

Capital Homecare (UK) Limited

# Capital Homecare (UK) Limited

## Inspection report

77A Woolwich New Road  
London  
SE18 6ED






Date of inspection visit:  
17 February 2016  
19 February 2016

Date of publication:  
11 April 2016

### Ratings

Overall rating for this service

Requires Improvement 

|                            |   |
|----------------------------|---|
| Is the service safe?       | <b>Inadequate</b>            |
| Is the service effective?  | <b>Requires Improvement</b>  |
| Is the service caring?     | <b>Good</b>                  |
| Is the service responsive? | <b>Requires Improvement</b>  |
| Is the service well-led?   | <b>Requires Improvement</b>  |

# Summary of findings

## Overall summary

This inspection took place on 17 and 19 February 2016 and was announced. The provider was given 48 hours' notice because the location provides a domiciliary care service and we wanted to make sure the registered manager was available.

At our last inspection we identified breaches of regulations because the provider did not operate an effective safeguarding quality assurance process and because notifications relating to allegations of abuse had not always been submitted to the CQC as required. At this inspection we found that improvements had been made to the management of safeguarding concerns but the provider continued to be in breach of regulations because they had not always submitted notifications relating to abuse allegations. CQC is currently considering the appropriate regulatory response to address this continued breach in legal requirements. We will report on this at a later date.

Capital Homecare (UK) Limited is a domiciliary care agency located in the Royal Borough of Greenwich providing support for approximately 200 people across greater London. There was a registered manager in post at the time of our inspection. 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.

At this inspection we found a number of breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Risks to people had not always been identified or properly assessed, and action had not always been taken to manage risks safely. Risk assessments did not always include areas of risk identified in local authority assessments received by the provider and action had not always been taken to mitigate risks where they had been identified. The provider did not have an effective rostering system in place to allocate calls to staff and this had resulted in missed visits. Medicines were not safely managed by the service because records relating to the management and administration of medicines were inaccurate and some records provided staff with conflicting information.

The provider did not operate effective systems to monitor and mitigate risks to people because audits of people's care plans and risk assessments were not recorded and had failed to identify a range of concerns that we found during this inspection. Records relating to people's care were not always easy to locate and could not be provided promptly when requested.

The provider's whistle blowing policy did not provide any guidance for staff on how to report concerns to external agencies and one staff member told us they would only report concerns externally if given permission to do so by the agency. We also found that the system used to monitor staff training required updating as the information it contained was out of date. Therefore the provider could not assure us that

they had an accurate overview of staff training needs at the time of our inspection. CQC is currently considering appropriate regulatory responses to address these breaches in legal requirements. We will report on this at a later date.

We also found a breach of regulations because the provider did not maintain a record of the pre-employment checks undertaken by the service prior to new staff starting work which included details of any gaps in their employment history. You can see the action we have asked the provider to take in respect of this breach of regulations at the back of this report.

There were sufficient staff available to meet people's needs and staff were supported in their roles through training and regular supervision. People were protect from the risk of abuse because staff were aware of the action to take should they suspect abuse had occurred. Staff sought consent from people when providing them with support but improvements were required to ensure the provider worked within the requirements of the Mental Capacity Act 2005, should the service offer support to a person who lacked capacity to make specific decisions about their care and treatment.

People were supported to maintain a balanced diet and had access to healthcare professionals when required. They told us staff were caring and considerate, and that they were treated with dignity and respect. People were involved in making decisions about their care and treatment and told us that the support they received reflected their individual needs and preferences. However improvements were required to ensure people's care planning was person centred and reflected their views.

The provider had a complaints procedure in place and people expressed confidence that any concerns they raised would be addressed to their satisfaction. People and staff told us that the service was well managed. The provider conducted regular spot checks on staff and undertook regular telephone surveys which showed people were happy with the service they received.

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

We always ask the following five questions of services.

### Is the service safe?

**Inadequate** ●

Risks to people had not always been adequately assessed and action had not always been taken to mitigate identified risks.

Medicines were not safely managed and records relating to the administration of medicines were not always accurately maintained.

The provider undertook pre-employment recruitment checks on staff before they started work for the service but could not demonstrate that gaps in the employment histories of staff had been considered prior to their employment.

There were sufficient staff on duty and deployed to meet people's needs.

People were protected from the risk of abuse but the provider's whistle blowing policy did not give guidance to staff on how to raise concerns to external parties.

### Is the service effective?

**Requires Improvement** ●

The service was not always effective.

People consented to their care and treatment but improvement was required to ensure staff were aware of their responsibilities under the Mental Capacity Act 2005, should a person lack capacity to make a specific decision about their support.

Staff were supported in their roles through training and supervision although improvement was required to ensure annual appraisals were tailored to individual staff members' needs.

People were supported to maintain good health and had access to healthcare professionals when required.

People were supported to eat and drink sufficient amounts.

### Is the service caring?

**Good** ●

The service was caring.

People were treated with dignity and their privacy was respected.

People were involved in making decisions about the support they received.

People were treated with kindness and compassion.

### **Is the service responsive?**

The service was not always responsive.

People received personalised support which met their individual needs but improvement was needed to ensure people's care plans reflected their views and preferences.

People were supported to maintain their independence and staff were familiar with the needs of the people they supported.

The provider had a complaints policy in place and people were confident that any concerns they raised would be addressed promptly.

**Requires Improvement** ●

### **Is the service well-led?**

The service was not well led.

Quality assurance systems were not always effective in monitoring and mitigating risks to people.

Records could not always be located promptly when requested.

Notifications relating to allegations of abuse had not always been submitted as required.

Staff spoke positively about the management of the service and told us that senior staff were available to them when needed and were receptive to their feedback.

The provider undertook regular spot checks and quality assurance telephone checks to ensure people were happy with the service they received, and people were happy with the support provided to them.

**Requires Improvement** ●

# Capital Homecare (UK) Limited

## **Detailed findings**

### Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 17 and 19 February 2016 and was announced. The provider was given 48 hours' notice because the location provides a domiciliary care service and we wanted to make sure the registered manager was available.

The inspection team consisted of two inspectors and an inspection manager on the first day, and one inspector on the second day.

Prior to the inspection we reviewed the information we held about the service and the provider. This included notifications received from the provider about deaths, accidents and safeguarding. A notification is information about important events that the provider is required to send us by law. We also contacted five local authorities who commissioned services from the provider to get their feedback on the quality of the service. We used this information to help inform our inspection planning.

Before the inspection, we asked the provider to complete a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. They did not return a PIR and we took this into account when we made the judgements in this report.

We spoke to 16 people using the service, five relatives, 14 members of staff, the registered manager and the nominated individual. We looked at records including the care records of 12 people using the service, ten staff files, staff training records and other records relating to the management of the service.

# Is the service safe?

## Our findings

People and relatives told us they felt safe when receiving support from staff. One person said, "I feel quite safe; there are no problems." A relative told us, "The staff are fantastic. They do a good job." Another relative explained, "The staff always let me know if there are any issues. [Their loved one] is quite safe." However, although we received positive feedback about the safety of the service, we found concerns with the way in which people's medicines were managed and with the way in which risks to people had been assessed and acted upon.

Medicines were not managed safely. Most people told us they were happy with the support they received with regards to their medicines but one relative commented, "I'm not always confident that the staff are always aware of changes that are made to [their loved one's] medication." We found that people's care plans and risk assessments did not always provide consistent information on the frequency of support that people required with their medicines. For example, we saw four people's care plans referred to support with medicines being required four times each day whilst their medicines risk assessments referred to support only being required once, twice or three times daily. We also found examples of risk assessments referring to medicines being required weekly or daily without identifying the day or time that they were required. This placed people at risk of not receiving their medicines as prescribed.

People's medication administration records (MARs) did not always provide appropriate guidance for staff on the support to be provided, because the template MAR used had not been adjusted. For example, we reviewed four people's MARs which listed 'Assist/Prompt/Administer or Special Instructions' as guidance for staff to follow to ensure they were supporting them appropriately. We also found people's MARs had not been completed correctly. For example, staff had not signed one person's MAR to confirm that they had received two medicines for an entire week, although other medicines had been signed as having been taken during this time. We spoke to senior staff about this and they told us that the person had been in hospital during the week in question, therefore medicines had been incorrectly signed as having been taken by staff during this period. We also noted that the staff member had signed the MAR despite not having provided support to the person in question during the period that the MAR covered. Therefore we could not be assured that the MAR was an accurate record of the medicines the person had taken during that time. In another example, we found that one person's MAR had been filled in with the letter 'N' against some doses, which the MAR key identified as meaning, 'Medication not available/Nausea of vomiting.' Although staff we spoke with told us that the 'N' was a staff member's signature, we could not be assured that the person had received their medicines at that time because the records had not been appropriately completed.

Medicines were not effectively audited by the service to ensure people received their medicines safely. The registered manager told us that medicines checks were made informally as part of the service's spot checking process, but that these were not recorded. This meant we were unable to determine whether any issues relating to people's medicine administration had been identified during spot checks, and if so, whether they had been addressed. The registered manager also told us that people's MARs were not routinely collected for review when we requested to see records for specific individuals. They arranged for some people's MARs to be collected so that we could review them during our inspection which resulted in us

identifying the issues highlighted in this report. This meant people were at risk of any issues with their medicines support not being identified promptly by the service.

These issues were in breach of regulation 12 of the Health and Social Care Act 2008 (Regulated Activities Regulations 2014). CQC is considering the appropriate regulatory response to resolve the problems we found in respect of this regulation. We will report on action we have taken in respect of this breach when it is complete.

Risks to people had not always been assessed by the service placing them at risk of unsafe care. The service conducted a risk assessment for each person when they started receiving the service and this was reviewed on at least an annual basis or more frequently if a person's needs changed. The risk assessment covered areas including, the environment, moving and handling, hygiene, nutrition and medicines. However, we found that completed assessments did not always cover identifiable areas of risk. For example, we found that the risk assessments for six people did not include information about the management of the risk of falls, sight impairment, asthma, catheter management and pressure sores, despite these risk areas having been identified in the information provided to the service by the local authorities arranging their support. Staff we spoke with confirmed that it had been an oversight not to have covered these issues when undertaking the assessments.

We also found that in some cases risk assessments offered conflicting information and where risks had been identified, guidance had not always been put in place for staff on how they could be safely managed, placing people at risk of unsafe care. For example, one person's risk assessment identified that they did not require any manual handling support but in a different section of the assessment referred to the need for manual handling equipment to be used when supporting them to transfer. Another person's risk assessment identified that they were at risk of falls but there was no guidance in place for staff to follow to ensure this was safely managed.

These issues were a further breach of regulation 12 of the Health and Social Care Act 2008 (Regulated Activities Regulations 2014). CQC is considering the appropriate regulatory response to resolve the problems we found in respect of this regulation. We will report on action we have taken in respect of this breach when it is complete.

The system used by the provider to allocate people's calls did not ensure they consistently received their care when required. We requested to see a rota for the week of our inspection. Staff responsible for co-ordinating calls explained that there was no formal rota as staff were permanently allocated to people's calls. This placed people at risk of missed visits where changes to their permanently allocated staff occurred and we found that one person had not received any calls over the previous weekend because of failings in the way calls were currently monitored and allocated to staff. We also noted that the call monitoring system used by the provider in the area where the person lived had not flagged up the first missed visit to staff so that they could take appropriate action and prevent further missed calls. We spoke to the registered manager about this and they confirmed the missed visits were not flagged up until after the weekend. This meant the call monitoring system was not being used effectively to ensure people were receiving the support they required at the correct times.

These issues were in breach of regulation 17 of the Health and Social Care Act 2008 (Regulated Activities Regulations 2014). CQC is considering the appropriate regulatory response to resolve the problems we found in respect of this regulation. We will report on action we have taken in respect of this breach when it is complete.



The provider undertook pre-employment recruitment checks on new staff before they started work but could not demonstrate that gaps in staff employment history had been considered as part of the recruitment process. Staff files contained completed application forms, details of references, checks on identification and criminal records checks. However we noted that there were gaps in the previous employment history of five staff which were not explained. The nominated individual told us that gaps in employment history were considered at interview but no records were maintained of this process. They also told us that staff were expected to provide a letter explaining any gaps in employment history although these were not present in any of the files we reviewed.

This was in breach of regulation 19 of the Health and Social Care Act 2008 (Regulated Activities Regulations 2014). You can see the action we have asked the provider to take at the back of this report.

People were protected from the risk of abuse because the provider had procedures in place to protect people from possible harm. Staff received training in safeguarding adults and were aware of the different types of abuse that could occur. They knew to report any concerns they had to senior staff at the office and told us they were confident any issues they raised would be dealt with appropriately. One staff member told us, "The protection of the clients is the most important thing for all of us." Senior staff were aware of how to raise a safeguarding alert in the event of an allegation being made, in line with local authority procedures.

However, although the provider's whistle blowing policy encouraged staff to report any concern they had to the service, it did not include any guidance on how they could raise concerns with external agencies if needed. Whilst most staff we spoke with told us they would report concerns to external parties if they felt appropriate action had not been taken by the service, one staff member we spoke with told us they would not report any concerns they had to external parties without permission. This meant there was a risk that concerns about people's safety and welfare may not be escalated appropriately if required to ensure action was taken.

These issues were a further breach of regulation 17 of the Health and Social Care Act 2008 (Regulated Activities Regulations 2014). CQC is considering the appropriate regulatory response to resolve the problems we found in respect of this regulation. We will report on action we have taken in respect of this breach when it is complete.

People and relatives told us there were enough staff on duty to safely meet their needs. One person told us, "They [the staff member] come at the right time and stay for as long as I need them; it's a real help." Another person said, "They always come on time; I have no complaints." A relative explained, "We have regular carers. They come at the times we agree and sometimes stay longer if [their loved one] needs a bit more support." Staff we spoke with told us they felt they were able to safely meet people's needs without rushing. One staff member said, "We don't have too many clients, so we can spend the right amount of time with them." Another member of staff explained, "I have enough time to cover my visits, and there are plenty of staff if I take a day off and I need cover."

## Is the service effective?

### Our findings

People and relatives told us that staff knew how to support them and that they were competent in their roles. One person said, "The staff seem well trained." Another person told us, "[Their care worker] knows what they're doing; they're as good as gold." A relative told us, "The carers are very good, I have no concerns about their ability to do the job." Another relative told us that although they thought staff had received training, "Some are better than others," although overall they were very happy with the support their loved one received.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

We checked whether the service was working within the principles of the MCA. Senior staff told us that all of the people receiving services had capacity to make decisions about their care and treatment. However improvement was required because they told us that if they had any concerns about a person's capacity to make a decision, they would refer the issue back to the commissioning local authority. They were not aware that there may be situations in which they or their staff may be responsible for undertaking an assessment of a person's capacity. The registered manager was also not aware that applications to the Court of Protection would be required where a person lacked capacity and was subject to continuous supervision or control.

Staff were aware of the importance of seeking consent from people when providing care to them. One staff member told us, "It's very important to ensure people are happy with the support I provide so I always let them know what I'm about to do." Another staff member said, "I always check people are happy and work to meet their preferences." People we spoke with confirmed that staff sought their consent when offering support. One person told us, "[Their care worker] would never do anything I didn't want them too; they always check first."

Staff told us they underwent an induction when starting work for the service which included a period of shadowing more experienced staff members, and completed appropriate training. One staff member told us, "Any training I need is arranged. I've been able to improve my skills in this job and feel like I know what I'm doing." Another staff member explained, "I've had plenty of training, including some specialist areas, such as end of life support." They told us they were proud of the fact that they'd been able to provide a good level of support to the person in their final days.

Senior staff told us that all staff were up to date with their training although we were unable to check this at the time of our inspection due to issues with the system used by the service to track staff training. However, the sample of care workers records we reviewed confirmed that staff were up to date in training in areas considered mandatory by the provider including moving and handling, infection control, health and safety,

fire safety, and safeguarding adults.

Staff were supported in their roles through regular supervision and an annual appraisal of their work. We saw that staff received supervision through one to one and group supervisions. Staff we spoke with told us they found supervision sessions to be supportive. One staff member said, "It's good to have someone to talk to about the issues of the job, and it gives me a focus to improve my skills." Another staff member commented that the group supervision sessions were helpful as it allowed them to share their experiences with their peers. We saw that staff received an annual appraisal of their performance although improvement was required to ensure these were individually tailored to each staff member's needs as some of the records we reviewed were identical from year to year.

People's nutritional needs were met. People's care plans included guidance for staff on how to support them with their nutrition and hydration, for example by helping them to prepare meals or ensure drinks were within easy reach at each visit. People told us they received the support they needed with their meal preparation. One person told us, "[Their care worker] helps prepare my dinner and I'm glad of the support." Another person told us, "They do my meals and they're fine. I have no complaints."

People had access to healthcare professionals when they needed them and were supported to maintain good health. Staff we spoke with told us they monitored people's health during their visits and informed the office if people's health declined. They told us that if they found a person was unwell when they visited, they would stay with them until appropriate support could be arranged. One person we spoke with confirmed that staff had supported them by contacting their GP when they were ill to arrange for them to come and visit, which they were grateful for.

# Is the service caring?

## Our findings

People and their relatives told us they were happy with the care they received and that staff treated them with kindness and compassion. One person said, "The service is wonderful. My regular carer is very caring; I don't want anyone else!" Another person told us, "I'm happy with my carer; we have a good dialogue." A relative told us, "The staff are fantastic and have been a great help." Another relative commented, "I've always found the staff to be very caring and they have a great attitude."

People were consulted about their care needs and the planning of their care. One person explained they had initially met with a member of staff to talk about the support they needed and how staff could support them. We also saw that people's care plans included guidance for them to contact the office should they wish to discuss changes to any aspect of their care and people told us that changes they had requested, for example to the times of visits, had been accommodated.

People also told us they were involved in day to day decisions about the support they received as much as they wished to be. One person told us, "I do have a routine but when I've asked for occasional changes, such as just having a wash on occasion, rather than a shower, it's never been a problem." Another person said, "Staff are always happy to help support me with any tasks I need doing. They provide me with the support I want."

Staff treated people with dignity and respect. People told us that staff were courteous and respectful when providing them with support. One person said, "[Their care worker] is always friendly and polite. They never complain." Another person told us, "My carer is very respectful and we get on really well together. I'm very comfortable with them and they never rush me."

Staff we spoke with described the ways they worked to ensure people's privacy was respected, for example by ensuring doors and curtains were closed, or that people were covered up as much as possible whilst providing personal care. One staff member told us, "It's important to treat people in a dignified way so I treat them how I would want to be treated." Staff were also aware of people's preferences in the way they liked to be addressed which they told us they respected, and this was confirmed by the people we spoke with.

Staff worked in support of people's needs with regards to their disability, race, religion, sexual orientation and gender. Staff we spoke with gave examples of how they supported people with their cultural needs whilst providing support, for example by supporting them to prepare culturally appropriate meals or respecting their beliefs by removing their shoes whilst in their homes.

People were provided with information about the service in the form of a service user guide. The guide provided people with information about the service they could expect to receive, guidance on key policies and procedures, details on how to make a complaint and the providers aims and objectives.

## Is the service responsive?

### Our findings

People told us they received personalised support which met their individual needs and preferences. One person told us, "She [their care worker] knows my routine and how I like things to be done." Another person said, "They [staff] listen to what I say and help me in the way that I want; they're receptive to my views about how things should be done." A relative also commented that their loved one's preferences had been catered for, telling us, "The care they provide is very good; we requested a male carer and they arranged this for us with no problem."

We saw that people's care plans had been developed based on an assessment of their needs provided to the service by the commissioning local authority. Staff we spoke with told us this formed the basis for their discussions with people about the support they needed when they started using the service. People's care plans had been reviewed on an annual basis or more frequently where changes were required, in line with the provider's policy. People and relatives we spoke with also told us that they had been involved in developing their care plans to ensure the support provided was reflective of their needs. However some improvement was required because the care plans we reviewed were often only task based and did not always clearly reflect people's preferences in the way they liked to be supported. We also found that care plans were not always reflective of people's current needs. For example we saw care plans stating staff were to support people with their medicines at visits where medicines support wasn't required.

We also found that records relating to people's care and treatment had not always been adequately maintained or were inaccurate. For example, one person's risk assessment had been completed to state that the assessor had not found any potential risks or hazards associated with providing support, despite the risk assessment identifying risks in areas including manual handling and medicines administration. In another example we found a person's risk assessment had been completed to indicate the manual handling equipment was both required and 'not applicable'. These inaccuracies placed people at risk as the risk assessments provided conflicting information for staff on areas of risk when providing support.

These issues relating to the maintenance of records were a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities Regulations 2014). CQC is considering the appropriate regulatory response to resolve the problems we found in respect of this regulation. We will report on action we have taken in respect of this breach when it is complete.

People were supported to maintain their independence. One person told us how staff encouraged them to do things for themselves wherever possible. They explained, "My carer helps me to wash but supports me to do as much as I can for myself." A relative we spoke with described how staff supported their loved one to walk around the block each day. They told us that their mobility and quality of life had improved significantly because of this, and that they no longer needed the use of a mobility aid.

The registered manager explained that they ensured people received consistent care by allocating regular staff to support people. All of the people we talked with spoke positively about the fact that they had regular care staff supporting them as this meant they were familiar with their individual preferences and daily

routines. Staff we spoke with were aware of the importance of reporting any changes in people's needs back to the office to ensure their current needs were being met. Staff also worked to support people where their needs changed at short notice. For example one relative told us how staff had stayed with their loved one on a day that they found it difficult to mobilise until further support could be arranged.

Most people we spoke with were aware of the provider's complaints procedure and who they would talk to if they had a concern, but told us they had not needed to complain about the service. The one person we spoke with who was not sure who they would complain to confirmed they had been provided with information when they started using the service which they could refer to if needed. One relative told us they had previously raised a complaint which had been dealt with promptly and to their satisfaction, and all of the people we spoke with expressed their confidence that the provider would address any issues they raised if they needed to do so.

The provider maintained a record of complaints they had received. The sample of complaints we reviewed showed that appropriate action had been taken in investigating concerns and action taken to address issues where required. For example we saw that the provider had implemented additional spot checks in response to one person's complaint and that the person was satisfied with the service they received at the time the checks had been made.

## Is the service well-led?

### Our findings

People and relatives told us they were happy with the service they received and were complimentary about the management team. One person said, "The office staff have always been helpful when I've spoken to them." Another person told us, "It seems well managed; I've not had any issues." A relative told us, "The management team are friendly and open; I've popped into the office unannounced on occasion and have always been welcomed." However, although people spoke positively about the management of the agency we had concerns with the way in which the service assessed and monitored the safety of the service provided in order to mitigate risks to people. We also found that the service failed to submit information to the Commission where required to do so.

At our last inspection in July 2014 we found that the provider did not have effective systems in place to assess and monitor the quality of the service provided because of deficiencies in the providers safeguarding quality assurance processes. At this inspection we found that although improvements had been made in relation to safeguarding, other quality assurance systems used by the provider were not always effective and did not always identify issues or drive improvements.

The registered manager told us that the service conducted audits and checks on people's care plans and risk assessments, but that these checks were not recorded. We found that any checks that had been conducted had failed to identify issues we identified in ten people's care records during our inspection. For example, one person's risk assessment had not identified risks associated with the person's sight impairment or their condition of asthma. Staff we spoke with confirmed that quality checks had been undertaken on people's risk assessments but these had not picked up this issue. Therefore the checking process was ineffective placing the person at risk of not having their risks safely managed.

The registered manager also told us that checks were made on the daily notes written by care staff at each visit as part of the provider's spot checking process and that these checks were recorded in people's daily notes. However we found that one person's daily notes did not contain a record of a review having been made at a recent spot check and therefore we could not be assured that any review had been undertaken to ensure the person was receiving a high quality service which met their assessed needs.

The provider was also unable to demonstrate how staff training needs were monitored within the service to ensure staff remained up to date with the training which they considered mandatory. Senior staff told us that there had been a problem with the training matrix they used to keep track of staff training and that the information it contained was not currently up to date. They told us that they would need to update the matrix but were unable to specify how long this would take. We therefore could not be assured that the system used by the provider to monitor staff training was effective meaning there was a risk that staff would not receive training updates when required.

Records could not be located promptly when requested. On the first day of our inspection we found that some people's care records were missing from a filing cabinet. We saw through a window that a large number of unidentified files, including people's care records were stacked on the floor of a locked room.

Staff confirmed that the room had been open earlier in the day but could not locate the key when requested. Senior staff were also unable to tell us what the files that we could see through the window related to or whether they were the files missing from the filing cabinet. They told us they would be able to access people's records electronically if needed in an emergency but we found that some of these electronic records were not up to date when we requested to see a sample of them. This placed people at risk of unsafe care should access to their care records be promptly required. We confirmed that the provider was able to access the records stored in the locked room on the second day of our inspection, although the provider confirmed that the records were still disorganised, making specific files difficult to locate promptly.

These issues were in breach of regulation 17 of the Health and Social Care Act 2008 (Regulated Activities Regulations 2014). CQC is considering the appropriate regulatory response to resolve the problems we found in respect of this regulation. We will report on action we have taken in respect of these breaches when it is complete.

At our last inspection in July 2014 we found that the provider had failed to submit some notifications relating to allegations of abuse involving the service. A notification is information the provider is required to send us by law. At this inspection we also found that notifications relating to allegations of abuse had not always been submitted as required. Although the Commission had received notifications about most of the allegations involving the service, we found that notifications relating to two allegations of theft and an allegation of neglect had not been made.

This issue was in breach of regulation 18 of the Care Quality Commission (Registration) Regulations 2009. CQC is considering the appropriate regulatory response to resolve the problems we found in respect of this regulation. We will report on action we have taken in respect of these breaches when it is complete.

Staff told us that they thought the service was well led and that they were happy working there. One staff member said, "The management team here are good; any issues I've had in the past have been dealt with. They listen to me and I feel well supported." Another staff member told us, "The management team have always been available when I've needed to speak to them." A third staff member told us, "The management team do a great job and we communicate well. I've been spot checked regularly which is good as the feedback gives me confidence that I'm doing my job properly."

The provider had systems in place to gather feedback from people and to assess staff performance in their roles. We saw that spot checks were conducted regularly on staff to ensure they were meeting people's needs. Areas reviewed as part of each spot check included time keeping, undertaking tasks in line with each person's care plan and the use of equipment. The spot check records we reviewed reflected positive outcomes for people receiving services. The registered manager told us that where issues were identified, they would be addressed with staff, for example by providing them with additional training. We also noted that the service held regular staff meetings where the running of the service was discussed to help drive service improvements.

The provider also undertook regular telephone quality monitoring checks on the service people received, in addition to the spot checks undertaken. The feedback from the quality monitoring checks indicated that people were happy with the support they received and this was reflected in the feedback from people that we spoke to. We also spoke to local authority commissioners who told us that the feedback they received indicated that most people were happy with the care provided by the service.



This section is primarily information for the provider

## Action we have told the provider to take

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

| Regulated activity | Regulation  |
|--------------------|---|
| Personal care      | <p>Regulation 19 HSCA RA Regulations 2014 Fit and proper persons employed</p> <p>Information was not always available as required to demonstrate that appropriate recruitment checks had been carried out on staff.</p> |