Senacare Ltd

# Senacare Ltd

## Inspection report

11 Kingsley Road
Hounslow
Middlesex
TW3 1PA

Tel: 02085707223
Website: www.senacare.co.uk

Date of inspection visit:
13 December 2017
14 December 2017

Date of publication:
09 February 2018

## Ratings

| Overall rating for this service | Inadequate |
|---|---|

| | |
|---|---|
| Is the service safe? | **Inadequate** |
| 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 undertook an announced inspection of Senacare Ltd on 13 and 14 December 2017. We told the provider two days before our visit that we would be coming because the location provides a domiciliary care service for people in their own homes and staff might be out visiting people.

Senacare Ltd is a domiciliary care agency that provides personal care to around 27 people in their own homes in the London Borough of Harrow. The majority of people's care was funded by the London Borough of Harrow. We previously inspected Senacare Ltd on 24 and 25 April 2017 and we identified breaches of legal requirements in relation to person centred care (Regulation 9), safe care and treatment (Regulation 12), safeguarding service users (Regulation 13), good governance (Regulation 17) and fit and proper person employed (Regulation 19). We issued warning notices in relation to all five regulations.

Following the last inspection the provider was rated Inadequate in the key questions of Effective and Well-led. Our concerns were sufficiently significant for us to issue an overall rating for the service as Inadequate and place the service in Special Measures.

At this inspection we found that improvements had been made in some areas. However the provider had failed to meet breaches in relation to person centred care (Regulation 9), safe care and treatment (Regulation 12), good governance (regulation 17) and fit and proper person employed (Regulation 19). The service remains rated Inadequate.

At the time of the inspection a registered manager was in post. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

The provider had a procedure in place for the management of medicines and had implemented the use of Medicine Administration Record (MAR) chart since the previous inspection but we saw medicines were still not recorded and administered consistently.

Risk assessments were now in place to assess general risks but risk management plans were not in place to provide care workers with appropriate guidance. Risk assessments were not reviewed following an incident and accident.

The provider had made some improvements to the recruitment process but we found the procedure was still not consistently implemented.

People were supported by care workers with their shopping but the provider did not have a financial transaction recording system in place.

People using the service commented that some care workers did not always arrive on time. Some care workers were not allocated travel time between some of the visits scheduled on their rota.

The provider did not have processes in place to ensure care was provided within the principles of the Mental Capacity Act 2005.

Care workers completed the Care Certificate as part of their induction but the completed workbooks were not checked to monitor their understanding of the training. Care workers had regular supervision meetings with their manager and annual appraisals.

The provider had introduced new care plans which identified people's wishes in relation to how their care was provided but the care plans were not reviewed and updated when changes to the person's support needs occurred.

New audits had been introduced but they did not provide appropriate information to enable the provider to identify areas were improvement was required.

People we spoke with felt safe when they received care in their homes. The provider had a system in place to respond to any concerns raised about the care provided.

A detailed support needs assessment was completed before people received care in their home.

Relatives confirmed the provider had a good relationship with healthcare professionals supporting their family member.

People were visited by the same care workers during the week but there were issues with consistency at weekend. The majority of people told us they felt the care workers were kind and caring.

People knew how to raise any concerns or complaints with the provider and a process was in place to respond to them appropriately.

People and relatives felt the service had made improvements and was well-led.

Care workers felt supported, improvements had been made and the service was well-led.

We found a number of breaches of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. These breaches relate to person centred care (Regulation 9), the need for consent (Regulation 11), safe care and treatment of people using the service (Regulation 12), safeguarding service users (Regulation 13), good governance of the service (Regulation 17), staffing (Regulation 18) and fit and proper person employed (Regulation 19).

We are taking action against the provider for failing to meet regulations. Full information about CQC's regulatory responses to any concerns found during inspections is added to reports after any representations and appeals have been concluded.

The overall rating for this service is 'Inadequate' and the service remains in 'special measures'.

Services in special measures will be kept under review and, if we have not taken immediate action to propose to cancel the provider's registration of the service, will be inspected again within six months.

The expectation is that providers found to have been providing inadequate care should have made significant improvements within this timeframe.

If not enough improvement is made within this timeframe so that there is still a rating of inadequate for any key question or overall, we will take action in line with our enforcement procedures to begin the process of preventing the provider from operating this service. This will lead to cancelling their registration or to varying the terms of their registration within six months if they do not improve. This service will continue to be kept under review and, if needed, could be escalated to urgent enforcement action. Where necessary, another inspection will be conducted within a further six months, and if there is not enough improvement so there is still a rating of inadequate for any key question or overall, we will take action to prevent the provider from operating this service. This will lead to cancelling their registration or to varying the terms of their registration.

For adult social care services the maximum time for being in special measures will usually be no more than 12 months. If the service has demonstrated improvements when we inspect it and it is no longer rated as inadequate for any of the five key questions it will no longer be in special measures.

## 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**

The service was not safe.

The provider had a recruitment process in place but this was not always followed therefore the provider had not ensured that applicants to ensure they were suitable for the role.

The provider had a policy in place in relation to the administration of medicines but care workers were not provided with appropriate information to enable them to administer the medicines as prescribed.

Risk management plans were not in place to provide care workers with the information to enable them to mitigate these risks when providing care.

Risk assessments were not reviewed following an incident and accident.

People were supported by care workers with their shopping but a financial transaction recording system was not in place.

People told us they felt safe when they received care in their own home. The provider had processes in place to respond to any reported safeguarding concerns as well as incident and accidents.

### Is the service effective?

**Requires Improvement**

Some aspects of the service were not effective.

The provider had a policy in relation to the Mental Capacity Act 2005 but was not always working within the principles of the Act to ensure people could consent to their care or that decisions were made in their best interest.

Care workers completed the Care Certificate but their understanding of the training and their competency was not assessed. There were regular care worker supervision meetings with managers and annual appraisals

The provider had a good working relationship with health care

professionals that support people using the service.

## Is the service caring?

**Requires Improvement**

Some aspects of the service were not caring.

We saw some care workers did not always use wording in documents that referred to people in a respectful way.

People were happy with the care they received and they felt the care workers were kind and caring when providing support.

Care plans identified the person's cultural and religious needs, their personal history, the name they preferred to be called and the gender of the care workers who would be visiting them.

## Is the service responsive?

**Requires Improvement**

Some aspects of the service were not responsive.

Care plans identified how people wished their care be provided but the records had not been reviewed if a change to the person's supports needs had occurred. Other records of care were still focused on care tasks and not the person.

The provider had a complaints process in place and people knew what to do if they wished to raise any concerns.

The provider had identified technology to support the care workers with information about the people they were visiting.

## Is the service well-led?

**Inadequate**

The service was not well-led.

New audits had been introduced but these did not provide appropriate information to identify areas requiring improvement.

People and relatives felt the service had made improvements and was well-led.

Care workers felt supported, improvements had been made and the service was well-led.

# Senacare Ltd

**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 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 comprehensive inspection took place on 13 and 14 December 2017 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 available.

The inspection was carried out by one inspector and an expert-by-experience carried out telephone interviews with people using the service and relatives. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Prior to the inspection the provider completed 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. We reviewed the information sent to us in the PIR and notifications we had received from the provider. Notifications are for certain changes, events and incidents affecting the service or the people who use it that providers are required to notify us about.

During the inspection, we spoke with the registered manager, the nominated individual, deputy manager and field coordinator. We also looked at records, including nine people's care plans, four staff records, medicine administration records and records relating to the management of the service. The expert by experience spoke with seven people and four relatives of people using the service. We sent emails for feedback to 19 care workers and received comments from five care workers.

Inadequate

# Is the service safe?

## Our findings

During the inspection of 24 and 25 April 2017 we found that medicines were not recorded and administered appropriately. We also saw risk assessments and risk management guidance had not been developed in relation to specific issues relating to a person's care needs. We issued a warning notice in respect of this telling the provider they must make improvements by 1 November 2017.

We saw during the inspection on 13 and 14 December 2017 that some improvements had been made in relation to medicines administration. The registered manager had introduced medicine administration record (MAR) charts that the care workers completed when they provided support with medicines but there were still concerns in the relation to the management of medicines.

During the inspection we saw the needs assessment record for one person indicated they did not require any support to take their medicines from the care workers. We saw care workers had completed a MAR chart during the two visits each day. The care worker who carried out the morning visit recorded the code for 'Other' which indicated they had not administered the person's medicines but no record was made of what support was given. The care worker who carried out the evening visit had completed the MAR chart indicating they had administered the person's medicines. We asked the care worker who visited in the evening why there was a difference in the MAR chart record and they told us the morning care worker would stand next to the person to ensure they took their medicines while, during the evening visit, they would administer the medicines, "In case the person forgot to take them." There was no record in the care plan or needs assessment that indicated the person required the care worker to administer their medicines. This meant how medicines were administered was not consistent during each visit and the support needs of the person were not accurate.

We saw medicines that had been prescribed to be taken as and when required (PRN) but there was no clear guidance for the care workers indicating when these should be administered, the frequency and dosage. The pain assessment for one person stated they experienced no pain and there was no pain management plan in place but they had been prescribed paracetamol as a PRN medicine. The provider did not have a system in place to monitor the effectiveness of PRN medicines. This meant care workers could not ensure medicines were being administered appropriately and as prescribed.

At the inspection in December 2017 we found some improvements had been introduced, including assessments identifying if the person was at an increased risk of pressure ulcers and if they required support with their medicines. The provider had introduced information sheets in relation to some risk such as diabetes and pressure ulcer management but these only provided general information about the issue and were not specific to the person. For example, we saw one person's care plan stated they had diabetes and had an increased risk of urinary tract infections but there was no risk management plans in place to provide care workers with guidance as to how they could reduce any associated risks. This meant where risks or issues had been identified through the person's assessment, there were no risk management plans to provide guidance for care workers as to how to reduce the risk

During the inspection we saw there was a process for the reporting of incidents and accidents. We saw one incident and accident had occurred and had been recorded since the last inspection. The record included copies of emails sent to external organisations such as social services and the GP regarding the incident and what action they needed to take. We saw that the care plan and risk assessments for this person had not been reviewed and updated in response to the incident to reflect any change in support needs. This meant appropriate risk management plans and care plans were not in place to reflect the person's current support needs.

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

We asked people using the service is the care workers supported them with their medicines and they told us, "They give me medicines and write in book" and, "They are very good at prompting me about my medicines and they write that all in the book."

People using the service were supported by care workers with their shopping but the provider did not have a process in place to record any financial transactions to ensure they were protected from misuse of their money. The registered manager explained the person would provide the care worker with money and a list when they went shopping. The care worker would give the person the receipt and any change once the shopping was completed. There was no system for the care worker to record how much money they received from the person, the amount spent and how much money was returned. This meant there was no process in place to reduce the risk of possible misuse or misappropriation of money belonging to the person using the service.

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

During the inspection of 24 and 25 April 2017 we found that the recruitment procedures were not robust enough to ensure the care workers had the appropriate knowledge and skills to provide safe care as suitable references had not been obtained. We issued a warning notice in respect of this telling the provider they must make improvements by 1 November 2017.

At the inspection we saw some improvements had been implemented in the recruitment process but this was not consistently applied. The registered manager told us the policy was that they would request two references from previous employers or three character references for applicants. As part of the interview process new applicants completed a numeracy and literacy competency test. A Disclosure and Barring Service (DBS) check to see if the new care worker had a criminal record was carried out following the interview. We looked at the recruitment records for four care workers who had been employed since the previous inspection. We saw the application records for one care worker included the contact details for two people as previous employers. A reference was not obtained from the applicant's most recent employer and no reason for this was recorded. One of the people whose contact details were provided as an employer was also listed under the section for next of kin. The reference they provided did not clearly indicate their relationship with the applicant. A second reference was obtained from a person whose details had not been recorded on the application form and there was no evidence of the relationship between the applicant and the person providing the reference. This meant that the provider could not ensure that care workers had the appropriate knowledge and skills to provide safe and suitable care as suitable references had not been obtained.

This was a repeated breach of Regulation 19 of the Health and Social Care Act 2008 (Regulated Activities)

Regulations 2014.

We asked people if the care workers arrived at their homes on time and if they were going to be late if the person was contacted to let them know. Most of the people we spoke with told us they regularly experienced late visits with some people confirming they were contacted in advance if a visit was going to be later than scheduled with others telling us they were not informed. There was a general acceptance that visits occurring later than scheduled should be expected but no one reported any visits where the care workers failed to attend. People told us weekdays were better than weekends for visits being on time and consistency of care workers. Their comments included, "They are not up to the job because they don't have enough personnel", "I am happy during the week but the weekend is not so good, they are short staffed. There's not a rota but the company will ring and say whose coming. They are only occasionally late and the office phones me but they take their time when they come" and, "Reliability isn't good at the weekend. They seem very stretched. Last Saturday was good but Sunday was poor because they were short of staff. If they are running late they do try and catch up."

Three relatives of people using the service also confirmed there were issues with the timing of visits. Their comments were, "They are usually on time and will wait for each other before coming in. If they are late, nobody calls to let us know", "A couple of times only one person has come. If they are running late then they know I am here so they spend time with people who are on their own" and, "Their time keeping has improved. I have made complaint at the beginning. If they are late, I am late for work."
We asked care workers if they enough time to complete all the care tasks during each visit and they told us they usually did have enough time. Their comments included, "Yes I do have enough time. If I/we run over time then we let the manager know in care we need to make the call longer", "Yes, and when I notice that the time is not enough I report to the office and they always arrange to make it better" and, "Most of the time yes. But it depends on each situation."
We also asked care workers if they had enough travel time between visits and they commented, "Yes we do but we also have to bear in mind traffic and also in case we are running late in between service users" and, "Yes I do have enough time to travel between visits and its more efficient when working with another person with one of us driving."

During the inspection we reviewed the rotas for five care worker covering visits carried out between 23 and 29 October 2017. We saw one care worker had two visits scheduled for which travel time had not been allocated. One care worker was scheduled to complete four visits without travel time and one care worker had 16 visits during the week where they had not been allocated travel time between each of the calls. The registered manager explained that the majority of visits identified should have a minimum of five minutes travel time with eight visits requiring between 10 minutes and 20 minutes travel time. They confirmed the time and distance between visits would be reviewed and travel time introduced. The registered manager also told us care workers had a 15 minute window either side of the allocated visit time before it was identified as an early or late visit. The times sheets completed by care workers often did not identify the actual arrival and departure time for each visit but the planned time and length of visit. The only other record of the time a visit occurred was the times recorded by the care workers when they completed the daily record of the care provided following each visit. At the time of the inspection there was no system in place to confirm care workers completed visits at the agreed time and the registered manager explained if a visit did not occur at the allocated time the person using the service should contact the office to let them know.

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

People talked of feeling safe because the carers were kind and patient. The provider had a procedure in place so any concerns regarding the care being provided were responded to appropriately. Since the previous inspection we had been informed one safeguarding concern by the local authority but the registered manager told us this had not been taken forward by the local authority but they had no records to confirm this. Following the inspection we contacted the local authority that confirmed the issue had not been progressed as a safeguarding concern.

An environmental risk assessment was carried out in relation to the person's home to identify any possible risks when the care worker's visited to provide support. This assessment included electrical and gas appliances, management of waste, any pets and possible risks associated with lone working.

The provider had procedures in place in relation to infection control. People we spoke with confirmed care workers wore uniforms and used personal protective equipment (PPE) appropriately including over shoes covers. Care workers completed infection control training as part of their induction and were provided with the appropriate equipment.

The number of care workers required for each visit was identified from information in the local authority referral and through discussions with the person and their family during the needs assessments. The registered manager confirmed the number of care workers needed to provide the level of support required was assessed when the care plans were reviewed.

Requires Improvement

# Is the service effective?

## Our findings

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 so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. We checked whether the service was working within the principles of the MCA.

During the inspection of 24 and 25 April 2017 we found the provider did not have a process in place to assess the capacity of people using the service to make decisions and work within the principles of the MCA. At this inspection we found that improvements had not been made and best interest decisions were not in place. We saw a section on the care plan stated that if the person was not capable to give their consent a representative must understand the information provided to them, to make an informed decision on the person's behalf. The provider did not have a process in place to assess if the person was able to consent to their care to enable them to identify if a relative should be involved. Where the local authority referral indicated where a person lacked capacity to consent to their care there had been no assessment or best interest decision carried to ensure the care was being provided within the principles of the Act.

We saw the assessment and local authority referral for one person indicated they had capacity to make consent to receiving care. We saw a relative had signed the care plan to consent to the support being provided. The section relating to the person's capacity to consent had been completed to indicate the relative had signed on their behalf as the person was not capable to give consent. We asked the registered manager why the person had not signed to consent to their care and they explained English was not their home language so they were unable to read the care plan which was in English. There was no record of the person informing the service that they were happy for the relative to translate for them, to sign documents or consent to the care being provided on their behalf. In addition the provider had not provided the care plan in a suitable format for example their home language. This meant the person had not been given the opportunity to agree and consent to the care they would receive.

The local authority referral for one person stated an occupational therapist had identified that the person lacked capacity to make decisions. The provider had not carried out any assessments of the person's capacity to consent to their care or ensure best interest decisions had been made in relation to their care. This meant the person's care was not being provided within the principles of the Act.

This was a breach of Regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We saw where people were able to consent to their care or had indicated they wished a family member or

representative to do this on their behalf the consent section of the care plan had been signed and dated.

New care workers completed the Care Certificate during their induction which included practical training sessions on moving and handling and medicines management. The Care Certificate identifies specific learning outcomes, competencies and standards in relation to care. During the inspection we saw training records identified that all the care workers had completed the Care Certificate with a copy of the certificate on their file. Following the training care workers would complete work books during the next 12 weeks. The registered manager confirmed work books had been issued to all the care workers but they had not been returned and assessed at the end of the probation period. This meant there had been no assessment of the care workers understanding of the training they completed to identify if any additional guidance was required.

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

We asked people if they felt the care workers who visited them had received appropriate training. They told us, "When someone has done the training and they need to do it for real they sometimes come with my regular girl – it makes me feel useful that I am helping someone to learn", "I have confidence in them and think that they are well trained" and, "New ones are introduced and they shadow the other one."

At the previous inspection we made a recommendation to the provider to monitor the time between new care workers completing their induction and then starting to provide care as on occasion a number of months had passed before the care worker started to work. During the inspection we saw new care workers completed their induction and then started to provide care as soon as possible once their DBS check was received. Records indicated new care workers completed a period of time shadowing an experienced care worker providing care for different people. The registered manager confirmed that all care workers would complete refresher training based upon the Care Certificate modules annually.

We saw care worker had regular supervision meeting with their line manager and spot checks visits were carried out to observe the care they provided. Care workers who had been in post for a year had also completed an appraisal.

The provider had introduced a detailed assessment of needs which was completed before the person started to receive care in their home. When the provider accepted a care package from the local authority they would visit the person and their representatives to complete the initial needs assessment. The initial needs assessment included pressure area management, medication support, medical history, personal care and personal preferences. Information regarding the person's support needs was also provided by the local authority. The information from the initial assessment of needs was used to develop the care plan and a copy of the information was kept in the person's home with another copy securely stored in the office.

The care plans indicated if the person required support care workers during mealtimes. The support needs assessment identified the person's preferred food, if they had any dietary needs, any allergies and if they were on a specific diet. It also indicated it meals were provided by the person's family or if the care worker should reheat the meal during the visit.

We were told by relatives that there was a good relationship with healthcare professional and care workers were responsive to changes in the person's health and they took appropriate action. Their comments included, "They had noticed that he had a problem (stated) that needed attention and I called 111. They are good at communicating with me", "The District Nurse comes very regularly and the carer turns him to try to

stop him getting sore. I think it is a plan between them" and, "two or three weeks ago the carer told me that my Mum was complaining of a swollen knee – I was grateful to her as there was a problem." The care plans included the contact details of any healthcare professionals involved in the person's care.

Requires Improvement

# Is the service caring?

## Our findings

We saw some care workers did not use wording in documents that referred to people in a respectful way. We looked at the notes completed by care workers which recorded what happened during each visit and we saw some care workers used language when describing the care provided which was not respectful or appropriate. This included care workers using inappropriate language when describing how they supported people with their continence care needs. The registered manager confirmed the care workers had completed training in relation to treating people with dignity and respect and told us he would be raising the issue of the use of appropriate language with the care workers.

Two relatives told us "They treat my family member with respect" and, "'They are all very young and they have got to know us."

Care workers told us how they ensured people's privacy and dignity was maintained when they provided care and support. Their comments included, "As I only deal with male clients, they normally are fairly comfortable with me, so I always keep talking to them and asking if I can proceed with the care that I'm giving, I never force anything, If is something that really needs to be done I'll try to convince them before any further action", "I make sure that I treat them with the utmost respect of all their wishes, preference and offering them choice in all personal care. Making sure all doors are closed before I start personal care if the service user lives with family or even on their own. Cover them as soon as I have completed personal care" and, "When providing care ensure all the appropriate respect and professionalism is maintained."
We asked people and relatives of people using the service if they had a regular care worker visit them or if they changed frequently and their comments indicated that at different times during the week they were visited by different care workers. People told us, "I think that they have problems retaining staff, I have seen so many different ones" and "My concern is that I only let a few trusted ones have the key, I don't let the office have it. I want to know who has got it. There used to be four or five that I knew and trusted but now it's down to two."

Relatives commented, "The problem is when a person is completely unknown, it's difficult and they try their best", "You can get up to eight different people in the day", "Weekdays are good, a regular person who knows my family member and I have no concerns. Weekends are another matter, all different people, not trained and lacking even in basic common sense. I keep asking them to make it the same person each weekend day and for them to shadow the weekday person so they know how to help my family." These comments indicated that there was sometimes a lack of consistency in relation to the care worker who visited a person.

At the previous inspection we noted that the care plans we looked at did not identify the person's cultural and religious needs and the name they preferred to be called by. There was also limited information in relation to the personal history of each person the care workers visited including their life history, interests and social networks. During this inspection we saw the care plans now had information on the person's life history which included their place of birth, their life experience, employment and who is important to them. The care plans also identified if the person had a preference for the gender of the care worker who provided

their care. Each care plan identified the person's hopes for the outcome of the care which included being able 'to remain living in the comfort of the family home for as long as possible.'

People we spoke with gave both positive and negative feedback about the care workers and the care they received. Most of the people praised the manner of their care workers, who were kind and caring and their dignity and privacy was protected. Their comments included, "They are patient and respectful", "My main girl is kind and caring, gorgeous. They are all nice girls and I feel comfortable letting them help me with personal things", "My carer is the finest person on the planet. She makes me a pot of tea in bed and as the spinster of the parish no one has ever brought me tea in bed before", "'They very kind and friendly", "'They are all very polite, no rudeness at all and they are very methodical"

One person did comment they found it difficult to understand the care workers accents and another person told us they felt the care workers were asking them to do things they were unable to do. They said "'Some are not good, they told me to put soap and water but I can't."

We saw care plans had been signed by the person using the service or by their relative or representative to consent to the care being provided but this was not always done under the principles of the MCA.

We asked people and relatives of people using the service if they had been asked for feedback on the care that was provided. We received a mixed response with people using the service confirming they had been asked for feedback while relatives stated they had not been asked. People commented, "I've been asked for feedback during the care plan review but not separately" and, "They have phoned and asked how things are going." Relatives said, "I have never been asked for feedback" and, "I am not aware of being asked for any feedback." The registered manager explained people could provide feedback on the care their received during spot checks and telephone monitoring calls. We saw records of these were kept in the person's care folder in the office.

Requires Improvement

# Is the service responsive?

## Our findings

During the inspection of 24 and 25 April 2017 we found that care plans were not written in a way which identified each person's wishes as to how they wanted their care provided. Also visits were not always arranged at the time preferred by the person using the service. We issued a warning notice in respect of this telling the provider they must make improvements by 1 November 2017.

During this inspection we saw there had been some improvements in relation to the amount of information obtained from the person as to how they wanted their care provided. We did find other aspects of the care plan did not identify how the care workers should meet peoples support needs and had not been reviewed following a hospital admission, incident and accident or complaint to assess and indicate any changes in the person's support needs.

We saw the local authority referral for one person indicated their primary language was not English which was confirmed in the assessment completed before the care package started. We asked the registered manager if the care worker who visited this person spoke the same language as them and they told us they did not. We asked how the care worker communicated with the person and the registered manager and senior care worker explained they communicated by pointing and the person could understand the occasional word in English and the person's relative would be in the home while care was provided. The care plan indicated that English was not the person's main language but did not provide any guidance for the care workers to support them to communicate with the person and no communication aids were identified such as translating information or using pictures. This meant the person may not be fully involved in decisions relating to their care.

The care plans had not been reviewed after a person's care package had been suspended due to a hospital admission, following an incident and accident or if a complaint had been made which related to the care provided. We saw the care plan for one person which was developed in June 2017 that stated care workers should transfer the person to the commode where they would provide support with personal care. Following a suspension of the care package due to a hospital admission the local authority provided a new referral document in November 2017 when the care package restarted. This information identified personal care should now be provided for the person in bed. The care plan had not been updated to identify the change in how the person's care should be provided.

We saw the care plan for another person, which had been developed in July 2017 that stated care workers should assist the person to transfer to sit in a chair using a hoist during the day. The registered manager confirmed the persons support needs had changed and they were now receiving all their care in bed and were no longer to be transferred to a chair. The care plan had not been updated to identify the change In support needs and provide care workers with appropriate guidance.

A complaint had been received by the provider which in fact related to a change in the person's mobility and support needs. The response to the complaint identified that the care workers needed to change how they provided care but the care plan and moving and handling risk assessment had not been updated to reflect

the changes agreed.

These examples indicated that information related to how the person's care should be provided in an appropriate and safe manner was not up to date and care workers were not provided with suitable guidance.

The care workers completed a record of the care provided following each visit and we saw the records were still task focused and did not provide information relating to the person's experiences and their views during the day. For example we saw care workers had recorded the care tasks such as 'we changed the pad, put cream, empty catheter bag' but their only reference to the person was that 'they were fine on arrival'. This meant a complete picture of the person during the day was not recorded.

This was a repeated breach of Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The care plans now included additional details in relation to the care tasks to be completed during each visit. This information included their preferences for personal care and if the person wanted to choose their clothes and food as well as when they needed support with completing tasks such as making the bed. A profile page was now included in the care plan folder which gave an overview of the person's background and preferences, their health and wellbeing, medicines and how they wanted their care to be provided.

The provider had an end of life care policy in place but the registered manager explained they had not used the procedure as of yet as they had not provided support for anyone requiring that stage of care. The care plan did not include any information regarding the person's end of life wishes.

The people and relatives we spoke with confirmed they knew who to refer a complaint to at the office. They told us, "I felt that my complaint to the office was listened to and resolved", "If I had a complaint I'd call the office" and, "I have told the Manager, he came to see me." A relative commented, "There was an issue about two months ago, the carer hadn't arrived and I had to go out. They came quite late but couldn't get in so went away. I rang the office and I think that they handled it well."

The provider had a procedure in place to respond to complaints and guidance on how to raise concerns was included in the information provided when the person started to receive care in their home from the service. During the inspection we looked at five complaints that had been received since the previous inspection. We saw the records included details of the complaint, any initial actions taken, correspondence and the outcome. We saw the care plans and risk assessments had not been updated to reflect any issues or changes in support needs identified following the resolution of the complaint.

The registered manager told us they identified technology to help the care workers provide care. The care workers also used an application on their mobile phone to receive updates from the registered manager if there were any changes to the planned visits or to the care someone required.

Inadequate

# Is the service well-led?

## Our findings

During the inspection in April 2017 we found a number of breaches of Regulations and we issued five Warning Notices identifying the areas of concern and requiring the provider to make improvements in relation to person centred care (Regulation 9), safeguarding service users (Regulation 13) and fit and proper persons employed (Regulation 19) by 1 November 2017 and by 1 September 2017 for safe care and treatment (Regulation 12) and good governance (Regulation 17). Following the December 2017 inspection we have identified a number of issues where some improvements had been made but issues have still not been resolved.

During the inspection of 24 and 25 April 2017 we found that records relating to care and people using the service did not provide an accurate, complete and contemporaneous record. We also found the provider did not have a robust system in place to review the quality of the care and support provided. We issued a warning notice in respect of this telling the provider they must make improvements by 1 September 2017.

During this inspection we found that some improvements had been made, but these were not providing appropriate information to support the registered manager to improve the quality of the service provided. The registered manager explained they had introduced audits in relation to MAR charts and the records of the visits completed by care workers since the previous inspection. During the inspection we looked at the MAR chart audits for five people and we saw the audit process did not identify all the issues in relation to the way medicines administration was recorded.

The registered manager told us he would review a random selection of the records of care which were completed by care workers after each visit. One page per person was reviewed which, depending on the number of visits per day could cover up to a four day period. We saw an audit form was completed but the audit did not identify issues in the recording of the care provided including that information was task focused and some of the wording used by care workers in the records of care was inappropriate. We reviewed a visit record and saw the care workers had recorded that when they arrived the person was out so they were not required to provide care. We saw they had recorded that they had stayed for the full time of the visit but this had not been identified. Therefore, the provider had not identified these issues as an area that required improvement.

The provider did not have a process in place to ensure care workers were attending visits at the scheduled time and staying for the agreed length of time. We looked at timesheets that had been completed by care workers and we saw the form had a section for the person receiving care to sign to confirm the visit took place but this was not completed. The registered manager explained people were not asked to sign the care workers timesheets but they did provide them with a list of all the visits completed during the month but only the planned times and not the actual times they took place were shown. They also told us the times noted on the record of the visit document were not checked to ensure the visit occurred as scheduled. This meant the provider could not ensure care visits occurred at the scheduled time and for the agreed length of time.

This was a repeated breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014

The provider did not display their current rating in the office and their website was under construction at the time of the inspection. We discussed this with the registered manager who arranged for the rating to be displayed in the office and confirmed that once the website was completed a link to the CQC website would be added.

We asked people and relatives of people using the service their views on the service and if they felt it was well-led. People told us, "It's like a big club – great camaraderie", "They are a new start-up company. They operate with such a small staff that it will bite them on the bum one day. It's unusual that the office staff drive the carers to their calls, that are the proprietor. I think that's strange. I have the manager's mobile number for any 'Out of Hours' problems" and, "I have rung the office when staff are late, that has got better recently. I think that it is well run."

Relatives commented "They have listened", "Overall I am happy with the Agency", "The Manager is polite. I can't fault him" and, "They talk to you reasonably at the office but they haven't managed to help with the weekend problem and they don't give me hope that they can."

We also asked care workers if they felt supported by the management and they told us they felt they were. Their comments included " Yes, and if I ever feel any difficulty the office gives me the support" and "I am able to speak to my manager about any issues or concerns I may have. There is more often than not a message sent out expressing encouragement and gratitude for all the hard work that is being given."

Care workers also told us they felt the service was well-led and had an open culture. Their comments included, "I feel that Senacare is very fair and open. They listen to any concerns that I have raised with the manager/assistant manager, and they support me with whatever I have to say whether it's to do with a service user or fellow carer. Yes I feel that the service is well led", "I feel the organisation is fair and open as all concerns I have brought to the Deputy Manager and Manager have been listened to and actions taken to resolve any concerns with the relevant service user or care worker", "We also have good communication from the office staff and feel supported throughout our working day", "I feel really comfortable with the way things work, the only way thinks doesn't work is if I don't let them know about the problem and they are very fair and open about their decisions" and "To be fair, a while ago I would say that the communication wasn't really good, but everything is sorted now, If anything happens I just call the office number and they always give me all the support that I need."

The registered manager attended regular meeting with the local authority that commissioned the care packages. They had also worked closely with the local authority since the Inadequate rating and the service being placed in special measures. The registered manager told us they also accessed the Skills for Care website and Care Quality Commission (CQC) provider information to keep up to date with best practice in social care.

At the time of the inspection there was a registered manager in post. Since the previous inspection the registered manager explained they had recruited a deputy manager, a member of staff responsible for managing recruitment and a field coordinator to provide extra support with the service.

The registered manager told us that both he and the deputy manager would cover care visits if the care workers were unable to attend the visit as planned.

Information on the service was provided to people when they started to receive care. This booklet provided information on the philosophy, aims and objectives of the organisation as well as how care was provided. Care workers were also provided with information about the policies procedures and values of the organisation.

The registered manager told us there was a care worker of the month scheme where nominations were based upon feedback from people using the service as well as the care worker's attendance, flexibility, communication and interaction. A care worker told us "The agency has a care of the month award with encourages not just makes the care workers feel appreciated but makes me want to go the extra mile to be better at my job." There were regular team meetings and group supervision sessions and the registered manager explained they tried to combine training with these meetings.

This section is primarily information for the provider

# Action we have told the provider to take

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

| Regulated activity | Regulation |
|---|---|
| Personal care | Regulation 9 HSCA RA Regulations 2014 Person-centred care<br><br>The care and treatment of service users did not meet their needs or reflect their preferences.<br><br>Regulation 9 (1) |

| Regulated activity | Regulation |
|---|---|
| Personal care | Regulation 11 HSCA RA Regulations 2014 Need for consent<br><br>The registered person did not ensure care and treatment of service users was provided with the consent of the relevant person.<br><br>Regulation 11 (1) |

| Regulated activity | Regulation |
|---|---|
| Personal care | Regulation 13 HSCA RA Regulations 2014 Safeguarding service users from abuse and improper treatment<br><br>The registered person did not ensure systems and processes were established and operated effectively to prevent abuse of service users. |

| Regulated activity | Regulation |
|---|---|
| Personal care | Regulation 19 HSCA RA Regulations 2014 Fit and proper persons employed<br><br>The registered person did not ensure people employed for the purpose of carrying on a regulated activity had the qualifications, competence, skills and experience which are |

necessary to be performed by them.

Regulation 19 (1) (b)

| Regulated activity | Regulation |
| --- | --- |
| Personal care | Regulation 18 HSCA RA Regulations 2014 Staffing<br><br>The registered person did not ensure there were sufficient numbers of suitably qualified, competent, skilled and experienced persons deployed.<br><br>The registered person did not ensure person's employed in the provision of a regulated activity received appropriate training as is necessary to enable them to carry out the duties they are employed to perform.<br><br>Regulation (1) (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 | Regulation 12 HSCA RA Regulations 2014 Safe care and treatment<br><br>The registered person did not ensure care was provided in a safe way for service users.<br><br>Regulation 12 (1)<br><br>The registered person did not ensure the proper and safe management of medicines.<br><br>Regulation 12 (2) (g) |

**The enforcement action we took:**

We have issued a warning notice to the provider telling them they must make improvements by 01 May 2018.

| Regulated activity | Regulation |
|---|---|
| Personal care | Regulation 17 HSCA RA Regulations 2014 Good governance<br><br>The registered person did not have a system in place to assess, monitor and improve the quality and safety of the services provided in the carrying on of the regulated activity (including the quality of the experience of service users in receiving those service) Regulation 17 (1) (2) (a)<br><br>The registered person did not have a process in place to assess the specific risks to the health and safety of services users and do all that is reasonably practicable to mitigate any such risks. Regulation 17 (1) (2) (b)<br><br>The registered person did not have a system in place to maintain 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.
Regulation 17 (1) (2) (c)

**The enforcement action we took:**

We have issued a warning notice to the provider telling them they must make improvements by 01 May 2018.