care and/or support to this person. This meant that, although the service identified people's complex eating and drinking needs, they did not provide clear instructions for all staff on how to adequately care for the person. This is a breach of Regulation 20 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010.

We spoke with people about the meals that staff members prepared for them. They told us staff either made or assisted them to cook their meals. One relative we spoke with told us; "I saw them [carers] coming in with shopping today including a loaf and eggs. [Person] likes fried egg sandwiches. I asked the carers if [person] was having fried egg sandwiches today, they said yes." This example demonstrated staff members cooked food for people that they liked.

We looked to see if staff had the necessary skills and knowledge to support people to have their needs, preferences and choices met. However, we found no evidence of training in person-centred care or equality and diversity. This meant staff may not have had the skills and knowledge to provide a personalised service.

We looked in staff personnel files to see if they were given support throughout their employment by regular supervisions and appraisals. We found information in staff personnel files that demonstrated they received regular supervisions, particularly when the staff member first commenced their employment with the service. This meant staff were regularly supported and supervised. However, in six of the staff files looked at, we found no evidence of annual appraisals being carried out with staff and their manager, including one staff member who had worked at the service since July 2012. This meant the

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service did not follow their appraisal procedures to enable staff and management to identify areas for staff improvement and training to improve their knowledge and skills.

We looked in staff personnel files to see if there was information present pertaining to an induction process when someone commenced employment with the service. In six staff personnel files we looked in, we found a 'Care Standards pack' that had been completed when the staff had commenced employment at the service. However, in seven of the staff personnel files we looked at, we found no evidence of the 'Care Standards pack' either being present or completed. This meant the service did not have an effective induction procedure and there was no evidence to support that all staff had completed their induction.

The Care Quality Commission (CQC) monitors the operation of the Deprivation of Liberty Safeguards (DoLS) which applies to care homes. The Deprivation of Liberty Safeguards (DoLS) are part of the Mental Capacity Act 2005. They aim to make sure that people in care homes, hospitals and supported living are looked after in a way that does not inappropriately restrict their freedom. We found a copy of the Mental Capacity Act 2005 at the service. We spoke with staff and asked them what they understood about the Mental Capacity Act 2005 (MCA). One staff member we spoke with said they 'looked after' one person with dementia, who had intermittent capacity. The staff member told us they had previously had training in dementia with another employer and they spoke about it knowledgeably. The staff member told us; "Her daughter makes most decisions for her. Mostly she is asleep but we have a little chat when she can. Sometimes she lashes out; I just talk to her and calm her." Another member of staff we spoke with told us they had undertaken training in dementia but they did not know about the MCA or consent. They told us; "I don't think that [MCA and consent] was covered." This meant that some staff did not understand the relevant requirements of the Mental Capacity Act 2005 as they had not received training in this area.

We spoke with staff and asked them how they ensured people had enough to eat and drink. One staff member we spoke with told us; "We take [person] shopping for food after we plan menu's with him." Another staff member told us; "We get [person] up out of bed, use the hoist, wash and dress him, help him with breakfast, lunch and tea. We take him out. We help him to live as normal a life as possible." In one care plan we looked at, we read; "[Person] may need some supervision when preparing certain meals. Eats 'normal' diet." People we spoke with told us they were supported to eat and drink sufficiently. This demonstrated staff supported people to be sufficiently nourished and hydrated.

We looked in care records to see how people's nutritional needs were identified, monitored and managed. In five of the nine care records we looked at, we found no evidence that care plans had been reviewed, including eating and drinking care plans. This meant nutritional care plans were not appropriately reviewed and managed.

We looked in care records to see how people's day to day health needs were met. We found a 'Client Confidential Profile' with a care plan titled "Health needs, strengths and other information". This care plan stated; "[Person] does manage to look after himself reasonably well but does need some support with some aspects of daily living and social activities." We also saw information relating to the persons healthcare professional, including the persons GP and dentist.

In all care records we looked at, we found no evidence that the person had been involved in their care planning. We spoke with the registered manager about this who told us they were implementing new paperwork that would evidence people's involvement and agreement to care plans. They also told us people would be asked to sign the paperwork to state they had been given all relevant information about their care. However, on the day of our inspection, we saw no evidence of this paperwork in care files, which meant we were unable to evidence that the service involved people in the planning of their care.

Is the service caring?

Our findings

We spoke with people and asked whether they received all relevant and required information from the service. Everyone we spoke with told us they had received a service user guide that contained this information. However, we also asked people if they were given a copy of their care plans so that they had all relevant information about their care. One person we spoke with told us; “We have no care plan here (at the persons home, where care was provided). We just have a few sheets of paper that the carers write on. The registered manager did an initial assessment but we have never received a care plan. We’ve been waiting 12 months for it now. We have asked for it to be posted and the manager said he would do that but it’d never arrived.”

We asked people if they had been given information on advocacy services that they could access. An advocate is a person who is able to speak on people’s behalf, when they may not be able to do so for themselves. Every person we spoke with told us they had not been given any information on advocacy from the provider. We looked at the service user guide to see if it contained any information relating to this. We were unable to find any information relating to advocacy. This meant the service did not support people to access advocacy services.

During our inspection, we read through the daily notes made by staff members after each call for people who used the service. We found these notes contained details of what the person had done, how they felt and any other relevant information that needed to be passed on for the next staff member to read during the next call. We saw daily notes that stated; “[Person] was happy” and “We (person and staff member) had a chat which [Person] enjoyed.” One person we spoke with who used the service told us; “[Staff] are respectful and polite. They ask if I want anything else doing and spend time talking with me.” One relative we spoke with told us; “They are nice to her. They know what she likes and what she doesn’t like. [Person] knows exactly. I’ve never heard them raise their voice or anything.” This demonstrated people were treated with kindness and compassion and had their needs understood and met by staff.

We asked the registered manager and registered provider how they ensured people felt their views mattered. The registered manager told us an annual service user questionnaire was sent out to every person who used the

service. We asked for the latest survey results, which were from 2013 and a survey had not been completed thus far in 2014. We saw there were 14 surveys received back in 2013. Every survey received back stated the person was either ‘quite satisfied’ or ‘very satisfied’ with the service. One person we spoke with told us; “[Staff] are all very caring and nice. They understand me, the regular ones and know what I like and don’t like.” However, another person we spoke with told us they had contacted the registered manager, regarding a staff member who had not attended their call. They told us; “The manager just says it’s my word against theirs if I’ve had a moan. I did fill in a satisfaction survey once, but that was over a year ago – maybe two or three years.” This meant the service did not always ensure people felt they mattered, by listening to their views.

We spoke with staff about the people they cared for and supported. Staff were able to tell us people’s individual preferences, likes and dislikes. For example, one member of staff we spoke with told us; “[Person] likes a sandwich and cake or ice cream for her tea.” In care files we looked at, we found evidence of people’s preferences, likes and dislikes. For example, in one care file we looked in, we read; “[Person] likes to play football and train with the [team] on Saturdays.” However, one person we spoke with told us; “Some of the carers are very young and haven’t got the experience. They don’t quite know how to do [care tasks] but they have to learn somewhere I suppose.” This demonstrated the staff usually knew people who they supported well, although there were times when staff members had not been given relevant information to provide personalised care and support.

In care files we looked in, we saw no evidence of the person’s life history. A life history document is plays an important role in care and support planning, to enable a more personalised service to be provided.

We looked in care files for evidence that people were involved in the planning of their care and support. However, we were unable to find any documents within care files, stating that people were involved in their own care and support planning. We spoke with the registered manager about this, who told us they were in the process of implementing new paperwork that would require a signature from the person who used the service to confirm they had given information and been involved in their care planning. The registered manager also told us this new paperwork would include a sheet for people to sign,

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confirming they agree with the care plans in place. However, on the day of inspection, we saw no evidence of this in care files. This meant it was not possible to ascertain whether people were involved in their care and support planning.

We spoke with staff and asked them what they understood about privacy and dignity. All staff we spoke with were able to explain to us what this meant and gave some appropriate examples. One staff member we spoke with told us; “We draw the blinds and close the doors when caring for him. Like dressing him.” Another staff member we spoke with told us; “When I help someone with toileting, I usually close the door and wait outside. If I’m helping them to wash, I always encourage them to wash their own front if they can to maintain their dignity. It helps people to stay

independent too, if you encourage them to do things for themselves.” We asked people who used the service and their relatives if they felt their/relatives privacy and dignity was maintained. Everyone we asked told us they did. One relative told us; “They are good to mum. They protect her privacy when washing her and ‘do it nicely’. The carers are all caring and pleasant and always have time to talk to her.” This demonstrated people were treated with dignity and respect, had their privacy maintained and were encouraged to maintain their independence as much as possible.

We looked at staff training records to see how the service ensured staff understood how to respect people’s privacy, dignity and human rights. However, we found no evidence that any staff member had undertaken training in this area.

Is the service responsive?

Our findings

In the nine care records we looked at, we looked to see how people had their individual needs regularly assessed, recorded and reviewed. However, in one of the care records we looked at where the person had complex care needs such as medication and moving by hoist, we found no care plans in place. We spoke with the registered manager about this, who told us this was because the person was a 'short-stay' person. We also found six of the care records looked at contained no reviews. This meant the service did not have documentation in place to assess, record and review the person's needs.

In one care record we looked at, we found the person was an insulin dependent diabetic and had had a stroke. We found no further information in this file on each of these medical issues. We also looked in another care file, where the person was catheterised; however, no information was provided for staff to read on catheter care. This meant information was not made available for staff to read to enable them to effectively and safely provide the care and support the person needed. This is a breach of Regulation 20 of the Health and Social Care Act (Regulated Activities) Regulations 2010.

We spoke with people to ask if they received their care and support where and when they needed it. One person we spoke with told us; "Sometimes they just don't turn up. My intercom is iffy too and if I phone up, the manager just tells me that the carers did come." This person also said; "I go to a day centre and don't get home while 2pm and they (service) know that. [Carers] came once at 12.10pm but they know they aren't supposed to come until after 2pm." Another person we spoke with told us; "I never know when [carers] are coming. It can be 9.30am or 11am. I don't really know when they are supposed to come and it's a problem if I'm going out. If I'm going out I tell them to come earlier, or later – they usually do that, or I try to do [eye drops] myself." The relative of one person we spoke with told us; "[Carers] are usually on time but if they're late, they could phone us but they don't. They aren't late often but sometimes they're half an hour to an hour late. Once, it was one and a half hours late." Another relative told us; "Once, [carers] didn't come at all. I phoned the manager and he told me no one was coming. He said one of the girls (carers) had left." This meant the service did not always provide care and support as and when required.

We spoke with people who used the service and staff members and asked if they felt there was enough time to carry out all care tasks in a person-centred way. One person who used the service told us; "[Carers] usually have five minutes at the end to chat." Another person we spoke with told us; "They always stay as long as they should, even when they're late." This meant people had the amount of time they needed to receive their required care.

We looked in nine care records to see how people contributed to the assessment and planning of their care. However, we found no evidence of people's involvement in reviews that were carried out. We also found in six of the nine care records that no review of care plans had taken place. This meant the service did not seek people's views about their strengths, levels of independence, health needs and what their quality of life should be during care planning or reviews.

We also checked care records to see how people were encouraged to have as much choice and control as possible. One care record we looked at stated; "Support [person] with general household duties such as cleaning, laundry, preparation of meals, shopping and outings. It is important to encourage [person] to do as much for himself to build up his confidence and ability to perform everyday tasks." We spoke with staff, who all said they gave people as much choice and control as they could. However, one staff member we spoke with told us; "[Person] could take herself to bed before but she had a few falls and now we put her to bed. She would like to go to bed later really but we have to help her between 10.15pm and 11.15pm, that's the latest carer's can manage." This meant that, although the service encouraged and supported people to have as much choice and control as possible, people did not always have care plans to reflect how or when they would like to receive their care and support.

We spoke with staff and asked them how they supported people to follow their interests and take part in social activities. One staff member told us; "We ask him what he wants to do. Sometimes we take him out, sometimes he wants to stay in. We just help him live as 'normally' as he can." Another staff member we spoke with told us; "We take him to football sometimes – he likes doing that." This demonstrated people were encouraged to take part in meaningful daytime activities in line with their interests.

We saw in the service user guide a copy of the complaints procedure. This included details of how to complain to the

Is the service responsive?

service, the registered provider, the local authority and the local government ombudsman. This procedure also stated all complaints would be acknowledged within seven days and a response within 21 days, unless an extension was required, in which case, the complainant would receive a response stating this, the reasons why and an expected timescale for a conclusion to be reached. We looked in the complaints log to evidence that the service dealt with complaints and investigated them appropriately. We found that complaints were appropriately investigated and handled.

We spoke with people and asked if they knew how to complain and if they felt confident in doing so. One person we spoke with told us; “I could call the manager if there was a problem.” Another person told us; “I have no concerns about staff, no complaints at all.” However, the same person went on to say; “I hesitate to phone the

manager. The phone just rings and goes to answerphone.” We spoke with the relative of another person, who said; “The manager if ok. I’ve talked with him if there’s been a problem and he has sorted it out.” Another person we spoke with said; “There was a young carer who was off sick a lot – we complained to the manager and he changed the carer for us.” This demonstrated people knew how to complain and mostly felt confident in doing so.

We asked the registered manager and provider if the service used complaints and concerns as an opportunity for learning or improvement through trend analysis. Both the registered manager and provider told us there was no formal trend analysis carried out of complaints and concerns. This meant complaints and concerns were not used to identify areas that may require improvement at the service.

Is the service well-led?

Our findings

We looked at audits carried out for the service and found several issues in this area. We found no audits were carried out of people's medications in their own homes. This meant it was not possible for the registered manager or provider to ascertain whether medications were used to inappropriately or excessively control people's behaviour or whether medications were handled, administered and/or destroyed appropriately and in line with current legislation. This is a breach of Regulation 13 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010.

We found there were no effective audits of care records carried out and we found gaps in records that had not been identified. For example, in one care record we looked at, we found there were gaps in daily records, where records had not been completed following calls. We also found in another care record a document containing a staff member's personal information that had been incorrectly placed there. Care record audits should identify and address these issues. These examples demonstrated a breach of Regulation 20 of the Health & Social Care Act 2008 (Regulated Activities) Regulations 2010.

We also found there was no formal trend analysis carried out of safeguarding concerns, accidents and incidents or concerns and complaints. This meant there were no governance systems in place to monitor or analyse this information. This is a breach of Regulation 10 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010.

We spoke with office staff about the computer data management systems they had in place. One staff member told us they did not understand how to use the system properly. The provider told us they had purchased an encrypted electronic web-based IT system in July 2014 to schedule visits and staff details, though this system had not yet been embedded or used effectively. Consequently, the information the system displayed could not be relied upon for accuracy. For example, one person's date of birth was entered on the system incorrectly as staff were unable to input the correct date.

We also found the deputy manager transferred people's personal data to their personal, unencrypted mobile phone. This contravenes the Data Protection Act 1998. We

also found there was no policy in place in relation to the protection of people's personal information. This is a breach of Regulation 20 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 as the records in this example were not kept securely.

We asked the registered manager how they monitored the culture in the service and the attitudes and behaviours of staff. The registered manager told us they carried out regular supervisions with staff. We checked staff files and found regular supervision did take place. We also saw that, during supervisions, staff were asked how they felt and any changes, improvements or training that they would like to do. We spoke with staff and asked if they received regular supervision and if they had any observations carried out by their manager. One staff member we spoke with told us; "I have regular supervisions and have been observed in practice to make sure I do things right." This meant the registered manager was able to keep the day-to-day culture of the service under review and see first-hand the working practice of staff members. However, when we spoke with staff members and looked in staff personnel files, we found annual appraisals were not carried out to support staff. This is a breach of Regulation 23 of the Health & Social Care Act 2008 (Regulated Activities) Regulations 2010.

We asked the registered manager how people who used the service and staff were actively involved in developing the service. The registered manager told us people were sent an annual satisfaction survey, which we saw the latest results from. We asked the manager if staff meetings were held to discuss any improvement suggestions that staff had. The registered manager told us that no staff meetings took place. This meant the service did not actively involve staff in service development.

We looked in the service user guide at the services statement of purpose and philosophy of care. We saw the statement of purpose said; "We aim to provide a person centred approach to enabling service users to achieve and maintain their maximum individual potential." We also read; "Home Caring Services will ensure service users rights, respect, dignity, safety, privacy and confidentiality." We checked to see if independence was addressed and found; "Help service users to acquire and develop new

Is the service well-led?

skills in order to promote independence.” We saw no evidence that the statement of purpose of philosophy of care were reviewed. However, we found the information contained was relevant and appropriate.

We spoke with staff and asked if they received support from management and if they were given feedback on their practice. One staff member told us; “[The registered manager] is ok, professional, will help if you have a problem and he tells you if there is a problem.” Another staff member we spoke with told us; “The managers are fine – I can talk to both of them. I don’t go into the office

often. I’ve had previous jobs where management was more efficient. I’m used to having more contact with the management, not just once a week.” One staff member told us; “My husband died recently and [registered manager] was great, understanding and supportive.” This demonstrated staff received support from management and received feedback on action they may need to take.

We asked staff if they understood what was expected of them in their roles. All staff we spoke with were able to tell us their job duties, including ensuring the care and welfare of people they cared for and supported.

Action we have told the provider to take

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

Regulated activity	Regulation
Personal care	<p>Regulation 10 HSCA 2008 (Regulated Activities) Regulations 2010 Assessing and monitoring the quality of service provision</p> <p>10.—(1) The registered person must protect service users, and others who may be at risk, against the risks of inappropriate or unsafe care and treatment, by means of the effective operation of systems designed to enable the registered person to—</p> <p>(a) regularly assess and monitor the quality of the services provided in the carrying on of the regulated activity against the requirements set out in this Part of these Regulations; and</p> <p>(b) identify, assess and manage risks relating to the health, welfare and safety of service users and others who may be at risk from the carrying on of the regulated activity.</p> <p>(2) For the purposes of paragraph (1), the registered person must—</p> <p>(a) where appropriate, obtain relevant professional advice;</p> <p>(b) have regard to—</p> <p>(i) the complaints and comments made, and views (including the descriptions of their experiences of care and treatment) expressed, by service users, and those acting on their behalf, pursuant to sub-paragraph (e) and regulation 19,</p> <p>(ii) any investigation carried out by the registered person in relation to the conduct of a person employed for the purpose of carrying on the regulated activity,</p> <p>(iii) the information contained in the records referred to in regulation 20,</p> <p>(iv) appropriate professional and expert advice (including any advice obtained pursuant to sub-paragraph (a)),</p>

Action we have told the provider to take

(v) reports prepared by the Commission from time to time relating to the registered person's compliance with the provisions of these Regulations, and

(vi) periodic reviews and special reviews and investigations carried out by the Commission in relation to the provision of health or social care, where such reviews or investigations are relevant to the regulated activity carried on by the service provider;

(c) where necessary, make changes to the treatment or care provided in order to reflect information, of which it is reasonable to expect that a registered person should be aware, relating to—

(i) the analysis of incidents that resulted in, or had the potential to result in, harm to a service user, and

(ii) the conclusions of local and national service reviews, clinical audits and research projects carried out by appropriate expert bodies;

(d) establish mechanisms for ensuring that—

(i) decisions in relation to the provision of care and treatment for service users are taken at the appropriate level and by the appropriate person (P), and

(ii) P is subject to an appropriate obligation to answer for a decision made by P, in relation to the provision of care and treatment for a service user, to the person responsible for supervising or managing P in relation to that decision; and

(e) regularly seek the views (including the descriptions of their experiences of care and treatment) of service users, persons acting on their behalf and persons who are employed for the purposes of the carrying on of the regulated activity, to enable the registered person to come to an informed view in relation to the standard of care and treatment provided to service users.

(3) The registered person must send to the Commission, when requested to do so, a written report setting out how, and the extent to which, in the opinion of the registered person, the requirements of paragraph (1) are being complied with, together with any plans that the registered person has for improving the standard of the services provided to service users with a view to ensuring their health and welfare.

This section is primarily information for the provider

Action we have told the provider to take

Regulated activity

Personal care

Regulation

Regulation 13 HSCA 2008 (Regulated Activities) Regulations 2010 Management of medicines

13. The registered person must protect service users against the risks associated with the unsafe use and management of medicines, by means of the making of appropriate arrangements for the obtaining, recording, handling, using, safe keeping, dispensing, safe administration and disposal of medicines used for the purposes of the regulated activity.

Regulated activity

Personal care

Regulation

Regulation 18 HSCA 2008 (Regulated Activities) Regulations 2010 Consent to care and treatment

18. The registered person must have suitable arrangements in place for obtaining, and acting in accordance with, the consent of service users in relation to the care and treatment provided for them.

Regulated activity

Personal care

Regulation

Regulation 20 HSCA 2008 (Regulated Activities) Regulations 2010 Records

20.—(1) The registered person must ensure that service users are protected against the risks of unsafe or inappropriate care and treatment arising from a lack of proper information about them by means of the maintenance of—

(a) an accurate record in respect of each service user which shall include appropriate information and documents in relation to the care and treatment provided to each service user; and

(b) such other records as are appropriate in relation to—

(i) persons employed for the purposes of carrying on the regulated activity, and

(ii) the management of the regulated activity.

Action we have told the provider to take

(2) The registered person must ensure that the records referred to in paragraph (1) (which may be in paper or electronic form) are—

(a) kept securely and can be located promptly when required;

(b) retained for an appropriate period of time; and

(c) securely destroyed when it is appropriate to do so.

Regulated activity

Personal care

Regulation

Regulation 23 HSCA 2008 (Regulated Activities) Regulations 2010 Supporting staff

23.—(1) The registered person must have suitable arrangements in place in order to ensure that persons employed for the purposes of carrying on the regulated activity are appropriately supported in relation to their responsibilities, to enable them to deliver care and treatment to service users safely and to an appropriate standard, including by—

(a) receiving appropriate training, professional development, supervision and appraisal; and

(b) being enabled, from time to time, to obtain further qualifications appropriate to the work they perform.

(2) Where the regulated activity carried on involves the provision of health care, the registered person must (as part of a system of clinical governance and audit) ensure that healthcare professionals employed for the purposes of carrying on the regulated activity are enabled to provide evidence to their relevant professional body demonstrating, where it is possible to do so, that they continue to meet the professional standards which are a condition of their ability to practise.

(3) For the purposes of paragraph (2), “system of clinical governance and audit” means a framework through which the registered person endeavours continuously to—

(a) evaluate and improve the quality of the services provided; and