

Phoenix Care & Domiciliary Service Limited

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Inspection report

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Ratings

Overall rating for this service

Requires improvement



Is the service safe?

Requires improvement



Is the service effective?

Requires improvement



Is the service caring?

Good



Is the service responsive?

Requires improvement



Is the service well-led?

Requires improvement



Overall summary

The inspection was announced and took place on 23, 24 and 28 September 2015.

Phoenix Care and Domiciliary Services Limited is a small domiciliary care agency that provides personal care and support to people in their own homes in the Torbay area. People who receive a service may include younger people with physical support needs, as well as older people, some of whom may be living with dementia. At the time of this inspection the agency was providing a

care service to 30 people, but also provided domestic support to others not needing care. We did not inspect those activities as they did not fall under the CQC regulation. Frequency of visits varied depending on people's individual needs, from one visit a week to up to seven visits a day.

People who used this agency benefitted from staff who knew them well, and from a provider and registered manager who were committed to providing a personal

Summary of findings

and flexible service. People told us they were very happy with the care that they received. However the general management of the service needs to improve. For example, we found that visits were not well co-ordinated to ensure that staff were where they needed to be at the right time; and systems for auditing practice were not in place or were not robust enough. The systems for staff recruitment, training and support needed improvement to ensure people's needs could be met safely.

People were not always protected by the agency's systems for safeguarding adults or staff recruitment. Policies and procedures were in place to support staff with identifying or raising concerns about potential abuse, but these did not reflect best appropriate or practice and were inconsistent. Staff had completed safeguarding training, and the staff we spoke with understood about poor care and told us they would report any concerns they had to the registered manager. People were not always being protected by systems to record, analyse and learn from incidents or accidents, and staff recruitment processes were not robust enough.

Staff did not all receive the training they needed to meet people's needs. Some staff had not received training in moving and handling, first aid, health and safety, safeguarding, MCA and infection control although the agency was providing care to people who had these types of needs.

People were not always being kept safe by the agency's systems for managing medicines. Staff were administering medicines to people in ways that were not in accordance with the agency's policies on medicines administration.

People were not being protected by the agency's record keeping. Some policies and procedures were out of date

or inconsistent. People had a care file in their home with details of the care and support services they were receiving. Some of these plans were brief or basic and did not include significant detail, but people told us that the staff knew what they needed and how they liked it done. Some information about on-going risks was not retained in the files in people's homes but in the main care files held in the administrative office. This meant that it was not easy for staff to identify from the care files what some current risks were.

People were supported with their health and dietary needs, and the staff were able to be flexible to meet people's choices. For example people told us that staff would prepare light meals of their choice. People also told us that the agency staff were kind and caring. People told us how flexible the staff were in helping support their needs and how much they enjoyed their visits. They told us that one of the strengths of the agency was that it was a small company and was operated by a couple who had a personal relationship with the people who were being supported. Relatives in particular told us how much they valued that the staff that supported their relation were restricted to a small team, particularly if the person had memory loss or was receiving end of life care. They found this helped people build a relationship with the staff caring for them.

People also told us that the agency went 'above and beyond' the care they needed to deliver, including responding to emergencies. Relatives told us how much trust and confidence they placed in the agency staff and management.

We found a number of breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. You can see what action we told the provider to take at the back of the full version of this 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.

Robust recruitment procedures were not always in place to help ensure that people were cared for by staff who were suitable to be working with potentially vulnerable people.

People's medicines were not always managed safely. Staff had not all received training in safeguarding and policies in relation to safeguarding were inconsistent.

Risks to the health, safety or well-being of people who used the service were assessed and reduced where possible. Arrangements were in place to manage emergencies, and situations where staff found difficulties in gaining access to people's homes.

Requires improvement



Is the service effective?

The service was not always effective.

The agency had not always ensured staff had the skills and knowledge needed to fulfil their role, and basic training had not been completed by all staff. Staff had not received a training need analysis to help identify where their strengths and weaknesses were or how to manage this. Staff did not always receive regular support and appraisal.

Staff had not all received training in the Mental Capacity Act 2005, but understood about capacity and consent issues in practice.

People were supported with their health and dietary needs

Requires improvement



Is the service caring?

The service was caring.

People told us that staff respected their dignity and privacy, and were caring in their relationships with them.

People told us they valued the flexibility and 'personal touch' from the agency.

People were given information about the service and told when any staff changes took place.

Good



Is the service responsive?

The service was not always responsive.

Care was provided in accordance with people's needs and wishes. However not everyone had a care plan in place at the start of the delivery of the service. Some plans were not detailed enough to enable staff who were not familiar with the person to understand their needs.

Requires improvement



Summary of findings

People were able to give their views and raise concerns or complaints.

People told us they were happy to raise concerns with the service's management.

Is the service well-led?

The service was not always well led.

People told us the registered manager was accessible and approachable.

However, systems had not been properly established to ensure good governance of the agency.

People and staff told us there were some times when staff did not arrive on time, or there were delays as travelling time between people was not scheduled realistically.

People were not being protected by the agency's record keeping. Some policies and procedures were out of date or inconsistent, and records were not always accessible to staff providing care.

Requires improvement



Phoenix Care & Domiciliary Service Limited

Detailed findings

Background to this inspection

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

The inspection was announced and took place on 23, 24 and 28 September 2015. The registered manager was given 48 hours notice because the location provides a domiciliary care service, and we needed to ensure that the registered manager and other staff would be available to spend time with us. We also needed some information to be provided by the agency before we arrived. The inspection team consisted of one adult social care inspector.

Before the inspection, we asked the provider to complete a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they

plan to make. We checked the information that we held about the service and the service provider. We contacted an officer from the local authority's quality monitoring team to gather their views about the service.

On the inspection we spent time with the registered manager and a chief executive of the company. We spoke with six people who received a service by telephone and two relatives of people who received care. We visited five people in their own homes with their permission, along with the care staff supporting them. We discussed with them the care that they received, saw how they were supported, and looked at the records that were kept in their homes. During these visits we also met with four other relatives of people receiving care. We spoke with five members of staff about working for the agency, the care they gave people and the training and support they received.

We reviewed a range of records about people's care and how the domiciliary care agency was managed. These included care records for six people held at the agency office, five care staff files and other records relating to the management of the agency including training and supervision records, policies and procedures, staff rotas, and quality assurance systems.

Is the service safe?

Our findings

The service was not always safe. We identified concerns over staff recruitment, medicines administration and the documentation and analysis of risks.

People were not protected because the agency did not operate a full recruitment process when employing staff. A recruitment process was in place that was designed to identify concerns or risks when employing new staff. We sampled five staff files, and identified concerns with three of these. Certain risks had not been identified or addressed by the recruitment process. For example, one staff member's application process contained gaps in their employment history and in another there were discrepancies between their CV and references. There was no written evidence these had been identified or discussed with the staff member concerned. The staff file for the third person showed references had been applied for but not received.

Prior to the inspection the agency had been involved in a safeguarding process that had identified concerns over the staff recruitment processes in place. Action had been taken to ensure the process of applying for Disclosure and barring service checks for criminal records was being more thoroughly tracked to ensure people who may be unsuitable to work with vulnerable people could be identified. The registered manager told us staff files had been audited following this process and they had not identified other concerns, including those we had identified when we looked at staff files. This told us the systems for monitoring staff recruitment had not been robust enough.

The failure to follow a robust recruitment process is a breach of Regulation 19 (2) of the Health and Social Care Act (Regulated Activities) Regulations 2014.

People were not always being protected by the systems for safeguarding adults. Safeguarding training was delivered to staff through a distance learning and workbook programme. Staff had all completed this training with Phoenix Care, and those we spoke with understood what poor or abusive care was. They told us they would report any concerns they had to the registered manager. Following a recent safeguarding concern staff had been given additional training in how to identify concerns over people's welfare and what to do if they were unable to

access premises. Policies and procedures were in place to support staff with identifying or raising concerns about potential abuse, but these did not reflect best appropriate or practice and were inconsistent. For example the safeguarding policy and procedure was not in line with local guidance on how to manage safeguarding concerns in that it identified that the registered manager would investigate concerns before referring to the local safeguarding team.

People were not always being protected by systems to record, analyse and learn from incidents or accidents. We saw that the manager had recorded falls and incidents but this was not associated with any analysis of what had caused the fall or what change could be made to prevent it happening again.

People were not always being kept safe by the agency's systems for managing medicines. While people's files contained information about the medicines that people received, not all of the files contained a medication administration record or MAR chart. This would be used for staff to sign to confirm they had administered medicines to the person they were caring for. In one instance the person's medicines were administered by care staff from a prepared dosette system, filled by a relative. This was not safe, as staff could not be certain what the medicines were that they were giving. Staff were recording they had administered medicines 'as prepared' in the daily notes, as they were unable to sign to confirm the exact medicines they had given the person. This was not in accordance with the agency's own medicines policy which stated "Medicines must be given from the container they are supplied in. Medication must not be put out in advance of administration as this can lead to errors and accidents". The registered manager agreed to review this with the relative concerned. We observed other staff supporting people to take their medicines, including eye drops. This was done well, with staff wearing gloves and washing their hands before administration. Another person told us "The carers sort out the medication. I am not sure I would be safe to do it now myself. I rely on them and they always do it right."

People told us they felt safe with the staff from the agency. One relative told us "The minute I met (name of registered manager) I felt like I am no longer on my own. I felt safe with them." People said the staff who came to them understood how to use the equipment or aids they had.

Is the service safe?

One person said “The staff are very very good. We get the odd mistake but they learn –the attention to detail is very good. (Name of staff member) in particular is very good, doesn’t just do the minimum and thoughtful about the outcomes of the care they give....I have no concerns about the care or response from the agency. They are the best they possibly can be”.

The registered manager told us the organisation did not take on contracts for care they could not fulfil, and we saw new people seeking care were turned away because the agency could not supply them with the hours they needed. Staff told us that at times there were staffing difficulties caused by people going off sick at short notice, traffic and some concerns about poor scheduling from the administrative office.

The agency did not at the time of the inspection have a clear system for checking that staff had arrived or left locations safely. This meant that if for example staff were experiencing difficulties this might not be identified for some time. However a system was in the process of being provided that would do this using mobile phone technology. This would help to ensure the agency could monitor people’s care delivery better and ensure staff welfare when working independently.

Risk assessments were undertaken before a service was provided. We saw the registered manager visited the person in their home and completed a risk assessment to identify any concerns about the environment or risks from delivering the service. These included any access problems or equipment needed to help support the person. However some information about on-going risks was not retained in the files in people’s homes but in the main care files held in the administrative office. This meant it was not easy for staff to identify from the care files what some current risks were, other than brief notes in the care plans. Care plans recorded people’s support needs for example following assessments of risk for moving and handling. Some plans however were brief and not very personal to the individual, for example “use handling belt” or “needs two carers”. One person’s file did contain detailed positioning advice and information on their moving and positioning needs. The agency was not using risk assessment tools for identifying risks for people’s pressure areas or nutrition.

People were encouraged to take responsible risks where appropriate and if they had the capacity to make decisions for themselves. For example we saw one person had been

assessed by an appropriate professional as being at risk from swallowing difficulties and would benefit from having their meal cut up. The person had capacity and had made the decision that they did not want this to happen and wanted to eat independently. The risk was being managed by the agency with the person’s permission, by ensuring that the staff member sat with the person while they ate their meal to reduce the risks of them choking.

Emergency plans were in place, for example to inform staff of what to do if they could not gain entry to a person’s home. The registered manager or company director told us that they were always contactable 24 hours a day for staff support. Staff confirmed that their first course of action in an emergency was to contact the registered manager. A relative we spoke with told us how well the agency had managed an emergency with their relation. They told us the staff had been calm and had supported them as well as the person receiving care. They said “This agency has got it spot on. The most important thing is that they can see a change in (name of relation) as they know her so well. The staff member went above and beyond what they needed to do to look after her, and stayed with her until the ambulance was called.”

People were protected because the agency staff understood about infection control practices. The staff training matrix indicated staff had undertaken training in infection control with Phoenix Care. Staff wore gloves and aprons while carrying out all tasks in people’s homes, and told us there was no restriction on these from the agency. The registered manager told us there were no specific infection control risks identified for people being supported. They told us they had previously cared for people who presented risks and they had been attended to by a small group of the more senior staff to reduce any risks of cross contamination. Staff had access to basic infection control advice in their employment handbook.

Policies were in place regarding gifts and legacies and how people’s money was managed. Staff were not allowed to use people’s cards to collect money or hold people’s PIN numbers. Where money was held by the agency for one person at the request of a relative who lived away all transactions were accounted for and receipts obtained. However the money was being held in the agency general

Is the service safe?

business account, which meant it was not properly safeguarded. The company director agreed to ensure this was kept in a separate account away from the business accounts.

Is the service effective?

Our findings

The service was not always effective. We identified concern in relation to training, supervision and appraisal systems, and the operation of the principles of the Mental Capacity Act 2005 (MCA).

People were not being protected because staff did not always receive the training and support they needed to carry out their job. The registered manager gave us a copy of the agency's training matrix. This showed some staff had not completed their 'mandatory' basic training in moving and handling, first aid, health and safety, and MCA. There was no action plan in place to ensure staff achieved this training; however by the second day of the inspection the registered manager provided us with a copy of a blank training action plan to be used with each carer to assess the training they had undertaken and what was still needed. One person's recruitment file had indicated the staff member also worked for another company and undertook all their training with them. There was no evidence the registered manager had assessed the quality of the training the staff member received elsewhere, but copies of certificates had been obtained to evidence the training had been undertaken. Individual staff had not received a training need analysis, and although we were told that staff had requested some additional training, for example in catheter care, this had not yet been provided.

People told us the staff who supported them had the knowledge and skills required to meet their individual needs. However, we saw staff were expected to support people without moving and handling training courses having been undertaken. For example we saw one staff member had not completed their moving and handling training. We checked with their rota and saw that they were expected to support two people who had significant moving and handling needs. The member of staff confirmed they had not received moving and handling training, but had been shown by other staff how to support these individuals and felt safe doing so. The dates of this training had not been recorded, but we understood this did not include basic underpinning knowledge about managing loads and differing moving techniques. Some staff had recently undertaken some training in moving and

handling practice at a local hotel, but three of the five staff told us that they felt they needed more training. The registered manager told us that they knew they had "fallen down" on the training recently.

There was no assessment of the overall organisational training needs for the agency, or of training to meet people's assessed needs. New staff who had started working at the agency since April 2015 and were new to care had not yet commenced working on the Care Certificate, which is a course designed to provide staff with information necessary to care for people well. The registered manager told us new staff would commence on the Care Certificate in future and existing staff would be expected to complete the equivalent qualification for more experienced care staff when this became operational. They could demonstrate to us they had the records and training support in place to start new staff on this. Newly employed staff members completed an in house induction programme shadowing more experienced staff for two weeks, which included showing the new staff member how people liked their care to be delivered. Staff told us this had been useful and they had found it gave them the confidence to manage people's care. However this did not prepare staff for working with people they were not familiar with, or assist them with understanding about the significance of changes in people's needs. Three out of nine staff had completed a dementia care course, despite a number of people the agency was supporting were living with dementia.

Staff did not receive regular supervision or appraisal meetings with senior staff, to look at their performance, personal development and training needs. For example, one person's file showed they had received supervision in June 2015, but before this the previous supervision session had been in April 2013. This had not been identified in the home's PIR as a concern. Where there had been supervision or appraisal meetings we saw that the recording of these was brief. For example one staff had an "Appraisal action plan" in their staff file. The only information on the issues discussed was "Timekeeping". It was not clear if the person had been poor at timekeeping and if so what actions were in place to manage this or to identify if any reasonable adjustments were needed. It was not clear what actions the person needed to take to improve.

Is the service effective?

The failure to provide appropriate training, support, professional development, supervision and appraisal is a breach of Regulation 18 (2) (a) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Staff told us they had not received training in the Mental Capacity Act 2005 (MCA) while working for Phoenix Care and Domiciliary Services Limited. The MCA provides the legal framework to assess people's capacity to make certain decisions, at a certain time. We could not identify from the care plans that the principles of the MCA were being followed.

The registered manager was able to demonstrate for us how a person with impaired verbal communication was able to make their wishes known to staff about their care. Another person's file stated that the person had some communication difficulties due to living with dementia. The care plan gave the staff guidance on how to ensure their communication could be understood, including allowing the person sufficient time to respond at their own pace.

Some people were supported to have meals as a part of their care package. We saw staff respected people's choices in relation to meals. For example one person told us they sometimes liked a main meal at lunchtime, but on the day

of our visit they had fancied a sandwich and the care staff had prepared that for them. Some people's food or drink intake was being monitored as they were at risk of poor nutrition or hydration. The care files in their homes contained information on food they had eaten. People told us and we saw that left people at the end of their visit with access to drinks or snacks if they wished. One person told us "She always leaves me with a cup of tea and that is the first thing I ask for".

Some people's care packages included supporting them to attend hospital appointments or access other healthcare services. Systems to communicate changes in care needs between relatives, staff and other agencies were in place. One relative for example told us that they would leave notes on any changes in the person's care file for staff from the agency to read. District nursing notes and records were often kept in the same place in the person's home. Staff also left regular summaries for other agencies such as district nursing teams so that nurses were kept aware of any changes in the person's skin condition or general health. This included reviewing fluid intake levels and catheter care records. Relatives told us there was good communication with the agency and that they could contact them at any time.

Is the service caring?

Our findings

The service was caring.

People told us they received consistent care from staff they knew well. They told us one of the strengths of the agency was it was a small company and was operated by a couple who had a personal relationship with the people who were being supported. Relatives in particular told us how much they valued the staff team that supported their relation was restricted to a small number, particularly if the person had memory loss. They found this helped people build a relationship with the staff caring for them. One person told us “It is lovely to see the same person each time. I’m not a person who likes change and (staff name) does it all as a matter of routine – I don’t have to keep telling her. If I need to change anything she fits me in”.

The provider told us where people were receiving end of life care the staff team was again restricted to a small team of senior staff to minimise any distress to the individual of having to deal with new faces or people unfamiliar with their needs. A relative whose relation was receiving end of life care told us they had decided that they wanted their end of life to be at home rather than in the hospital. This was because they wanted them to be cared for by “staff who love her” from the agency.

Relatives repeatedly told us the agency went “above and beyond” what was needed or contracted. One relative told us “The carers act as if they were me. They know exactly what is needed and they do it to perfection. I couldn’t do without them; they are doing a beautiful job and I would recommend them to anybody else. Staff are soft and nice with it”. Another relative told us they had been contacted by the agency to let them know there had been a problem out of hours but they were dealing with it. This had given

the relative great comfort and support that someone was there with their relation when they were not able to be. They told us “It’s a lifeline for me. The carers mean that I can get on and have a life myself too”.

People told us their dignity was respected, and staff were cheerful and respectful. Staff were seen supporting people with good humour and an understanding of their interests. One person told us “We always have a chat about each other’s families and things I have done. I look forward to her visit.” Another told us the staff were “Angels. I can always rely on them, and we have a laugh and a joke together”. Relatives confirmed the staff were kind and respectful. We saw written evidence from a visiting professional who had been impressed by the way the service had helped to support the dignity and privacy of a person at the end of their life.

People had information about how to contact the agency and all but one of the people we spoke with told us that it was easy to contact the registered manager to discuss any aspects of the care they or their relation received. Copies of people’s contracts were available for reference.

The staff handbook contained guidance on areas such as “respecting diversity and difference” and the importance of the “carer relationship”. This emphasised how important it was to build effective and trusting relationships with people being supported, and still maintain professional boundaries. We saw staff were professional in their manner when supporting people, and they communicated well with people receiving care. We heard staff singing with one person who was receiving care, and the person’s relative told us how much they knew the person would have enjoyed this, even though they were no longer able to express this themselves.

Is the service responsive?

Our findings

The service was not always responsive.

People receiving support from the agency had their care needs assessed and recorded in a care plan. People told us they had been involved in drawing up this plan, to reflect their individual wishes on how they wanted their care to be delivered. However one person who had been receiving a service from the agency since the 17 September 2015 did not yet have a care plan in their file on the 23 September 2015. The chief executive told us this was because they were receiving end of life care and to an extent the agency was “playing it by ear” to be flexible to meet the person’s needs. They said they would usually provide a full care plan within a week of the person receiving a service. Some information about the person’s needs had been provided by the commissioning agency, but some of this had proved to be incorrect. The person’s care was being delivered personally by the chief executive and this was flexible to meet the person’s daily changing needs. For example the chief executive told us that they varied the timings of the person’s care to meet the person’s levels of fatigue on a daily basis.

People’s care plans referred to documents that were not available in the care files in people’s homes. For example, we saw one person’s care plan referred staff to detailed guidance in other records such as risk assessments, but these were not in the person’s home held file. Detailed moving and handling plans were also not available in people’s homes. This could leave staff unaware of people’s needs if they were not able to communicate them effectively.

Care plans both in the office and in people’s homes reflected people’s wishes and showed how they were encouraged to retain the skills they had. For example we saw one person’s care plan said the person was “99% independent with their showering, but needs the carer to wash their back and help wash and dry legs”. Another

person’s care plan had been updated in September 2015 to record changes to a new moving and positioning system that was being provided. Other care plans had been reviewed at least annually.

However, not all plans contained significant detail. For example where the person was living with dementia there was not always information in their file to indicate the extent to which their dementia impacted on the person and their life. Information about people’s social and personal history was very brief in some files, which meant staff did not always have the information they needed to help and understand the person in the context of the life they had lived.

People told us that staff read their care plans and were aware of what support they needed as mostly their staff were regular carers to them. One person told us “I had to have another lady last week but everything was fine – she just followed what it said in the book.” This told us that this person’s care plan was an accurate reflection of their needs.

People told us the care they received was based on their needs and was helping to make a difference to their lives or improve their well-being. One person told us “My skin is definitely much improved since (name of staff member) has been dealing with it” and another person told us “the carers we have from Phoenix are much better than those from the other agency we use. These ones seem to get things done.”

Information about how to raise complaints and concerns was given to people at the start of their contact with the service. People told us they would contact the registered manager if they had any concerns, and would feel free to do so. None of the people we spoke with had to raise concerns about their care. One person felt the registered manager was not always available, but others told us they always had a quick response from them if they needed to contact them.

Is the service well-led?

Our findings

The service was not always well led. We identified concern over the leadership and management of the service, scheduling of visits and arrangements for governance.

Phoenix Care and Domiciliary Service Limited is a limited company registered to own and operate the agency. The registered manager is the person responsible for the day to day operation of the service. Within a limited company a nominated individual is responsible for supervising the management of the regulated activities, including oversight of the registered manager. In the case of Phoenix Care and Domiciliary Service Limited the nominated individual and the registered manager were the same person. This meant that there was no separate person with oversight of the registered manager to direct their activity, or challenge and monitor their practice. We asked the chief executive of the company who was responsible for overseeing and supporting the registered manager and the governance systems within the organisation. They confirmed that there were no formal structural arrangements to do so. The lack of oversight and challenge had led to weak systems for the monitoring of practice and development of management systems.

People told us the strengths of the company were in their small size and personal involvement. The registered manager told us they had an “open door” policy for people receiving a service, their family members and others. People valued the input from the registered manager, and everyone we spoke with knew who they were and how to get hold of them.

However, the registered manager also worked a number of hours as a carer, with only limited administrative support to back up managerial functions. We found that there was a lack of robust management systems in place. For example we found there were few audits of practice being carried out. Where there were audits these were not robust. The agency was aware there had been changes in legislation in April 2015, but had not audited themselves against the legislation to see if there were areas they needed to develop. Spot checks were carried out on staff to observe their practice but these were infrequent, and had last been carried out in April and May 2015. Records of these checks were not maintained in the staff files, but in the file for people using the service because the purpose of the form used was not clearly defined. Staff and a relative told us

they felt that at times the agency lacked direction or organisation, for example with the scheduling of visits and training regimes. The provider had not identified weaknesses regarding this in their PIR.

We found that some systems for quality assurance were not well audited, and there was a lack of critical appraisal and oversight of practice. Actions previously taken by the agency to address concerns had not been sustained.

The failure to establish and operate effective systems to ensure compliance with good governance is a breach of Regulation 17 (1) and 17 (2) (a) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

People were asked to give their opinions about the service they received in the form of questionnaires sent to them approximately every six months. The results from the questionnaires were analysed and actions taken where needed. The registered manager told us one person had requested an earlier visit and this had been provided. Another person’s response had identified that additional equipment was needed as concerns were raised over the appropriateness of the person’s equipment to meet their changing needs. This had been accessed. People were also visited in their own homes to discuss the care they received.

Staff completed questionnaires on a monthly basis about their working practice. The format for these questionnaires was however the same each month throughout the year. We saw that where staff had raised issues these had not always been addressed, for example concern had been cited over poor communications between carers, in particular in instances where two carers were needed to provide care. Staff meetings had been held, but the minutes from the last meeting could not be located, so it was not possible to see if suggestions made had been acted upon. Discussions were held with the registered manager looking at how questionnaires and systems could be made to provide more useful information to help develop the service and improve communication.

Records were not always being well maintained. We found some records in relation to people’s care were not being made available to staff for reference in people’s homes. Some of the policies and procedures were out of date or did not reflect best practice. The guidance handbook for staff was last revised in 2004, and contained out of date information. The Employee handbook revised in 2010

Is the service well-led?

contained out of date information on legislation. The service's statement of purpose was not accurate, even though it had been revised in January 2015. We also identified concerns that where staff were signing records they were sometimes only using their initials. This could make it difficult to identify who had completed the record. Facilities were available for the safe storage and destruction of records at the office.

The failure to ensure records, policies and procedures were up to date was a breach of Regulation 17 (2) (c) and 17(2) (d) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We also identified concerns over the way that the scheduling systems were managed. Concerns were identified to us by three staff and two people receiving care about the timings of care visits and the scheduling not allowing for sufficient travelling time between visits. Most people told us that staff came to them within a 30 minute window of their scheduled time which they found acceptable, or that staff called them to let them know if they were going to be very late. However some of the staff rotas we saw showed that staff were rostered to provide care to different people in the same timeslot, which could mean people waiting for care. Staff told us that it was difficult to manage to carry out the visits at the appropriate time and meet everyone's expectations or preferences. This

was in part because the scheduling systems meant that they could be providing care across Torbay with no consideration for the distances between visits or the areas where people lived.

Staff told us that travelling time between people was not included on the rotas, which meant they were always late, or were spending significant periods of the day without payment. Staff told us there were particular difficulties when providing care from two staff as this needed them to be able to arrive at a person's home at the same time. At times this had meant them waiting around for the second person, which led to later delays for other people.

One relative we spoke with told us they had concerns over the timings of their relation's visits, and felt on some occasions their relation may not have received all the time allocation that was rostered for them. We checked the time sheet in their file and saw that staff were recording their arrival and departure times, which demonstrated that staff were openly recording the time spent with each person, and that this was not always at the length of time contracted for. Staff told us they felt there were particular issues if other staff went off sick or made changes to their working hours at short notice. The registered manager was aware of some of these concerns, but actions taken had not been sufficient to manage the impact on people or staff.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where legal requirements 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

Personal care

Regulation

Regulation 19 HSCA (RA) Regulations 2014 Fit and proper persons employed

People were not being protected because the agency did not operate a full and robust recruitment procedure for staff.

Regulated activity

Regulation

Regulation 18 HSCA (RA) Regulations 2014 Staffing

The agency was not ensuring staff had the skills and knowledge needed to fulfil their role. Basic training had not been completed by all staff. Staff did not always receive regular support and appraisal.

Regulated activity

Regulation

Regulation 17 HSCA (RA) Regulations 2014 Good governance

The provider had failed to establish and operate effective systems for good governance of the service.

Regulated activity

Personal care

Regulation

Regulation 17 HSCA (RA) Regulations 2014 Good governance

The provider had not maintained and made accessible an accurate, complete record in relation to each service user including a record of care and treatment provided. Policies and procedures were inaccurate or out of date.