

Community Care North East

Community Care North East

Inspection report

Belgrave House
110 Station Road East
Coxhoe
County Durham
DH6 4AT

Tel: 01913778444

Website: www.communitycarenortheast.co.uk

Date of inspection visit:

02 March 2016

03 March 2016

05 April 2016

Date of publication:

06 June 2016

Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Requires Improvement 

Is the service caring?

Good 

Is the service responsive?

Requires Improvement 

Is the service well-led?

Inadequate 

Summary of findings

Overall summary

This inspection took place on 2 and 3 March and 6 April 2016 and was announced. This meant we gave the provider two days' notice of our visit because we wanted to make sure people who used the service in their own homes and staff who were office based were available to talk with us.

Community Care North East is registered with the Care Quality Commission to provide personal care to people who wish to remain independent in their own homes. The agency covers areas within County Durham and Gateshead.

34 people were using this service when we visited and there were 28 staff.

The registered manager had resigned from their role immediately prior to this inspection. One of the partners had taken over the full time management of the service. A registered manager is a person who has registered with the Care Quality Commission (CQC) 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.

We found the provider was not following safe recruitment procedures or the organisations own recruitment policy. The provider had not undertaken competent and thorough background checks for staff before they started working with vulnerable people.

The provider could not demonstrate that people were receiving their medication as prescribed. We found some who remained at risk of inappropriate sedation and made a safeguarding adults alert to the local authority. This showed that arrangements to ensure the proper and safe management of medicines were not in place.

The provider did not have an effective system in place to identify, assess and manage risks to the health, safety and welfare of people who used the service. We saw risk assessments which were required had not been carried out and others were not updated if new situations or needs arose.

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

We found the partner in charge had an understanding about how the service was required to uphold the principles of the MCA, and when people needed additional support to ensure decisions about their best interests were robust and their legal rights protected.

Staff who had not received appropriate specialised training to meet their needs of the people they supported. The providers training programme was not robust and did not support staff to gain the skills and knowledge they needed to meet the needs of people who used the service.

People were complimentary about the staff who supported them and the positive relationships they had with their carers. Some people felt empowered to contact the provider when they were unhappy or where they wanted changes to be made. One person told us, "When they help me they respect my privacy."

People's care plans were not person centred, detailed or written in a way that accurately described their individual care, treatment and support needs. Care planning was not consistent and did not ensure that all staff were clear about how people were to be supported and their personal objectives met. Care plans were not regularly evaluated, reviewed and updated. People were at risk of receiving inappropriate care and that reasonably practicable steps to reduce any such risks had not been taken.

Statutory notifications about important issues had not been made and records that the provider was required by law to keep, were found not to be in place.

The provider had closed the partnerships Registered Office and operated from a variety of locations without due diligence to the continuity and safety of people using services and staff.

The provider did not have effective systems in place for monitoring the quality of the service or using information to critically review the service. Feedback from relevant persons so the provider could continually evaluate and improve services was not in place.

The service had a complaints policy which provided people who used the service and their representatives with information about how to raise any concerns and how they would be managed.

The records showed and the partner in charge confirmed that the service was successful in having only four accidents occurring since 2014.

People were not protected from the risk of abuse. When asked, the partner in charge was not able to describe the actions they had taken when abuse involving staff at the service, had been suspected.

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

Full information about CQC's regulatory response to any concerns found during inspections is added to reports after any representations and appeals have been concluded.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement ●

The service was not always safe.

Procedures to safeguard people using services from abuse were not robust.

Staff recruitment procedures were not sufficiently robust and did not protect vulnerable people using the service from the potential risk of harm from unsuitable staff.

Systems which should have been in place to manage risks were not effective or in some cases not in place at all.

Arrangements for the administration of medication were not robust.

Is the service effective?

Requires Improvement ●

The service was not always effective.

Staff did not always receive suitable training and development to ensure they were sufficiently knowledgeable and competent to meet the needs of people they supported.

Supervision and support from the registered manager and senior staff did not resolve identified issues.

Is the service caring?

Good ●

The service was caring.

Staff had good relationships with the people they were caring for and supported their personal preferences, likes and dislikes.

People told us that the provider's staff were very supportive and had their best interests at heart; people said they were caring, discreet and sensitive and they trusted them.

Is the service responsive?

Requires Improvement ●

The service was not always responsive.

Arrangements for the assessment planning and review of peoples' needs were not consistently in place.

Care plan records were not person centred or demonstrated the use of individual approaches.

Is the service well-led?

The service was not well led.

The management systems which should have ensured the service was well-led were ineffective.

The management team did not have had effective systems in place to assess, monitor and drive the quality of the service.

Records that were required by law to be in place were not always kept.

Important statutory notifications had not been made and the providers offices and location had been changed without due diligence.

Inadequate 

Community Care North East

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 checked whether the registered 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.

Three adult social care inspectors completed this announced inspection of Community Care North East on 2 and 3 March and 6 April 2016. We announced this inspection because we wanted to be able to meet with people who used the service in their own homes.

Before the inspection we reviewed all the information we held about the service. We reviewed any notifications that we had received from the service and information from people who had contacted us about the service since the last inspection. For example, people who wished to compliment or had information that they thought would be useful.

Before the inspection we reviewed information from the local safeguarding teams, local authority and health services commissioners in which the provider operated. Prior to the inspection we also contacted the local Healthwatch. Healthwatch is the local consumer champion for health and social care services. They give consumers a voice by collecting their views, concerns and compliments through their engagement work. Information given by these public bodies were used to inform the inspection process.

During the inspection we spoke with five people who used the service and their relatives in their homes. We met with two staff and one partner of the organisation who was in charge of the agency at the time.

We also spent time looking at records, which included twelve people's care records, and records relating to the management of the service.

Is the service safe?

Our findings

We found people were not protected from the risks associated with their care because the provider did not follow appropriate guidance or have effective systems or procedures in place.

At our inspection in May 2014 we found the provider was not compliant with the Regulations in force at that time. This was because appropriate checks were not undertaken before staff began work and some staff recruitment records were not available for inspection. At the last inspection published in January 2015 we looked again at measures taken by the provider but were not able to establish if improvement had been made because the provider had not recruited any more staff.

During this inspection we looked at the recruitment records for five staff, four of whom had been employed to work for the care agency since 2015. We saw significant gaps in four records we looked at which placed people at risk of harm.

Applicants had been asked to complete a job application form. In four out of the five files we looked at the section requiring the applicant to provide an employment history was incomplete. There was no evidence that gaps in people's employment history had been explored further by the provider as part of the recruitment process. For example; in one person's file there was a gap in their employment history of eleven years, the only reason given by them on the application form was 'due to having a baby'. Similarly on a second job application form there was a gap in employment history from 1991 until November 2013. The only explanation for the gap given on the form by the applicant being 'Wanted to do YTS scheme.' On the third job application form the employment history was only provided from 2009 with no further explanation of what this person had been doing since leaving school until the age of 25. And on the fourth job application form the person had given their current place of employment but had not supplied a date of appointment and no prior employment history. This showed that the provider had not undertaken sufficiently competent and thorough background checks for staff before they started working with vulnerable people.

We saw on the job application form prospective employees were requested by the provider to supply the names, addresses and contact details of two previous employers. On the job application form it stated 'Please include your current or last employer without this information we will not be able to process your application.' However, despite this being the policy of the provider we saw in one staff member's file two references, neither of which were from their last employer. One reference had been provided from a retailer however, there was no evidence on the person's application form that they had worked for this company. In a second person's file they had provided the name of the company where they had last been employed, yet no address was provided as to where the reference was to be sent. We saw there was a reference from this company in this person's file; however, the authenticity of this could not be verified because there was no copy of an accompanying letter sent to the referee, no company date stamp on the reference and no evidence that the provider had contacted them by telephone to verify any of the information. In a third staff file we saw one reference had been provided where this person had worked for only one month, the second had been provided where they had been employed over 13 years ago. This showed that checks to verify staffs employment history were not carried out appropriately and did not protect vulnerable people from

unsuitable employees.

In four of the five staff files there was no photograph of the person which would show their identity had been verified.

In two of the five employment records we looked at we saw the provider had not undertaken a check from the Disclosure and Barring Service (DBS) to ensure the prospective staff were suitable to work with vulnerable adults. We saw that for these two care staff they had supplied the provider with a copy of the DBS check from their previous employer. There was no evidence in either file that the provider had undertaken a new enhanced DBS check, or checked that the checks provided were transferrable. We asked the partner in charge about this during the inspection. They stated it was their understanding that DBS checks could be used from previous employers so long as they were under three months old. However one DBS check had been accepted from a previous employer which was over three months old. This demonstrated that the provider was not following safe recruitment procedures or the organisations own recruitment policy.

In one staff file we saw a letter had been supplied by the United Kingdom Homecare Association Disclosure service which stated 'Please contact the applicant for sight of the original certificate before making a recruitment decision.' We saw this was dated eleven days after the person had been employed by CCNE. There was no evidence that the provider had examined the full DBS check or carried out any form of risk assessment prior to them taking up their position. We asked the partner in charge about this during the inspection. He confirmed he could not provide us with a copy of the full DBS check nor could he provide a risk assessment carried out by the care agency. This placed vulnerable people using the service at potential risk of harm from unsuitable staff.

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

When we visited people in their own homes we examined the medication administration records (MAR) in which staff were intended to record when they had administered medication. We looked at the (MAR) for one person who received a prescribed cream. The MAR stated that this should be applied three times daily. However we saw that this had not been signed for at all as being administered on any day at 2.00pm or 7.00pm and there were gaps on the 10.00am record. This meant the provider could not demonstrate that people were receiving their medication as prescribed.

We visited one person where CCNE staff were responsible for administering sedative medication should they become anxious or stressed. However there was no information in their care plan about the thresholds where medication should or should not be given, preventative actions staff should take or of any known causes which could then be avoided. The partner in charge of the service agreed there were no written strategies in place which would help staff to make a decision about when to administer sedation medication; and CCNE could not demonstrate that any accredited best practice guidance regarding the use of sedative medication where people who have behaviours which challenge staff had been followed. CQC considered where person(s) remained at risk of inappropriate sedation and made safeguarding adults alerts to the local authority. This showed that arrangements to ensure the proper and safe management of medicines were not in place.

We looked at one person's assessment of needs which had been compiled by their social worker. This indicated that they required support to prevent falls / accidents, help with using a 'bed lever,' needed to be 'supervised' whilst using the stair lift; and they had vision impairment. However there was no individual risk assessment in place which would determine the steps staff from CCNE should take and give guidance as to

how, in practical terms these risks would be minimised; and there were no risk assessments in relation to their environment or how any identified risks were to be minimised to reduce the potential environmental risks to this person and staff supporting them.

One person who used the service had been assessed by their social worker as at 'Risk of Choking,' 'Doesn't wear hearing aids' and 'requires assistance with prescribed creams to skin'. However there were no care plans in place which described how this persons needs were to be met safely. For example; how risks of this person choking were to be minimised; identifying which areas of their body they needed cream to be applied. The partner in charge of the service agreed that this persons care plan did not give these details. This meant that arrangements to ensure the proper and safe care of service users were not in place, putting them at risk of receiving inappropriate care and that reasonably practicable steps to mitigate any such risks had not been taken.

This is a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We asked the partner in charge to provide evidence of the actions taken in response to a safeguarding alert involving a member of staff who was, at the time, employed by CCNE. The partner in charge could not give a detailed account or evidence of the actions that were taken as a result of this incident. This meant that the provider was unable to demonstrate that safeguarding procedures, intended to ensure the safety of people using services had not been followed.

This is a Breach of Regulation 13 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

People who used the service told us they felt safe because, "The staff make sure I'm alright" and "It's not the office because I rarely hear from them – it's the people I see every day who make a difference in my life." One relative told us, "The staff do their best and you can usually get things sorted out if something unexpected happens."

The provider had a policy in place to promote infection control by staff. We saw staff had access to appropriate personal protective equipment (PPE) such as disposable gloves and aprons. This showed the provider had considered infection control issues in people's homes and had taken action to minimise their risks when required.

We reviewed the records of accidents and incidents involving staff and people using the service. The provider's Health and Safety Policy and Procedure dated August 2015 stated, "All incidents no matter how minor are to be reported in the company's accident book" and "Significant accidents will be investigated to ensure appropriate preventative measures are implemented." We examined the accident logs and found that only four accidents had occurred since 2014. The partner in charge confirmed that the service had a very low rate of accidents and incidents.

Is the service effective?

Our findings

We asked people we visited if they felt staff had the right training and skills to meet their needs. One relative said "At first we had to have words about the training. Subsequently it was alright. It was difficult at the start."

We looked at the staff training records for five staff. We found that the provider recorded details of training undertaken by staff on paper in their personnel records, and on the provider's electronic computer record. The partner in charge confirmed that training records were held in this way. However when we examined both records we found that they were not consistent which made it difficult to tell which training had been undertaken and which areas were required. The partner in charge confirmed that training was now almost all desk based, using a commercially available educational software package.

We looked at records to see if all staff had achieved training which was relevant to their roles and enabled them to meet the needs of the people who used the service. We looked at care plans which showed that some people were likely to present behaviours which would physically challenge staff. We looked at the training provided by CCNE to enable staff to carry out their duties. We found these did not include any specific training which would equip staff to support people who had behaviours which challenged them using best practice or any other techniques which were known to be effective. The partner in charge confirmed that no staff members from CCNE had undertaken training which would have given them best practice approaches in supporting people who have behaviours which challenge staff. This meant that persons providing care or treatment did not have the qualifications, competence, skills and experience to do so safely and measures to mitigate the risk to people using services were not in place.

Some people who used the service needed support with their diet or had specialist diets to help them manage long term conditions. We looked at care plans which showed that people had up until recently required support and assistance from CCNE staff with specialist feeding devices, called a percutaneous endoscopic gastrostomy (PEG). This is used where people are unable to maintain adequate nutrition with oral intake. However when we reviewed training provided by CCNE we found that training records did not include any specific training which would equip staff to support people who used PEG. The partner in charge told us that training had been provided by a nurse but agreed that there were no records to confirm training had taken place, no assessment of staffs competency in providing PEG nutrition once training had been given and no record of on-going monitoring that staffs practice continued to be successful and competent. This meant that CCNE staff providing care and treatment to support people with PEG did not have the qualifications, competence, skills and experience to do so safely.

This is a Breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We looked to see how the provider made sure that staff had the support and supervision from senior staff in the organisation to make sure that individual performance was acceptable. The partner in charge told us that there was a system of monitoring and supervision visits carried out approximately every two months

with each member of staff. We saw some supervisions had been carried out by a senior member of staff. Three care staff had supplied this senior member of staff, who currently works for CCNE, as their referee, two staff stating they were a 'friend' on their job application form. It was not clear what their relationship was to the third member of staff. We saw that despite this potential conflict of interests this senior member of staff had carried out all of their spot check supervisions. In one staff file we saw their last supervision was an appraisal on 28/04/2015, none had been carried out since this time.

The partner in charge told us 'spot check' monitoring of staff practice in people's homes and included reviews of care records, medication administration and daily notes (A spot check is where a senior member of staff arrives unannounced to monitor a care workers care practice). We looked at records held at the providers' offices which showed that the monitoring and supervision visits were carried out. We looked at the 'spot check' records for three staff. As part of this 'spot check' we saw that a check was made to ensure the care worker was carrying a company identification card. We saw for one staff member on 7 October 2015 the record of the spot check identified 'doesn't have ID'. On the following spot check dated 29 November 2015 for this person a similar observation had been made with the comment 'handed photos in office, still no ID badge.' This person had started working for the company on 21 August 2015 and therefore had been working in people's homes for at least three months without any proper verification.

In the second staff member's file we saw two 'spot checks' had been carried out on 14 March 2015 and 7 October 2015. Both identified this person did not have an ID badge. The person started working for the company on 31 January 2015 and therefore had been accessing people's homes in the community for at least nine months without any proper verification to reassure the people they were supporting. In the third staff file we saw two 'spot checks' had been carried out on 8 July 2015 and again on the 14 February 2016. Both identified that this person did not have an ID badge. This person had started working for the company on 11 July 2015 and had therefore been working without any proper verification whilst employed by CCNE for at least seven months. There was no evidence that the provider had addressed this issue despite it being highlighted on six occasions as part of the staff monitoring process. This showed that arrangements to monitor and improve the performance of the service were not effective.

This is a Breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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

We checked whether the service was working within the principles of the MCA, and whether any conditions or authorisations to deprive a person of their liberty were being met. The partner in charge told us there were no authorisations in place or presently under consideration for any of the people that were being supported by the organisation. The partner in charge showed us that he had printed off a copy of all sections of The Mental Health Act 1983 and told us that he kept this in a large lever arch file at office so that it could be used by anyone at the service if this was required. He told us that liaison would take place with the referring social worker if there were any concerns.

Is the service caring?

Our findings

We visited four people in their own homes and their relatives. Comments from one person who used the service included "They always do their very best. I have about six regular staff. You hear of neglect in other parts of the country but not Community Care North East." Other comments included, "A big thank you. I would not be as well as I am now if it wasn't for them. They laugh and joke and that picked me up." And "They always shout "Hello" before they come in. I call them my guardian angels. I've been down to the bottom. Every time I've got through it. I couldn't have gone as far if I hadn't had the carers". One person who used the service said, "When they help me they respect my privacy."

One person described that if they needed personal care unexpectedly in between their usual calls from CCNE support was available. They told us they could call the office and the provider would send care staff to their home, above and beyond their contractual hours, to assist them.

When we visited people in their homes they were complimentary about the staff who supported them and their positive relationships with their carers. One person told us, "I had some really bad news and was very upset. My carer should only have stayed with me an hour but she ended up staying all morning to help me and talk through how I was feeling."

People who used services also made other comments about the provider. One person told us, "It's got better lately, I now get phone calls every now and again from [the partner in charge] previously you wouldn't hear from him from year to year." Other said, "I think they're getting their act together at the office now," and "The local staff are excellent, the jury is still out for the bosses."

There was evidence to show that some people felt empowered to contact the provider when they were unhappy or where they wanted changes to be made. One relative told us, "It wasn't really working out with our previous carer who had been coming for a long time and who seemed to run out of steam so we told them and they arranged for new carers to come along as well which made all the difference." Another said, "If we don't get on, I tell them [the provider] and they're out: If they don't send me someone suitable I will get another company, simple as that."

Is the service responsive?

Our findings

When we visited the services offices we looked at individual's records to see how their care was planned, monitored and co-ordinated.

We looked at twelve people's care records in detail. For three people, their needs had been assessed by the person's social worker (sometimes called a care manager) so the provider could identify the specific support and assistance people needed. From this information we saw the provider had written an 'Individual Care and Support Plan' which highlighted the 'outcome' of the care to be provided and 'how the outcomes were to be met.' We saw that the Individual Care and Support Plan included information to guide staff about how to meet peoples' needs. For example, some people required assistance with moving and handling. We saw that for some people, risk assessments had been written in relation to this task with step by step guidance to instruct staff as to how this should be carried out safely. We saw that Individual 'Care and Support Plans' were written in a person centred way (this means written in a way to describe how each person preferred their care to be delivered).

However, where people had complex needs, for example if they became agitated as a result of their condition, the care plans did not provide care staff with detailed guidance about what they should do should this happen. For example, we saw one person had been assessed as having a progressive neurological condition and that they 'can be verbally aggressive towards their relative'. The provider also advised us that this person could become 'verbally abusive' towards staff and that as a consequence of this some staff had chosen not to support this person. There was no further information in this person's Individual Care and Support Plan to advise staff of what might trigger this person to become agitated or how best to support this person at such times. This meant that strategies to inform and guide staff practices were not in place.

In another person's Individual Direct Payment Agreement' which was dated 29 February 2016 it stated '[Name of Person] has a PEG in place and is supported with her nutritional requirements with bolus feeds.' There was no information in the person's Individual Care and Support Plan in relation to this. For example, there was no detailed description of how much liquid food should be administered, what temperature this should be given at, what safeguards needed to be in place and how blockages or problems should be identified and procedures for dealing with this or what to do should the person start to choke. We asked the partner in charge about this who stated that this person no longer needed this support and that this had stopped 'ages' ago. However, when we spoke with this service user and their relative they confirmed that the PEG feeding tube had just recently been removed.

This is a Breach of Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We looked at one person's care plan dated entitled "Provision of Care" and dated 15 March 2016. However records showed that their social work assessment had not been sent to CCNE until six days later on 21 March 2016. The partner in charge confirmed that there was not an assessment of this persons needs carried

out by CCNE prior or following support being put in place. This meant that this person was at risk of receiving inappropriate care because an assessment of the risks to their health and safety had not been carried out and steps to reduce any such risks had not been identified and recorded.

We looked at a person's care plan entitled "Provision of Care" and dated 2 February 2016. Their care plan stated that they needed 'All aspects of personal care' and 'Assist with all aspects of personal hygiene.' However there was no further detail which would inform staff about how this person's individual needs were required to be met or specific instructions to guide their practice which reflected their views and preferences. This person's records stated they had suffered a 'recent stroke,' required a 'puree diet,' was 'unable to feed' themselves and 'required small mouthfuls.' However there was no information about how this person was to be supported by staff with their dietary needs, no record of any specialist assessment or instructions about how their food was to be prepared and how support to enable them to eat was to take place. We found that arrangements to ensure the proper and safe care of this person were not in place, putting them at risk of receiving inappropriate care and that reasonably practicable steps to reduce any such risks had not been taken.

This is a Breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

There was evidence that planning took place when people used or moved between different services or agencies. Where possible people or those that mattered to them were involved in these decisions and their preferences and choices were respected. There was an awareness of the potential difficulties people faced in moving between services.

We checked complaints records. This showed that procedures were in place and could be followed if complaints were made. The complaints policy was seen on file and the partner in charge when asked, could explain the process. The policy provided people who used the service and their representatives with information about how to raise any concerns and how they would be managed.

Is the service well-led?

Our findings

We looked at the ways in which the provider ensured that the quality of the service was monitored and improved. The partner in charge showed us a document called 'Community Care North East Quality Manual' dated April 2011. This contained sections entitled 'Quality management systems policy statement,' 'structures,' 'management responsibilities,' 'resources management,' 'measurement,' 'analysing and improvement' and 'service realisation.' These made reference to the provider having been awarded a quality award of 'ISO 90001' by external verifiers. The partner in charge informed that that the service was previously awarded ISO 90001 accreditation but was unsure that this was still current. When asked, the partner in charge could not confirm there was any evidence that elements or organisational best practice alluding to ISO 90001 being embedded in the practice of the service were available or that the previous systems remained in place. The partner in charge produced further documents but agreed that these had not been completed with the specific details and circumstances of CCNE's service and agreed there was no evidence that would corroborate their use or continued operation of the service to ISO 90001 or any other quality system. This meant that systems to assess, monitor and improve the quality and safety of the services provided in the carrying on of the regulated activity were not in place.

We looked for evidence that monitoring of the service took place in order to assess the quality and safety of the services provided and make improvements when required. The partner in charge told us that he had recently begun telephoning service users and relatives to ascertain their satisfaction with the service provided by CCNE. However there was no record available of this contact and actions taken as a result were not available. When asked the partner in charge confirmed that there was no evidence of any actions taken as a result of any audits or that findings from the audits had been assessed to identify where improvements could be made; and there was no subsequent programme of improvements. He confirmed that there was no management plan for the service which would demonstrate the present situation and strategies which were to be put in place to improve the quality of services. We found that there was no effective system or process in place to assess, monitor and improve the quality and safety of the service provided. Effective systems to seek and act on feedback from relevant persons for the purposes of continually evaluating and improving were not in place.

We asked the provider for the care plan records of two people known to have used the service in recent months. The partner in charge stated that there were no care plans available for these people and they had received services from CCNE for approximately two weeks before alternative provision was put in place; and there was no record of the services which had been provided to these people in the time CCNE was responsible for meeting their needs. This meant that an accurate, complete and contemporaneous record in respect of each service user, including a record of the care and treatment provided to the service user and of decisions taken in relation to the care and treatment provided had not been maintained.

We looked at the 'Individual Domiciliary Care Agreement' that CCNE makes with each person supported by the service. The partner in charge told us that senior staff from CCNE were responsible for developing the staff rotas and overseeing that the contract which had been agreed with the service user, was met. We looked at one person's daily record which staff had signed to show how long their visit had been and

compared this with the contract CCNE had made with them. We saw that the contract stated staff were to provide support to this person for an hour each morning. However, on at least three recent occasions, on 1, 2 and 3 March 2016 we saw staff had only stayed for half an hour, half of the stipulated time. The partner in charge confirmed that neither he nor senior staff were aware that care staff had failed to stay for the time agreed. This meant that systems to monitor the performance of the service were ineffective and placed service users at risk of not receiving a service they needed, agreed and paid for.

This is a Breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Before the inspection CQC was notified by a Local Safeguarding Authority that CCNE had failed to respond following a safeguarding adults alert. This incident involved CCNE and was also investigated by the Police under the criminal justice system. Actions from other statutory agencies had taken place to ensure service users and members of the public were protected. The partner in charge confirmed that he had not Notified CQC that this incident had occurred or of any of the actions CCNE had taken to minimise the risks to people who presently or previously used services. This showed that the provider did not send to CQC Notifications of incidents as they were required to do so.

When inspectors attempted to contact CCNE at the address which had been registered with CQC it was found that the organisation had moved the location of the head office and location. The partner in charge confirmed that the registered premises had been sold two weeks prior to the inspection start date. On the 2 and 3 March 2016 the partner in charge confirmed that a 'satellite' office had been in operation but this too was due to be closed and at that time no other arrangements were available. CQC was subsequently informed that the service was operating from the provider's home address until new office space was established on 6 April 2016. This showed that the provider did not send to CQC Notifications of changes as they were required to do so.

This is a Breach of Regulation 18 of the Care Quality Commission (Registration) Regulations 2009 ('the Registration Regulations.')

This section is primarily information for the provider

Action we have told the provider to take

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

Regulated activity	Regulation
Personal care	Regulation 18 Registration Regulations 2009 Notifications of other incidents The provider did not send to CQC statutory Notifications of incidents as they were required to do so.
Regulated activity	Regulation
Personal care	Regulation 9 HSCA RA Regulations 2014 Person-centred care Peoples individual needs were not appropriately identified and assessed. Care planning arrangements did not reflect their individual requirements.
Regulated activity	Regulation
Personal care	Regulation 13 HSCA RA Regulations 2014 Safeguarding service users from abuse and improper treatment The provider did not demonstrate that robust procedures were in place to safeguard people using the service where they were at risk of abuse.

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	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment Arrangements to ensure the proper and safe care of service users were not in place, putting them at risk of receiving inappropriate care and that reasonably practicable steps to mitigate any such risks had not been taken.

The enforcement action we took:

Warning Notice Issued

Regulated activity	Regulation
Personal care	Regulation 17 HSCA RA Regulations 2014 Good governance Efficient systems or processes to ensure good governance of the service were not in place.

The enforcement action we took:

Warning Notice Issued

Regulated activity	Regulation
Personal care	Regulation 19 HSCA RA Regulations 2014 Fit and proper persons employed Recruitment procedures were not established or operated effectively to ensure that persons employed in carrying out the regulated activity were of good character or had the necessary skills, qualifications and experience to carry out the regulated activity.

The enforcement action we took:

Warning Notice Issued