

Handle With Care (Portsmouth) Limited

Handle With Care

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?

Inadequate 

Summary of findings

Overall summary

We carried out this announced inspection on 21, 22 and 23 November 2016.

Handle with care provides personal care services to people living in their own home. At the time of our inspection there were 162 people receiving this service. There were 62 staff members who provided personal care to people which included, two senior managers, one trainee manager, three senior care assistants, three risk assessors, and two co-ordinators.

There was a registered manager in place. 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 and their relatives said they or their relative received safe care. However this was not our overall findings.

People's medicines were not managed or disposed of in a safe way and risks to people were not appropriately identified, assessed or action taken to minimise the risk to people and others. Staff's fitness for work had not been assessed. Missed visits had occurred but was currently being managed. Safeguarding concerns had been received into the service and was dealt with in line with the provider's policy; however the Commission had not been notified of these safeguarding concerns.

People said staff were sufficiently skilled and experienced to care for them because they had regular staff who knew them well. However we found staff training was not always effective because the registered manager's knowledge of the subjects they trained staff on was lacking. Staff received an induction programme but their understanding and competency was not checked. Although staff received a yearly appraisal; staff did not receive an effective supervision to support them to carry out their duties.

Consent was not always sought when people were considered to lack capacity, though staff did confirm they asked people for consent when providing personal care. Capacity assessments had not been completed for people who were considered to lack capacity and people were not involved in the development of their care plan when they were considered to lack capacity. Staff and the registered manager could not demonstrate a good understanding of how the Mental Capacity Act was used in their role.

People were not always supported sufficiently to have enough to eat and drink because records did not accurately detail the support people required and the risks associated with this.

People were unable to recall if they had been involved in their assessment of care and their care plans did

not include their preferences, how they would like to receive their support and what they were able to complete themselves. However staff said they asked people how they would like their support to be provided on a daily basis and ensured people were involved in carrying out care for themselves.

Assessments of need were not always completed prior to the commencement of care. Care plans contained insufficient detail regarding people's preferences, choice, wishes and risks and the information in the care plans were not always accurate. People were not always involved in their care planning

There was a registered manager who was supported by two senior managers with the day to day running of the service, although staff said they could speak with the registered manager when required they mostly spoke with the senior managers to discuss their concerns. The registered manager failed to complete a Provider Information Return when requested and did not have systems in place to assess, monitor and mitigate risks relating to the health, safety and welfare of the service user and others who may be at risk.

Audits had not been completed of people's care plans and risk assessments and as a result we found people's care records did not contain all the information required to meet their needs and keep them safe.

There were shortfalls in record keeping in a number of areas which has had an impact on the quality and safety of support people have received.

Following the inspection the provider had sent us information which demonstrated they had taken immediate action to address some of these concerns.

People who required access to healthcare services were supported to do so.

Staff had received training on safeguarding and demonstrated good knowledge of how to keep people safe from harm.

People and two relatives confirmed they felt listened to and received a kind and caring approach from staff who respected their privacy and dignity.

Complaints had been received into the service and were dealt with to people's satisfaction.

Feedback about the service had been sought from people or their relatives and the information was analysed. Staff felt well supported by the management team and were supported to question practice and raise concerns.

We found a number of breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 and two breaches of the Care Quality Commission (Registration) Regulations 2009. You can see what action we told the provider to take at the back of the full version of this 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?

The service was not always safe.

Medicines were not always managed or disposed of safely and risk assessments did not identify or assess the risks to people. The provider had taken immediate action to reduce these risks to people.

Most recruitment practices were followed; however staff's fitness for work was not assessed.

People experienced missed visits, although this had recently improved.

Safeguarding concerns had been dealt with and staff had a good understanding of how to recognise and report potential safeguarding concerns.

Requires Improvement ●

Is the service effective?

The service was not always effective.

People felt staff had the skills and knowledge to support them. However, staff training and induction did not always equip staff with the correct knowledge. Immediate action had been taken by the provider to address this concern.

Staff lacked understanding of the Mental Capacity Act 2005 and consent to care was not always sought for people who were deemed to lack capacity. Immediate action had been taken by the provider to address this concern.

Staff received a yearly appraisal but did not receive a supervision in line with what the registered manager told us. Feedback and required action following spot checks had not been documented.

People's hydration and nutritional needs were not always appropriately assessed or included in the person's care plan. Immediate action had been taken by the provider to address this concern.

Requires Improvement ●

People were supported to have access to healthcare services.

Is the service caring?

The service was not always caring.

People were listened to and received care that was kind and caring from staff who respected their privacy and dignity.

People were not always involved in the development of their care plan; however staff confirmed they supported people to make decisions about their care on a daily basis. Immediate action had been taken by the provider to address this concern.

Care plans did not include people's preferences and what they were able to do themselves.

Requires Improvement ●

Is the service responsive?

The service was not always responsive.

People did not always receive an assessment of their need prior to the commencement of care.

Care plans contained insufficient detail regarding how people would like their care to be given and the risks associated with their care. Care plans were not always accurate. Immediate action had been taken by the provider to address this concern.

Complaints had been dealt with appropriately.

Requires Improvement ●

Is the service well-led?

The service was not well led.

A PIR was not completed or returned when requested.

Audits of the overall quality of the service were not always completed. Immediate action had been taken by the provider to address this concern.

Insufficient information contained in people's care records had an impact on the quality and safety of support they received.

The registered manager was supported with the day to day running of the service by two senior managers. Staff felt well supported by the management team, however mostly spoke

Inadequate ●

with the senior managers when they had concerns.

Handle With 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, 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 21, 22 and 23 November 2016 and was announced. The provider was given 48 hours' notice because the location provides a domiciliary care service and we needed to be sure that someone would be in.

The inspection team consisted of one inspector and an expert by experience. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service. The expert supporting this inspection had experience of dementia care and supporting older people.

Before the inspection we reviewed previous inspection reports, safeguarding records and other information received about the service. We checked if notifications had been sent to us by the service. A notification is information about important events which the provider is required to tell us about by law. A Provider Information Return was requested but was not sent (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 spoke with the local authority safeguarding teams and local health watch link advisors.

During the inspection we spoke with 11 people who were receiving personal care from this service, three relatives, five care workers, one of which was a senior care worker and co-ordinator, one senior manager and the registered manager who is also the nominated individual and the provider.

We reviewed a range of records about people's care and how the service was managed. We looked at plans of care for nine people which included specific records relating to people's preferences, capacity, health, choices, medicines and risk assessments. We looked at daily reports of care, incident and safeguarding logs, compliments, complaints, service quality feedback forms, audits and minutes of meetings. We looked at the training plan for 62 staff members and recruitment, supervision, appraisal and training records for six staff members.

We asked the provider to send us information after the visit. This information was received.

Is the service safe?

Our findings

People said they felt safe and relatives confirmed this. One person said, "yes feel very safe. If I have any concerns I feel I can tell someone." Another person said, "I feel safe. I get the same [carer] and I know them well now. I like to have a regular carer."

Five of the 11 people we spoke with received support with their medicines. People and their relatives did not raise any concerns about how staff supported them or their relative with their medicines. Although people and relatives did not express any concerns about the management of their medicines, we found concerns with how the service managed and disposed of people's medicines.

Prior to the inspection we reviewed some information of concern regarding how the service managed people's medicines. At this inspection we found people's medicines were not always managed or disposed of safely. One staff member stated that when people refused their medicines they would be left for the person to take at a later time or were disposed of down the person's sink or toilet. One person confirmed that their medicines were left out for them to take at a later time with their breakfast. We spoke with the registered manager and a further five staff who confirmed this practice. The provider's policy on supervising medicines does not include clear guidance on how to dispose of people's medicines safely when they have been taken out of the prescribed packaging. The registered manager stated they had been advised of this type of disposal by the trainer during their medicines management training course. However the information and guidance provided to the registered manager following this training stated, "The care regulators state that as a professional carer it is best practice to return medicines to a pharmacy." This meant people and others who visit the person's home could be at risk of accidental exposure to medicines which have not been correctly disposed of and there was an environmental risk of medicines being disposed of in this way. The registered manager said they would review and cease this practice with immediate effect.

Records demonstrated that other medicine errors had occurred. On 12 July 2016 a staff member had given a person a double dose of their medicines. This concern had been raised by an external professional to the local authority safeguarding team, who advised the service of the concern. Documents demonstrated the concern had been investigated and the appropriate action had been taken to safeguard the person from further harm. The concern was found to be substantiated. The service documented the staff member would be given additional medicines training and they were booked to attend a course on the 18 July 2016. However the provider's training plan showed this staff member had last updated their medicines training on the 14 September 2015 and had not received an update.

On 26 July 2016 records demonstrated that medicines had been left out for one person to take at a later time. However the person had not taken their medicines on this date because they were still left out on 27 July 2016. The staff member had signed to say the person had taken them. This concern was substantiated; however there was no records to show what action had been taken to follow this up with the staff member.

Another person's care records showed they had taken more of their medicines than they should have done on 25 August 2016 because their medicines had not been managed safely because the person had not been

supported in line with their care plan. A further incident occurred on 30 August 2016 where the person had again taken more of their medicines than they should have done. Records and staff stated that this person was independent with managing their medicines, however this person's care assessment dated 7 June 2016 stated they required support with their medicines. An email from an external social care professional was also present in this person's care records in which they clearly identified the person required support with managing their medicines.

Following the inspection the provider sent us information which demonstrated they had taken immediate action to address our concerns and reduce the further risk of harm to people who were supported with their medicines.

A failure to safely manage people's medicines was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Prior to the inspection we received information of concern stating that risk assessments were not always completed. At this inspection we found risk assessments were completed but contained insufficient information on how to manage and minimise the identified risks. For example, one person's mobility risk assessment stated they were, "independently mobile" however this was assessed as a medium risk. There was no information included in the evidence or observation section to demonstrate what the medium risk was to this person. Another person's moving and handling profile stated two carers for bed manoeuvres, however the section which identified the equipment to be used for this person was left blank and the box giving instructions on how to carry out the tasks was also left blank. People said they did not have any concerns with how the service managed the risks associated with their care, however one relative expressed concern about the poor quality of risk assessment for their relative.

Risk assessments completed included an assessment of the external and internal environment, general health of the person and mobility. These risk assessments identified the potential hazards or risk to people and provided a degree of risk score against each risk or hazard. An overall total was provided for each part of the risk assessment which stated that if the degree of risk was more than the total for that section the risks should be brought to the attention of the manager "immediately". However risk assessments demonstrating a higher score than the total were not dealt with in line with the risk assessment process. For example, one person's internal environmental risk assessment demonstrated that the degree of risk was scored as 55. All risks which totalled above 30 for this section were to be brought to the manager's attention. However the risk assessment did not evidence that this had been checked by the manager as the section for the manager to complete was left blank. Also there was no evidence to demonstrate how the risks identified could be minimised. This person's mobility risk assessment highlighted a degree of risk of 2. All risks which totalled above 19 for this section were to be brought to the manager's attention. Again the risk assessment did not evidence that the manager had checked the assessment as the section for the manager to complete was left blank. There was no evidence to demonstrate how the risks identified could be minimised. We spoke with the registered manager about this and they said they were not aware of the risks to this person. This meant risks to people were not appropriately assessed or action taken to minimise the risk to people and others.

The identified risks were not contained within people's care plans. For example, one person's risk assessment identified they mobilised with a zimmer frame, however this was not incorporated into their care plan and information on how to support people with manual handling tasks were also not included. However staff felt the risk to people were managed safely because they knew them well and confirmed they would not complete any moving and handling tasks without an assessment being completed. This meant people may receive care that is unsafe because sufficient information to care for them safely has not been provided.

Following the inspection the provider sent us information which demonstrated they had taken immediate action to address our concerns and reduce the risks to people.

A failure to appropriately assess the risks to the health and safety of the service user and doing all that is reasonably practicable to mitigate any such risks is a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Safe recruitment practices were mostly followed. We looked at six staff members' recruitment files and saw most steps had been taken to ensure staff were suitable to work with people; such as references relating to the staff members previous work and character and Disclosure and Barring Service checks (DBS). The DBS helps employers make safer recruitment decisions and helps prevent unsuitable people from working with people who use care and support services.

For those staff who had been working for the provider for more than three years there were completed documents stating whether they had committed or had been charged with any offences since completing their original DBS check. Staff confirmed they had completed these checks prior to starting work for the provider.

However there were no records to demonstrate the staff member's fitness to work had been undertaken. Satisfactory information about any physical or mental health conditions which were relevant to the person's ability to safely perform the tasks for which they were employed were not present in all six staff members recruitment records viewed. The registered manager was unable to evidence that checks on staff's fitness to work were completed.

Failure to assess the health and fitness of staff to ensure they were able to safely perform the tasks for which they are employed was a breach of Regulation 19 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 and schedule 3 of the Health and Social Care Act 2008.

Prior to the inspection we received some information of concern informing us that people experienced missed visits and staff were not staying for the full amount of time. The registered manager confirmed there had been occasions where people's visits had been missed but stated staff always stayed for the full amount of time. Records demonstrated that 18 visits had been missed from 1 January 2016 to 15 August 2016. The registered manager confirmed new systems had been developed and missed visits no longer occurred. Documents sent to staff evidenced that there had been previous concerns relating to missed visits and the action that would be taken against the staff member if further missed visits occurred. Staff confirmed they always stayed for the full amount of time or until the support had been completed and were not aware of any missed visits which had recently occurred. People and their relatives also confirmed this.

Prior to the inspection we spoke with the local authority safeguarding team who confirmed there had been a number of safeguarding concerns raised about the service in the past 12 months. The registered manager was aware of the safeguarding concerns and these had and were being dealt with. Records confirmed this. We observed a safeguarding concern being dealt with appropriately during our inspection. However the Commission had not been notified of these safeguarding concerns. We have addressed this in the well-led section of the report.

Prior to the inspection we received information of concern that staff did not receive safeguarding training. However staff and records confirmed they had received training on safeguarding. Staff demonstrated good knowledge of how to keep people safe from harm and could recognise signs and symptoms of potential abuse which included recognising unexplained bruising and marks or a change in behaviour. Staff said they would report any concerns to the office and were confident to inform other appropriate professionals if they

felt their concerns were not dealt with appropriately. One staff member said. "We are the eyes and ears, so we pass on any information to the office especially concerning information. I am confident the office would deal with the concern." The registered manager said staff received training in safeguarding during their induction programme and received regular updates.

Is the service effective?

Our findings

Prior to the inspection we received information of concern that the induction training provided to staff was insufficient and staff did not receive manual handling training. People confirmed they felt staff were sufficiently skilled and experienced to care for them because they had regular staff who knew them well, however one relative said, "Some are better than others."

Training was not always effective. The provider had a training plan in place which confirmed staff had completed the required training courses and received regular updates. Training courses were provided by the registered manager or senior managers who had received the appropriate training courses to enable them to do so. However the registered manager and senior manager's knowledge of the subjects they trained people on were limited. For example, the registered manager trained staff on the Mental Capacity 2005 (the Act) but when asked if they could demonstrate their understanding of the five principles of the Act they said, "Not without my notes." Staff demonstrated a limited understanding of the act and were unable to give us examples of how the Act related to the people they supported. One staff member said, "Probably not." Another said, "So many of our clients have dementia it is difficult to know." The registered manager said they would attend a course to refresh their knowledge and confirmed, in the meantime, this training would be given by another training provider. The registered manager also provided training to staff on managing medicines. However the information provided by the registered manager with regards to the disposal of medicines was incorrect, did not promote good practice nor was it in line with the guidance provided for the training course. As a result staff were managing medicines and disposing of them in an unsafe way. The registered manager sent us information after the inspection demonstrating that medicines training would be undertaken by a different provider.

The registered manager said the induction programme they currently followed was the Skills for Care Common Induction Standards. Skills for Care Common Induction Standards were the standards people working in adult social care needed to meet before they could safely work unsupervised. These have since been replaced by the Care Certificate. Staff completed required training courses which included manual handling over a period of three days and shadowed experienced staff members prior to working alone. Staff were required to complete competency assessments of the eight standards of care, however these were not always checked to ensure the staff members understanding. Staff confirmed they completed an induction programme and felt it equipped them to support people effectively.

Records showed some staff had completed the Care Certificate standards self-assessment tool for them to assess their current level of skills and knowledge of health and social care. The Care Certificate is an identified set of standards that health and social care staff adhere to in their daily working life. The Care Certificate gives everyone the confidence that workers have the same introductory skills, knowledge and behaviours to provide compassionate, safe and high quality care and support. However the self-assessment tool did not show a date of completion. We spoke with one staff member and asked when they had completed the self-assessment and they said, "What is it? I wouldn't have a clue (about the date of completion). Did [Staff name] just put it in front of me?" This meant staff may not understand the benefits of the Care Certificate or receive appropriate support to accurately assess their level of skill and knowledge of

health and social care effectively.

Staff did not receive supervision in line with the provider's policy. The policy stated, "To ensure that care staff are continuously performing to a satisfactory standard, the agency operates a supervision programme, all staff meet with their supervisor every three months. On one of these meetings a direct observation will be incorporated to observe the care worker providing care to the service user." However, the registered manager said staff supervision was completed as a spot check every three months and staff received a yearly appraisal. Staff and records confirmed this. A spot check is a test carried out at random without warning. However when concerns had been identified following a spot check, records did not demonstrate whether feedback was given to the staff member or what action had been taken as a result. For example, one staff members spot check form dated 14 April 2016 recorded they had failed in seven areas. However the action taken section was left blank and there were no records to show how these areas had been addressed. A further spot check had been completed on the 14 July 2016 for this person which demonstrated they had failed in two of the same areas as the spot check completed on 14 April 2016. This meant staff were not always supervised appropriately to demonstrate acceptable levels of competence to carry out their role unsupervised.

A failure to provide appropriate supervision and training to enable staff to carry out their duties effectively was a breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

People who were deemed to lack capacity did not always consent to their care and capacity assessments were not completed to demonstrate people's capacity. The Mental Capacity Act 2005 (MCA) provides a legal framework for acting on behalf of people who lack capacity to make decisions. For example, six out of nine care plans viewed recorded people were "unable to sign." We spoke with a senior manager and asked why people were unable to sign their care plan and they told us it was because people did not have the capacity to understand their care plan. Of the six care plans viewed there was no information contained within them that would indicate people were unable to consent to their care plans. One person's assessment stated they had a poor memory, three people's assessment stated they had some confusion, one person's assessment said they had a mental health condition and one person's assessment identified they had early signs of dementia. However capacity assessments were not present in these people's care records to demonstrate they lacked the capacity to understand and consent to their care. People living with dementia for example do often have capacity to make some specific decisions and the first principle of the MCA is to assume capacity, not lack of it. Staff stated they asked people for their consent when providing personal care.

Following the inspection the provider sent us information which demonstrated they had taken immediate action to address our concerns and ensure they followed the act to support people to consent to their care when they were able to do so.

A failure to follow the principles of the Mental Capacity Act 2005 and its codes of practice when people were unable to consent to their care was a breach of Regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Most people we spoke with were independent with eating and drinking or were supported by their relative. Those that received support with eating and drinking did not express any concerns about nutrition or hydration. Staff confirmed they supported people with eating and drinking who required this support and would sometimes offer them a choice of meal. One staff member told us some people would not be offered a choice of meal because they were unable to make a decision and could become aggressive. We saw in one person's care assessment that their appetite was poor and the assessment said, "Do not ask about food and

drink, just do it because [name] is likely to refuse all care." This meant people were not always given a choice of what they wanted to eat or drink.

People were not always supported sufficiently to have enough to eat and drink. Staff confirmed people who required support with eating and drinking had a food and fluid chart in place. We looked at completed food and fluid charts for people who required support with eating and drinking and noted these charts lacked sufficient information on how much people were eating and drinking throughout the day. For example, one person's care plan said "Please refill my drinks" but gave no other indication as to how much fluid they should consume daily. Completed food and fluid charts for this person showed they had consumed "three quarters" of their drink on 23 August 2016 and "half" of their cup of tea on 28 August 2016. However there was no information to say how much half a cup of tea represented or what the actual amount was when three quarters of a drink had been consumed. We raised this with the senior manager and registered manager who said they would review this process and amend accordingly.

Assessments of people's dietary requirements and preferences were not always completed accurately and did not contain identified risks and how to minimise them. For example, for one person the senior manager stated they were at risk of choking and required to be supported with eating and drinking. This person's care assessment did not contain any information about this risk and no other information contained in this person's care records demonstrated this risk or need for this type of support. The senior manager said they would review this person's care records with immediate effect.

Following the inspection the provider sent us information which demonstrated they had taken immediate action to address our concerns and ensured care plans and risk assessments contained the correct support people required with eating and drinking.

A failure to follow to assess each person's nutritional and hydration needs to support their well-being and quality of life is a breach of Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

For those people who required support to access healthcare services care staff would contact the office or family member and advise of any concerns and whether a health care professional would need to be contacted. Care staff said they monitored people's health and wellbeing when they were supporting them with their personal care. Family members or people themselves would mostly be involved in contacting healthcare professionals when they or their relative required assistance.

Is the service caring?

Our findings

People and two relatives were positive about the care and support received from staff. We received comments such as, "they are kind and considerate and I feel confident and comfortable." "Very caring." "Carers are kind, lovely girls." "They are polite, I have no complaints." "They are respectful and kind." "Carers are kind and supportive." and "They are a good crowd." One relative told us that staff's approach varied on a day to day basis depending on who supported their relative.

Prior to the inspection we received information of concern about staff members sharing personal information about people. At this inspection we found people's privacy and dignity was respected and promoted. People told us they felt staff respected their privacy and dignity at all times. One person said, "yes they respect my privacy." One relative said, "yes feel they are respectful and maintain dignity when carrying out care (for relative)." Staff demonstrated a good understanding of how they respected people's privacy and dignity. One staff member said, "I make sure I close the blinds or curtains and close doors. If the person lives with family I ensure they are not in the room." Staff stated they did not share information about people they cared for unless they had concerns about them.

Compliments had been received by people and their relatives in the form of thank you cards or phone calls to the office. Compliments received included expressions of gratitude for the "kindness" received from the service and one relative thanking the service for their understanding, help and guidance when caring for their relative." Other compliments praised individual staff members for the support they had provided. One compliment said, "[Person] called to say [carer name] did a very good shave."

The senior management team and staff knew people well. The senior management and office staff would also provide care to people during staff shortages and this helped them to develop a more personalised relationship and approach with them. People and their relatives confirmed there was good continuity with staff and this helped them to know them or their relative well. One relative said, "I Like the fact that we have the same carers who know [person] really well." Care staff confirmed they had a good relationship with people and mostly supported the same people on a weekly basis.

Of the 11 people and three relatives we spoke with, three people could not recall if they had been involved in their care assessment, eight people said they were involved in the care assessment and three relatives said they were involved in the development of the care plan with the person. People's care plans did not include their preferences or how they would like to receive their support. However on a daily basis staff confirmed they involved people in making decisions about their care. For example, one staff member said they always asked the person how they would like to be supported with their care prior to commencing the support. People felt involved in the daily decisions of their care and felt listened to. One person said, "They listen to what I ask." Another person said, "I feel I can talk to the carers about what I need."

Following the inspection the provider sent us information which demonstrated they had taken immediate action to address our concerns and include people's preferences, wishes and choices within their care plans.

Care staff said they promoted people's independence by encouraging and supporting them to complete the personal care tasks they were able to do. For example, one staff member said, "Let them do as much for themselves as possible, make them feel useful." Another said, "Get them to be as independent as they can be. Pass them the flannel first so they can wash their face and I will do what they cannot do." However care plans did not contain information on what people were able to do for themselves. People and their relatives confirmed staff supported them or their relatives to be as independent as possible.

Is the service responsive?

Our findings

Prior to the inspection we received some information of concern informing us that care plans and risk assessments were not always completed prior to the commencement of people's care. The information received stated they had to wait 10 days for the care plan and risk assessment to be put into place but were receiving care in the meantime. At this inspection we found eight out of nine people's care assessments and care plans were dated for completion prior to the commencement of their care. People's needs had been reviewed and updated regularly and in line with the provider's policy. However one person's care record showed they did not have a care assessment or care plan in place for their care which commenced on 24 May 2016. We found the assessment and care plan in place for this person was dated 15 June 2016, which was 23 days after their care had commenced. We spoke with the senior manager who was unable to locate this person's care assessment prior to the 15 June 2016. This meant people may be at risk of receiving care without an assessment of need being completed and as a result people may receive care that is not responsive to their needs.

People had individual care folders which contained a client assessment, care plan, risk assessments and completed daily logs. All nine people's care plans viewed lacked sufficient detail to care for them in line with their preferences, choice, wishes and risks and the information in the care plan was not always accurate. For example, one person's care plan stated, "I would like the carer to check my pressure areas." There was no information contained within the care plan or risk assessments to demonstrate where the pressure areas were that required checking. We spoke with the registered manager who told us this person did not have any pressure areas. This person's care plan also stated, "I would like the carer to help me to have a full strip wash." However there was no information on how the person wanted the support, where they wanted the support and what they were able to do for themselves. Staff members said they always included people in the support and felt the care plans gave them sufficient information on how to provide the right support to people because they knew people well. This meant people may be at risk of receiving care which was not in line with their preferences when they were supported by staff who did not know them well.

People were not always involved in their care planning, but were mostly aware they had a care plan in their home. People who were deemed to lack capacity or were living with dementia did not always have choice and control over their care planning. The registered manager and senior manager said they always tried to seek the views of people when completing a care assessment and plan. However they told us they consulted directly with relatives about people's care when people displayed a level of confusion, had a poor memory or were living with dementia. One senior manager told us one person was living with dementia because they were confused and as a result spoke directly to their relatives about their care. However there had been no formal diagnosis of dementia and this person's care records did not contain this information. This meant people were at risk of not being involved in their care planning because assumptions may be made as to their level of understanding regarding their care needs.

A failure to design care and carry out collaboratively an assessment of need and provide opportunities for the person to be involved in their assessment of need is a breach of Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Following the inspection the provider sent us information which demonstrated they had taken immediate action to address our concerns and ensure people were involved in the design of their care plans and involved in decisions about their care.

Complaints had been received into the service and were dealt with in line with the provider's policy. People and their relatives felt they could raise a complaint and knew how to do this. They confirmed they were confident that the registered manager and senior manager would deal with their concerns and one relative stated they had raised concerns about the service previously and was happy with how the concern was dealt with. They said, "They answered the office phone promptly and dealt with it in a satisfactory manner."

Is the service well-led?

Our findings

People and relatives felt the management and office were good. However they stated they did not have any involvement with the registered manager, but communicated mostly with the senior management team and office staff. One person said, "It seems to be good, they are a good crowd" A relative said, "Not met the manager."

There were eight safeguarding concerns present in the safeguarding folder; however the Commission had not been notified about any of these safeguarding concerns. Records showed concerns had been raised about the service regarding incorrect management of people's medicines and neglect. We also saw in the safeguarding folder that one concern of physical abuse towards staff by two people receiving the service had been referred to the police. The Commission had not been notified of this. The registered manager said they did not know the Commission had to be notified of safeguarding incidents. However we noted that the service had previously notified the Commission of safeguarding incidents. The last notification was received in 2012.

Following the inspection the provider had taken action to address this concern. Since the inspection the Commission have been notified of three potential safeguarding concerns.

A failure to notify the Commission of safeguarding concerns and police investigation is a breach of Regulation 18 of the Care Quality Commission (Registration) Regulations 2009.

Prior to the inspection we asked the provider to complete and send 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 any improvements they plan to make. However this was not submitted at the time of the inspection. Our records showed the PIR was requested on 8 February 2016 and due for return from the provider by 11 March 2016. At the inspection we reminded the registered manager of their responsibilities regarding the completion and submission of the report which was required under Regulation 17(3). The registered manager said they had not received a request to complete a PIR. They said at the time the Commission requested the completion they may have had a different email address to the contact records the Commission retains about the service. However the provider was informed it was their responsibility to keep their contact details up to date with the Commission and no evidence was found that the initial PIR request sent by the Commission had not been sent to the provider.

Systems to assess the overall quality of the service were not always in place. Complaints were received and incidents and accidents occurred and were reported. However there were no systems in place to analyse the complaints, incidents and accidents. The registered manager agreed there was no system in place to support them to analyse complaints, incidents and accidents which occurred within the service. This meant the registered manager had not established systems and processes to support them to assess, monitor and mitigate risks relating to the health, safety and welfare of the service user and others who may be at risk.

The registered manager said they did not complete audits of people's care plans and risk assessments. As a

result we found people's care records did not contain all the information required to meet their needs and keep them safe. Care plans did not provide sufficient information on the risks to people and how to support them to minimise these risks. Care plans were not personalised and did not support people to remain independent whilst receiving support.

Following the inspection the provider sent us information which demonstrated they had taken immediate action to address our concerns and ensure they had systems in place to assess, monitor and evaluate risks and concerns received into the service.

We have reported in other domains of the report about shortfalls in record keeping in a number of areas which has had an impact on the quality and safety of support people have received. For example one person did not receive the correct support with their medicines and this resulted in them having access to and taking more medicines than what they should have taken and risk assessments were not always completed prior to the commencement of care and did not contain sufficient information to support people safely.

A failure to complete and return the PIR, not have systems and processes in place to monitor and mitigate risks to people and maintain an accurate, complete record in respect of each service user was a breach of the Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Feedback about the service had been sought from people or their relatives and the information was analysed. Six people and two relatives we spoke with could not recall completing any formal feedback about the service. The registered manager told us quality assurance surveys were sent out to people each year in December and we observed this taking place. Records showed previous results from questionnaires had been analysed and some improvements in service delivery had been demonstrated between the 2014 and 2015 analysis. Staff confirmed people received questionnaires.

There was a registered manager at the service; they were present for the first and third day of the inspection. On the second day of the inspection a senior manager was available for us to ask any questions about the service. The senior manager had also been present throughout the inspection site visit and mostly dealt with any questions we had about the service. There were two senior managers employed by the service. The registered manager stated that between them and the senior managers they managed the service on a day to day basis. We observed this with one senior manager during the inspection; the other senior manager was away from work at the time of our inspection site visit.

The registered manager said they liked to be approachable to staff and people. They said, "I always say to staff if you have any concerns please speak with me." Staff stated they mostly spoke with and was supported well by the senior managers and the office staff but felt they could speak with the registered manager if they had any concerns and that the registered manager would make themselves available. One said, "Don't speak to [registered manager name] a lot as my first port of call is [senior managers names], but [registered manager] is contactable if needed." Another staff member said, "When you need advice it is always given. [Registered manager] is really approachable."

Staff confirmed the registered manager, senior management team and office staff were very supportive and kept them updated on information about people and passed on positive feedback received. Although staff did not receive any formal staff meetings the registered manager stated that care staff were spoken with and updated on events every other Thursday when they collected their work rotas. Staff confirmed this.

Staff were supported to question practice, were confident that if they raised any concerns they would be dealt with by management and they demonstrated an understanding of what to do if they felt their concerns

were not being listened to by management. One said, "Yes I could go to them if there's a problem. I feel comfortable talking with them." Another said, "If I have any problems I speak with the manager directly, if they did not do anything I would speak with CQC."

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	<p>Regulation 18 Registration Regulations 2009 Notifications of other incidents</p> <p>The registered person did not notify the Commission without delay of any abuse or allegation of abuse in relation to a service user and any incident which is reported to, or investigated by, the police. 18 (1), (2) (e), (f).</p>
Regulated activity	Regulation
Personal care	<p>Regulation 9 HSCA RA Regulations 2014 Person-centred care</p> <p>The provider failed to carry out collaboratively with the relevant person, an assessment of the needs and preferences for care of the service user. 9 (3) (a)</p> <p>The provider failed to assess each person's nutritional and hydration needs to support their well being and quality of life. 9 (3) (l)</p>
Regulated activity	Regulation
Personal care	<p>Regulation 11 HSCA RA Regulations 2014 Need for consent</p> <p>The care of the service user was not provided with the consent of the relevant person. 11 (1)</p>
Regulated activity	Regulation
Personal care	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>The provider did not have systems in place to assess, monitor and mitigate the risks relating</p>

to the health, safety and welfare of service users and others who may be at risk which arise from the carrying on of the regulated activity. 17 (2) (b)

The provider failed to maintain accurate and complete contemporaneous records in respect of each service user, including a record of the care provided to the service user and of decisions taken in relation to the care provided. 17 (2) (c)

The provider failed to complete and send their provider information return. 17 (3).

Regulated activity

Personal care

Regulation

Regulation 19 HSCA RA Regulations 2014 Fit and proper persons employed

The provider did not follow the information specified in schedule 3 because they did not assess the fitness of persons employed. 19 (3)

Regulated activity

Personal care

Regulation

Regulation 18 HSCA RA Regulations 2014 Staffing

The provider did not ensure staff received appropriate training and supervision necessary to enable them to carry out the duties are employed to perform. 19 (2) (a)

This section is primarily information for the provider

Enforcement actions

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

Regulated activity	Regulation
Personal care	<p>Regulation 12 HSCA RA Regulations 2014 Safe care and treatment</p> <p>Care was not provided in a safe way for service users because the registered person did not assess the risks to the health and safety of service users receiving care and did not do all that is reasonably practicable to mitigate any such risks. 12 (1) (2) (a), (b)</p> <p>The registered person did not provide proper and safe management of medicines. 12 (2) (g)</p>

The enforcement action we took:

We served a Warning Notice on the registered provider requiring them to be compliant with this Regulation by 1 February 2017