

## SC Support & Care Services Limited

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### 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?

Good



Is the service responsive?

Requires Improvement



Is the service well-led?

Requires Improvement



### Overall summary

The inspection was carried out on 27 May 2015. Our inspection was announced. Forty eight hours notice of the inspection was given to ensure that the people we needed to speak to were available.

SC Support and Care Services provide support to people in their own homes. The service focuses on supporting people to access their local community, participate in

social activities and to develop independent living skills. The majority of people using the service have a learning disability although services are also provided to older people and those living with dementia. Some personal care is provided if people needed this during their activities. At the time of our inspection 50 people received care and support from the service.

# Summary of findings

SC Support and Care Services Limited had a 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. The registered manager was the provider.

Medicines were not appropriately managed and recorded. Prescribed creams that had been administered by staff had not been recorded effectively.

Risk assessments lacked detail and did not give staff guidance about any action staff needed to take to make sure people were protected from harm.

Recruitment practices were not always safe. Staff had not always received appropriate training relevant to their job roles and people's needs.

Professional advice and guidance relating to one person's choking risk had not been followed. We made a recommendation about this.

Support plans did not always reflect people's skills, abilities and aspirations. Support plans had not always been updated and reviewed when people's needs changed.

The complaints procedure was not up to date. We made a recommendation about this.

People's information was not always treated confidentially. People's paper records were stored securely.

Audit systems were not in place to ensure that care and support met people's needs.

Staff knew and understood how to safeguard people from abuse, they had attended training, and there were effective procedures in place to keep people safe from abuse and mistreatment.

Staff received regular support and supervision from the manager.

There were suitable numbers of staff on shift to meet people's needs.

Procedures and guidance in relation to the Mental Capacity Act 2005 (MCA) was in place which included steps that staff should take to comply with legal requirements.

People received medical assistance from healthcare professionals when they needed it. Staff knew people well and recognised when people were not acting in their usual manner.

People and relatives told us that staff were kind, caring and communicated well with them.

People and their relatives had been involved with planning their own care. Staff treated people with dignity and respect.

People's view and experiences were sought through review meetings and through surveys.

People were encouraged to take part in activities that they enjoyed, this included activities in the local community. People were supported to be as independent as possible.

People told us that the service was well run. Staff were positive about the support they received from the manager. They felt they could raise concerns and they would be listened to.

Communication between staff within the service was good. They were made aware of significant events and any changes in people's behaviour.

We found a number of breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

You can see what action we told the provider to take at the back of the full version of this report.

# Summary of findings

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

We always ask the following five questions of services.

### Is the service safe?

The service was not safe.

Risk assessments were not always clear and up to date to ensure that staff had clear guidance in order to meet people's needs.

Medicines were not always appropriately recorded.

Staff had a good knowledge and understanding on how to keep people safe. Safeguarding policies and procedures were in place.

There were sufficient staff on duty to ensure that people received care and support. Effective recruitment procedures were not always in place.

Inadequate



### Is the service effective?

The service was not always effective.

Staff had not received all of the training they needed to enable them to carry out their roles. Staff had received supervision and good support from the management team.

People were supported to make food which met their assessed needs. One person was a risk of choking because staff had not followed guidance from healthcare professionals.

Staff had a good understanding of the Mental Capacity Act.

People received medical assistance from healthcare professionals when they needed it.

Requires Improvement



### Is the service caring?

The service was caring.

The staff were kind, friendly and caring.

People and their relatives had been involved in planning their own care.

People were treated with dignity and respect.

Good



### Is the service responsive?

The service was not always responsive.

People's support plans were not person centred and had not been updated and reviewed when their needs changed.

A complaints policy and procedure was in place, this did not detail all of the information people needed to raise a complaint and appeal about a response.

Requires Improvement



# Summary of findings

People had been asked their views and opinions about the service they received, these had mostly been acted on. People had not received survey feedback that they had requested.

## Is the service well-led?

The service was not always well led.

The provider had not assessed the quality of the service and therefore failed to identify where improvements could be made. The provider was not aware of the quality concerns within the service.

Records relating to people's care had not been stored securely and updated when changes occurred.

The provider (who was also the registered manager) was aware of their responsibilities.

The service had a clear set of values and these were being put into practice by the staff and management team.

**Requires Improvement**



# SC Support & Care Services 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.

The inspection took place on the 27 May 2015, it was announced. Forty eight hours' notice of the inspection was given to ensure that the people we needed to speak to were available.

The inspection team consisted of two inspectors and two experts by experience. An expert by experience is a person who has personal experience of using or caring for people who use this type of care service.

We telephoned six people to ask them about their views and experiences of receiving care. We sent surveys to relatives and spoke with one relative on the telephone. We sent surveys to people and staff. We spoke with three staff during the inspection, which included the manager and the registered manager who was also the provider and telephoned four staff to interview them.

We looked at records held by the provider. These included five people's care records, risk assessments, four weeks of staff rotas, eight staff recruitment records, meeting minutes, policies and procedures.

We contacted health and social care professionals to obtain feedback about their experience of the service.

We last inspected the service on the 23 January 2014 and there were no concerns.

# Is the service safe?

## Our findings

People that we surveyed told us that they all felt safe, 95% of people said that staff did all they could to prevent infections by using personal protective equipment such as gloves and aprons. One person told us, “I get on well them [staff]”. Another person said, “I’m happy with the service”.

Relatives and professionals we surveyed told us that their family members and people were safe.

Staff all said that they knew what to do if they suspected people were being abused or where at risk of harm.

Risk assessments had not always been completed for activities that could pose a risk for people. Risk assessments had been carried out by the management team and had been signed by the person. Risk assessments included risks associated with a heatwave. Clear guidance was in place to detail what staff should do if they suspected heatstroke. One person’s risk assessment did not specify what support the person needed when they has a bath. Their care file detailed that they were at risk of falls, but a falls risk assessment had not been carried out to show how staff could support the person to minimise the risk. Another person’s care file detailed that they did not have any prescribed medication, however care records evidenced that staff had been administering a prescribed cream. There was no risk assessment in place to detail what personal protective equipment (PPE) staff should use when supporting people with administering prescribed creams. One person’s risk assessment relating to food had not been followed by staff. This meant that staff and people were not always protected from harm and cross infection.

The examples above were a breach of Regulation 9 (1) (a) (b) (2) (3) (a) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Recruitment practices were not always safe. The provider and manager told us that robust recruitment procedures were followed to make sure only suitable staff were employed. All staff were vetted before they started work at the service through the Disclosure and Barring Service (DBS) and records were kept of these checks in staff files. The DBS helps employers make safer recruitment decisions and helps prevent unsuitable people from working with people who use care and support services. Staff employment files showed that references had been checked. Two out of eight application forms did not show a

full employment history and some employment and further education listed on application forms did not have end dates, therefore it was not possible to identify if there had been gaps in employment. Interview records did not evidence that this had been investigated by the provider. This meant that the provider had not carried out robust checks to evidence that staff were suitable to work with people.

The failure to carry out safe recruitment practices was a breach of Regulation 19 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

People were protected from abuse and mistreatment. Staff had access to the providers safeguarding policy as well as the local authority safeguarding policy, protocol and procedure. This policy is in place for all care providers within the Kent and Medway area, it provides guidance to staff and to managers about their responsibilities for reporting abuse. The provider understood their responsibilities and knew to report safeguarding concerns to the local authority. Thirteen out of 15 staff had completed safeguarding adults training. The staff training records showed that two staff needed to attend a training update as it had been some time since they had last completed this. However, staff understood the various types of abuse to look out for and knew who to report any concerns to in order to ensure people were protected from harm. Staff had access to the whistleblowing policy.

There was a clear plan in place outlining steps that should be taken in case of an emergency. People were provided with an out of hours contact number which could be used to gain access to the manager when the office was closed. The service had an emergency plan which detailed how the service would operate in bad weather or in situations such as loss of mobile phone networks. This meant that there were suitable arrangements in place to ensure that staff were safe and that people would receive the care and support they needed.

We reviewed completed incident and accident reports over the last five months. They were detailed and included information about the steps staff had taken to support people following an incident or accident. The provider told us that the management team reviewed accidents and incidents and took action which included emailing the person’s care manager and other agencies if required. However this action had not been recorded on the accident and incident records. One person’s incident record did not

## Is the service safe?

detail whether the person's risk assessments needed to be updated to protect them from further harm. A local authority care manager told us that all incidents are reported immediately, usually by telephone or by email and that serious risks to the safety of one person they were care manager for were identified and managed very well.

### **We recommend that the provider records actions taken when they review accident and incident records.**

Medicines were not always appropriately managed to ensure that people received their medicines as prescribed. There were clear medicines procedures in place. The procedures set out that there were three levels of care to providing support with medicines. The first level was general support which involved staff assisting people with their medicines. There was a description for staff that detailed what assisting with medicines meant. Assistance included reminding people to take medicines, reordering of medicines and opening medicines containers. The second level was administering medicines and the third level was described as administering medicines with special techniques. Records showed that where staff needed to prompt people to take their medicines, prompting sheets had been completed. Staff recorded by signing a chart to show that the person had been encouraged to have their medicine. It did not record what medicine the person had taken.

One person's support plan detailed that staff should apply cream to the person's legs. The manager told us that staff recorded in the person's daily notes that they had

administered cream. The daily notes did not detail what cream had been applied. There was no guidance to staff within the support plan to specify what cream the person had been prescribed, where it was to be applied, the frequency of application and directions. There were no medicines administration records (MAR) in place for this person to detail what prescribed creams had been administered.

The failure to properly manage medicines was a breach of Regulation 12 (1) (2) (g) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

There were suitable numbers of staff on shift to meet people's needs. The staffing rota showed that when staff were off sick or on training people still received their care and support. People received a copy of the rota of care so that they were aware of who would be attending to provide their support and when. During our inspection people rang the office to ask questions about their support and tell the office staff about any changes that were needed to enable them to attend appointments. The office staff responded well to these calls and gave people time to communicate and took time to explain and changes. This meant people were reassured when changes were needed.

Staff confirmed that they had suitable personal protective equipment (PPE) such as gloves to keep them safe from infection. Some staff had purchased their own PPE as they found it difficult to get to the office to pick up supplies. The manager told us that a small supply of gloves was kept at the office for staff to use.



# Is the service effective?

## Our findings

People told us they felt staff were well trained to support them with activities which included help with domestic chores around the house, their paperwork (bill payments) going out into the community, shopping or assisting them to the shower. One person told us, “I usually have the same support worker but they move on. If there is a new one then they will come and work alongside the one who knows me so we get used to each other”. People told us they were supported to make appointments at their GP or dentist and would be escorted by their support worker if necessary. People we surveyed all told us that they received support from familiar, consistent staff and that staff supported people with what they should do. The survey results showed that 96% of people said that their staff arrived on time.

A relative told us that staff were given support to understand their family member’s need to take medication regularly and what to do if their family member had an epileptic seizure. The relative said, “The staff are aware of what to do, how to recognise visual signs of when (person’s name) is having an epileptic attack. I am happy the staff are competent to deal with the situation”. Relatives that completed our survey told us that they would recommend the service to their family and they were all confident that staff stayed with their family member for the allotted time.

Staff told us that they are told about the needs, preferences and choices of people they work with. Only 86% of staff told us that they have enough time to complete all the care and support tasks within the allotted time.

Staff had good knowledge and understanding of their role and how to support people effectively. Staff had not received all of the training and guidance relevant to their roles. The staff training records showed that essential training such as safeguarding adults, health and safety, food hygiene, Mental Capacity Act 2005 and Dementia had been undertaken. Some areas of the training records were blank. The manager explained that this meant that some of this training was overdue. The manager showed us a copy of an email which had been sent to a training company to chase up training dates for those staff that were overdue. Only four out of 15 staff had attended epilepsy training.

Staff members who worked with a person with epilepsy confirmed they had not had training. This meant that staff did not always have the knowledge and training to provide effective support to people.

This was a breach of Regulation 18 (1) (2) (a) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

People told us they were supported to maintain and where possible gain independence with preparing and cooking food. One person told us they were supported once a week to produce healthy meals. They said, “My worker helps me cook, she may show me and I copy then we may eat that day or it is frozen. We have got all the recipes together in like a booklet. My husband eats them too they are tasty meals”. Another person told us that they had help with their meals, “They will show me what needs to be done”. One person’s care file evidenced that Speech and Language therapist had been involved with assessing suitable food. The person had been assessed by Speech and Language therapist as not being able to eat certain foods. However, daily records showed that staff had supported the person to have this food when they supported the person to participate in activities in the community. This put the person at risk of harm from choking.

**We recommend that the provider follows guidance provided by healthcare professionals to ensure people’s needs are met.**

Individual staff files included evidence of successful completion of probationary periods and records of mandatory training received and these corresponded to the training records. They also contained evidence of evaluation of learning following training received. Staff told us they received regular supervision and appraisals. Records evidenced that staff supervision dates and annual appraisals had taken place. Attendance at staff meetings was also recorded for all staff, with the majority attending all meetings.

There were procedures in place and guidance was clear in relation to Mental Capacity Act 2005 (MCA) that included steps that staff should take to comply with legal requirements. Guidance was included in the policy about how, when and by whom people’s mental capacity should be assessed. Eleven staff had attended Mental Capacity Act 2005 (MCA) training. Staff evidenced that they had a good understanding of the MCA. One staff member explained,



## Is the service effective?

“Always assume a person can make their own decision, even if it’s not what I would do. If they kept making unsafe decisions or I had concerns about their mental capacity, I would need to look at doing an assessment”. Independent mental capacity advocate (IMCA) information was available to staff and visitors to the office on the notice board in the office. This meant that if people did not have any family and they needed help to make a decision. There was information available to enable them to find appropriate support.

The provider had a physical intervention policy in place. This detailed that good communication prevents physical outbursts. Staff were directed to read signs such as changes in voice, pitch, expressions and body language. There was clear guidance about what staff should do if people became anxious or aggressive towards them. Staff told us about the different types of communication people used. Two staff members told us they used ‘Makaton’ sign language when supporting people. Another staff member said that they used pictures and signs such as thumbs up to assist them with communicating effectively with people.

The handovers between staff were generally completed by email as staff generally worked alone with people in the community. When there were concerns or changes staff emailed the provider, manager and the small group of care

staff assigned to work with the person. One member of staff said that this did not always work well. They gave us an example of when they had been assigned to work with a person who they had not worked with for six months. They had not been updated by emails as they were not part of the small group of staff who normally worked with the person. This meant that they didn’t have all the information they needed to work with the person.

People’s care records evidence that people received medical assistance from healthcare professionals when they needed it. Staff supported people to make contact with healthcare professionals if they needed help. Staff contacted the office to inform the management team when any appointments had been made so that appropriate support could be arranged if people needed help to attend the appointment. Records evidenced that people had been seen by their GP, optician, community learning disability nurses, bereavement counsellor and hospital when necessary. One person told us, “They [staff] took me to an appointment and brought me back” and another person said, “They [staff] took me to the chemists to pick up my prescription”. People received effective, timely and responsive medical treatment when their health needs changed.

# Is the service caring?

## Our findings

People said staff were patient with them and they were given time to carry out tasks without being rushed. One person said, “I get support to go food shopping. I don’t like to be in a wheelchair so I use my crutches this takes more time but the staff are really good with me. They never rush or push me”. Everyone said that staff were always respectful and spoke to them appropriately. Another person told us “They [staff] are very good with me, there is a personal interest. They are genuinely interested in supporting me to get the best out of my life. They make sure I am as independent as I can be, they respect this”. One person said, “They help me to do things I can’t do myself”.

Relatives we surveyed all told us that their family member was treated with dignity and respect and that the staff were caring and kind. They all said that they were happy with the care their family member received from the service. A local authority care manager told us that the staff member who worked with their person was “Very experienced, caring and conscientious”.

There service had a guide which had been put together to provide information for people who used the service. The provider told us that this was given to each person when their care package started. The information guide included contact details for the service, a photograph of the provider, details of the types of care and support offered, the complaints procedure and a survey. The ‘service user guide’ set out the aims and objectives of the service. Family involvement in care and care planning was encouraged.

People told us that they felt involved in their care planning and that their care was flexible. People told us that if they wanted to change their care and support, they could talk to their support workers or run things by the office. One person said, “They go over things for me and explain things clearly”. Another person said, “I feel in control”.

People’s support plans detailed what type of care and support they needed in order to maintain their independence. For example, one person’s support plan detailed that that they needed support to have a bath and change of clothes. Another person’s support plan detailed they needed support with their food shopping and budgeting. Daily records evidenced that people had received their care and support as detailed on the support plan. The daily records also showed where people had requested support to do something that wasn’t on their care plan and showed that people had made choices.

Staff were aware of the need to respect choices and involve people in making decisions where possible. A staff member told us they gave people prompts and praise to ensure people were in control and encouraged people to make decisions. One person told us, “They explain things clearly and slowly and go over it again if I need them to”.

Staff maintained people’s privacy and dignity. Staff we surveyed all told us that people were treated with dignity and respect. One staff member explained that they asked people what they wanted when having support with personal care to ensure their privacy was respected. Staff explained that they would close doors when assisting people to change and would wait outside the toilet when they had supported someone to use the toilet. Another member of staff said they “Don’t wander around people’s homes and they knock on doors”. One staff member said they give praise to people and show that they are “Valued and really matter”.

The manager explained that before a person started to use the service, they were introduced to three members of staff, who will be in their care team. However, 29% of staff we surveyed told us that they were not introduced to people before they worked unsupervised with them. This meant that people did not always get to meet staff before they received care and support from them.

# Is the service responsive?

## Our findings

People told us that they had an individual support plan which was reviewed at regular intervals. Everyone said they normally had the same staff and were always informed if there were changes due to sickness. One person said “They [staff] have been very good, never let me down. They always ring if they get held up”. People told us that the service responded to their changing needs. One person said, “Things change, my needs change. They are accommodating I only have to ask”. Another person explained they could contact the service and have extra support if they required it at short notice. This person said, “It seems to be a proactive company we generally get what we ask for”.

Relatives we surveyed all told us that the service responded well to concerns and complaints. A local authority care manager told us that the service responded immediately to people’s changing needs and had anticipated them. They explained that the service provided “A bespoke, individual, personalised service in the community, this is, in my opinion, is what they do best”.

Support plans were in place that documented how people should be supported with their personal care. Some support plans were not person centred to reflect the person’s life, aims and aspiration. Support plans were not always appropriately detailed. For example, one person’s support plan detailed that they needed assistance to have a bath, however the support plan did not detail what the person could do for themselves. Support plans had not always been updated when people’s needs changed. Communication between the staff within the care team and the management team was mostly completed by email. Staff also telephoned the management team. When concerns and changes were logged by the care team these had not been added and updated on the person’s support plan. This meant that staff did not have all the information they needed to provide care and support.

Some people’s files showed that assessments, risk assessments and pen portraits had been completed a long time ago (some up to ten years ago). Reviews had been carried out, which was evidenced by a date of the review which was written on the records. However, people had not been reassessed to check that their care and support needs had changed in 10 years. There were long gaps between reviews of people’s needs. One person’s original

assessments was completed in 2004 and 2008, and then reviewed in 2014. There was no evidence of any thorough reassessment or any changes made, other than to the days on which support was to be given. Without reassessing a person regularly, the provider and manager would not know if someone’s care and support needs had changed.

The examples above were a breach of Regulation 9 (1) (a) (b) (c) (2) (3) (a) (b) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

One person said “They [the manager] come to do a review. They ask how you are generally and what you would like to aim for. Are you Ok in yourself. That sort of thing”. Support plans and daily records evidenced that staff supported people to follow their own interests and take part in activities in their local community. People were supported to go to hydrotherapy, shopping trips, the gym and some people volunteered at a lunch club for older people in the community. This showed that people were supported to be active members of their community.

People told us that they knew how to complain. They explained that information about how to complain was given to them before the service started to provide them care and support. People detailed that they would contact the service, although nobody had felt the need to do so. One person said “I would feel comfortable bringing up an issue. I have not had to but I am sure they would sort it out, try and rectify a problem”. Another person said “I can ring the office if I need to bring anything up if I needed to I am pretty self-aware”. The manager told us that they often met up with people for a coffee and chat to gain informal feedback from people. This also enabled the manager to build up a rapport with people.

The provider had a complaints and compliments procedure which was dated August 2013. This procedure detailed how people could complain and how to make a compliment. The complaints procedure advised people to complain to the service or The Care Quality Commission (CQC). This was incorrect, CQC do not investigate individual complaints. The procedure did not give information about what to do if people were unhappy with the response from the service and did not give details of the Local Government Ombudsman (LGO). The procedure made reference to easy to read complaints information. This was not found within the office, procedures or the ‘service user guide’. The manager confirmed that there wasn’t one.

## Is the service responsive?

**We recommend that the provider reviews and updates the complaints procedure to ensure that people have all the information they need to make complaints and comments about the service.**

People and staff were encouraged to provide feedback about the service. One person said “they send a survey once or twice a year. I don’t always complete it”. Another person told us, “I frequently get a questionnaire; it comes regular intervals with the rota”. We reviewed the survey analysis which had been put together by the provider following the survey in February 2015. Forty six surveys were sent to people and only 50% had been returned. The overall analysis showed that 91% of people were happy with the support they received, 4% said the support was ok and 4% said they were sometimes not happy. However, 91% of people said their privacy was respected and 9% that their privacy was ok. Everyone surveyed knew who to talk

to if they were unhappy with their support. Comments included praise for individual staff members and the manager. One person had commented ‘She is kind and very helpful’. Forty three percent of people said that they would like a copy of the survey results. The provider told us that people hadn’t received the survey results, the results had been shared with staff in supervisions, team meetings and information had been put in the staff newsletter. This meant that people had not had the survey results.

Compliments had been received from people and their relatives. Comments included; “It gives our family real peace of mind to know an eye is being kept on him. You all do a fabulous job”; “Both ladies [staff] lovely and pleased to have additional care. Gives me peace of mind” and “Many thanks for being such a supportive and professional team”.

# Is the service well-led?

## Our findings

People confirmed they knew the management team. People told us they got on well with the staff, the office staff and manager. Some people had received care and support from the service for several years and had built up good relationships with the staff. One person told us, “The staff have been very good in all the years I have had them”. Another person said, “I am very happy with the service. As well as my home support I do social things too”. Other comments from people included; “I am really happy some companies are bigger but I wouldn’t want to be treated as a number” and “I am very happy with the service”. People told us they felt the service was well managed. One person said, “They ring me up if staff are going to be delayed”. Another person said “I’m happy with the service and don’t have any problems with it”.

Seventy five percent of relatives we surveyed told us that they had been asked their views about their family member’s care. All of the relatives we surveyed knew how to contact the management team should they need to.

A local authority care manager told us that people have received a safe, very well organised, and carefully planned service. They told us that the provider is excellent at keeping people informed of any issues and generally updating us.

The manager spent a lot of their time dealing with emails from staff, telephone calls, raising invoices, staff wages and producing the rota. This took them away from updating and reviewing support plans and paperwork which meant that some paperwork had become out of date.

There had not been any provider audits which had taken place. Therefore, the provider was not aware of the quality concerns within the service and had not identified the issues that we found during the inspection. The manager and provider had not carried out quality monitoring checks to check that staff were providing care and support as they should be. People confirmed this. One person said “they don’t usually ring or come and ask for feedback but I could give it on review I suppose”. The provider told us that they didn’t carry out quality checks. They explained that they rely on people making contact with the office to report concerns such as staff turning up late. This meant if people were worried about getting staff in to trouble they may not report poor practice.

People’s information was not always treated confidentially because electronic records were not secure. Staff communicated with each other and with the management team by email, using their own personal email addresses such as Hotmail or Gmail. These email addresses were not secure and personal information about people was included in the body of emails and in attachments, although care was taken in most situations to use people’s initials and reduce personal information to a minimum. Emails were stored in folders for each person within the manager’s computer system. There were several hundred emails still in the inbox yet to be stored in the folders. They were not routinely filed in people’s care records. Staff wrote in daily care notes kept in each person’s home but information that needed to be actioned, referred or shared with other agencies was sent to the office by email so that it could be forwarded on to those who needed to know. Daily notes from people’s homes were periodically returned to the office for filing. This meant that people’s information was not always stored securely to protect their identity.

The examples above are a breach of Regulation 17 (1) (2) (c) (d) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Personal records were stored securely. People’s individual care records were stored in lockable filing cabinets in the office to make sure they were accessible to staff.

The service had a whistleblowing policy, this did not list what staff should do if they wanted to blow the whistle about the manager or provider and did not give staff a telephone number to call to report concerns. Staff were aware of the whistleblowing procedures and voiced confidence that poor practice would be reported. This meant that effective procedures were not in place to keep people safe from abuse and mistreatment.

**We recommend that the provider reviews the whistleblowing policy and procedures to ensure that staff have all the information they need to keep people safe.**

Staff were positive about the support they received from their manager. They felt they could raise concerns and they would be listened to. One staff member said they “Definitely feel well supported” and told us that the manager “Does a brilliant job”. The manager and provider told us that they were proud of the staff. Comments from

## Is the service well-led?

the manager and provider included, “Staff are very hard working and make people feel special and try hard with everything” and “Staff are loyal and caring” towards people.

Staff received a survey in March 2015 to gain feedback about the service. Staff survey results evidenced that staff enjoyed ‘Helping people in their own homes and keeping independence’; ‘Feeling like I’m making a difference to people’s lives’; ‘Helping clients find solutions and gain self-confidence’ and ‘I really do enjoy my job’. The provider told us that they attended all team meetings to ensure that that they were fully aware of what was happening in the service with staff and people. Staff meeting records evidenced that meetings were held twice a year. We saw the minutes of these meetings that showed that discussions included the Social Care Commitment, training delivered and required, and an offer to staff to put forward any suggestions for further training.

Staff were clear about the vision and values of the service. The service aimed to treat people with dignity and respect and wanted people to feel valued as individuals and have choice and control in all aspects of their lives. This had

been communicated to staff within their employee handbooks. Feedback given by staff and by people who received care and support from the service demonstrated that these values are embedded into everything they do.

The manager and provider told us that they had an open door policy. Staff were encouraged to communicate with each other, the management team and with professionals. As staff were lone workers in the community, the management team sent staff memos and a monthly newsletter to keep them updated with personal news, training and general reminders.

Staff had access to policies and procedures to support them in their role. Policies and procedures had also been included in the employee handbook. Staff were required to sign to show they had read, understood and agree to the policies and procedures. Staff files evidenced that this had been done.

The provider had a good understanding of their role and responsibilities in relation to notifying CQC about important events such as injuries and safeguarding. The manager also knew what they needed to do, so that if the provider was unavailable they would notify CQC about events.

This section is primarily information for the provider

## Action we have told the provider to take

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

### Regulated activity

Personal care

### Regulation

Regulation 9 HSCA (RA) Regulations 2014 Person-centred care

People's needs had not always been assessed and reviewed. Peoples care and support did not always reflect their preferences and needs.

Regulation 9 (1) (a) (b) (c) (2) (3) (a) (b)

### Regulated activity

Personal care

### Regulation

Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment

Medicines had not been appropriately managed.

Regulation 12 (1) (2) (g)

### Regulated activity

Personal care

### Regulation

Regulation 17 HSCA (RA) Regulations 2014 Good governance

The provider had not securely kept records. The provider had failed to assess, monitor and improve the quality of the service.

Regulation 17 (1) (2) (a) (b) (c) (e) (f)

### Regulated activity

Personal care

### Regulation

Regulation 18 HSCA (RA) Regulations 2014 Staffing

Staff had not received appropriate training in order to meet the needs of people they provided care and support to.

Regulation 18 (1) (2) (a)



This section is primarily information for the provider

## Action we have told the provider to take

### Regulated activity

Personal care

### Regulation

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

The provider had not operated effective recruitment procedures.

Regulation 19 (1) (a) (b) (2) (a) (3) (a)