

Smile Care Agents Limited

# Smile Care Agents

## Inspection report

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### Ratings

Overall rating for this service

Inadequate 

Is the service safe?

Inadequate 

Is the service effective?

Inadequate 

Is the service caring?

Requires Improvement 

Is the service responsive?

Inadequate 

Is the service well-led?

Inadequate 

# Summary of findings

## Overall summary

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

This inspection took place on 19 and 23 January 2017. The provider was given 48 hours' notice because the location provides a domiciliary care service and we needed to ensure that the registered manager would be present. The inspection was carried out by one inspector. Following the inspection we met with the provider to discuss issues that we found during the inspection.

The service had a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service and has the legal responsibility for meeting the requirements of law, as does the provider. The registered manager was present during the inspection.

Smile Care Agents had recently moved location. This was the first inspection at the current address. However, the service was last inspected 17 January 2014 at the previously registered location and was meeting all the standards inspected.

The service provides domiciliary care and support for 20 people in their own homes. The service works primarily with older people that have recently been discharged from hospital and require up to six weeks rehabilitation and support in their own home.

There were no risk assessments completed for any person that used the service despite serious risks having been identified by the referrer at the point of referral.

The provider did not ensure safe staff recruitment. There were no references from previous employers for any of the staff employed. Issues around criminal records checks for care workers were not followed up or risk assessed. Information held for care workers regarding their recruitment was inconsistent. The provider was unclear on how many staff were they employed.

People and relatives told us that they regularly experienced late visits. There were no rotas detailing staff deployment. Visit times for people were not documented on their care records.

We were unable to evidence if staff had received training in safeguarding vulnerable adults from abuse. There was no overview of training provided to care workers available.

Staff did not receive supervision. The registered manager confirmed that no staff member had received supervision.

There were no records regarding training for staff available. We were unable to check if staff had received any training. The registered manager told us that staff did receive training. We requested information on staff training. However, this was not provided.

There were no records to show whether staff had received an adequate induction when they commenced employment.

The registered manager confirmed that staff had not received training in the Mental Capacity Act (MCA). The MCA looks at staff responsibilities to ensure that they are aware of people's capacity to make decisions about their care and wellbeing.

Care plans were not person centred and failed to provide staff with sufficient guidance on how people wished their care to be delivered. Of the 18 people's care information that we looked at, only six people had a care plan in place. For the other 12 people, the service used the local authority referral form and did not complete their own care plan.

There were no records of complaints that the service received. Many people and relative that we spoke with said that they had made complaints. The provider was not ensuring the effective recording or actions with regards to complaints.

Audits on any aspect of the service were not completed. There was no management oversight of quality assurance to ensure that care was being delivered safely and effectively. The lack of audits meant that there was no on-going learning and improvement regarding the quality of care.

People and relatives told us that staff were good but required a lot of guidance to ensure that they completed the care tasks needed by people. People and relatives felt that care workers carrying out care tasks treated them with dignity and respect.

The overall rating for this service is 'Inadequate' and the service is therefore 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.

We identified six regulation breaches of the Health and Social Care Act 2008 (Regulated Activities)

Regulations 2014. 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?

**Inadequate** ●

The service was not safe. There were no risk assessments in place for any person that used the service despite known risks being identified.

Staff recruitment was not safe. There were no systems in place to ensure staff were recruited safely. . Recruitment records were inconsistent and did not contain all required information.

People and relatives told us that they regularly experienced late calls. There were no systems and process in place to monitor late calls.

There were no staff rotas completed to ensure appropriate staff deployment.

People did not experience a continuity of care. People did not receive regular care workers.

### Is the service effective?

**Inadequate** ●

The service was not effective. Staff did not receive supervision to support them in carrying out their role.

There were no records to show that staff received an appropriate induction.

There were no records to show whether staff had received training in mandatory training or any other training that would support them in their role.

The provider confirmed that staff had not received training in the Mental capacity Act 2005 (MCA).

People and relatives that we spoke with felt that staff asked for their consent before carrying out any care tasks.

### Is the service caring?

**Requires Improvement** ●

The service was not always caring. People and relatives did not feel that they were involved in planning the care provided by the service.

People and relative said that they felt that staff treated them with dignity and respect.

### Is the service responsive?

The service was not responsive. People's care was not person centred and care plans were not detailed. People's likes and dislikes were not noted. The service did not have a care plan for 12 people instead using the initial referral form from the local authority as a care plan.

People and relatives said that they did not feel involved in planning their care with Smile Care Agents.

Complaints were not responded to in an effective and timely manner. People and relatives knew how to complain.

**Inadequate** ●

### Is the service well-led?

The service was not well led. Systems were not in place to assure quality of care provided. Audits were not carried out for any aspect of the service.

The service failed to document and maintain records of meetings, assessments and monitoring visits.

Staff meetings did not take place.

There was no oversight of staff training. Staff did not receive supervision that would have allowed the registered manager to continually assess quality and standards of care.

**Inadequate** ●

# Smile Care Agents

## **Detailed findings**

### Background to this inspection

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

This inspection took place on 19 and 23 January 2017. The inspection was announced. The registered provider was given 48 hours' notice because the location provides a domiciliary care service and we wanted to ensure someone would be available to assist us with the inspection.

This inspection was carried out by one inspector and one expert by experience. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service. The expert by experience supported this inspection by carrying out telephone calls to people who used the service and their relatives.

Before the inspection we looked at any information that we had received about the service and formal notifications that the service had sent to the CQC. We looked at 18 people's care records and risk assessments, four staff files and other paperwork related to the management of the service. We spoke with three people who used the service and five relatives. We were unable to speak with staff or visit people in their own homes due to the concerns that were raised at the time of the inspection.

## Is the service safe?

### Our findings

No people that the service worked with had a documented risk assessment in place. Referral forms and care plans noted specific risks to people's health and welfare but these had not been assessed and guidance had not been provided for care workers to ensure that the people being supported were safe and any identified risks mitigated. Identified risks included people with significant health conditions, including potentially infectious diseases, epilepsy, risk of falls, recurrent urinary tract infections, chronic respiratory illness, significant mental health conditions, substance misuse and forensic histories. Where people had been noted to need specific help with mobility transfers two referral forms noted acronyms in relation to their needs. However, these were not explained and the type of support required was not documented. The registered manager also confirmed that he did not know what these meant and had not followed this up with the referrer. We were unable to confirm if these people required specialist help and a risk assessment relating to their mobility.

The registered manager told us that when a person was referred to the service, he visited them in their home and completed an environmental risk assessment. He told us, "I personally go in there before starting use of the service and do an environmental risk assessment. I go in and check the environment is safe for [the] care worker and the person." The registered manager said that environmental risk assessments, once completed, were sent to the referrer by email and confirmed that there were no copies of these risk assessments in people's home. We asked how care workers would be aware if there were any issues identified in the environmental risk assessment. The registered manager said, "I inform them [staff] and tell them what action needs to be taken." We asked to see a sample of the environmental risk assessments. However, the registered manager failed to provide these to the inspector.

For the majority of people using the service, either they were able to manage their medicines or relatives supported them with this. We spoke with one relative where the person required support with medicines. The relative told us, "They're [care staff] not coming in time to give her medication. I have to give her food and then give her medications. I don't trust them enough to let them do it." One person's care notes, who had been using the service for two weeks, stated that care workers were to administer the person's medicines. However, there was no information on what medicines the person was taking or how staff were to support the person. The registered manager told us that there were Medicines Administration Records [MAR] at the person's home and that these could only be checked when a spot check was completed via a visit to the person. Any spot checks were then recorded in the person's daily notes within their home. However, we were unable to confirm if any spot checks had taken place as we did not visit the person. There were no records of medicines checks held at the office. We were also unable to confirm if staff had received medicines training as records of training were not provided during or following the inspection.

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

On the day of inspection, the registered manager told us that there were 10 staff, including himself and a co-ordinator that provided care and support to people. The registered manager told us that they had moved



offices five days before the inspection, and that they were working as a paperless office. We asked to see staff files that were held on the computer. The registered manager told us that staff did not have individual files and that staff information was, "Everywhere really." We asked the registered manager if he had applied for two references for each member of staff. The registered manager told us that four staff had no references from previous employers and were working with people without these checks in place.

We asked the registered manager to send us information for all care workers, including application form, identification including a photo, criminal records check and any references following the inspection. The registered manager supplied four care workers employment files. There were no references applied for by Smile Care Agents for any of the four care workers. One application form had one referee noted and another had no referees noted. This had not been followed up by the registered manager. Two care workers had no photographic identification and another care worker had no identification at all. The registered manager was not ensuring that care workers employed were eligible to work in the UK.

All criminal records checks from the Disclosure and Barring Service (DBS) were from previous employers. Smile Care Agents had not applied for DBS checks themselves. It is best practice for services to apply for DBS checks on behalf of their own service to ensure that information is current. One care worker did not have a DBS on file. One was 18 months old and two were within six months. In addition, we also saw evidence that the provider did not appropriately follow up or risk assess when a DBS contained significant information which was confirmed by the registered manager when we asked about this. Subsequent to this, the registered manager suspended the care worker until a risk assessment could be completed. The registered manager confirmed that there were four staff employed and on request provided the missing photographic identification for the two staff and missing DBS. These staff had been working with vulnerable adults without appropriate checks completed by the service. The service did not ensure that appropriate checks were carried out and documented for all staff that they employed.

The service had a recruitment policy which we looked at. However, the registered manager had not been following their policy regarding safe staff recruitment.

Following the inspection we met with the registered manager. At this meeting the registered manager told us that he employed seven care workers. However, we had been provided with records for four care staff only. We were not satisfied that the registered manager was following safe recruitment practices and were unable to confirm how many staff were employed and that all staff employed were suitable for the role they were engaged to perform.

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

We asked people and relatives if care staff arrived for care visits at the agreed times. They told us that they regularly experienced late visits. People told us, "No they are never on time. It varies every day. They have never phoned me" and "I don't think they have ever been on time. You can try and tell them in the office about it but nothing changes and they are still late. I have never had a call from them telling me." Relatives commented, "Their timekeeping needs to improve. Not once have they been on time. I don't think they have ever called to tell us they will be late", "It's a joke. I think they are overworked and have to go to too many places. The managers need to sort this out", and "No, they are late most days. We try to phone them and they will say the carer will be there in 10 minutes but that usually is a lie."

Another relative raised concerns about the late visits but also that when a care worker arrived for one visit, they were unaware of the tasks that they were to carry out and left without providing care. The relative said,

"They are always coming late, one hour late, two hours late and nothing changes. We phoned the office and they are always apologising but nothing changes. Every day a new lady comes around and I have to tell them what they have to do to. Yesterday the lady came around for five minutes signed the book and left. I wasn't there and someone opened the door. When we called, they said she didn't know what to do there."

At the time of the inspection, we asked the registered manager what systems and process were in place to monitor and address missed calls and late visits. The registered manager said, "We haven't really [got any systems in place] because when there is a problem we always address it if someone is going in late. Never had any missed visits. Occasional lateness but not missed [visits]." There were no systems in place to adequately monitor late calls. There was no documentation on how often people experienced late visits or how the registered manager addressed the issue of late visits.

Care plans and referral forms gave an approximate time that visits were required, morning, afternoon, tea time and night but did not document exact times. The registered manager told us, "They [people] have a choice. We are told rough times but are guided according to their wish." However, people's wishes in this regard were not documented.

We asked to see the rota that the service used on a daily basis to deploy staff. The registered manager was unable to provide this on the day of the inspection. Following the inspection we met with the registered manager who confirmed that they did not have any written rotas for staff. We were unable to evidence how the registered manager deployed staff to ensure continuity of care. People and relatives that we spoke with told us that they did not receive a continuity of care, often with different care workers attending visits. We asked the registered manager during the inspection how the service retained a continuity of care for people. The registered manager told us, "We charge a carer with a certain number of clients. They come as per agreed time. If not able [to attend the visit] they always contact the client."

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

We received mixed feedback from people and relatives when they were asked how safe they felt with the staff being provided by Smile Care Agents. People told us, "Generally they are okay. Yes absolutely", "They are okay, no real issues" and "Yes, they look after me." Relatives said, "Yes, well I am usually at home so that there are no problems", "Yes, they do whatever I tell them to do" and "The carers are alright. They seem like nice people." However, people also told us that they did not always feel safe; "Not really, as I don't know who they are.", "No one tells me who is coming around", "No not really." As they are new carers every day they don't know what they are doing and I have to keep informing them what to do" and "I get different ones everyday so I don't know who they are."

There were no records to show if staff had been trained in safeguarding vulnerable adults from abuse and how this impacted on their working practices. The registered manager was aware of his responsibilities in reporting any safeguarding issues to the local authority and the Care Quality Commission.

## Is the service effective?

### Our findings

There were no documented inductions for any new staff member employed by the service. The registered manager told us, "We employ someone. We explain briefly what the job entails and the type of clients. Then the coordinator shadows them. They do not come into the office. We induct them with the client [that they will be working with] and they spend the whole day on the job with myself or the coordinator." There was no office based induction to ensure that new staff understood relevant policies and procedures. There was no induction schedule that set out what new staff needed to be aware of and could expect from working with Smile Care Agents and the people that they supported. We were unable to confirm with staff if they received an adequate induction.

The registered manager told us that he employed an external training company that provided training to staff. The registered manager told us that staff had received mandatory training including, safeguarding, manual handling basic life support and food hygiene after the first week of employment. There were no records that staff had received this training available to the inspector on the day of the inspection. The registered manager said, "Most staff come with their training [certificates from previous employers] which are valued for a year. If I didn't have them they would do mandatory training."

We asked the registered manager to provide an overview of all training that was provided to staff. Following the inspection, the registered manager failed to provide any information regarding staff training. There were no certificates from previous employers that showed that they had completed any form of mandatory training in the four staff files that were provided following inspection. There was insufficient evidence to show that staff received appropriate and adequate training that met their needs and enabled them to carry out their role.

There were no records that staff were receiving supervision to ensure that they were supported in carrying out their role. The registered manager confirmed that no staff had received supervision since their employment. One staff member had been with the service for nearly a year and had not received a supervision. The registered manager told us, "No, I haven't done it [supervision] yet. It's something I know has to be done and I'm looking forward to doing it in the future but no, I haven't done it yet."

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

We asked people and relatives if they felt that staff were good at their job. One person told us, "They are good at what they do." Relatives we spoke with felt that staff required a lot of guidance from them in completing care tasks. Relatives commented, "I don't think so. They always ask me what to do. If they have to take [relative] to the toilet they ask me how and I have to help them there", "If you tell them what to do they are [good at their job], but you can't just let them get on with it as they have no clue" and "Not really, they need to have someone to guide them around tell them what to do."

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of

people who may lack the 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.

The registered manager told us that all the people supported by the service had capacity to make their own decisions about their care and support. The registered manager said, "The service does nothing around this [MCA]." Capacity was assessed at the point of referral by the referrer and was not always noted on the referral forms. A care worker who was supporting the registered manager during the inspection said, "If we have any concerns [about people's capacity] we feed back as a team, we ask for support from [the registered manager]. If there is any change or something is out of context we will report it to the team [that referred the person]."

The registered manager told us that staff had not received training around the MCA. He told us, "No. Most of the staff are new anyway. Since we got this contract [with the local authority] in July is when we are [starting] to put all of this in place." The registered manager was unable to tell us when staff would receive training in MCA.

We asked people and relatives if care staff sought their consent before carrying out any care tasks. People told us, "I am always ready to have a shower when they come so I can get dressed. That's all they do" and "I tell them what to do and they will do that." Relatives said, "She [the care worker] asks me what to do and I tell them what to do" and "Yes, I think they do."

The registered manager told us that they conducted monitoring visits to check on how staff were delivering care in people's homes. There were no records of monitoring visits held at the office including information on how often monitoring visits took place and what was checked during the monitoring visits. The registered manager confirmed that the service did not have a checklist of what care workers assessed against during monitoring visits. The registered manager told us that monitoring visits were documented in people's daily notes in their homes but that there were no other records to show that these visits had occurred. There were no records to show what steps were taken if any issues were identified during these monitoring visits.

People and relatives we spoke with did not require assistance from the provider to access healthcare services.

## Is the service caring?

### Our findings

We asked people and relatives that we spoke with if they felt that care workers treated them kindly and with compassion. People commented, "Yes, they are very nice. My main grudge is when they know they are going to be late but they don't phone to say they are" and "Yes, they always talk to me nicely and seem like nice girls." Relatives said, "The girls are okay. I don't have concerns about the girls it's about the people that run the place they don't care about time", "I think they are really kind and try their best with everything" and "Yes, they are [kind]."

We asked if people and relatives felt involved in planning their care and making decisions about the service they received. People told us, "I think I have with the council. I don't know if the agency has" and "I don't think I am." Relatives said, "There is a folder here. It's just what they do every time. They didn't ask us about what she likes or dislikes" and "They did tell us what they could offer when we joined, I don't think we have talked about it since."

The service received referrals from the local authority and did not participate in the initial assessment. However, once the referrals were received there were no records to show that the service reviewed the care that they were providing or that people were involved in planning their care with the agency.

We asked people and relatives if care workers ensured their privacy and dignity when carrying out care tasks. People said, "Yes, as much as they can do. They are giving me a shower" and "Yes, they do." Relatives said "Yeah. They do all that", "I think so, things like they will shut the door when they are helping her get changed" and "Yes, they try their best."

We were unable to speak with staff following the inspection. This was because we were considering what enforcement action to take. As such we have not received feedback from staff employed by the service.

## Is the service responsive?

### Our findings

Smile Care Agents had a contract with a local authority. People were referred from the reablement service for up to six weeks of care in their own home. The reablement service worked with people who may have been discharged from hospital and required additional help and rehabilitation for a short period of time. The service also worked with people that required long term support.

All initial assessments were completed by the local authority. The referrer wrote the care plan and provided it to the agency. However, of the 18 care records that we looked at, only six people had a care plan that had been provided by the local authority. The service used the initial referral form as a care plan for 12 people. The service did not complete care plans for these people, detailing the type of care that individuals required. The registered manager told us that one person had received a review with the local authority in November 2016 but that the local authority had not provided an updated care plan. The service had not updated the person's care records to show if there were any changes to the person's care.

All care plans / referral forms were task focused and although they informed staff of what tasks to complete at visits, they failed to state how care should be delivered. For example, one person's care plan stated 'Assistance with getting out of bed, mobilising to shower room, washing and dressing, mobilise to lounge or bedroom'. There was no further information or guidance for care workers on how these tasks should be achieved and how the person needed or wanted to be supported. Some care plans / referral forms noted that people had a diagnosis of dementia or a mental health condition. However, there was no information on how these conditions affected the people, or if there were any behaviours associated with their conditions that care workers needed to be aware of.

Care plans / referral forms often stated, 'please see discharge summary' or attached occupational therapy or physiotherapy report. We asked the registered manager if these documents were on file. The registered manager told us that these documents had not been provided with the referral form or care plans. There was no evidence that these had been followed up by the service.

Where care plans / referral forms stated that a care worker should prepare a meal for people, there was no further information regarding any specific dietary requirements.

We asked people and relatives if they thought staff knew them well. One person said, "No, they always need to be told what to do and can't do anything on their own." Relatives commented, "Not really as it is always a new one every day" and "I don't think so. Different staff and they are always in a rush." Relatives that we spoke with said that they did not feel that the service was flexible in meeting the needs of the people the service was supporting. One relative said, "Not good, they can't handle what they have at the moment. I've asked them to come on time and they can't do that. It is my biggest concern and they don't care." Another relative told us, "Not flexible at all."

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

The registered manager told us that the service informed people of their complaints policy when they started to use the service and that a copy of the complaints policy was placed in people's homes. However, we were unable to confirm this as we did not visit any people in their own homes at the time of the inspection.

The service had a complaints policy. The registered manager told us that the service had not received any complaints since the last inspection. However, people and relatives that we spoke with told us that they had phoned the office to complain. There were no records of any complaints held at the office. One person said, "I have made a complaint but nothing changes. About them being late all the time" and "I have a lot of things to do in the morning and I can't do that as they are always late and I have to wait around for them. We have made lots of calls to them and they don't care." Relatives told us, "As far as I remember they have never been on time, we did try complaining about this at the start but nothing ever changed", "My husband said he did it [made a complaint] but I don't know who to. We are not happy with these people" and "Yes, I would and I have, but they are still running late." There were no records on how the service addressed these complaints, how any issues were followed up or if there was any learning from the complaints.

The service was failing to ensure that complaints were documented or responded to in a timely manner which addressed complaints. There was no oversight of complaints or analysis which may have helped identification of late calls as an issue.

This was in breach of Regulation 16 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We asked people and relatives how staff responded when their needs or preferences changed. One relative said, "It will take them a long time to get anything done." People and relatives confirmed that they were aware of the office phone number and were able to call whenever they needed to and the phone was always answered.

## Is the service well-led?

### Our findings

We asked people and relatives if they felt that the service was well run. One person said, "Not really, timekeeping is an issue and it's arranged from the top." A relative commented, "I don't know, but for me they are not giving me good service." We also asked people and relatives if they felt that the service listened to them and took their wishes seriously. One person said, "I don't think so." Relatives said, "No, but it wouldn't matter. Nothing changes anyway", "They are very good at listening, but they don't do anything about it afterwards" and "They listen and then do whatever they like."

The registered manager was unclear on how many people the service supported or how many staff were employed. On the day of the inspection, the inspector was initially informed us that there were 10 staff and 15 people being supported by the service. However, during the inspection, the registered manager said that there were 18 people and seven staff. The registered manager provided documentation for four staff following the inspection and informed the inspector that there were only four staff working. Following the inspection, when we met with the registered manager, he informed us that there were 20 people and seven staff. There was a lack of oversight of the amount of people the service supported and the care staff employed to meet their needs. There was no adequate oversight of staff deployment as the service did not complete staff rotas.

There were no documented audits for any aspect of the service. The registered manager confirmed that he did not complete any audits for the service. There was inadequate oversight and governance of the service. Auditing processes, had they been in place, may have enabled the provider to identify concerns that were found during our inspection. The registered manager told us, "We haven't done any audits." The registered manager also told us that he had also been providing care visits himself and had not had time to ensure that these systems were in place.

We found that documentation around staff recruitment was inconsistent and not safe. The registered manager was unable to explain why there were missing documents such as references and identification for staff. Although, some of this information was provided following the inspection, the registered manager only provided information on four staff despite identifying that there were seven staff employed by the service.

There were no staff meetings documented. The registered manager confirmed that they did not do staff meetings and told us, "No. We've not started that yet." There were no other methods of contacting staff and encouraging sharing and learning in place.

There were no records of training provided by the service. There was no oversight of what training staff required, when or if this had been completed. There were no systems in place to monitor staff training.

The service had not completed any surveys or questionnaires to gain people and relatives feedback about the service being provided. The registered manager confirmed that the service had not done this. The service did not ensure that there was a system in place to monitor quality of care.



We checked with the registered manager that the only information that the service held regarding people that were being supported was the referral form and where provided by the referrers, a care plan. The registered manager confirmed that there was no further information held regarding people that used the service. There were no care plans in place for 12 people that the service supported. This had not been addressed or followed up with the local authority. The service failed to ensure that they kept a full, complete and accurate record for each person that the service supported.

The above information in well-led showed that the service was failing to ensure that there was adequate oversight and governance of the service. Systems and processes were not in place to ensure that any issues could be identified and resolved.

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