Hyde Park Healthcare Ltd

Hyde Park Care

Inspection report

Scottish Provident House
76-80 College Road
Harrow
Middlesex
HA1 1BQ

Tel: 03303330081
Website: www.hydeparkcare.com

Date of inspection visit:
04 April 2017

Date of publication:
22 May 2017

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

We undertook an announced inspection of Hyde Park Care on 4 April 2017.

Hyde Park Care is a domiciliary care agency registered to provide personal care to people in their own homes. At the time of our inspection, the service told us that they were providing care to 55 people.

At the time of the inspection there was no registered manager in post. The previous registered manager left the organisation in January 2017. There was a new manager in post at the time of the inspection. We were provided with evidence to confirm that the new manager had applied to register with the Care Quality Commission (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.

Hyde Park Care was previously registered with the CQC at a different address. Hyde Park Care re-registered with the CQC at the new location in December 2015. This was the first inspection of the service.

People who used the service and relatives informed us that they were satisfied with the care and services provided. People told us they were treated with respect and felt safe when cared for by the service. They spoke positively about care workers and management at the service.

Risk assessments had been carried out and detailed potential risks to people and details of how to protect people from harm.

There were processes in place to help ensure people were protected from the risk of abuse. However, despite receiving safeguarding training, some care workers we spoke with were unable to describe the process for identifying and reporting concerns and were unable to give example of types of abuse that may occur.

There were some arrangements to manage medicines safely and appropriately. Records showed care workers had received medicines training and medicines policies and procedures were in place. However, we found unexplained gaps in people's Medication Administration Records (MAR) and found that MARs were not always completed fully. People were therefore at risk of not receiving their medicines safely and we found a breach of regulation in respect of this.

All people we spoke with told us that generally care workers were on time and they raised no concerns regarding this. We also asked people if there were any instances where care workers had failed to arrive for a scheduled visit. People told us that care workers arrived for their contracted visits and stayed for the duration of the time required.

We looked at the recruitment records and found background checks for safer recruitment had been carried out to ensure staff were suitable to care for people.

Care workers we spoke with told us that they felt supported by the manager. They told us that management were approachable and they raised no concerns in respect of this. However, we found that care workers lacked knowledge of certain areas of care. Some of the training provided to care workers was not effective as there were deficiencies in their knowledge. Care workers had received supervision sessions in March 2017 but we noted that prior to this they had not consistently received supervision sessions. Staff had not received an appraisal in the last year. We found that there was a breach of regulations in respect of this.

New format care support plans included information about people's mental health and their levels of mental capacity to make decisions and provide consent to their care.

Care workers were aware of the importance of respecting people's privacy and maintaining their dignity. They told us they gave people privacy whilst they undertook aspects of personal care. People who used the service told us that they felt confident in care provided by the service.

The service had a complaints procedure and complaints received were recorded. Complaints had been responded to, however subsequent action taken in respect of a complaint received was not always clearly documented. We have made a recommendation in respect of this.

New format care support plans were person centred and included information about people's preferences. These included information about the support that people required from care workers. However, we noted that there were some care support plans that were in the old format and these lacked information about people's preferences. We spoke with the nominated individual about this and he explained that they were currently updating all care plans and ensuring that they were in the new format.

There was a management structure in place with a team of care workers, field care supervisors, office staff, the manager and the nominated individual. The provider had notified us of the changes in management at the service in January 2017. The registered manager left the service and consequently the nominated individual was responsible for the running of the service until a new manager was in post. A new manager was appointed in March 2017 and has applied to register with the CQC as the registered manager of the service. Between January 2017 and our inspection on 4 April 2017, we received information raising concerns about aspects of the care provided by the agency. During the inspection, we discussed these concerns with the nominated individual and manager and they explained that the service had been working hard to make improvements to the service. We spoke with the Local Authority who had regular contact with the service. This care professional told us that the service was committed to making improvements and they had responded well in difficult circumstances.

We found that the service did not have an effective system in place to monitor the quality of the service being provided to people using the service and to manage risk effectively. The service had failed to effectively check essential aspects of the care provided in respect of late visit monitoring and MARs. We found a breach of regulations in respect of this.

During the inspection, management explained to us that they had made improvements to aspects of the care and showed us evidence of this. However, we noted that there were still some areas that the service were in the process of addressing but had not yet completed. We also observed that the new manager had implemented new processes since she had started working at the agency. However, we did not see evidence that these processes had been implemented consistently over a significant period of time.

We found three breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 and have made two recommendations. 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

There were aspects of the service that were not safe. The provider was not recording medicines consistently and this was putting people at risk.

People we spoke with told us that they felt safe around care workers.

There were processes in place to help ensure people were protected from the risk of abuse. However some care workers were unable to describe the process for identifying and reporting concerns.

Is the service effective?

Requires Improvement

There were aspects of the service that were not effective. Care workers did not always receive consistent and regular training, supervision and appraisals.

Care workers felt well supported by their peers and the manager.

People's health care needs and medical history were detailed in their care plans.

New format care support plans included information about people's mental health and their levels of mental capacity to make decisions and provide consent to their care.

Is the service caring?

Good

The service was caring. People who used the service and relatives told us that they felt the service was caring. People were treated with respect and dignity.

Staff were able to give us examples of how they ensured that they were respectful of people's privacy and maintained their dignity.

New format care records were person centred, individualised and specific to each person's needs. They included information about people's preferences and their likes and dislikes.

Is the service responsive?

Requires Improvement

There was one aspect of the service that was not responsive. The service had a complaints policy in place however subsequent action taken was not always clearly documented.

New format care support plans were person centred included information about people's preferences.

Is the service well-led?

Requires Improvement

There were aspects of the service that was not well led.

The service did not have an effective system in place to monitor the quality of the service being provided to people using the service. The service had failed to effectively check medication administration records and monitor late visits.

The service had a management structure in place with a team of care workers, office staff, the manager and nominated individual.

Staff were supported by management and told us they felt able to have open and transparent discussions with them.

Hyde Park Care

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, and to provide a rating for the service under the Care Act 2014.

The inspection took place on 4 April 2017 and the inspection team consisted of one inspector. We told the provider two days before our visit that we would be coming. We gave the provider notice of our inspection as we needed to make sure that someone was at the office in order for us to carry out the inspection.

Before we visited the service we checked the information that we held about the service and the service provider including notifications we had received from the provider about events and incidents affecting the safety and well-being of people.

During our inspection we went to the provider's office. We reviewed thirteen people's care plans, six staff files, training records and records relating to the management of the service such as audits, policies and procedures. We spoke with ten people who used the service and three relatives. We spoke with nine care workers, one office staff, the manager and the nominated individual. We also spoke with one care professional that had regular contact with the service.

Requires Improvement

Is the service safe?

Our findings

People who used the service told us that they felt safe around care workers. When asked if people felt safe, one person told us, "Yes, I feel safe. No concerns." Another person said, "Yes I am safe and comfortable. I am happy with the care. I couldn't be happier." Another person said, "Of course, yes I am safe." Relatives we spoke with told us that they were confident that their relative was safe around care workers and raised no concerns in respect of this.

There were some arrangements to manage medicines safely and appropriately. The manager confirmed that four people required assistance with their medication. Records showed that the majority of care workers had received medicines administration training with an external organisation. Medicines policies and procedures were in place. Where people needed support by the care staff, the appropriate support for that person was outlined in their support plans.

The manager explained that people's medicines administration records (MARs) were kept in people's home and therefore at the time of the inspection there were a limited number of MARs available for us to review. We raised this with her and discussed the importance of keeping completed MARs in the office for their records. The manager said that in future this would be done.

Following the inspection, we looked at a sample of MARs for various dates between December 2016 and April 2017 for four people. We found that the service used their own format of MARs. However, these MARs did not list the medicines prescribed and administered to the person. It was therefore not evident which medicines had been administered. Medicines administered to people were not consistently documented and there was no clear audit trail about the management of these medicines. We also found that information on MARs were not always completed fully. For example, one person's MAR for the dates 19 November 2016 to 18 December 2016 did not include the person's name. Further, we found on some MARs that there were some dates where there was no record of medicines being administered and therefore it was not evident whether these had been administered.

We discussed this with the manager and she acknowledged that MAR sheets lacked important information and said that she was already aware of this and consequently had introduced new format MAR sheets in March 2017 and provided us with evidence of this. We looked at the MAR for one person in March 2017 and found that the new format MARs detailed the name of the person receiving medicines, their date of birth and allergies. They also clearly listed the medicines prescribed for people. The manager explained that the implementation of the new format MARs would ensure that there was a clear audit trail of what medicines people were administered.

We looked at a sample of the new format MARs and found that there were unexplained gaps on a number of occasions. For example, one person's MAR for the month of March 2017 contained three unexplained gaps. We spoke with the manager about the gaps in the MARs and the importance of ensuring that MAR sheets were completed correctly and ensuring there were no unexplained gaps. She confirmed that the medicines had been administered from a blister pack and therefore the person concerned had received the correct

dosage of medicine. However, the MAR sheets had not been completed accurately and in accordance with the medicines administered.

The service did not have an effective medicine audit in place. The nominated individual told us they checked MAR sheets regularly but these checks were not documented. We did not see evidence that gaps in MARs had been identified by the service and audits failed to identify whether medicines were correctly administered and signed for to ensure medicines management and procedures were being followed.

The above evidence demonstrates that people were at risk of not receiving their medicines safely and the administration and prompting of medicines to show people had received their prescribed medicines had not been consistently recorded.

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

We reported our findings to management at the service who said immediate action would be taken to improve the safe and proper management of medicines which included documenting medicine audits.

During the inspection, we looked at 13 care support plans and found that risk assessments were in place for all of these people, with the exception of one care support plan. Where these were in place, risks to people were identified and managed so that people were safe and their freedom supported and protected. Individual risk assessments were completed for each person using the service for example in relation to falls prevention, the environment, medicines and moving and handling. These included preventative actions that needed to be taken to minimise risks as well as measures for care workers on how to support people safely. The assessments provided outlines of what people could do on their own and when they required assistance. This helped ensure people were supported to take responsible risks as part of their daily lifestyle with the minimum necessary restrictions.

We noted that there were two formats of risk assessments. We noted that 10 out of the 13 care support plans we looked at contained a new format risk assessment and 2 were in the previous old format. We discussed this with the manager and nominated individual. They explained that since the previous registered manager had left the service in January 2017, the service had been working hard to ensure all people that used the service had a review so that a new more comprehensive risk assessment was completed. The nominated individual explained that the old format risk assessments lacked detail and therefore the service had replaced these with the new format. We observed that the new format of risk assessment included information about people's mental capacity, mental health, risks to care workers, details of people's physical needs, health and safety precautions inside and outside the house, mobility, medication and moving and handling.

At the time of the inspection, the nominated individual confirmed that out of the 55 people they provided care to, they had carried out a review for 48 of these people. He explained that a new format risk assessment was in place for the majority of these people and they were currently working on completing the risk assessments for the remaining people.

We found that the new format risk assessments did not consistently contain the necessary information in respect of safe practice and risks associated with using equipment and appropriate moving and handling techniques required by care workers. For example, one person required a hoist for transfers, however there was limited information how care workers were to provide support to the person to keep this person safe and minimised the risks of sustaining any injury due to inappropriate moving and handling practices when

the person needed to be transferred. However, another person's risk assessment contained clear instructions of how to use a hoist for transfers with pictures to demonstrate. We discussed this with the manager and she said that she would ensure all risk assessments included this information in further detail where necessary.

Safeguarding policies and procedures were in place to help protect people and help minimise the risks of abuse to people. We noted that the policy referred to the local authority, police and the CQC. We saw documented evidence that care workers had received safeguarding training. However, we found that some care workers we spoke with were unable to describe the process for identifying and reporting concerns and were unable to give example of types of abuse that may occur despite our prompting. When speaking with some care workers, we noted that the level of English spoken was limited and they struggled to understand some of the questions that were asked and had difficulty answering. In some instances, care workers needed prompting before they were able to answer the question. Care workers should have the appropriate skills to communicate effectively to carry out their roles and responsibilities and to be able to understand and relay information clearly especially in an emergency. We discussed the level of English spoken by care workers with the nominated individual and the manager and they explained that they were aware of this and had scheduled English language classes for care workers to assist them and said that they were committed to supporting care workers in respect of this.

We asked people whether care workers were able to clearly communicate with them in English. People we spoke with told us that their care worker spoke a good level of English and they had no issues communicating with them.

The service had a whistleblowing policy and contact numbers to report issues were available.

Through our discussions with staff and management, we were told that they considered there were enough staff to meet the needs of people who used the service. At the time of the inspection, the provider told us the service was providing care to 55 people and had a total of 33 care workers and six office staff. Care workers we spoke with raised no concerns regarding staffing numbers. We found that the service had sufficient staffing based on our conversations with care workers and management. The nominated individual explained that they tried to ensure that people had the same care workers as much as possible to ensure consistency for people who used the service which was an important aspect of the care provided. The nominated individual also explained that in order to achieve this further, they were slowly trying to introduce another care worker in addition to people's usual care worker. The aim of this was to help people become familiar with another care worker so that when their "regular" care worker was away they still had some continuity of care as they were familiar with the other care worker. The nominated individual explained that they did this by having a second care worker shadow the "regular" care worker.

People who used the service told us they usually had the same care worker and raised no concerns in respect of the continuity of care.

We asked the provider how the service monitored care worker's timekeeping and whether they stayed for the duration of their visit. The nominated individual explained they currently used timesheets, spot checks and quality assurance telephone calls to monitor this. He explained that the service was moving to using an electronic system where they use smartphones to monitor care workers and were due to roll this out in the near future.

We spoke with people about the punctuality of care workers. All people we spoke with told us that generally care workers were on time and they raised no concerns about this. We also asked people and relatives if

there were any instances where care workers had failed to arrive for a scheduled visit. All people and relatives told us that care workers always arrived for their contracted visits and stayed for the duration of the time required, with the exception of one relative. One person told us, "My carer is never late. Sometimes he stays longer but never less." Another person said, "My carer is spot on. He is punctual." However, one relative told us that their [relative] had previously told them that on occasions the care worker does not arrive for all the daily visits required. This relative told us that they had not previously raised this with management. We spoke with the manager about this and she explained that this had not previously been raised with her but confirmed that she would immediately commence an investigation into the matter raised.

We looked at the recruitment process to see if the required checks had been carried out before staff started working with people who used the service. We looked at the recruitment records for six members of staff and found background checks for safer recruitment including, enhanced criminal record checks had been undertaken and proof of their identity and right to work in the United Kingdom had also been obtained. Two written references had been obtained for staff. However, we noted that a significant number of files included a character reference where it was not clear who the reference was from. We discussed this with the manager and she explained that the service sought to obtain professional references but these were not always available and therefore obtained character references and verified these references.

People who used the service and relatives informed us that care workers followed hygienic practices when providing care. They also told us that care workers had access to protective clothing including disposable gloves and aprons and care workers we spoke with confirmed this.

Requires Improvement

Is the service effective?

Our findings

People who used the service told us that they had confidence in care support staff and the service. One person told us, "I am happy with the care. Very happy. My carer is very helpful." Another person said, "My carer knows what do to. He is competent and helpful." Another person told us, "I am confident in my carer. She knows what she is doing and is careful. I am satisfied with the care."

During the inspection, we asked the manager for details of what training staff had completed and we were provided with a training matrix detailing training staff had received. We noted that staff had received training in safeguarding, infection control, medicine administration and moving and handling. We observed that some staff required refresher training in some areas and the manager explained that this had already been identified and care workers were scheduled to attend refresher training. We noted that care workers had recently received refresher training in medicines administration and moving and handling. However, we noted that care workers had not received training in the Mental Capacity Act 2005 and health and safety. When we spoke with care workers, the majority lacked knowledge of safeguarding, whistleblowing and the Mental Capacity Act 2005. We found that care workers needed further training in these areas. The manager confirmed that care workers would receive further in house training and training with the local authority.

We saw evidence that supervision sessions had taken place in March 2017 with the new manager and this was confirmed by care workers were spoke with. However, there was a lack of evidence to confirm that supervisions had taken place regularly prior to this. The was no documented evidence to confirm that care staff had received an annual appraisal about their individual performance in the last year and therefore there was a lack of evidence to confirm that staff had had an opportunity to review their personal development and progress.

Whilst we observed that the manager had recently carried out supervisions and staff had received refresher training in medicines administration and moving and handling, we did not see evidence that staff had been consistently supported to fulfil their roles and responsibilities through training, regular supervisions and appraisals. This is a breach of regulation 18 Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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 make particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

The service had a Mental Capacity Act 2005 (MCA) policy in place. New format care plans included information about people's mental health and their levels of capacity to make decisions and provide consent to their care. We found that care plans were signed by people or their representative to indicate that they had consented to the care provided. When speaking with care workers, the majority of them had a limited knowledge of what mental capacity was.

People were supported to maintain good health and have access to healthcare services and received on going healthcare support. Care plans contained information about people's health and medical conditions.

We spoke with the manager about how the service monitored people's health and nutrition. The manager explained that if care workers had concerns about people's weight they were required to contact the office immediately and inform management about this. The service would then contact all relevant stakeholders, including the GP, social services, occupational therapist and next of kin.

We noted that the new format care plans included comprehensive details about people's nutritional needs and included details about people's preferences. The majority of people we spoke with told us that food was not prepared for them as part of their care package. However, those who did have food prepared for them by care workers spoke positively about this and told us that care workers asked them what they wanted to eat before preparing meals.

Good

Is the service caring?

Our findings

People we spoke with told us that they felt the service was caring and spoke positively about care workers. When asked about their care worker, one person said, "My carer really listens and is helpful." Another person said, "My carer is caring." Another person told us, "My carer is a kind and warm person. I can talk to her."

New format care support plans included information that showed people had been consulted about their individual needs including their spiritual and cultural needs. Each care plan included information about cultural and spiritual values. The service had a policy on ensuring equality and valuing diversity. Staff informed us that they knew that all people should be treated with respect and dignity regardless of their background and personal circumstances.

People told us they were able to contact management if they had any queries. The nominated individual explained that they ensured that they discussed people's care with them and tailored their care according to their individual needs.

The service had a comprehensive service user guide which was provided to people who used the service and they confirmed this. The guide provided useful and important information regarding the service and highlighted important procedures and contact numbers. It also included information about the aims of the service which was to deliver first class care which was person centred and involved people.

We found that the old format of care plans were not person centred, individualised and specific to each person's needs. They did not include specific information about people's preferences and their likes and dislikes. However, we noted that the new format care plans contained information about people's preferences and were individualised and specific to people's needs.

Care workers were aware of the importance of ensuring people were given a choice and promoting their independence. Care workers were also aware of the importance of respecting people's privacy and maintaining their dignity. Care workers told us they gave people privacy whilst they undertook aspects of personal care. They gave us examples of how they maintained people's dignity and respected their wishes. One care worker said, "I always put the person first. I talk to people before I do anything and explain things to them beforehand. I ask them what they want and treat them like family." Another care worker told us, "I listen to people and ask them what they would like."

The nominated individual explained that it was important for care workers to spend time speaking and interacting with people and doing things at people's own pace, not rushing them and a minimum of 30 minute visits enabled care staff to do this. Therefore the service did not carry out visits less than 30 minutes.

Requires Improvement

Is the service responsive?

Our findings

People who used the service told us that they felt able to raise concerns if they needed to. One person said, "I have no complaints but I can talk to the office if I needed to." Another person told us," I can contact the service if I need to. I am confident in the service. Management seem fine." Another person said, "There is good communication. They keep me updated. There is a new manager in post. The office told me this".

The service had a complaints procedure and this was included in the service user guide. When we spoke with people who used the service they told us that they would not hesitate to raise concerns with management. We saw evidence that complaints received were recorded. We saw that complaints had been responded to. However, subsequent action taken in respect of a complaint received was not always clearly documented. We discussed this with the nominated individual and he confirmed that such information would be documented accordingly in the future.

We recommend that the provider ensures that all complaints received are fully documented and there is a clear record of what action the service have taken in response to the complaint.

We looked at 13 people's care support plans as part of our inspection and noted that ten of these were in a new format care plan and three were in the old format. The new format care support plans included details about people's medical background, details of medical diagnoses and social history. There was also information about what support people wanted and how they wanted the service to provide the support for them with various aspects of their daily life such as personal care, continence and mobility. They included information about people's personal care, what tasks needed to be done each day, time of visits, people's needs and how these needs were to be met. The new format care support plans were individualised and specific to each person and their needs and included details about people's preferences, their likes and dislikes.

However, we found that some people's care plans were in the old format and we found that these included limited information. These care plans lacked information about what support people wanted and how they wanted the service to provide the support for them with various aspects of their daily life such as personal care, continence and mobility. There was limited information in care support plans about the support that people required from care staff. We found that the information in these care plans were task focused and failed to include information about people's preferences. We discussed this with the nominated individual and he confirmed that they were in the process of reviewing all care plans and ensuring all people had a new format care plan. He confirmed that at the time of the inspection, out of the 55 clients they provided care to, 23 had a new format care plan, 25 people had been recently been reassessed and they were in the process of competing their care plan and seven people had old format care plans. The nominated individual told us that the deadline for ensuring all people had a new format care plan was 29 April 2016.

Requires Improvement

Is the service well-led?

Our findings

People spoke positively about the service and told us they thought it was well managed. One person said, "I can reach the office very easy. They are helpful and understanding." Another person said, "Management are fine." One relative told us, "I have no concerns about management and no hesitation to raise concerns if I needed to."

Care workers we spoke with told us that they felt supported by their colleagues and management. One care worker told us, "The support from management is very good. They listen. I don't work for the agency. I work with the agency. There is good team work." Another care worker said, "It is very easy to talk to the manager and easy to contact the office." Another care worker said, "The new manager is really helpful." Care workers told us that they felt confident about approaching management if they had any queries or concerns. They felt matters would be taken seriously and management would seek to resolve the matter quickly.

Staff we spoke with said that they worked well together as a team and said that the morale within the service was positive. They said the manager was approachable and that there was an open and transparent culture. Staff told us they would not hesitate to bring any concerns to the manager.

There was a management structure in place with a team of care workers, fieldcare supervisors, office staff, the manager and the nominated individual. There had been significant changes to the management of the service in January 2017. In January 2017, the registered manager left the service which resulted in the nominated individual overseeing the running of the service. In March 2017, a new manager was appointed and the new manager has applied to register with the CQC as the registered manager of the service. Between January 2017 and our inspection on 4 April 2017, concerns had had been raised about aspects of the care provided. We discussed these concerns with the nominated individual and manager and they explained that the service had been working hard to make improvements and ensure that the service was running effectively. They also advised that they had been working closely with the local authority to make improvements. The local authority informed us that the service had demonstrated that they were committed to making improvements and said they had responded well in difficult circumstances.

There was a quality assurance policy which provided information on the systems in place for the provider to obtain feedback about the care provided at the home. Some checks had been carried out by management in areas such as supervision sessions, training and policies. The service had commenced spot checks on care workers and visits to people to obtain feedback from them. However, we noted that the service had not carried completed these for all people. However, we did not see evidence that the service carried out regular audits and checks in relation to aspects of the care provided which included medicines administration, complaints and care records. We found that the service had failed to effectively check various aspects of the care provided and had failed to identify their own failings in various aspects of care. For example, the service had failed to identify issues in respect of gaps in MARs when administering medicines. We discussed this with the manager and she confirmed that she had formulated a medicines audit to check the arrangements for medicines administration since she had commenced her role as manager at the service but had not yet implemented the audit. We also found that the service did not have an audit in place to review the

complaints received. We spoke with management about this and they explained that they were in the process of introducing audits. However, we did not see evidence that these had been consistently carried out over a period of time.

We also noted that the service did not have a consistent system in place for monitoring late and missed visits by care workers. They carried out spot checks and quality assurance telephone calls but we found that these had not been carried out for all members of staff and for all people. Therefore, the monitoring of late and missed visits was not being carried out consistently for all staff and people who used the service. It was not evident how the service consistently reviewed all these in order to improve any timekeeping issues. Further, we saw no documented evidence how the service carried out audits of care worker's timesheets. It was therefore not evident how they monitored these.

During the inspection, we observed that the new manager had implemented new processes and procedures since she had started working at the agency. However, we did not see evidence that these processes had been implemented consistently over a significant period of time.

The service did not have effective systems and processes in place to assess, monitor and improve the quality of the services provided. This was in breach of regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We discussed these issues with the nominated individual and manager and they confirmed that the service would immediately implement audits and checks in relation to the care provided

We noted that the service had not carried out satisfaction surveys in the last year. We discussed this with the nominated individual and he explained that the service would carry out a satisfaction survey in 2017. He explained that the service had carried out telephone quality assurance surveys in January and February 2017 and we saw documented evidence to confirm this. We noted that the majority of the feedback obtained was positive. However, where issues were raised by people, it was not evident what action the service had taken to respond to these as these were not documented. We discussed this with the nominated individual and he confirmed that such information would be documented accordingly in the future.

Since the new manager had started her role, we noted that there had been three staff meetings. The manager explained that the purpose of these meetings were to ensure care workers were informed of developments within the service and provided with essential guidance on the care of people.

The service had a system in place for recording accidents and incidents.

The service had a range of policies and procedures to ensure that staff were provided with appropriate guidance to meet the needs of people. These addressed topics such as complaints, infection control, safeguarding and whistleblowing.

This section is primarily information for the provider

Action we have told the provider to take

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

Regulated activity	Regulation
Personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment Regulation 12(2)(g) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. People were not protected from the risks of unsafe use and management of medicines, because medicines administration had not been consistently recorded.

Regulated activity	Regulation
Personal care	Regulation 17 HSCA RA Regulations 2014 Good governance Regulation 17(2)(a) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. There was a lack of documented evidence to confirm that effective systems were in place to monitor and improve the quality of the service specifically audits.

Regulated activity	Regulation
Personal care	Regulation 18 HSCA RA Regulations 2014 Staffing Regulation 18(2)(a) Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. There was a lack of evidence that staff were consistently supported to fulfil their roles and responsibilities through regular supervisions and appraisals. We also noted that there were some gaps in staff training.