Firstpoint Homecare Limited

# Firstpoint Homecare - Leicester

## Inspection report

Suite 1 & 2, Newton Grange Farm Park
Desford Road, Newton Unthank
Leicester
Leicestershire
LE9 9FL

Tel: 01455821218

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## Ratings

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|---|---|
| Overall rating for this service | Requires Improvement |

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|---|---|
| Is the service safe? | **Requires Improvement** |
| Is the service effective? | **Requires Improvement** |
| Is the service caring? | **Requires Improvement** |
| Is the service responsive? | **Requires Improvement** |
| Is the service well-led? | **Requires Improvement** |

# Summary of findings

## Overall summary

The inspection visit took place on 21 November 2016 and was announced. We gave the provider 48 hours' notice because the service is a small home care agency and the manager is often out of the office supporting staff or providing care. We needed to be sure they would be in. We returned announced to the service on 25 November 2016 to complete our inspection.

The service provides personal care and support to people who live in their own home in parts of Leicestershire. At the time of our inspection 31 people were using the service. The service was run from an office located in a small business park. When we arrived for our inspection we found that the service had moved from Suite 1 & 2 to a new location, The Dairy, within the business park.

The service has not had a registered manager since June 2015. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run. A manager who intended to apply to be a registered manager left the service in September 2016. The provider has arranged for a director to run the service. At the time of our inspection no person had applied to be registered manager.

People who used the service told us they felt safe. They were supported and cared for by staff that had been recruited under recruitment procedures that aimed to employ only staff that were suited to work at the service were employed. Disciplinary procedures were used after the provider had identified unsafe and dishonest actions by staff. Staff we spoke with understood their responsibilities for protecting people from abuse and avoidable harm. However, some people's care and support was neglected because care workers were not punctual or because some home care visits were missed.

People's care plans included risk assessments of activities associated with their personal care and support routines. The risk assessments provided information for care workers to support people safely without restricting their independence.

Enough suitably skilled and knowledgeable staff were deployed to meet the needs of the people using the service. However, care workers were often too early or late for home care visits. Relief care workers who were less knowledgeable about people's needs had to be allocated home care visits at short notice when regular care workers were absent.

People were supported to take their medicines by staff that were trained in medicines management. However, people were not always supported with their medicines at the right times.

Care workers were supported through supervision and training. The provider used staff meetings to remind staff about safe practices and the standards that were expected of them. However, people told us that care workers who visited them less regularly did not appear to know how to support them. Not all care workers

acted in accordance with the provider's guidance about treating people with respect.

The director understood their responsibilities under the Mental Capacity Act (MCA) 2015. Staff we spoke with had little awareness of the MCA but they understood they could provide care and support only if a person consented to it.

People were supported with their meals. Care workers supported people to make meals or by heating ready prepared meals.

People were involved in decisions about their care and support but their preferences, for example about times of home care visits, were not always respected. They told us they were treated with dignity and respect by their regular care workers but not by care workers who visited them occasionally.

People contributed to the assessment of their needs and to reviews of their care plans. Their care plans were centred on their individual needs. However, not all care workers provided care and support that was in line with people's care plans. This meant people did not consistently experience care and support that met their needs. People knew how to raise concerns but they were not always confident their concerns were acted upon by the provider.

The provider had arrangements for monitoring the quality of the service. These arrangements included asking for people's feedback about the service and a range of checks and audits. Although the provider had a process for monitoring and reporting about punctuality of home care visits this was not consistently used. This meant shortfalls in the delivery of care were not promptly identified and acted upon. A director had been sent to run the service and make improvements. There was no action plan of what those improvements were or how they would be achieved.

We found one breach of regulation. You can see what action we told the provider to take at the back of the full version of the report.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

**Requires Improvement**

The service was not consistently safe.

People were not consistently supported to take their medicines.

Staff understood and put into practice their responsibilities for protecting people from abuse and avoidable harm. Some people's care and support was neglected because care workers were not punctual or because some home care visits were missed.

The provider sought to recruit only people suited to work for the service. Disciplinary procedures were used after poor staff practice had been identified.

### Is the service effective?

**Requires Improvement**

The service was not consistently effective.

Not all care workers were knowledgeable about their needs .which meant people did not always receive the support they required.

Staff were supported through supervision and training, but relief care workers were not always knowledgeable about people's needs.

Staff we spoke with had little awareness of the Mental Capacity Act 2005.

Staff supported people with their meals.

Staff supported people to access health services when they needed them.

### Is the service caring?

**Requires Improvement**

The service was not consistently caring.

People told us that their care workers were kind and caring, but they spoke critically about 'relief' care workers.

People were involved in discussions about their care and support but that support was not consistently provided when people wanted it.

People told us that their regular care workers respected their privacy and dignity when providing care and support, but that relief care workers did not.

## Is the service responsive?

**Requires Improvement**

The service was not consistently responsive.

People told us they received care and supported that was centred on their needs only when they were supported by regular care workers. Care workers did not always stay with people for the full scheduled period of a home care visit.

People knew how to make raise concerns or make a complaint, but they sometimes felt they were not listened to.

## Is the service well-led?

**Requires Improvement**

The service was not consistently well-led.

The service had been without a registered manager since July 2015.

The provider had sent a director to run the service and to bring about improvements, but there was no documented plan about how those improvements were to be achieved.

The arrangements for monitoring the quality of the service did not include monitoring the punctuality of home care visits which was a key area requiring improvement.

# Firstpoint Homecare - Leicester

**Detailed findings**

## Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider had made improvements following our last inspection on 24 February 2016 when we rated the service as requiring improvement. Our inspection was brought forward after we received a concern from a relative of a person who used the service. At this inspection we checked whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 21November 2016 and was announced. The provider was given 48 hours' notice because the service is a home care agency and we needed to be sure that the manager would be in the office. We returned announced to the service on 25 November 2016 to complete our inspection.

The inspection team consisted of an inspector and an expert-by-experience. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Before we visited the office on 21 November 2016 we made telephone calls to people using the service or their relatives. We spoke with five people who used the service and relatives of 10 other people.

On the day of our site visit we looked at 12 people's care plans and associated records. We looked at information about support staff received through training and appraisal. We looked at a staff recruitment file to see how the provider operated their recruitment procedures to ensure they only recruited staff that were suited to work for the service. We looked at records associated with the provider's monitoring of the quality of the service. We spoke with a director of Firstpoint Home Care Ltd who took over the running of the service in September 2016, a clinical lead who supported the this service and others in the midlands, a coordinator who organised and monitored home care visits  and four care workers.

We contacted the local authority that funded some of the care of people using the service and Healthwatch Leicester, who are the local consumer champion for people using adult social care services, to see if they had feedback about the service.

Requires Improvement

# Is the service safe?

## Our findings

We had mixed feedback from people who used the service and their relatives about how safe they felt. A relative told us they felt care was not always safe because on occasions only one care worker instead of two supported their husband. They told us, "My husband has a rotunda to help him out of bed. Two carers should help him but sometimes only one does it whilst the other goes out the room to do the paperwork. He doesn't feel safe with just one doing it". Another person who required footwear and special equipment to be fitted had both fitted incorrectly which caused the person to experience pain. That would not have happened if the footwear and equipment had been fitted correctly. Another person did not receive all the home care visits they should have had and some visits were for a shorter duration than they should have been. An investigation by the provider confirmed that care workers had made inaccurate records about the duration of their calls. That person experienced neglect. People did not always feel secure in their home after a home care visit. A relative told us, "Recently they left the front door open after leaving".

Relatives also told us that not all home care visits were made, especially at weekends. A relative told us, "During the week with the regular ones it is fine, but weekends go to pot". Several people required more than one home care visit per day including weekends. Relatives told us that at weekend home care visits were sometimes later than expected or were missed altogether. One person who should have had a home care visit on a Friday evening was not visited until 15 hours later. The missed visit left them vulnerable and uncomfortable. Another person was left either in their bed and then a wheelchair on two separate occasions which meant their care and support was neglected. On one occasion in October 2016 a person who should have been supported by two care workers was supported only by one. This meant that personal care was not provided and the person was left in their bed for longer than they wanted to be. Their relative told us this left the person very distressed. Another relative told us, "They didn't call at night. Mother was left all night in her chair".

The provider had a system to monitor punctuality and duration of home care visits. However, it had not been utilised effectively to identify suspected neglect through late and missed home care visits. Had that system been properly utilised, the uncertainties and concerns several people experienced would have been avoided.

People who felt safe told us this was because care workers knew what they were doing and were careful. A person told us, "They are careful when washing me. I have no issues with that". Another person told us, "I feel safe because they help and move me around safely". Another person felt safe because care workers used equipment safely. They told us, "I have a hoist and they are very careful when moving me". A relative told us "My wife has to be lifted and moved on a rotunda. The carers are always very careful and the same with washing and dressing her." That person required two care workers to support them and the relative told us. "We have two carers". Other comments from people who told us they felt safe included, "We feel quite safe with them" and "I feel completely safe with them".

Staff we spoke with knew how to identify and respond to signs of abuse. They knew about the provider's

procedures for reporting suspected or actual abuse. All staff had received training in safeguarding people from abuse or avoidable harm. Staff we spoke with demonstrated knowledge about the types of abuse recognised in the Health and Social Care Act. They knew how to report concerns they had about people's safety from such abuse. We saw that care workers used the provider's reporting procedures.

People's care plans had risk assessments of activities associated with their personal care and support routines. The risk assessments were detailed and included information for care workers about how to support people safely and protect them from harm or injury when they used equipment, for example a hoist. However, in the context of what people using the service and relatives told us we found that care workers had not consistently supported them in line with the risk assessments.

The provider operated recruitment procedures. Candidate's suitability was first assessed through review of their job application. Only candidates considered potentially suitable were invited to an interview with the manager. We saw evidence that people who were interviewed were asked questions that tested their suitability to work with people who require personal care. A care worker we spoke with recalled that, "I was asked a lot of questions at my interview. It wasn't an easy interview." All necessary pre-employment checks were carried out before a person started work including Disclosure Barring Scheme (DBS) check. DBS checks help to keep those people who are known to pose a risk to people using CQC registered services out of the workforce.

At the time of our inspection the service employed 32 care workers. This was enough to cover the home care visits that were required. However, the skills and competencies of staff varied. This was demonstrated by the comments people made about `non-regular' staff. After the provider was made aware of unsafe practice by care workers they carried out investigations. Disciplinary action was taken and one referral was made to Protection of Vulnerable Adults (POVA) Scheme. Depending on the outcome of the referrals, the care worker will be barred from working with vulnerable people. The service had experienced difficulties caused by absenteeism at weekends. These resulted in home care visits being late because it took time to find an alternative care worker who was often unfamiliar with or to the person they supported. The reasons for absenteeism were being reviewed by the director at the time of our inspection.

At our last inspection we found that the service was not consistently safe because there had been eight occasions when people had not been supported to have their medicines. The provider told us that they were in the process of arranging additional medicines management training for care workers from an independent training provider. During this inspection relatives of two people who used the service told us about concerns they had about the support their parents received with their medicines. Both told us that a care worker had given a person all of their medicines during a single home care visit instead of at different times of the day when another visit should have been made. We found that whilst the home care visits scheduled for the mornings or afternoons had taken place, evening calls had not. One of the relatives told us this had happened on two occasions. This meant that people had some of their medicines at the incorrect times. One of the relatives told us their father was left feeling very drowsy as a result. Not supporting people to have their medicines at the right times and as prescribed exposed them to risk of harm.

Other people we spoke with about the support they received with their medicines told us they had no concerns. Most people were assisted to take their medicines by their relatives but some relied on care workers to support them. Care workers prompted or assisted people by removing medicines from a `dossett box' (a box containing the medicines) and handed them the medicine in a cup and watched the person take the medicine. A person told us, "They always make sure we take the medicine and they watch us as they do".

Requires Improvement

# Is the service effective?

## Our findings

People who used the service and their relatives told us they felt that they felt that care workers who visited them regularly were sufficiently skilled and knowledgeable about their care needs. They were less complimentary about care workers they saw only occasionally. A person who used the service told us, "Well, the regular ones are good but not the ones that come to cover". Another person told us, "The regular ones are good. We are very happy with them. The problem is the ones that cover when they are off".

People and relatives we spoke with told us that relief and non-regular care workers did not appear to know how to support people. A relative said, "The reliefs don't seem to know what to do when they use the hoist and wheelchair". People told us that non-regular care workers were not familiarising themselves with the needs of people they supported. This was illustrated by one person who told us that non-regular care workers were not as careful when they lifted her. A relative of another person told us, "Some don't even know what needs to be done for [person who used the service]". Another relative said, "The ones that cover haven't a clue. They don't know what we need; they even have to look on a sheet for our names". This showed that relief care workers had not been supported to understand the needs of people they visited.

By contrast, people who used the service and relatives spoke in positive terms about regular care workers. Comments included, "They all seem trained and very good", "My regular carers are very good" and "The normal ones are great".

All new staff received training that began with a three day induction. This included training about safeguarding people from abuse and how to support people safely with their mobility and when equipment such as a hoist was used. Induction training included 'shadowing' an experienced care worker for three days to watch how they supported people. They were then observed carrying out care and support when their competence to do so unsupervised was assessed by a senior care worker. If assessed as suitable, the care worker was then allocated a number of people to support.

Care workers we spoke with told us they felt their induction and post induction training helped them to perform their role. One told us, "My training had covered lots of things I wanted to know". Care workers were also supported through 'field supervision'. These were occasions when a senior care worker observed and reported on a care worker's practice. Care workers had field supervision every 12 weeks. Staff meetings took place most months to support staff to understand the aims of the service and to remind them about what was expected of them in terms of how they provided care and support. All staff were given a handbook that included a code of conduct and various policies about how to support people safely with different aspects of their care.

Care workers communicated with each other about people's needs through notes they made of their homecare visits. We looked at a sample of 12 people's notes and we found they were mostly informative because they described how they had been supported, their well-being and what they may need at the next visit. However, we also learnt from three people that the notes about their care were inaccurate and unreliable. The provider's investigation of a complaint about this upheld the complaint. Audits of some care

worker's notes identified that notes 'were not very person centred and just listed tasks'. This meant that not all daily care notes were a reliable means of care workers communicating with each other about a person's care and support. The director was aware of this and told us they would take action to address the issue.

The Mental Capacity Act (MCA) 2005 provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. Any applications must be made to the Court of Protection. We checked whether the service was working within the principles of the MCA.

No person at the service received care under a Court of Protection order. The director had an understanding of the MCA. They knew that all of the people who used the service were presumed to have mental capacity which is the correct approach required by the MCA. People's care plans included assessments of their capacity to make decisions about their care and support.

We asked four care workers what they understood about the MCA. One told us, "I don't know a lot about it. I think it's about mental illness". Another said the MCA was about "understanding people's behaviour and supporting them to be safe". Those answers demonstrated a limited awareness of the MCA and illustrated that the care workers had not benefitted from the training they had about the Act. Two care workers told us they couldn't remember what they been taught in training. This meant the training had not been effective and that care workers may not be able to identify when a person could not be presumed to have mental capacity to make a decision about their care and support.
Care workers we spoke with understood that they could provide care and support to a person only with their consent. They sought people's consent by explaining what support they had come to provide and asking a person if they wanted that support. If a person declined support they waited a a few minutes before asking again and explaining the benefit of the support to the person. They told us they would only proceed if a person gave consent either verbally or by gesture. People who used the service told us they let care workers 'get on' with providing care and support.
Staff supported people to eat and drink by either making meals or warming up meals that relatives had made. A person told us, "We tell them what we fancy and they get it for us". Another said, "My daughter gets the shopping and they [care workers] prepare it". Relatives told us they were satisfied with the support care workers provided. All staff had received training in food hygiene and preparation.

People who used the service were supported with their health needs. Care workers received training about medical conditions that people lived with to support them to respond to people's health needs. Care workers reported changes in people's health to the office who contacted the relevant health professional, for example their GP or district nurses. A senior visited the person and reassessed their needs if this was needed and if necessary changes were made to the person's care plan. Care worker's supported people to make health care appointments.

Requires Improvement

# Is the service caring?

## Our findings

People who used the service and relatives told us that most care workers were kind and caring. They consistently told us that they had caring relationships with care workers who supported them regularly. A person told us, "The ones we normally have are excellent. Nothing is too much trouble for them". A relative of another person who used the service told us, "They are very good. They take their time and try to make her talk and laugh as much as she can". People were not as complimentary about non-regular care workers. A person told us, "The normal ones are caring but not the others". Another person said, "The weekends are the worst" and a relative told us, "The ones that cover come from Luton and Birmingham. It's ridiculous, no wonder they don't know anything about us".

A relative told us they were made to feel uncomfortable and intimidated by some care workers that were unfamiliar to them. They said, "They [care workers] are unpleasant with my mother the way they talk to her. They said to her 'Watch your step or we will drown you in the shower'. Now this may have been said jokingly but I found it very unsettling". Another relative told us a care worker had been rude to the person using the service. They told us, "The way the carer spoke upset [person]". Another told us, "The reliefs don't seem to know what to do and this upsets [person]".

The director told us that relief care workers had to be arranged recently for a variety of circumstances. These included care staff leaving and staff absences, especially at weekends. Several home care visits were carried out by care workers from other branches of Firstpoint Homecare and 'local' care workers who were not familiar with the people they supported. Whilst this meant that home care visits were made as opposed to not being made, people who used the service had not always experienced care that was caring and compassionate. This was because the non-regular care workers lacked of knowledge about the people they supported and some displayed a less caring attitude than care workers people were familiar with. A relative told us, "The problem is with the reliefs. They don't seem to know what to do and this upsets [person]". We found that relief and non-regular care workers' practice meant that people did not experience care that was consistently caring. The provider had not ensured that relief and non-regular care workers had enough information about people they were sent to support.

People and relatives told us it mattered to them that they were supported by regular care workers. We found that people who required up to four home care visits a day every day of the week in October 2016 were being supported by a core team of three or four care workers. People who required up to two home care visits a day were being supported by no more than two different care workers. This showed that the provider had begun to make improvements in this aspect of the care and support people received. A person told us that their experience of relief care workers "Happened a month [October] ago. Luckily the regular ones are back". However, at the time of our inspection those improvements had only recently begun to benefit people using the service and needed to be sustained.continued.

Punctuality of care workers visits also mattered to people. Most people we spoke with told us they had experienced home care visits outside time they expected. A relative told us, "Sometimes they were two and a half to three hours late" and another relative told us, "The worst delay was two hours". One told us, "The call

times are awful". Some relatives told us that they were informed if a care worker was running late but others said they had to contact the office to find out whether a care worker would be coming. A relative told us, "We never know when they are going to turn up. I have had to telephone the office on many occasions to find out what is happening". People experienced anxiety because of this. We found similar issues at our inspection in February 2016. Punctuality of care workers had improved slightly since February 2016. In October 2016 82% of home care visits were within 30 minutes of times people expected. However, a small number of people experienced a high rate of calls outside the 30 minutes. Between 1 March and 31 October 2016, 8 out of 31 people who used the service regularly had home care visits 30 minutes outside the expected time. This showed that people's wishes about when their care and support was provided were not consistently met.

Care workers who visited people regularly developed an understanding of people's needs by reading their care plans. A care worker told us, "Before I visited a person for the first time I read their care plan. I also shadowed an experienced care worker supporting that person and got to know about them then". Care workers told us they spoke with people's relatives to learn more about the people they supported. A person confirmed that to be so. They told us, "They talk to us and they know us well". Two other people told us, "Nothing is too much trouble" and "They know me well, they know what I need and look after me very well". A relative told us, the regular carers are excellent. They know [person's] needs exactly". Another relative said of regular care workers, "They are lovely. They always ask what [person] wants".

Care workers who regularly supported the same person showed concern for people. A person who used the service told us, "They always ensure we are okay and they handle us in such a gentle and caring way". A relative told us, "They are first class and always go the extra mile". That relative and others told us that regular care workers always took their time and did not rush people. Another relative gave an example of care workers making an exceptional effort to ensure they provided care. They told us that care workers were suffering the effects of a road traffic accident but attended to their care. They told us, "Despite them limping they turned up. I thought that was brilliant. I told them to go but they insisted they do the care. They were first class".

People using the service and their relatives were involved in decisions about how their care and support was delivered. Their choices and preferences about times of home care visits were not consistently met. When people were supported by regular care workers they were involved in every day decisions about their care, for example, about how they were supported with personal care, whether they wanted to sit in an armchair or return to bed, what they had to eat and things that mattered to them. People told us that regular care workers respected their choices. A person who used the service told us, "I'm very pleased with them. They do what I need". However, people told us that relief care workers didn't always listen to them. A person who used the service told us, "I asked them if they could please take my towels out of the washing machine for me. They said they wouldn't because they checked the book [care plan] and said they wouldn't". A relative told us of an occasion a person's wishes were disregarded. They told us, "[Person] wanted to get out of bed but the care worker said 'you want to stay in bed don't you' and they left him there despite him wanting to get up".

The provider promoted dignity and respect through policies, staff training, supervision and a staff handbook that was given to all care workers. Training and guidance for staff included information about how staff must support people with dignity and respect them. This included guidance that care workers should not wear jewellery on the fingers apart from wedding bands because this could cause injury to people with sensitive skin. A smoking policy informed care workers who smoked that they should be aware that people who used the service may be offended by cigarette odours and that they should wear clean uniforms. We noted when we spoke with four care workers at the office shortly before they left to visit

people that two wore rings and two wore uniforms with a strong odour of cigarettes. This showed that not all care workers followed guidance about dignity and respect. We brought this to the attention of the director. They told us they would remind all staff about the policy and if necessary take disciplinary action. The director told us they would remind staff about the policies at staff meetings and communications such as memos.

People who used the service and relatives told us that they were treated with dignity and respect apart from a few occasions, most when they were supported by relief care workers. A person who used the service told us, "One care worker laid full length on the floor in my lounge when they wrote their notes. I found that disrespectful". A relative told us, "They don't respect my property. For instance they leave toilet paper on the mantelpiece in the lounge". Another relative told us of relief care workers, "They are rude, they rush and don't seem to care" and another said, "They don't seem to care like normal ones. They are quick, leave doors open and don't seem bothered". When people spoke about the majority of care workers they did so in complimentary terms. Comments from two people using the service included, "They are very respectful. They speak politely and are very careful" and "They are very respectful. They show complete tact". Care workers we spoke with told us how they respected people's privacy and dignity when they supported them with personal care. They told us they used towels to cover people, closed doors and drew curtains. A person we spoke with confirmed what care workers told us. They said, "They are polite and always ensure the door is closed when showering me". A relative told us, "When they dress and shower [person] they are very good at it". People's comments highlighted a significant difference between how caring regular and non-regular care workers were and meant that the care people experienced was not consistently characterised by care and compassion.

Requires Improvement

# Is the service responsive?

## Our findings

Some care workers, mainly relief care workers, did not provide care and support that was centred on people's needs and preferences. One reason people gave for that was that relief care workers did not read care plans and not therefore know how a person should be supported. People's comments included, "they don't even read the care plan". Another reason was that relief care workers did not offer people choice and rushed their care and support. A relative told us, "Two carers came and said we are putting him to bed and going home". Two other relatives told us, "They rush and just treat [person] like a quick stop" and "The ones that cover just rush and want to go". People were concerned that some care workers, again mainly relief care workers, did not stay for the duration of a scheduled home care visit. A person told us, "The ones that come occasionally don't stay long and rush off. We are lucky to get half an hour with them instead of 45 minutes". Another person told us, "The ones that cover when the regular ones are off always rush. It is not the same with them. They probably go before full time by about 10 minutes". A relative told us, "The non-regular ones stay about 10 minutes and go instead of staying half or three quarters of an hour. They can't finish quick enough". A relative told us they had experienced poor punctuality of home care visits "for the last few months".

People told us that they were sometimes supported by care workers who appeared not to understand their needs. When we looked at records of staff meetings we found that at a staff meeting in April 2016 care workers said that they felt they had been sent to homecare visits without being given information about the people they had been asked to support.

Before our inspection a relative of a person who no longer used the service made a detailed complaint in which they presented evidence that care workers had made inaccurate records about how long they stayed at a person's home. They had grossly overstated how long they stayed. Home care visits should have lasted 30 minutes but on three occasions they had stayed for three or less minutes. The person using the service had not received the care and support they needed and their health had deteriorated as a result. The provider investigated the complaint and upheld it. Disciplinary action was taken against the care worker.

People's care plans included assessments of their needs and details of the outcomes that people wanted to experience. The plans contained evidence that people or their relatives had contributed to the assessments. The care plans included detail about how care workers should support people with their needs and respect their preferences. Most care workers read people's care plans when they visited them to provide care and support, but a small number, mainly relief care workers did not. That was a contributing factor into why people did not always experience care that met their personal needs. People's care plans were reviewed annually by senior care workers through 'care review meetings' at a person's home. Reviews took place more often if a person's needs changed.

Care workers told us they made records of their home care visits. People who used the service and relatives told us they saw care workers make notes and some people read them. Some people told us that the records some care workers made were inaccurate. The inaccuracies were about the time they arrived and stayed at a person's home and the extent to which they carried out the required care and support. An

investigation of a complaint carried out by the provider found that a care worker's notes were not reliable evidence about the care and support a person should have received. When we looked at 12 people's care notes we found that most described care and support that was compatible with the requirements of people's care plans. However, in light or what people told us and the outcome of the provider's investigation of the complaint, we found that the records were not always a reliable assurance that people received the care and support described.

People who used the service told us they were satisfied with the quality of care and support they experienced apart from a few occasions when they were supported by relief care workers. A person told us, "The regular ones are brilliant and some go the extra mile". Another told us, "The regulars are spot on. They do everything the way we need".

People told us they were satisfied with the quality of the care and support they received from 'regular' care workers. A relative said, "They know what they are doing" and another said, "I am very happy with them. They do everything correctly" and explained that care workers supported the person to be in whichever room they chose. A person told us, "They always take me where I want to go". People told us that care workers supported them to be involved in some activities such as preparing meals or doing housework. A person told us, "They are very good. They do help us [around the house] and into the kitchen for food" and another said, "They help me with the cleaning and washing". Relatives told us that care workers supported people to do as much as they could for themselves. One told us, "They get [person] to do as much as they can despite him being severely restricted". This showed that care workers treated people as individuals and supported them to be independent as they could or wanted to be.

People who used the service were provided with a `user guide' that included information about how to raise concerns or make a compliant about the service. Concerns were dealt with by office based staff. Most concerns were about punctuality of home care visits and most of these were resolved. Complaints were investigated by the provider's 'clinical lead'. We found that investigations were thorough and that the person who made the complaint received a detailed response. Actions were taken as a result of concerns and complaints. These included disciplinary actions, changes to the staffing and organisation of the service and, from September 2016, putting a director in charge of the service with a specific responsibility of improving it.

Requires Improvement

# Is the service well-led?

## Our findings

The provider had an electronic system that was capable of monitoring the punctuality of home care visits. This relied on care workers using a log-in system. However, several care workers did not use the system. One person's records showed that in October 2016 care workers had failed to use the log-in system in 100 home care visits out of 118. The reason recorded was `forgot to log in or out'. This showed that there had been ineffective monitoring of the use of the log-in system. We also found that whilst the system was capable of generating reports about the punctuality of home care visits, this was not used. This meant the provider was not aware of the scale of home care visits that were taking place more than 30 minutes outside the times agreed with people who used the service. This in turn meant there had been a much delayed response to people's concerns about care worker's punctuality which was having an adverse impact on their care and support.

A director had been sent to the service in September 2016 to bring about improvements. They were supported by a 'clinical lead'. Both had a clear sense of what they wanted to improve at the service. For example, to improve the quality of training and to ensure that staff consistently put their training into practice through increased monitoring. However, there was no documented action plan of how those improvements would be achieved and evidenced or who was responsible for those actions. This meant there was no system for implementing and monitoring improvements, for example by having objectives that were `smart, measurable, achievable, realistic and time bound' (SMART). It also meant that the service fell short of the provider's own requirement to have a `robust Quality Assurance System for ensuring the quality, efficiency and effectiveness of the workers and services we provide'.

People who used the service and their relatives told us they had raised concerns with the office. These were mostly about punctuality of home care visits. They were not always satisfied with the responses they had received. A relative told us, "We got fed up of phoning the office and getting excuses all the time over late calls". Another relative told us, "They just don't listen".

The service sought feedback from people about their experience of the service. This was through telephone interviews when people were asked to rate care workers against criteria such as whether they were friendly, supportive and kind. People were also asked set questions about things care workers did, for example whether they arrived on time, read the person's care plan, and sought consent. However, we knew from our own experience of telephoning people who used the service that most could not maintain a telephone interview. The records of telephone interviews we looked at did not state whether the caller spoke with the person who used the service or a relative. There had been no analysis of the people's responses. The provider's procedures required that telephone interviews took place every six weeks, but in the 12 care plans we looked at it was evident that this had not happened. Most people received only two or three telephone calls since our last inspection in February 2016.

These matters were a breach of Regulation 17 (1) and (2) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Good governance.

At the time of our inspection on 24 February 2016, the service had been without a registered manger since May 2015. A manager was in place and they told us they were in the process of applying to be a registered manager. However, they left the service in September 2016 and a director had been sent to run the service with a specific task of improving the service. They were not a registered manager but told us they would apply to be one pending the appointment of a permanent registered manager. This meant that by the time of our latest inspection the service had been without a registered manager for 17 months.

We had mixed feedback from people who used the service about how the service was run. Comments from people ranged from "Well I suppose it is okay" to "The office is badly run. The carers are good but the office doesn't seem to care when you call with a problem". Some were not sure who the manager was. Two people who used the service and six relatives told us who they thought the manager was but they were incorrect. Some people knew about changes to the management of the service but not everyone we spoke felt they were kept informed. A relative commented, "Well informed? About what? They don't tell us anything that's going on and when you call them they don't want to know". This showed that people were not well informed about why they were not experiencing the quality of support they expected.

The provider promoted an open and transparent culture. This was communicated to people using the service through the service user guide they were given. It was communicated to staff through policies and procedures, training, supervision and staff meetings. At supervision and staff meetings staff received feedback about their performance and the performance of the service. Areas that required improvement were brought to the attention of staff, for example improving the quality of record keeping and using the homecare visit log-in system.

Senior care workers and sometimes the clinical lead carried out spot-checks of care worker's care practice. These were used to monitor the quality of care and to observe whether care workers abided by the provider's policies and procedures, for example in relation to wearing uniforms and carrying ID badges. They also observed whether care workers conducted themselves to the standards expected by the provider. The frequency of observation checks had been increased from September 2016 in response to concerns about some care worker's conduct.

Other monitoring and quality assurance activity included audits of care plans. The audits identified areas for improvement though action plans were not developed or implemented to achieve improvements.

The director understood the legal responsibilities of a registered manager, though we had to remind them to display the ratings from our last inspection which is a legal requirement. The provider had not notified us of the change of address to a new location. This meant they were in breach of a condition of registration because they were operating a service from a non-registered location. However, they addressed this after our inspection.

This section is primarily information for the provider

# Action we have told the provider to take

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

| Regulated activity | Regulation |
|---|---|
| Personal care | Regulation 17 HSCA RA Regulations 2014 Good governance<br><br>There was no effective scrutiny of the delivery of care and there were no documented plans about how to improve the service. |