James Sanderson Limited

Caremark (Bromley)

Inspection report

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Ratings

Overall rating for this service	Requires Improvement

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

Summary of findings

Overall summary

This announced inspection took place on 11 and 12 May 2016. At the last inspection on 12 and 13 August 2014 we found a breach of legal requirements in respect of identifying and addressing individual risks to people using the service.

Caremark (Bromley) provides support and personal care to people in their own homes. At the time of the inspection, approximately 189 people were receiving care and support from the service. The service has a contract with the local authority to provide personal care to people within the Bromley borough and some people who use the service also organise their care and support privately.

There was a registered manager in post. 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.

People's medicines were not managed safely. Appropriate information was not always available for the safe management of medicines and appropriate procedures were not followed in managing anti-coagulant medicines in line with the provider's policy. CQC is currently considering appropriate regulatory response to address this breach in legal requirement. We will report on this at a later date.

At this inspection, we found that although the provider had made improvements to identifying and addressing risks to people, we found continued concerns in relation to individual risks not being identified or addressed. We also found breaches of regulations in respect of staff recruitment and capacity assessments for people who were unable to make specific decisions for themselves were not in place. We found that the provider was not always acting on complaints and systems in place for assessing and monitoring the quality of the service were not effective in driving improvement. Also the provider had failed to notify the Care Quality Commission of safeguarding allegations as part of their statutory notifications.

Although appropriate numbers of staff were deployed to support people, issues regarding staff attendance needed to be addressed. We found that people experienced high volumes of late calls and sometimes missed calls. People felt the service was not always caring towards them because there were organisational and administrative issues. Overall, people said they felt safe using the service; however a few people said they did not feel safe when new care workers were deployed to their home without them being informed.

The provider had safeguarding and whistleblowing policies and procedures in place and staff knew of their responsibility to safeguard people they supported. Staff were aware of seeking people's consent before providing the care. Records showed staff were supported through induction, training and supervision to ensure they had appropriate skills and knowledge to undertake the role which they had been employed for. People were supported to eat and drink sufficient amounts for their well-being. Where required people were supported to gain access to healthcare professions to ensure their needs were met. People's privacy and

dignity was respected and people's independence promoted. People and their relatives were involved in the care planning process to ensure their needs were met. People were provided with appropriate information when they started using the service. Where required, people were supported to engage in stimulating activities.

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 always safe.

Risks to people were not always identified, assessed with appropriate action plans to manage individual risks.

People's medicines were not managed safely including anti-coagulant medicines. Recruitment checks were not sufficiently robust.

There were safeguarding policy and procedures in place to protect people from abuse and unsafe care and staff knew of their responsibility to protect people in their care.

There were enough staff deployed to support people; however people said they experienced high volumes of late calls and sometimes missed calls.

Is the service effective?

Requires Improvement

The service was not always effective.

Where people lacked capacity to make decisions for themselves, best interest decisions were being made on their behalf. However, there were no capacity assessments in place to demonstrate that people could not make specific decisions on their own.

People and their relatives felt staff were not well trained; however records demonstrated that all staff were supported through induction, training and supervision.

People were supported to eat and drink sufficient amounts for their wellbeing. Where required people were supported to gain access to healthcare professionals to ensure their needs were met.

Is the service caring?

Requires Improvement

The service was not consistently caring.

People said the service was not always caring towards them

because they felt there were organisational and administrative issues which affected the care and support they received.

People's privacy and dignity were respected. People were provided with adequate information when they began using the service.

People were involved in making decisions about their care and support.

Is the service responsive?

Requires Improvement

The service was not consistently responsive.

The provider had a complaint policy in place; however people using the service said they did not know of the complaint procedure. The provider did not always record all complaints in their complaint log therefore this was not reflective of the actual amount of complaints received.

Everyone using the service had a care plan in place which was reviewed regularly to ensure people's needs were met.

Where required people were supported to engage in stimulating activities.

Is the service well-led?

Requires Improvement

The service was not consistently well-led.

The registered manager had failed to notify CQC of safeguarding allegations as part of their statutory notifications.

There were systems in place to monitor the quality of the service but these systems were not effective.

Staff said they enjoyed working with the service and that they felt their manager was supportive.

Caremark (Bromley)

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 11 and 12 May 2016 and was announced. We gave the provider two days' notice because we wanted to be sure the manager would be in. The inspection team consisted of one inspector, one specialist advisor, one inspection manager and one expert by experience. The inspector and specialist advisor visited the provider's office on both days of the inspection. The inspection manager and the expert by experience spoke with staff and people using the service and/or their relatives on the telephone. 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 the inspection, the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We also reviewed information we held about the service including complaints, safeguarding, whistleblowing and any notifications or information we requested the provider to send us. A notification is information about important events which the provider is required to send us by law. We also contacted the local commissioning and safeguarding teams to obtain their views about the service.

At our inspection, we spoke with 15 people using the service and eight of their relatives on the telephone. We visited five people living in their own homes in the community. We spoke with the registered manger, the nominated individual, two care co-ordinators and ten care workers. We looked at eleven care plans, ten staff files which included induction, training, supervision and recruitment records. We also reviewed a training and supervision matrix. We looked at records relating to running the service such as policies and procedures, accident and incident logs, complaints logs, audits and minutes of various meetings.

Requires Improvement

Is the service safe?

Our findings

At our previous inspection on 12 and 13 August 2014, we found that risk that were specific to people's individual needs and lifestyle were not always identified with guidance for staff on how to minimise these risks. At this inspection on 11 and 12 May 2016 we found that improvements had been made on some aspects of how risk to people were identified, assessed and managed; however we also found that further improvements were required.

Individual risk assessments were in place for environmental, dietary and medicines management. However not all risks regarding moving and handling had been identified, assessed and completed for those at risk of falls. Four of the five people we visited in their homes had a history of falls due to either a medical condition or frailty. For example for one person, their referral information from the commissioning authority stated "Has had numerous admissions to hospital with falls." We did not find any moving and handling or falls risk assessment in place and we were informed by a staff member that the person was currently in hospital. One person using the service told us they had recently fallen at home and had also fallen out of bed. There was information about the person's history of falls in their care plan which stated, "I have fallen twice before"; however, no falls risk assessment had been undertaken with appropriate guidance for care workers on actions to take to mitigate the risk of falls.

Staff were instructed in all the care plans to "Please check my skin integrity and report any concerns." There were no skin integrity risk assessment in place to demonstrate which people were at risk and the level of care and support they required. In another instance we found that a relative of a person using the service displayed behaviours that challenged. The home risk assessment did not identify the relative as being a risk to care workers and did not provide care workers with guidance on what to do in the event of an emergency.

These issues were a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulation 2014.

We brought these issues to the attention of the registered manager on both the first and second day of our inspection. By the end of the second day of our inspection, we were provided with a falls risk assessment template to ensure that people at risk of falls had appropriate support in place. However since this risk assessment had not yet been implemented at the time of the inspection we were unable to confirm the impact it would have on the care delivery.

The provider supported people with their medicines and this ranged from prompting to administering medicines. We reviewed how people's medicines were being managed including visiting three people in their home who were assisted with their medicines and two people who were supported with anti-coagulant medicines.

We found that people's medicines were not always managed safely. For example the medicines administration record (MAR) for one person had not been signed for although the medicine had been

administered. Also the MAR sheet used to record medicines given on daily basis had not been fully populated with all the medicines listed on the blister pack. This means not all medicines administered to the person was being signed for as given.

A few people were supported to take anti-coagulant medicines that help manage blood clotting and the dosage of this medicine was variable. According to the provider's policy information must be obtained from the prescriber for people that were subjected to regular blood testing because the dosage may vary regularly depending on the results of their blood test. The policy also stated that the current dosage must be recorded on a variable dosage form in the person's home file as this information would supersede the original dosage recorded on their MAR chart and care workers must follow these instructions. Also a risk assessment must be in place with clear guidance for care and support workers if they were involved in the administration of anti-coagulant medicines.

For one person, there had been six dose changes of anti-coagulant medicines from February 2016 to May 2016. However, a variable dosage form was not being used to document the actual dose administered daily therefore we could not confirm that the person was receiving the right amount of dose as prescribed by healthcare professionals. The medicines risk assessment in place did not contain a clear safe process for the management of such medicines. We saw that although information from the prescriber was obtained by an office staff member through the person's relative, information on how these changes were made to the medicines dose was not recorded in the care plan to ensure care workers were aware of the system in place to safely manage the person's medicines.

For another person, the February MAR chart in their care file at home did not state how much medicine they should receive. The provider did not have any records of changes made to the dose either in their office or home records. Rather the person's care records stated instructions about the dosage change would be left on the kitchen table for care workers to identify how much dosage should be administered. In this case information from the prescriber was not obtained in line with the provider's policy which put people at risk of unsafe administration of medicines.

Office staff said there was no protocol in place for the management of anti-coagulant medicines and that this was managed individually and the registered manager confirmed this. However, there was a policy in place which was not being followed when administering anti-coagulant medicines because both office staff and the registered manager were not aware of this policy.

These issues were a breach of Regulation 12 of the Health of Social Care Act 2008 (Regulated Activity) Regulations 2014.□

Staff told us they went through a recruitment and selection process before they started working with the agency. Staff recruitment records included completed application forms, two references, criminal records checks, proof of identity and the right to work it the United Kingdom. However, the provider had not always followed their own recruitment policy. We found that a criminal records check was carried out for a care worker in November 2015 although they had been working with the service since April 2015. This showed that appropriate steps were not taken in reducing risk of unsuitable staff being employed to work in social care.

This was a breach of Regulation 19 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

A call monitoring system was in place to record whether visits were attended and if staff arrived on time.

People told us that care workers arrived late, they were always in a rush to attend to the next person and they sometimes got missed calls. Comments included, "To be honest, everyone who comes is always in a hurry." Another person commented, "The trouble is they don't get enough time, when she is here they will be rushing [my relative] because she has to get to the next job." Yet another person commented, "When the carers come they are excellent... I'm supposed to have meals prepared for me but I do get missed calls sometimes." A relative told us, "They are never on time". Another relative said, "I would say that they are late 8 out of 10 times."

Staff allocations and timeliness of calls needed improvement. We requested to see a month rota for staff and were given individual call logs for ten care workers. We saw that there were a few missed calls; however, the provider informed us that their monitoring system was not working at those times. Care staff we spoke with confirmed that that they were sometimes late for their calls because of the travel time. The registered manager informed us they had sufficient staff in post to undertake all the calls they had been contracted for, however we found that the distance between calls were not always taken into consideration when planning care workers' rota which resulted in them being late. Where there were missed calls we saw that that these issues were addressed in staff supervision to ensure staff were aware of the risks involved.

People said they felt safe with their care workers and that they are kind and respectful. However, a few people told us they were not informed when new care workers were deployed to their home and that made them feel unsafe. One person said, "I wish they'd let me know who is coming because I don't like it when a strange person arrives at my back door. I feel uneasy. I have had people turn up in the dark nights with hoods over their heads and I won't let them in." Another person said, I feel safe with them but it's not nice having strangers." We brought this to the attention of the provider who informed us they would address this issue by ensuring appropriate procedures were followed and new staff were introduced to people when visiting them for the first time. However we were unable to check on this at the time of our inspection.

The provider had policies and procedures in place for safeguarding adults and whistleblowing. Staff knew of their responsibility to safeguard people in their care and report any concerns to their line manager. Staff knew of the whistleblowing policy as well and said they would report to social services or CQC if their concerns were not listened to. Where required the provider had followed their local safeguarding protocols and reported concerns to the local safeguarding team. All staff had received safeguarding adults training to ensure they had appropriate skills and knowledge to safeguard people in their care.

Requires Improvement

Is the service effective?

Our findings

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 so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA.

We checked whether the service was working within the principles of the MCA. The service manager said they usually liaised with social services where people were not able to make informed decisions about their care and support. There was a standard flow chart in every care plan for capacity and consent and we saw that information on these charts were taken from information provided at the initial referral stage. The provider was unable to demonstrate to us that when people's capacity deteriorated whilst in their care, a capacity assessment was being conducted to ensure that decisions were made in the person's best interests. For example one person's care plan stated they had dementia and may forget they had eaten. For another person their care plan stated "requires support with memory and cognition". We saw that in a few cases best interests meetings were held to increase the level of support people required but there were no capacity assessments to demonstrate that people lacked capacity to make these specific decisions for themselves before involving others in the decision making process.

This was a breach of Regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) Regulation 2014.

People and their relatives said care workers sought they or their loved ones consent when delivering care and support. Care workers were aware of the importance of gaining consent from people when supporting them and had received training on the Mental Capacity Act 2005.

People and their relatives were not confident of the level of training staff had undertaken because they felt staff did not always put their training into practice for example when moving them. Records showed that all staff had attended an induction when they first started working with the provider. The induction consisted of a four day training course which covered the fifteen standards set out in the Care Certificate Standards (CCS). Mandatory training and familiarising themselves with the provider's policies and procedures were covered in the four day induction programme. New staff also underwent shadow visits with an experienced colleague in the community for five days or until they had been proven competent to work alone. All staff told us they had an induction when they started working with the agency. Staff competencies were also checked during the induction period for moving and handling and safe management of medicines to ensure that safe care and support was provided.

Staff were supported through training. All staff files included training certificate and competency reviews in moving and handling and medicines management. A staff training matrix we looked at showed all staff had completed mandatory training in areas such as moving and handling, safeguarding, food hygiene,

medication, infection control, first aid and fire safety. Staff told us they had access to training and we found staff undergoing a face-to–face training on our first day of inspection.

Staff were supported through supervision. All staff we spoke with confirmed they had received supervision. The registered manager informed us staff received both individual and group supervisions four times each in a year. They told us the annual appraisal was now part of the supervision process. Staff supervision records showed that staff were given the opportunity to feedback on their performance and progress. The supervision sessions were also used as an opportunity to follow-up on any issues that arose from monitoring contracts or feedback from people using the service. Supervision was often structured by going through set topics such as safeguarding, confidentiality, complaint policy and missed calls. Where issues were identified, staff were supported through additional training such as moving and handling and the use of a hoist. Records showed staff were receiving supervision in line with the provider's policy.

People using the service said they felt supported to eat and drink well. One person told us, "They cook my meals…I like scrambled eggs for lunch." Another person said, "My carer makes me sandwiches at lunch time." During our home visit, we observed that people had drinks within reach and where required hot drinks were provided to people upon their request. People's nutritional needs were set out in their care plans and included their dietary likes and dislikes. For example one person's care plan stated, "I do not like fatty foods. I like a curry and rice." Care workers we spoke with told us they promoted choice whilst supporting people with their nutritional needs. They said they always asked people what they would prefer and they ensured their choices were respected.

People had access to healthcare professionals when they needed it. The registered manager informed us they worked closely with social services to ensure that the care packages in place were meeting people's needs. The registered manager said that where the current care package was not meeting a person's needs this would be reviewed with the commissioning body to ensure that appropriate support was in place for the individual.

Requires Improvement

Is the service caring?

Our findings

People and their relatives felt care workers were kind, compassionate, respectful, polite and observed their rights and dignity. One person said, "I'm very happy with them. I tell them what I need and they are always obliging. They are cheerful as well which makes a difference when you're on your own." Another person said, "The carers themselves are lovely..." A third person commented, "The carers themselves are superb... I don't need a lot of help but I can't say more than that. They are brilliant and very kind." Yet another person commented, "The carers are wonderful."

Majority of people and their relatives said there were organisational and administrative problems which affected the care and support they received. People said they found office staff not being helpful to them when they telephone the provider's office. Five people felt their care workers were also not caring. For example one person said, "I have a morning call and I asked the girl if I could have another cup of tea and she said no she didn't have time." Another person commented, "I asked the carer if she would mind putting some clothes into the wardrobe and I expected her to hang them up on the hangers. She just threw them in to the bottom. I could have done that myself. If I've dropped anything on the floor, they just walk over it and never attempt to pick it up. A third commented, "I wish they would spend time looking after me, even just talking to me, instead of spending time writing loads of stuff down. We brought these issues to the attention of the registered manager who informed us that the contracted time for care provision in the community was not sufficient which may be the reason why people felt care workers rushed whilst supporting them. However, this issue required improvement.

People said their privacy and dignity was respected. One person said, "They always ask me how I am today." Another person said, "My carers do what I ask them to do… we get on well." Care workers we spoke with said they maintained privacy and dignity for example by respecting people's wishes and not sharing confidential information about people they support with others. Records showed that how people would like to be addressed was included in their care plan and staff we spoke with were aware of this and respected their wishes.

People and their relatives were involved in planning they or their loved ones care and support. People said they were consulted about their care when they started using the service and this ensured their views were taken into consideration when planning their care. Records confirm that people were consulted about the care and support they received to ensure the care delivered was meeting their needs. Staff said they offer people choices including the food they would like to eat or clothes they would like to wear for the day when supporting them to ensure they were involved in making decisions regarding their care and support. People's care records were usually signed by them or their relatives to demonstrate they were involved in planning the care.

People using the service and their relatives were provided with appropriate information about the care agency. There was an information pack about the provider which were given to people and their relatives when they started to use the service to ensure they were aware of the standard of the care delivery. The information pack included the provider's aims and objectives, the types of support available, fees, how to

make a complaint and how to contact the provider. We found that this information was available in people's care files at home when we visited them.

People's independence was promoted. People's care records included information on things they could do for themselves and those that they needed support with. For example some people needed support with their personal care but could take their medicines independently. Staff told us they promoted independence by following the care plan and also asking for people's permission before supporting them.

Staff worked in support of people's needs with regards to their disability, race, religion and sexual orientation. Staff said they respected people's beliefs when supporting them, for example by removing their shoes whilst in their home. The registered manager informed us people from different cultural backgrounds used the service and that the care delivery was planned to support them practice their faith. People we spoke with confirmed this.

Requires Improvement

Is the service responsive?

Our findings

All the people we spoke with told us they were not aware of the provider's complaint procedure. However people said they knew how to contact the provider's office if they needed to. People using the service said they preferred to complain to their care workers directly for them to notify the office and that verbal complaints made to the office were not actioned. For example one person said, "I just tell the carers if there is any problem and they pass the message on for me. There is no point trying to make sense to the office." This person was unsure what to do if their complaint was regarding the care worker supporting them. Another person said, "I have complained about a few things, late calls, changing times without telling me, that sort of thing. They are always apologetic on the phone and tell me that they will look into it and ring me back but they never do." Relatives we spoke with told us they felt their complaints were not listened to either. One relative commented, "We made a point of saying that my relative needs male carers. They keep sending [female carers] …We've said over and over again that we need men but it's getting to be more and more women."

We found that the handling of verbal complaints had not always been addressed. Prior to our inspection, we had received information from the local commissioning authority about the volume of complaints they had received about Caremark (Bromley) and felt the manner in which people's complaints were being dealt with was unsatisfactory. At our inspection we found that not all complaints had been recorded in the provider's complaint log. We saw that verbal complaints about the care delivery were addressed with individual care workers during supervision but were not included in the provider's complaint log. For example, minutes of supervision meetings showed that one person complained about their care worker's behaviour. In another instance, another person also complained about missed calls. These issues were addressed with the care workers in their supervision sessions but were not logged as either safeguarding allegations where appropriate or complaints and therefore did not follow the provider's complaint procedure. Because complaints were not recorded appropriately the complaint log was not reflective of the amount of complaints the provider had received in order for appropriate action to be taken to drive improvement.

These issues were a breach of Regulation 16 of the Health and Social Care Act 2008 (Regulated Activities) Regulation 2014.

We noted that responses made to individual complaints could be viewed as defensive in nature and could make people feel that their complaints were not listened to. These issues were brought to the attention of the registered manager who informed us that they were aware of some of the complaints but have not had the chance to address them before our inspection.

The provider had a complaints policy and procedure in place which included information such as how to make complaints, contact details of the provider's office, how complaints would be investigated and timescales for response. The contact details of the Local Government Ombudsman and the Local Authority were included in the policy document to ensure where the complainant was not happy with the outcome of investigation made by the provider they could escalate their complaints to these external organisations.

The provider's complaint log showed that where people or their relatives had made a written complaint or comment, this was responded to. For example in 2016 the provider had received four complaints between January and March and had responded to all the complaints made. In one instance, the provider held a meeting with the care worker the complaint was regarding to address issues raised and sent them for further training and shadowing to update their knowledge and skills for the role they were employed to undertake. Quarterly reports were set out by the registered manager with actions based on written complaints received to improve the service. For example set actions included incorporating travel time to rotas to ensure care workers got to people on time.

People's needs were assessed and care and support was planned and delivered in line with their individual care plan. Most people using the service were referred to the agency by the local borough's social services team for people who had increased care needs in the community. The registered manager told us that assessments were carried out for people at hospitals or in their homes prior to them using the service. Where this was not possible due to an emergency referral, the field care supervisor undertook the first call and carried out all the necessary assessments to ensure that appropriate records were in place within seventy-two hours of starting the care. Each person using the service had a care plan in place and there was a care plan available in all the five homes we visited. Each care record showed that an assessment was undertaken which was used to plan people's care in areas such as personal care, communication, medicines and eating and drinking. People's care plans also included their medical conditions to ensure staff were aware of the support to provide.

The care plans provided care workers with a detailed list of tasks to complete at each visit. There were clear instructions for care workers on how to deliver people's care needs at each call. The care plans also included pictorial reminders with guidance of key areas of care such as picture of a hearing aid and a picture of protective boots for someone at risk of not hearing or developing pressure sores when in bed. Where people required two care workers, this information was included in the care plan to ensure that people using the service, their relatives and care workers were aware of the care and support that was in place for them. The care plans included things people liked and disliked. For example one person's care plan stated, "I like to talk about football." This ensured that care workers were aware and could interact with them with conversation on topics of their interest. Care workers knew that each person had a care plan in their home which provided them with guidance to follow. People said their care workers knew them well and knew what they needed help with unless they did not get a regular care worker. Each care plan had been reviewed annually or when people's needs changed to ensure the care delivery was meeting their need. Daily records kept by care workers in people's homes demonstrated that the care delivery was in line with the care that had been planned for people.

People were engaged in activities to encourage them interact with other people. We saw that a Halloween party and a tea party were organised in 2015 which brought people using the service, their relatives and staff together. The registered manager informed us that they recently supported one person to travel abroad to visit their family members. Appropriate assessments and documentation such as a travel plan had been established which had enabled the person and their care worker to travel together and provide the appropriate support they would need during their visit.

Requires Improvement

Is the service well-led?

Our findings

The registered manager told us that in the year 2015/2016 they had received only one safeguarding allegation; therefore the provider did not have a safeguarding log in place. Information we received from the local safeguarding team indicated that there had been more than one safeguarding allegation since our last inspection. For example, a complaint we looked at indicated there was an act of neglect in the care delivery which resulted in a person being admitted to hospital. We brought this issue to the attention of the registered manager and they told us that the safeguarding allegation was investigated but not substantiated that was why they failed to notify CQC. After our inspection, we received further information from the local safeguarding team of a safeguarding allegation that had been investigated and substantiated. Caremark (Bromley) had failed to notify CQC of the safeguarding allegation as part of their statutory notifications.

This was a breach of the Care Quality Commission (Registration) Regulations 2009.

People and their relatives said they did not feel the service was well-led. People said they felt rotas were not well planned which affected the care delivery as a result of them having late calls. One person said, "The biggest problem is not the staff who come here, it's the office… If my carer is late, I phone up and they say they'll get back to me. They never do." Another person commented, "'Carers are wonderful but the office staff are awful and unhelpful. They say they will call back if you phone for anything but they never do. There is no fault at all with the carers…" The registered manager informed us they had received some feedback about office staff but they had not had the chance to address these issues before our inspection.

The provider had a quality monitoring system in place but these systems were not always effective. The provider had a system in place to monitor the administration of medicines. Each month completed MARs charts were returned to the office and supervisors reviewed them to ensure they were completed appropriately. Where gaps were identified, these were followed up and care workers were sent reminders to sign MAR charts where they had supported people with their medicines. However these audits failed to identify the issues we found at our inspection including the safe management of medicines, risk assessments, recruitment of staff, complaints and issues with lack of mental capacity assessment.

The provider had a call monitoring system in place which was not effective. We saw daily call monitoring logs for staff which showed both the planned and actual time the care and support should be delivered. Where a care worker was late for a call, the registered manager said this would be flagged up on their system to trace the cause of delay or make alternative plans where required. However, the provider did not have a system in place to analyse the overall performance of the service delivery and to ensure that care and support was delivered at the planned time. Therefore the provider did not have an overall oversight of late or missed calls to be able to take action and improve on the quality of the service.

These issues were a breach of regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulation 2014.

The provider had undertaken an annual survey in January 2016 of which 117 people responded. Analysis of

the results showed that all 117 people agreed that their care workers arrived on time; 76 of 117 felt their care workers stayed for the required amount of time, 10 people disagreed whilst 31 neither agreed nor disagreed; 56 of 117 people felt new care works were not introduced to them whilst 58 neither agreed or disagreed; 87 of 117 people said they knew who the manager of the service was, 13 people disagreed and 10 people neither agree or disagreed. The results of the survey were analysed and an action plan was put in place which stated for example to ensure people had regular care workers where possible. However the action plan did not address all the issues raised in the survey result such as if care workers stayed for the required amount of time. Therefore we could not confirm that the appropriate action was being taken to address all the issues raised by people to drive improvement.

The quality of care was monitored through spot checks on care workers. Spot checks on care workers were carried out regularly to ensure people received care and support as planned. The spot checks were also used to obtain feedback from people using the service and their relatives. The provider informed us telephone monitoring and home visits were carried out to seek people's views about the service; however this information had not been analysed to drive improvement. The spot checks covered areas such as staff arrival times, dress code and the care delivery. Staff competencies on moving and handling and medicines management were also carried out to ensure staff had appropriate skills to undertake their job. Where issues were identified such as late or miss calls or not completing records as required, these issues were discussed in supervision sessions to ensure improvements were made.

There was a registered manager in post who said the organisation's values were to promote positive culture and involve people in their care. Care workers were given a staff handbook as a guide to remind them of the provider's policies and procedures when delivering care. The registered manager informed us that newsletters and memos were used to cascade information to all care workers and documents we looked at confirmed this. Minutes of meetings we looked at included an office meeting and a care workers team meeting in 2016. Topics discussed covered areas such as miss calls, accepting of gifts and gratitude and communicating effectively with each other. Care workers told us they were happy working with the agency. One care worker commented, "I feel well supported by the managers."

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 did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

Regulated activity	Regulation
Personal care	Regulation 18 Registration Regulations 2009 Notifications of other incidents Notifications of allegations of abuse and/or neglect of people using the service had not always been submitted to the Commission as required. Registration Regulation 18

Regulated activity	Regulation
Personal care	Regulation 11 HSCA RA Regulations 2014 Need for consent The provider did not have appropriate systems in place to ensure people who could not make specific decisions for themselves were assessed with appropriate support in place to ensure decisions made were in their best interest. Regulation 11

Regulated activity	Regulation
Personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment People who used the service were not always protected against the risk of unsafe care and treatment because risk specific to their needs had not been identified, accessed with appropriate guidance on how to mitigate these risks. Regulation 12

Regulated activity	Regulation

Personal care	Regulation 16 HSCA RA Regulations 2014 Receiving and acting on complaints The provider did not have an effective system to identify, receive, record, handle and respond to complaints by service users and other persons. Regulation 16

Regulated activity	Regulation
Personal care	Regulation 17 HSCA RA Regulations 2014 Good governance The provider did not have an effective system in place to assess, monitor and improve the quality and safety of the service provided. Regulation 17

Regulated activity	Regulation
Personal care	Regulation 19 HSCA RA Regulations 2014 Fit and proper persons employed The provider did not always have effective recruitment and selection procedures in place to ensure fit and proper persons were employed. Regulation 19