Quality Home Care (Barnsley) Limited

Quality Homecare (Barnsley) Limited

Inspection report

1st Floor, Great Cliffe Court
Great Cliffe Road
Barnsley
South Yorkshire
S75 3SP

Tel: 01226249577

Date of inspection visit:
07 March 2016
11 March 2016

Date of publication:
22 June 2016

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**

Summary of findings

Overall summary

Quality Homecare (Barnsley) Limited is a domiciliary care agency registered to provide personal care for people living in their own homes.

At the time of the inspection the agency was supporting approximately 135 people, equating to approximately 2374 hours of care per week. We spoke with 12 of those people to obtain their views of the support provided. We also spoke with 13 relatives of people who received support from the agency. Prior to our inspection at the office base, we visited seven people in their own homes. On five of those visits, relatives were in attendance and we also spoke with them.

At the time of this inspection the service employed 64 staff. We spoke with12 of those staff to obtain their views and experience of working for this agency.

We told the provider two days before our inspection that we would be visiting the service. We did this because the registered manager is sometimes out of the office and we needed to be sure that they would be available. During our inspection we spoke with the registered manager, two members of staff responsible for training and supervision of staff, a care co-ordinator and a member of staff responsible for the oversight of quality assurance for the service.

There was a manager at the service who was registered with CQC. 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 and associated Regulations about how the service is run.

The service has a history of breaches of regulation since 7 July 2014. The agency was last inspected on 26 January 2015 and was not meeting the requirements of two regulations of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Those regulations were receiving and acting on complaints and staffing. We issued two requirement notices. The registered provider sent us action plans stating the improvements they would make to comply with those regulations. On this inspection we checked to see if any improvements had been made with the breaches of regulation identified at the last inspection.

There were sufficient staff to provide a regular team of care staff and all the required recruitment information and documents were available for staff. Staff had received the majority of training so that staff had the right knowledge and skills they needed to carry out their role, so that people received effective care. Staff confirmed that following initial training they felt supported in their job role, but they had not received an annual appraisal as required and identified within the service's own policies and procedures.

People and relatives told us when they raised any issues with staff and managers, their concerns were listened to, but the governance system regarding the recording of the outcome of complaints needed to improve.

Records of risks presented by people were not accurately identified and recorded and did not formalise any actions to be taken in regard to those risks and was therefore a breach of regulation.

The systems and processes in place for the management of topical of medicines was not safe and a breach of regulation.

Most people told us they were treated with consideration and respect and the staff knew them well.

Staff were familiar with people's individual needs and were able to describe how they maintained people's privacy and dignity.

Care staff had a good understanding of what to do if they saw or suspected abuse during their visits. They were clear that this must be reported to the manager of the service and were confident they would act on that information.

Staff sought people's consent to care and treatment.
People were supported to have sufficient to eat, drink, maintain a balance diet and access healthcare professionals when necessary.

Care routines that had been reviewed reflected the care delivered to people and the care and support that they and their relatives described to us.

There were quality assurance systems in place, which were generally followed to monitor the quality of the service provided. However, these had not been effective in identifying breaches in regulation.

We found two 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 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.

Records of risks presented by people were not accurately identified and recorded and did not formalise any actions to be taken in regard to those risks.

The systems and processes in place for the management of topical of medicines was not safe.

People told us they felt safe and care staff had a good understanding of what to do if they saw or suspected abuse during their visits, such as reporting the information to the manager of the service.

There were sufficient staff to provide a regular team of care staff and all the required recruitment information and documents were available for staff.

Is the service effective?

Requires Improvement

The service was not always effective.

Staff told us they were trained prior to providing care and support to people who used the service and following initial training felt supported in their job role, but governance systems had not been effective in identifying staff still required in emergency aid training and an appraisal, and supervision actions were not always addressed in a timely way.

Staff sought people's consent to care and treatment.

People were supported to have sufficient to eat, drink, maintain a balance diet and access healthcare professionals when necessary.

Is the service caring?

Good

The service was caring.

Most people told us they were treated with consideration and respect and the staff knew them well.

Staff were familiar with people's individual needs and were able to describe how they maintained people's privacy and dignity.

Is the service responsive?

Requires Improvement

The service was not always responsive.

Care routines that had been reviewed reflected the care delivered to people and the care and support that they and their relatives described to us.

People and relatives told us when they raised any issues with staff and managers, their concerns were listened to, but the governance system regarding the recording of the outcome of complaints needed to improve.

Is the service well-led?

Requires Improvement

The service was not consistently well-led.

There were quality assurance systems in place, which were generally followed to monitor the quality of the service provided and identify areas for improvement. However, these had not been effective in identifying breaches in regulation and the service had been in breach of regulations since 7 July 2014.

Quality Homecare (Barnsley) 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 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.

At the time of the inspection the agency was supporting approximately 135 people, equating to approximately 2374 hours of care and support per week. Prior to the office visit we spoke with 12 people to obtain their views of the support provided. We also spoke with 13 relatives of people who received support from the agency. On 7 March 2016 we visited seven people in their own homes. On five of those visits, relatives were in attendance and we also spoke with them.

At the time of this inspection the service employed 64 staff. We spoke with 12 staff to obtain their views and experience of working for this agency.

The visit to the site took place on 11 March 2016. The registered manager was given two days notice of our visit. We did this because the registered manager is sometimes out of the office and we needed to be sure that they would be available. During our inspection we spoke with the registered manager, two members of staff responsible for training and supervision of staff, a care co-ordinator and a member of staff responsible for the oversight of quality assurance for the service.

Three adult social care inspectors and specialist advisor carried out this inspection. Our specialist advisor had knowledge and experience as a registered manager of an adult social care service.

Before our inspection, we reviewed the information we held about the service. This included the service's inspection history, information we had received about the service and notifications submitted by the service. We also contacted commissioners of the service and Healthwatch. Healthwatch is an independent

consumer champion that gathers and represents the views of the public about health and social care services in England. This information was reviewed and used to assist with our inspection.

During the inspection we also spent time looking at records, which included six people's care records, nine staff records and other records relating to the management of the service.

Requires Improvement

Is the service safe?

Our findings

We checked progress the registered provider had made following our inspection on 26 January 2015 when we found a breach of regulation in regard to staffing.
All people, except one expressed they were very happy with the service. They told us care staff usually came at the right time and stayed for the required time and completed all the tasks they were asked to do. No-one mentioned any missed calls. People told us if a member of care staff was going to be late, they would always ring them and let them know.

People told us there was an `on-call` system for any out of hours concerns or emergencies and they had the required telephone number within a service user handbook they had been given.

Comments by people and their relatives included, "We have a team of about four or five carers and it`s always one of them that comes which I like", "We always get two staff, round about the same time. Sometimes they're 15 – 20 minutes late, but it's the circumstances at their previous job, but you can near enough set your clock by them. There's never missed visits", "There's five or six girls come. They know [person], her needs and her peculiarities. I've had to use out of hours because of [person's] needs and they've always come", "They always send two staff. They are on time and do everything we ask. They really know their job", "I have never had a missed call but if I did I have the phone number in my books I can ring them" and "We haven`t really got any complaints but different carers do come quite a lot".

Several relatives felt there was not enough staff and at times staff seemed to be rushing around to get things done. One relative said, "I have been told they are a bit short-staffed, so sometimes the carers do seem a bit rushed".

Staff we spoke with told us they received their rotas a week in advance and usually had the same calls which helped ensure continuity of care to people. Comments included, "Now and again we get a bit pushed travelling in between jobs – but we`re not short staffed" and "If anyone rings out of hours **** (name) is on call and you always get an answer".

We checked and found safe systems in place in the recruitment process for staff so that fit and proper persons were employed.

We looked at four staff files who had commenced employment since the last inspection. A recruitment process had been followed where information and documents as specified in Schedule 3 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 was available. Schedule 3 is a list of information required about a person seeking to work in care to help employers make safer recruitment decisions. For example, confirmation of the person's identity, documentary evidence of the staff member's previous qualifications and training and a Disclosure and Barring Service (DBS) check. A DBS check provides information about any criminal convictions a person may have. This helped to ensure people employed were of good character and had been assessed as suitable to work at the agency. This information helps employers make safer recruitment decisions.

We checked the systems in place to see how risks to people were managed, so that people were protected, whilst at the same time respecting and supporting their freedom.

When we spoke with people and their relatives they were confident that care staff were competent and aware of risks that may be presented and managed these well.

We found assessments had been undertaken to identify risks to people who used the service. These included environmental risks and other risks due to the health and support needs of the person. For example, some people needed assistance to move and information was provided to staff about how to support them when moving around their home and transferring in and out of chairs and their bed. However, the risk assessment was a pro-forma. On our visits to people we identified risks that could result in injury, if action was not taken to minimise those risks, such as bed rails and hoists. The risks were identified as 'ok', which meant no problems identified, no-one at risk of injury, place comments in box. This meant the risk assessment had not identified correctly the initial risk rating associated with the use of that type of equipment and what action was to be taken by staff to mitigate the risk, such as the servicing of the hoist, the type of sling and how it should be used and whether people's mattresses were compatible with that particular bed rail. We spoke with two members of staff about the risk assessments and they acknowledged that there were risks associated with that equipment and records should reflect that. During the inspection, paperwork to assist in the identification of risks associated with bed rails was produced. This showed the provider was taking action immediately to rectify breaches we had identified.

This was a breach of regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, safe care and treatment.

When we spoke with people and their relatives, we found where risks had been identified, intervention from appropriate health professionals was sought and equipment provided where necessary.

We checked to see how people's medicines were managed.

When we spoke with people and their relatives they said, "They always help me with my medication when they come and then fill the care plan in".

We found people had a checklist of care that identified the care they required, including medication. The level of assistance required was identified, the medicine records required identified, where the medicine was supplied from, how it was to be stored and whether training was required.

Some people and/or their relatives told us care staff applied topical medicines (creams). We checked to see that appropriate arrangements were in place so that the medicine was administered safely. We found there was no record of the topical medicine that had been applied. We spoke with two members of staff about the arrangements for the safe application of topical medicines. One member of staff told us they would only record this if it was a prescribed cream. Another said there were exemptions in the medication guidelines for domiciliary care that they had signed a contract for, where a record is not required. We looked at the Barnsley Health and Social Care Medication Guidelines for Domiciliary Care, which the agency used and it stated creams and gels were to be treated in the same way as all other medicines.

This meant that topical medicines were not administered in a safe way.

This was a breach of regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, safe care and treatment.

We checked the systems in place to protect people from harm and abuse.

People said they felt safe in their homes when care staff were there. They said care staff knocked before they entered their home and shouted out their name letting them know who it was. People told us staff wore a uniform and carried an identity badge. Comments by people and relatives included, "I feel safe. No problem" and "I feel safe, because I trust them. They're all nice people".

We found safeguarding and whistleblowing policies and procedures in place, including access for staff to South Yorkshire's local joint working protocols to ensure consistency in line with multi agency working. Whistleblowing is one way a worker can report suspected wrong doing at work by telling a trusted person in confidence.

Staff told us and records confirmed staff received safeguarding and whistleblowing training in those procedures. Discussions with staff identified staff had a good knowledge relating to the whistleblowing procedure and one member of staff told us, "I used the whistleblowing policy last week about someone who did not get their medication – so I reported it".

We found that where allegations of abuse had been made, the registered manager had taken action in response to the event and to prevent any reoccurrence.

The registered manager told us the service currently were not involved in any financial transactions on behalf of people who used the service. We discussed with them that we had seen that staff had completed financial transactions on behalf of people on one visit. We discussed that receipts were in place, but the record was insufficient to protect people from financial harm as there was no record of change given back to the person, after a purchase had been made. The registered manager told us she would review the pro forma.

Requires Improvement

Is the service effective?

Our findings

We checked progress the registered provider had made following our inspection on 26 January 2015 when we found a breach of regulation in regard to staffing.

When we spoke with people, most people felt staff had the right knowledge and skills they needed to carry out their role, so they received effective care. Comments by people and their relatives included, "The staff are marvellous – you can tell they are very well trained the way they do their job", "I think they're well trained. There's a new one and there's three of them to train them" and "I don't think they're well trained, no, because they don't come for long enough to learn it. It's not the competence of the task, it's my preferences".

When we spoke with staff they said, "I am very happy here – I had a really good induction and I have started my care certificate training", "We get regular spot checks from a senior carer – I have just had one", "We get supervisions every two months", "I am almost half way through my care certificate and have completed mental capacity training", "I go to a lot of clients with dementia so I have had advanced dementia care training which has been really useful for me", "I really enjoy my job and have had lots of training – [the manager] is so supportive and has helped me with everything", "When I had my induction I had to read about policies and procedures – if you needed to you could ask for them I`m sure" and "I feel well supported – it`s excellent". Discussions with staff identified staff received competency checks and supervisions from senior staff. New staff members said, 'My induction was really good`. Half the staff had either completed, or had started their care certificate training. Several staff had completed advanced dementia care training.

The service employed their own training officer to provide training. The registered manager provided the current training record for staff. This identified staff had been provided with training in key topics, including, health and safety, safeguarding, moving people, record keeping, medication, infection control, equality and diversity, Mental Capacity Act (2005) (MCA), Deprivation of Liberty Safeguards (DoLS), pressure area care, food hygiene and catheter care. We noted there had been improvements in the numbers of staff who had received emergency aid training since the last inspection, there remained 37 staff requiring this training. We identified this to the registered manager who was aware of this and that a plan was in place because the member of staff providing the training had now returned to work. Emergency aid is essential for all staff in their roles and responsibilities of providing personal care to people who live in their own homes. We saw certificates were awarded for successful completion of training and that these were available in the staff files as well as on training records, used to monitor when staff required their training to be updated.

The training records identified 46% of staff held a National Vocational Qualification in Health and Social Care Level 2 or 3 or equivalent, with 31% of staff working towards it.
The quality assurance policy/procedure stated 'care staff will undergo a minimum of four supervision meetings a year to include an observation supervision' and 'an annual appraisal'. Supervision is an accountable, two-way process, which supports, motivates and enables the development of good practice for individual staff members. This was confirmed when we viewed staff records and spoke with staff.

An appraisal is a process for individual employees where the employee and their manager discuss the employees performance and development, as well as the support they need in their role. It's used to both assess performance in the last twelve months and focus on future objectives, opportunities and resources needed. The registered manager told us she was going to complete appraisals, but none had been completed so far.

This meant whilst the service had improved their system and provided the majority of training and supervision since the last inspection, the governance system had not been effective in identifying outstanding training in emergency aid and appraisal, which is a breach of regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, good governance.

We checked staff sought people's consent to care and treatment in line with legislation and guidance.

Mental Capacity Act 2005 (MCA) is legislation designed to protect people who are unable to make decisions for themselves and to ensure that any decisions are made in people's best interests. Deprivation of Liberty Safeguards (DoLS) are part of this legislation and ensures where someone may be deprived of their liberty, the least restrictive option is taken. We found since the last inspection staff had received this training and when we spoke with staff, staff were able to explain how this might impact on them in their role.

When we spoke with people they told us they consented to the care they received. They told us that staff checked with them that they were happy with support being provided.

We checked and found people were supported to have sufficient to eat, drink and maintain a balanced diet.

People and relatives we spoke with told us that staff supported them where necessary to eat and drink, but one person we spoke with said, "No I don`t have any special diet but I prefer the older carers – the young ones can`t cook". People told us they were supported to make choices in regard to the meals they wished to eat. We observed this on one of the home visits we carried out. Care routines identified when support with meals was required. The support people received varied depending on people's individual circumstances. Some people lived with family members who prepared meals. For, others staff reheated and ensured meals were accessible. Some people required more intense support and staff prepared and served cooked meals, snacks and drinks. Staff recorded what people ate and drank so that their food and fluid intake could be monitored.

People and relatives we spoke with told us that where necessary staff would contact a doctor or emergency services if required. Comments included, "If we needed a doctor or had an appointment the carers would arrange it all for us – they are good" and "If I'm not well, they'll ring doctors".

When we spoke with staff they said, "If I went out on a call and found someone not well I would call an ambulance or a doctor and stay with them – I would then ring the office so they could ring the family" and "If a client needs a doctor I will ring for them and then contact the family – if they have an appointment, I will make arrangements to go with them".

Good

Is the service caring?

Our findings

We checked and found positive caring relationships were developed with people who used the service, with staff supporting people to express their views and be actively involved in making decisions about their care, treatment and support.

People were provided with a service user guide to explain the standards they could expect from care staff working for the agency. The information included information about advocacy services, should they need or wish someone to make representations to the service on their behalf.

During our visits and discussions with people and their relatives staff were familiar and knowledgeable about people's individual needs, their life history, their likes and dislikes and particular routines. They gave examples of how staff treated them with dignity and respect and maintained their privacy. The examples they gave included making sure curtains and doors were closed and making sure people were appropriately covered when providing personal care. They told us staff involved them in making decisions about their care and support.

Comments by people and relatives included, "I am very happy with the service – the staff are very pleasant people and really helpful", "Most of them are caring. There's just one or two got little bits I'm not keen on, but I tell them. Not enough to complain about. There's no improvement needed. They always ask, "Have I done everything you want". I'd rate them good", "They're very good, caring, sociable. You can have a laugh, be serious. It makes me feel easy", "It's a very good experience. The girls(care staff) are good with [relative]. Patient. It's not an easy illness. You read bad press, but even the young ones are caring. They're always upbeat and [relative] responds to this. The girls speak to [relative] as if she's a friend. It's the only way to get a response from [relative]", "I am very, very, very happy – the lads that come here are great – very well trained", "They do everything we ask – and more – could not be happier", "I could not speak highly enough of the staff – they do everything we need in a way that suits us", "We have no complaints – the staff are so patient and caring", "The support we receive is really good and that's because the staff are brilliant", "Confidentiality is very good. They're very caring" and "Everything is fine – the service we get could not be better".

We spoke with staff about people's preferences and needs. Staff were able to tell us about the people they were caring for, and could describe their involvement with people in relation to the physical tasks they undertook. Staff also described good relationships with the people they supported regularly.

Staff were able to explain how they maintained people's privacy, for example, by keeping as much of a person's body covered as is possible. Staff were consistent in saying we are visitors in people's homes and are mindful of this and that they would treat people how they would wish to be treated.

Staff also told us it was important to promote people's independence.

Comments by staff included, "When I go into a client`s house I always shout my name out so they know it`s

me and I am coming in", "I treat everyone as an individual because they all have different needs – so I think the service is person centred" and "I always ask when I arrive what they would like me to do – before I leave I ask if there is anything else they would like".

Requires Improvement

Is the service responsive?

Our findings

We checked progress the registered provider had made following our inspection on 26 January 2015 when we found a breach of regulation in regard to receiving and acting on complaints.

The provider sent us an action plan stating the improvements they would make to comply with that regulation. We checked to see if improvements had been made.

On our visits to people's in their homes we saw in people's care files there was a service user guide that provided information to people and their relatives about the service. This included the complaints policy and procedure. We found this had been reviewed in May 2015, but the review had not been effective as it stated that if a complaint remains unresolved it may be passed to the Commission for Social Care Inspection (CSCI). CSCI is a predecessor organisation and the Commission do not have the powers or responsibilities to investigate complaints. This conflicts with the actual complaints procedure which includes the correct information.

When we spoke with people and their relatives they told us when they had raised any concerns or complaints they felt that they had been resolved. Comments included, "I've complained in the past, but it was sorted out", "I have never had to make a complaint but if I needed to I would ring the manager – I have the office number", "If I wasn't happy I'd tell the girls and they'd put it right", "I've no cause to complain and I'm good at complaining if it's not right", "I've no complaints. If I had I'd go to [manager]. She's the boss. She has visited when we first started" and "I did have to make a complaint about one of the carers a while back but it was sorted out very quickly – he never came here again".

Staff were clear that if anyone raised a concern with them they would act on the information. One staff member said, "If anyone made a complaint to me I would record what they said and then ring the manager to let her know".

We saw evidence of a working complaints procedure. Complaints that were recorded received an acknowledgement within three days, in line with the complaints procedure. However, the outcome of the complaint was not always clear and this had to be discussed with the registered manager to determine what this was. For example, a social worker had asked for a situation to be monitored as a person who used the service had been injured on their head. Whilst the registered manager was able to verbally communicate the outcome, there was no record to evidence what she had told us with no follow up risk assessments in care plans.

In another complaint, a complaint had been received that staff were using people's money to buy themselves alcohol when they took the person out on social visits. We had to ask the registered manager the outcome as it was not recorded in the complaints log. The senior member of staff had been disciplined and provided confirmation of this, but there was no record with the complaint and no record on the staff member's file. This meant that any future incidents involving the same members of staff may be missed and not considered in any future actions that might need to be taken in regard to their conduct.

This meant whilst the service had improved their system on receiving and acting on complaints since the last inspection, the governance system had not been responsive in identifying further improvements that could be made within the system, which is a breach of regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, good governance.

We checked people received personalised care that was responsive to their needs.
When we spoke with people they told us they received personalised care that was responsive to their individual needs and preferences and in the main staff were knowledgeable about their needs, preferences and interests, as well as their health and support needs, which enabled them to provide a personalised and responsive service. Comments by people and relatives included, "I know the manager really well and I certainly do feel involved in my care planning", "I'd rate them highly. They do well. Any worries, they ring and tell me. Staff are happy, they have a laugh and cheer [relative] up. They're kind, caring and respectful. They always ask if they can carry out a task and explain what they're doing", "They know what to do through care plans. I think they're very on the ball", "The current carer is the best we've had. Very genuine. They talk to me about my interests and have a joke and a laugh" and "We have a care plan and the carers help him with everything – getting up and all his personal care".

Care routines although basic, with minimal person centred information were sufficient for staff to have information about the care to be delivered to people. We found the information in people's care files reflected the care delivered that people and their relatives had explained to us.

Care staff completed a daily communication log to evidence the care delivered to each person.

Requires Improvement

Is the service well-led?

Our findings

There was a registered manager in post at the service. 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 and associated Regulations about how the service is run.

The registered provider had not maintained consistency in meeting regulations since 7 July 2014.

When we spoke with people and their relatives we asked them their opinions of the management and leadership of the agency and if the service delivered high quality care. Comments included, "I know the manager really well and can ring her anytime – the seniors come out a lot and do reviews and spot-checks", "I got a survey about a month ago. They don't visit though and do spot checks. They are a good team. I'd rate them outstanding. They don't do anything wrong", "Now and again a supervisor comes and acts as a carer or sometimes just to see what they're doing. It was [staff member] that suggested what equipment they needed", "Sometimes they come and watch they're doing it ok and ring from office", "It seems well led", "I had a problem quite a while ago and the manager did nothing – the carer did not come here again but I was not happy with that", "A survey has just arrived but I haven`t completed it yet – but I will and I am happy with everything", "We've never had anyone from the office come. They've phoned us. They sound rough. I know their names, but we've never seen them" and "I did a survey back in December – I had no complaints about the service so it was all good".

We also asked staff their experience of the management and leadership of the service. Staff were generally positive of their experiences. One staff member said, "I haven`t done any sort of staff survey but we do have regular meetings and supervisions so we get plenty of chances to speak about anything" and "I think we are a good team and support each other well – so yes, I feel we do give a good quality of care – these [Quality Homecare limited – Barnsley] are brilliant to work for".

There was a quality assurance policy/procedure in place to assess and monitor the quality of the service, with a member of staff identified to supervise the process. This included making telephone calls to people, sending out surveys and visiting people to assist with this if necessary and visiting every person yearly to seek feedback for improvement. In addition, care plans would be reviewed at least yearly and staff will receive four supervision meetings a year including an observation of their practice. Meetings for staff would be held four times a year and staff would receive an annual appraisal.

We reviewed the most recent quality assurance report. The report was very basic, but feedback from the report was, in the main, positive with people strongly agreeing they were well cared for. The questions for the forthcoming survey had been updated to reflect a more person centred approach and was based on whether the service was safe, effective, caring, responsive and well led.

We found, in the main, that care files were reviewed yearly, in accordance with the quality assurance policy/procedure. However, the service did not have a system in place to assure themselves those reviews

were being carried out. When we asked a staff member how they monitored it was being done they said, "I'd just pull a file out and see. We've been slack for about six months, just updating it". In addition, we found risks had not been properly assessed and action plans identified for staff that mitigated the level of risks for people. The manager told us communication records are looked at when returned, but there is no record to evidence this and any learning or action points from them. This meant there was not an effective system to monitor people received the care they were purchasing and staff carrying out their duties as required.

We found staff received four supervision meetings a year, including an observation of their practice as identified in the quality assurance process. However, we found staff had not received an annual appraisal.

We found staff had the opportunity to attend staff meetings. We looked at the minutes staff meetings and items such as confidentiality, safeguarding, uniforms, length of visits and staying the right amount of time and missed calls. This meant systems were in place to share information about the service between the office and care staff supporting people in their own homes, such as reminding staff of procedures in place where a safeguarding allegation may have been made that had identified staff had not followed procedure.

The service had policies and procedures in place which covered all aspects of the service. The policies and procedures had been updated and reviewed as necessary, for example, when legislation changed. We found the service user guide needed updating to reflect the correct procedure that people could expect should they make a complaint to the service. Staff told us policies and procedures were available for them to read and they were expected to read them as part of their training programme.

Our findings above meant the quality assurance system had not been effective in assessing, monitoring and improving the quality of the services provided in the carrying on of the regulated activity and assessing and monitoring the risks relating to the health, safety and welfare of people who may be at risk from the carrying on of the regulated activity.

This was a breach of regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, good governance.

This section is primarily information for the provider

Enforcement actions

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

Regulated activity	Regulation
Personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment Care and treatment was not provided in a safe way for service users, including: Doing all that is reasonably practicable to mitigate assessed risks to the health and safety of service users receiving care or treatment and The proper and safe management of medicines

The enforcement action we took:

Warning Notice

Regulated activity	Regulation
Personal care	Regulation 17 HSCA RA Regulations 2014 Good governance Systems and processes were not operated effectively to: Assess, monitor and improve the quality and safety of service users provided in the carrying on of the regulated activity and Assess, monitor and mitigate the risks relating to the health, safety and welfare of service users and others who may be at risk which arise from the carrying on of the regulated activity.

The enforcement action we took:

Warning Notice