

Jasmine Care (South East) Limited

# Jasmine Care South East Limited

## Inspection report

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## Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?

Inadequate ●

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

This inspection was carried out on the 5 and 7 March 2018. The inspection was announced.

Jasmine Care South East is a domiciliary care agency. It provides personal care to people living in their own homes in the community. It provides a service to older adults. The agency provides additional services such as cleaning and shopping. Not everyone using Jasmine Care South East receives regulated activity; CQC only inspects the service being received by people provided with 'personal care'; help with tasks related to personal hygiene and eating. Where they do we also take into account any wider social care provided. This was the first comprehensive inspection since the agency was registered on 24 January 2017. At the time of our inspection, the agency supported 16 people; however, only six of these people received personal care.

The provider who owned the agency was also the registered manager. 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.

Staff were not recruited safely to ensure they were suitable to work with people who needed care and support.

Potential safeguarding concerns had not been reported to the local authority safeguarding team, leaving people at the potential risk of abuse. People told us that their care calls were often late and they felt staff were rushing in and out at times.

Medicines were not always managed safely. Records had not always evidenced that people had received their medicines as prescribed. Records were not clear what medicines staff were administering to people.

Systems were not in place to monitor the quality of the service that was provided to people. A new schedule of audits had been developed by the registered manager, however, this had not had the opportunity to be consistently used or embedded.

Staff received feedback from the registered manager through checks during their working day. Supervision meetings were held between staff and their line manager. However, issues that staff had raised had not always been acted on. We have made a recommendation about this.

Staff had been trained to meet the needs of people. However, training records did not always match the certificates. We have made a recommendation about this.

People's needs were assessed prior to receiving support from the agency. Care plans were developed with people and included guidance for staff on how to meet their needs. People had visit plans in place for staff to follow, these were individualised and informed staff how people wanted their needs met. Daily notes that

were completed by staff at the end of the call had not always been checked and audited. We have made a recommendation about this.

There was a complaints policy and procedure in place, however, complaints that had been raised had not been used to learn and improve the quality of the service that was provided to people. We have made a recommendation about this.

Care plans contained information about people's likes, dislikes and personal histories. People told us the staff were friendly and kind. Staff understood the importance of maintaining people's privacy and dignity, whilst encouraging people to do as much for themselves as possible. People were supported to remain as healthy as possible.

Potential risks to people and staff had been assessed, actions were put into place to minimise any potential risk. An assessment was undertaken of the persons' home and any potential risks prior to the agency starting to offer support.

People's personal information had been stored securely within the registered office, this protected people's confidentiality.

People were encouraged to make everyday choices about their lives. Staff asked people for their consent prior to offering care and support. However, staff lacked knowledge regarding the Mental Capacity Act 2005, and what to do when people were not able to give their consent.

We found four breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. You can see what action we have told the registered 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?

**Inadequate** ●

The agency was not safe.

Safe recruitment practices were not always followed.

People were not protected from the potential risk of harm.

Medicines were not managed to ensure people's safety.

Risks associated with people's health condition support and environment had been assessed and recorded.

### Is the service effective?

**Requires Improvement** ●

The agency was not always effective.

Staff received training to fulfil their role; however, training records were not always accurately maintained.

Staff received regular supervision meetings with their line manager; however, concerns that were raised had not always been addressed.

People were asked for their consent prior to receiving care and support and were supported to make everyday choices. Staff showed a lack of understanding regarding the Mental Capacity Act 2005.

People were supported to maintain their health if this was part of their package of care.

### Is the service caring?

**Requires Improvement** ●

The agency was not always caring.

People's records of their visits were not always available or had been viewed by the registered manager.

People told us the care staff were friendly and caring. Staff knew how to maintain people's privacy and dignity whilst offering care and support.

Care plans contained information about people's likes, dislikes and personal histories.

People's personal information had been stored securely to maintain confidentiality.

### **Is the service responsive?**

The agency was not always responsive.

Complaints and concerns that had been raised had not always been used to learn and improve the service people received.

People's care plans were individualised and contained information of the exact support the person wanted.

Visit plans were in place to inform staff of the actions the person required during their call.

**Requires Improvement** ●

### **Is the service well-led?**

The agency was not always well-led.

Quality assurance systems had not been implemented effectively or embedded to improve the quality of the service people received.

Policies and procedures were not always readily available for staff to access.

Staff were provided with feedback about their working practices. The registered manager ensured communication between staff working within the community and themselves.

**Requires Improvement** ●

# Jasmine Care South East Limited

## **Detailed findings**

### Background to this inspection

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

This inspection took place on the 5 and 7 March 2018 and was announced. We gave the service 48 hours' notice of the inspection visit because it is small domiciliary care agency and the registered manager is often out of the office supporting staff or providing care. We needed to be sure that they would be in. The inspection team consisted of two inspectors and an expert-by-experience, who made calls to people using the service. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service. The expert-by-experience for this inspection had experience in care for older people.

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 agency, what the agency does well and improvements they plan to make. We looked at other information we held about the agency, such as, notifications. Notifications are changes, events or incidents which the provider is required to tell us by law. We used all this information to plan our inspection.

As part of the inspection, we spoke with the provider who was also the registered manager and three care staff. We spoke with six people receiving personal care, five people receiving additional support with tasks from the agency such as, shopping and cleaning and four relatives to give their feedback on the service they received. We asked the commissioning team for their feedback about the agency.

We reviewed a range of records. This included five people's care plans and records including care planning documentation, risk assessments and medicine records. We looked at documentation that related to staff

management and staff recruitment including four staff files. We also looked at records concerning the monitoring, safety and quality of the agency.

We asked the registered manager to send additional information regarding policies after the inspection visit. The information we requested was sent to us in a timely manner.

# Is the service safe?

## Our findings

People told us they felt safe with the staff providing care and support to them. One person told us they felt safe because, "the carers know what they are doing." A relative told us they felt their loved one was safe. However, despite the positive feedback we received we found that action had not always been taken to promote and ensure people's safety.

Staff had not always been recruited safely and the registered manager had not always followed the procedures that were in place. A 'safe staff recruitment and selection policy' and a 'requirements relating to workers policy' was in place but had not always been followed. The provider told us they employed eight members of staff who worked for the agency, carrying out personal care tasks as well as other tasks. We viewed four staff files. Out the four files we viewed, one file showed that checks had not always been made with the Disclosure and Barring Service (criminal records check) to make sure the staff were suitable to work with people who used the service. Another file showed no action had been recorded when a positive DBS had been returned. Appropriate references had not always been gathered so there had not been a thorough check to ensure staff had provided truthful information on their application form and whether there were any reasons why they should not be employed. Two files viewed on the first day of the inspection contained only one reference. However, on the second day of our inspection the provider had found the missing references which they had filed within the recruitment files. Two files contained application forms that were not fully completed; there were gaps in the persons' employment history, so a complete record of a person's suitability to work had not been ascertained. The provider had not followed their policy and procedures that were in place to ensure the safe recruitment of staff, nor had they made every effort to gather all available information to confirm that staff were of a good character. The provider had not followed Schedule 3 of the Health and Social Care Act. This left people at risk of receiving care from staff who may not have been of suitable character or safe to work with people who needed care and support.

The registered manager told us they had employed enough staff to meet people's needs. However, there were mixed views from people regarding staff being late for care calls, especially at weekends. One person said, "Carers don't turn up on time. I'm hanging around." Another person said, "3/4 of times carers have failed to turn up. The manager usually phones to apologise." A third said, "They're not too bad on timing." However, a fourth person said the staff were, "Always on time." We fed this back to the registered manager who told us they gave staff adequate travel time between calls and felt there was no reason care staff should be late.

These examples demonstrated a breach of Regulation 19 of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

People were not always protected from the potential risk of harm and abuse. Records showed and the provider confirmed that an incident involving a person and a member of staff had not been reported to the local authority safeguarding team. We discussed this concern with the provider who then raised this with the local authority following the first day of our inspection. Staff were able to describe the potential signs of abuse and had received training by the provider in safeguarding adults. However, some staff were not aware



of their responsibility to report any concerns they had to agencies outside of Jasmine Care South East, such as the local authority safeguarding team. Staff did not have access to the local authorities safeguarding protocol. Staff told us they would report any suspicions they had to the 'office', which was the registered manager. However, the registered manager had not always raised potential safeguarding concerns with the local authority safeguarding team, until this was brought to their attention during our inspection. This had led to a potential instance of abuse not been reported and timely action to keep people safe had not always been taken.

Accidents and incidents involving people were recorded by staff and were reviewed by the registered manager. However, records showed an incident involving a person and a member of staff had not been reviewed and recorded as reviewed by the registered manager. Actions had not been considered or put into place to reduce the risk of a reoccurrence. People could not be assured that lessons would be learnt from any accidents they had, and, steps put into place to reduce any potential risks.

These examples demonstrated a breach of Regulation 13 of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Medicines were not always managed safely. Medication Administration Records (MAR) were used by staff to record when they had administered or not administered a person's medicines. Medicine administration records (MAR) for two people who used the service were seen, covering the period between November 2017 and February 2018. We found some concerns around arrangements for safe handling of medicines. One person's MAR showed a medicine listed as "blister pack", with no indication of what the medicine was, the strength, dosage, route or any other special instructions. This meant that staff were potentially unaware of any potential contra-indications or reactions with other medicines.

There were omission codes on the MAR, but no key to interpret what the codes stood for. This did not provide staff with the guidance and support they needed to be able to accurately fill in the MAR. Where medicines were omitted regularly, there was no explanation within the person's MAR nor in their care record for the omission of the medicine. For example, in one MAR chart the person did not receive their blister pack medication on 15 out of 16 dates between 15 November 2017 and 30 November 2017. There was no explanation given for this omission, nor any indication of any consequences of the omission. The daily record of care provided for this period stated that "all medicines were put out for XXX to take". This provided contradictory information, as the daily record implied staff prompted the person to take the medicines but the MAR chart was unsigned.

We saw medicines audits conducted by the previous registered manager. The audit was completed monthly, and reviewed the medicine stock, labelling, records of administration, consent and administration practice. We reviewed the audit dated 14 March 2017, which checked the MAR charts for all the people who used the service, and saw that the results noted no gaps in the charts. We reviewed the MAR chart for one person whose MAR had been audited, and noted that there were six gaps in the daily signatures in the eight days period leading up to the date of the audit. This meant that the service missed an opportunity to address the missed signatures and potential omission of medicine administration.

Following feedback from the first day of our inspection, the registered manager had updated people's MAR to include a list of all medicines the person was taking. However, the new MAR showed that omissions continued, where an 'O', which was recorded on the MAR for other, however, no record of what had happened to this medicine.

These issues demonstrated a breach of Regulation 12 of The Health and Social Care Act 2008 (Regulated

Activities) Regulations 2014.

People were protected from the prevention and control of infection. Staff received training in infection control and followed a policy and procedure. People told us staff used personal protective equipment (PPE) whilst supporting them, using items such as gloves, aprons and shoe covers. We saw staff collecting PPE from the registered office for their care calls, during our inspection.

Risks to the safety of people and staff had been assessed and recorded. There were separate risk assessments in place for specific activities, such as moving and handling. This included the person's risk of falls, and the control measures put in place by staff to address the risk. For example, the moving and handling risk assessment for one person showed that staff had taken into account the need for a shower chair for the person during showers, to reduce the risk of falls. Each risk assessment included a measure of the person's capability, or if they needed support from one or two members of staff. Where people had particular health needs, this was reflected in the risk assessment. For example, staff were to encourage fluids for one person, to maintain their hydration.

Each person's care plan contained a health and safety tour, which documented the environmental risk assessment completed at the person's home. This covered the physical environment, any equipment or machinery on site, electrical items, fire safety, housekeeping and working practices. The document was reviewed by the registered manager during 'spot check' audits. An assessment was completed for staff to follow when using chemicals such as body wash or soap. This covered how the substance was harmful, to whom, the control measures and action to take in the event of events such as contact with broken skin. People could be assured that any potential risk to them or others had been explored with action taken to reduce the risk.

## Is the service effective?

### Our findings

There were mixed views from people regarding the effectiveness of the agency to meet their needs. One person said, "Some just do the basics. Others look around for more to do." Another person said, "On the whole I don't think any of them are very good, but they're not too bad." A third person told us the member of staff that knew how they liked to be supported had recently left, they said, "I prefer ones with a bit of experience." A fourth person said, "They've never let me down, I'm happy with them."

There was an induction process, which involved new starters working alongside the registered manager or more experienced members of staff until they were assessed as competent to work independently. The new starter was observed in their practice by the senior staff member, to ascertain if they required more support or if they were able to work independently. The new starter was assessed at the shadow shift stage by the senior staff member across a variety of criteria, including equality, rights and independence, effective communication, health and safety, safe moving and handling and recording of care. New staff inductions followed nationally recognised standards in social care, such as, The Care Certificate.

Staff told us they had received the training to fulfil their role and meet people's needs. Staff completed training courses in a range of subjects such as, safeguarding adults, fire safety, infection control, understanding dementia, moving and handling and equality, diversity and inclusion. The registered manager was a 'train the trainer' in a number of subjects and completed the induction process with staff. Train the trainer, is an education model whereby individuals are trained and assessed as competent to mentor, train and teach others. The registered manager used a training matrix to track staff's training and highlight when training courses required refreshing. However, the date of completed courses recorded on the training matrix did not always match up with the dates recorded on certificates, within the staff files.

We recommend that the registered manager ensures the data recorded regarding staff training is accurate.

Staff told us they felt supported by their supervisor, this could be the registered manager or the administrator. Records showed staff had received regular supervision with their line manager and spot checks. The spot checks were unannounced, and conducted by the registered manager, who observed the staff providing care and support to the person, in the person's home. The spot checks were recorded, and enabled staff to receive feedback from their line manager. Records showed all staff had supervision with their line manager on a regular basis, and records showed that this was used as an opportunity to discuss the staff member's development in their role, and to identify any training needs. Other areas discussed during the supervision included the staff member's rota and any workplace concerns, personal development, attendance and teamwork. The supervision session included general feedback from other staff members and the people who used the service. It was noted that where concerns had been raised by staff this was not always clearly addressed. For example, in one staff member's supervision record, the staff member stated that they were unhappy about their hours of work, but no further action was taken to address this concern.

We recommend that the registered manager addresses and records any concerns that are raised by staff,

during supervision.

People's care plans were based on information from the person's initial care assessment, which was completed by the registered manager. The assessment covered specific areas where the person required support during the day. These included physical well-being, mobility, personal care, health, nutrition and continence. The assessment noted where people had equipment or aids to support their needs, such as a hoist or an air mattress on their bed. The assessment also noted how much the person could do for themselves, and where they needed specific support. Records showed that during the initial assessment the registered manager would recommend additional services that the person may benefit from such as, occupational therapy.

There was a visit plan for staff, which detailed a step by step guide on how to support the person and how best meet their needs. This included the person's own preferences on how their care should be provided, for example, when they wanted to get out of bed, what they preferred to wear and eat, and how to approach their personal care needs. The visit plan included the time and length of the visit, the desired outcomes and any identified risks, including environmental risks for staff. For example, in one person's visit plan, it was noted that the approach to the front door was on uneven ground and in a poorly lit area, so staff were advised to use torches.

At the time of our inspection, the agency was not supporting anyone to maintain their nutrition, by preparing meals for people. Staff received training in food safety and hygiene as part of their induction. People's initial assessment covered whether any support was required from staff regarding nutrition. Records showed, staff encouraged people to drink fluids during their care call to maintain their hydration. People's care plans recorded specific tasks regarding nutrition and hydration such as, making a cup of tea. People could be assured that their nutrition and hydration needs would be met if this was required.

People were supported to remain as healthy as possible, if this was part of their assessed needs and care plan. A record was kept within the persons' care plan of any correspondence the agency had with health care professionals such as, GP surgeries. Records showed staff had contacted a person's doctor with their consent, when they were feeling unwell. Care records included information on the person's personal details, emergency contacts and medical history. There was a "patient passport" in place, with further details on the person's current abilities and areas requiring support, for a variety of activities of daily living, including preferred priorities if the person's health deteriorates. The patient passport included details such as whether the person normally wears a hearing aid.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. 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. In domiciliary care, these safeguards are only available through the Court of Protection. No one was subject to an order of the Court of Protection.

People told us they were asked for their consent before care was given and they were supported and enabled to make their own decisions. Care plans showed that people consented to their care plan, as well as to the sharing of information about their health with other healthcare professionals as necessary. There was a separate consent form for the provision of safe administration of medication, by trained staff. All care plans were signed by the person receiving the care, as proof of agreement with the planned care.

Staff received training from the registered manager regarding the MCA, however, staff's knowledge varied. One member of staff was not able to explain the principles or process behind the MCA, however they acknowledged they asked people's consent prior to offering support. Another member of staff when asked what would they do if a person refused support, told us they would ask the person's family for consent. This option would only be legally possible if the person's family member had been appointed by the Court of Protection.

Information cards on the Mental Capacity Act 2005 were displayed in the registered office, and provided information and guidance for staff in this area. The cards included the reasons for a mental capacity assessment, what should be involved, and how staff could ensure that any decisions were made in the person's best interests.

We recommend that the registered manager ensures that the requirements of the Mental Capacity Act 2005 has been understood by the staff and complied with.

## Is the service caring?

### Our findings

People spoke highly of the care staff that supported them, saying the staff were, "very good." One person said her care staff was, "Very friendly. Does all she's asked to do and more. She's a good carer. She obviously loves her job." Another person said, "The carers are lovely. They're very kind, very helpful. They do what they have to do." A relative said the staff were, "very caring." and they felt the staff had developed a "fantastic relationship" with their loved one.

Staff understood the importance of maintaining people's privacy and dignity, and received training during their induction. Staff gave examples of how they maintained people's dignity whilst meeting their care needs. For example, closing the doors, covering people up with a towel and encouraging people to do as much for themselves as they are able. One member of staff said, "I respect all the service users. I treat everybody like I would like to be treated. I'm discreet. With personal care, I see what I have to do and make sure they feel comfortable. I keep their privacy." People could be assured their privacy and dignity would be maintained by the care staff.

People's care plans contained information about their preferences, likes, dislikes and interests. People and/or their relatives were involved in the planning and delivery of the service they received. One person said, "I'm running my own home." Another person said, "Carers do most things I ask them to do. I can't knock 'em too much." People's care plans informed staff how to meet their emotional needs if required. One person's care plan recorded that they wanted staff to sit and talk with them. The daily care records for this person showed that staff met this need during each care visit. People were encouraged and supported to remain as independent as they wanted to be. Care plans included details of what people were able to do for themselves and the support they required from staff. One person said, "I do as much as I can." The staff offered support with anything else.

A daily record of care documented all the care provided to the person, including personal care, medicines and housekeeping. People's care needs were escalated appropriately. For example, one person was noted to be unwell, and staff collected a urine specimen, and called the doctor on the person's behalf, resulting in a change of medication. It was noted that the office did not always maintain recent records of care provided. For example, for one person the most recent daily records of care dated from one year ago. The registered manager stated that all care records were audited monthly, but the evidence seen during the inspection did not support this statement, as no records of recent care provided could be found for this person. We noted that for another person who had been receiving care since December 2017, there were no daily records of care provided and no evidence of an audit or review of the person's records. The registered manager stated that the person's care worker would inform staff in the office of any concerns.

We recommend that the registered manager develops a system to ensure people's daily care records are available and audited on a regular basis.

All information and care records for each person were stored at the person's home, and securely in the registered office. Staff completed training in maintaining confidentiality when they started their role, and

this was refreshed during the course of their employment.

## Is the service responsive?

### Our findings

There were mixed views from people regarding the responsiveness of the agency. One person said, "I wouldn't recommend Jasmine. They're [staff] always leaving or being dismissed." Another person told us they were unsure if they would recommend the agency as they felt, "They're [staff] always rushing in and out." Whereas other people told us they felt the staff were, "very dutiful" and "went the extra mile in the snow."

We spoke to the registered manager about the mixed views that had been received from people. The registered manager told us that she had not been made aware that anyone was unhappy with the service they received. As a result the registered manager planned to send out an additional questionnaire to gain feedback from people.

People's care plans were individualised to meet the exact support the person wanted and needed. Each person's care plan recorded the specific outcome they wanted to achieve from the care and support they received. For example, records showed one person's outcome was to ensure daily social interaction and to maintain independence and safety within their own home. The agency offered people additional services such as, cleaning, shopping, visits to loved ones and social visits to avoid isolation as well as personal care.

There was a visit plan for staff, which detailed a step by step guide on how to support the person and best meet their needs. This included the person's own preferences on how their care should be provided, for example, when they wanted to get out of bed, what they preferred to wear, and how to approach their personal care needs. The visit plan included the time and length of the visit, the desired outcomes and any identified risks, including environmental risks for staff. For example, in one person's visit plan, it was noted that the approach to the front door was on uneven ground and in a poorly lit area, so staff were advised to use torches.

People told us they knew how to make a complaint if they needed to, and felt able to speak to the registered manager. The complaints policy included definitions of complaints, who could use the procedure, how to make a complaint, and the rights and expectations of the complainant. The policy also included key information on escalation of the complaint, including contact details for the local government ombudsman, regulator and commissioner. However, records showed the procedure had not been followed for complaints that had been made. For example, the complaints audit did not include the original complaint and responses from the provider to the complainant. The audit did not reflect how any lessons learnt from the complaint had been identified and disseminated to the other staff members. Records showed there had been a recent complaint regarding the language used by staff. The outcome of the complaint had not been used to update the person's care plan, nor had the information been disseminated to staff.

We recommend that the registered manager uses concerns or complaints as a way to improve the quality of care they provide to people.

The registered manager also kept any compliments the agency received. There were thank you cards



displayed within the registered office which included compliments to the registered manager and staff. Some of the comments included "thank you for the great job you and your staff did in caring for XXX", and "we so appreciate all that you did for XXX".

At the time of our inspection the agency was not supporting anyone who was at the end or near to the end of their life.

## Is the service well-led?

### Our findings

People told us they knew who the registered manager was and saw them on a regular basis. The registered manager worked as part of the care team which enabled them to see people frequently. People told us the staff working within the office were friendly and approachable. They said whenever they left a voicemail on the phone the registered manager would always call them back. A member of staff said, "The registered manager is at the end of the phone if you need her."

The registered manager had worked within health and social care working with children for a number of years. The registered manager told us they set up the agency following a period of time when they received care and support from another agency. Following this, the registered manager made the decision to set up Jasmine Care South East. At the time of our inspection, the registered manager did not access any external support or work in partnership with external agencies such as, the registered manager network, to ensure they were kept up-to-date with relevant changes within health and social care. Following the first day of our inspection, the registered manager did contact the local authority safeguarding team for advice.

The registered manager had recently introduced an audit schedule which they planned to use to monitor the quality of the service that was being provided to people. These included regular audits of accidents, complaints, medicines and people's care plans, however, the new system had not been implemented at the time of our inspection. For example, an audit of the incident and accidents and the staff recruitment files would have identified the areas of concern we found at this inspection. Therefore the quality of the service had not been consistently assessed, and, action had not been taken to address any shortfalls that may have been identified.

The registered manager had failed to operate effective quality assurance systems. This is a breach of Regulation 17 of The Health and Social Care Act (Regulated Activities) Regulations 2014.

The registered manager told us they were aware of their role and responsibility, including the requirement to notify CQC about events and incidents such as abuse, serious injuries and deaths. There had not been any notifications made since the start of the registration in January 2017. However, during the first day of our inspection records showed a potential safeguarding concern had not been identified or shared with the local authority safeguarding team.

The registered manager was the 'train the trainer' for a number of subjects including the topics covered during induction. The registered manager had trained staff in relation to the Mental Capacity Act 2005, however, staff's knowledge and understanding varied in this subject. We fed this back to the registered manager who told us they would refresh the staff's training in this subject.

Staff had access to a range of policies and procedures such as, the safe management of medication policy and safeguarding service users who are at significant risk of harm; these were due to be reviewed in July 2018. However, not all of the policies were complete and available at the registered office. For example, the recruitment and selection policy was not available which went alongside the procedure for requirements

relating to workers, which was available. We asked the registered manager to obtain the policy which they sent to us following our inspection.

We recommend that the registered manager reviews the policies and procedures to ensure they are readily available for staff to access.

Staff received feedback from the registered manager through unannounced spot checks. The spot checks took place at people's houses whilst they were delivering care. The spot checks were recorded by the registered manager and included observations of the staff members punctually, personal appearance including whether the correct uniform was worn and the identification badge was visible, knowledge and skills of the member of staff and whether respect had been shown to the person. Feedback had then been recorded by the registered manager and fed back to the member of staff at the end of the call. Records showed that actions that had been identified during the spot check had been addressed with the member of staff such as, not wearing their identification badge and incorrect trousers.

The registered manager spoke to staff on a regular basis and told us they felt there was an open culture. Staff told us they felt they were kept informed about the agency and what was going on. The registered manager used different forms of communication to ensure contact with staff working in the community. A monthly newsletter was sent to staff which included information about the employee of the month scheme, a reminder about records for medicine administration, general advice about travelling in adverse weather conditions, and record keeping for care provided. Team meetings were held which enabled the registered manager to discuss any work practices such as timesheets, uniforms and working hours.

Staff told us they were aware of their role and responsibilities, through their contract of employment. Staff were given an employee handbook when they started working for the agency. This covered an introduction to the organisation, general terms and conditions of employment and an overview of procedures such as, disciplinary, capability and health, safety welfare and hygiene.

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 12 HSCA RA Regulations 2014 Safe care and treatment  Medicines were not always managed safely. Records had not always evidenced that people had received their medicines as prescribed. Records were not clear what medicines staff were administering to people.
Regulated activity	Regulation
Personal care	Regulation 13 HSCA RA Regulations 2014 Safeguarding service users from abuse and improper treatment  Potential safeguarding concerns relating to abuse had not been reported to the appropriate agencies. People had not been protected from the potential risk of harm and abuse.
Regulated activity	Regulation
Personal care	Regulation 17 HSCA RA Regulations 2014 Good governance  The registered manager had failed to operate effective quality assurance systems.
Regulated activity	Regulation
Personal care	Regulation 19 HSCA RA Regulations 2014 Fit and proper persons employed  Safe recruitment practices had not been followed to ensure people were protected from the risk of unsafe staff.

