

Sanctuary Home Care Limited

Sanctuary Home Care Ltd - Sheffield

Inspection report

36a Beck Road
Shiregreen
Sheffield
South Yorkshire
S5 0GB

Tel: 01142432028

Website: www.sanctuary-supported-living.co.uk/home-care

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13 December 2016

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Requires Improvement 

Is the service caring?

Requires Improvement 

Is the service responsive?

Requires Improvement 

Is the service well-led?

Inadequate 

Summary of findings

Overall summary

Sanctuary Home Care Ltd - Sheffield is registered to provide personal care. Support is provided to people living in their own homes throughout the city of Sheffield. The office is based in the S5 area of Sheffield, close to transport links. An on call system is in operation.

At the time of this inspection Sanctuary Home Care Ltd - Sheffield was supporting 259 people.

The service did not have a registered manager. The registered manager left three weeks prior to this inspection. A new manager commenced in post four weeks prior to this inspection and was provided with a week's handover from the previous registered manager. The new manager has applied to register with us.. 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 and associated Regulations about how the service is run. The manager had worked at the service for approximately four weeks prior to this inspection.

Sanctuary Home Care Ltd - Sheffield had been operating in Sheffield since 2013. However, the registered provider moved address and as a result was registered with us on 8 March 2016. This inspection is the first inspection of the new registration.

The regional manager informed us that the service will cease to operate in April 2017. The service had written to the local authority advising of their intent to withdraw from providing personal care, with effect from 5 April 2017. Letters had been sent to people receiving a service informing them that the local authority would find them an alternative provider. Consultation events for staff had been arranged. The regional manager confirmed that an application to deregister will be undertaken once arrangements were in place for people to move to alternative providers.

The registered provider had implemented a voluntary embargo on all new care packages as they had identified the need for improvement in some areas. The regional manager met with the local authority on a fortnightly basis and provided them with a weekly action plan to show plans were in place and being acted upon to improve the operation and delivery of the service.

This inspection took place on 12 and 13 December 2016 and short notice was given. We told the regional manager two working days before our visit that we would be coming. We did this because we needed to be sure that the manager would be available and to arrange for some care staff to visit the office during our inspection so we could speak with them.

Most people supported by the service and their relative's spoke positively of the staff that visited them. Everyone said they felt safe with the staff.

We found systems were not in place to make sure people received their medicines safely. Staff had not been

observed to assess their competency to administer medicines. Medicine administration records had not all been fully completed to show medicine had been administered as required.

Staff recruitment procedures ensured people's safety was promoted.

Staff were provided with relevant induction and training to make sure they had the right skills and knowledge for their role. Staff were not provided with supervision and appraisal at appropriate frequencies for their development and support.

Some people said the timing of visits did not always meet their needs and they did not always have regular care staff visiting them all of the time. Other people said they had a group of regular staff who generally arrived on time. People said staff usually stayed the full length of time identified as needed.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice

Whilst each person had a care plan, these did not always accurately reflect their needs or the care provided.

The complaints procedure had not been adhered to in line with the registered provider's policy. Some complaints had not been recorded to provide an audit trail of any actions taken in response to the complaint or the outcome of the complaint.

Some people receiving support, and their relatives or representatives said they could speak with staff if they had any worries or concerns and felt they would be listened to. Other people told us they had found the office staff less reliable and responsive when they had reported any concerns.

There were limited systems in place to check and monitor the quality of the service provided. Audits on some records had not taken place to make sure full and safe procedures were adhered to. Systems to obtain people's views were limited. People using the service and their relatives had not been asked their opinion via surveys so that the provider could act on these. Some telephone surveys had been undertaken but the results of these had not been audited to identify any areas for improvement.

We found breaches in five of the regulations of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. These were breaches in regulations, 9: Person centred care, 12: Safe care and treatment, 16:Receiving and acting on complaints, 17: Good governance and 18: Staffing

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

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement ●

The service was not always safe.

Full procedures for the safe administration of medicines had not been adhered to.

People said they felt safe when receiving care and support.

A staff recruitment procedure was in operation to check staff were suitable.

Staff were aware of whistleblowing and safeguarding procedures.

Is the service effective?

Requires Improvement ●

The service was not always effective.

The scheduling and delivery of care calls did not always meet the needs of people who used the service.

Staff did not receive supervision for their development and support.

Staff received relevant training to ensure they had the right skills and knowledge to undertake their role.

Staff and management understood the requirements of and worked within the guidelines of the Mental Capacity Act 2005.

Is the service caring?

Requires Improvement ●

The service was not always caring.

Some ineffective service delivery did not always demonstrate a caring approach.

People said staff respected their privacy and dignity and their regular care staff were caring and kind.

People said staff were caring in their approach.

Is the service responsive?

The service was not always responsive.

A complete record of the support provided was not maintained. Some care plans had not been reviewed to make sure they were up to date.

A full record of complaints had not been kept, but people had been provided with information about how to raise any concerns or complaints.

Staff that had a regular schedule of visits were knowledgeable about people's care and support needs and preferences in order to provide a personalised service.

Requires Improvement 

Is the service well-led?

The service was not well led.

Quality assurance and audit processes were not fully implemented to make sure the service was running safely.

The management had identified some areas where improvement was required.

Some people reported poor communication and response from office staff.

The service had a full range of policies and procedures available to staff.

Inadequate 

Sanctuary Home Care Ltd - Sheffield

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection checked whether the registered provider was 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.

We usually ask the registered provider to complete a registered provider Information Return (PIR). This is a document that asks the registered provider to give some key information about the service, what the service does well and improvements they plan to make. We did not request a PIR for this inspection as the date of this inspection was moved forward because of concerns identified in relation to service delivery and gaps in records from the provider and local authority monitoring visits.

Prior to our inspection we spoke with the local authority to obtain their views of the service. Information received was reviewed and used to assist with our inspection. We also reviewed information we had received, including notifications of incidents that the registered provider had sent us.

This inspection took place on 12 and 13 December 2016 and short notice was given. We told the regional manager two working days before our visit that we would be coming. We did this because we needed to be sure the manager would be available. This inspection was undertaken by two adult social care inspectors and two experts by experience. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of service. The area of expertise for both experts was in supporting older people.

As part of this inspection we spoke in person or over the telephone with people supported by Sanctuary Home Care Ltd - Sheffield, to obtain their views of the support provided. We telephoned 40 people supported by Sanctuary Home Care Ltd - Sheffield and were able to speak with 21 people receiving a service, or their relatives. In addition, we visited four people in their own homes to speak with them and to

check the Sanctuary Home Care Ltd - Sheffield records held at their home. During home visits we also spoke with two relatives of people receiving support.

We visited the office and spoke with the regional manager, the manager, the deputy manager, two care coordinators, an office support worker and a team leader. In addition, three staff (community care workers) visited the office base so we could speak with them about their roles and responsibilities.

We spent time looking at records, which included five people's care records, four staff records and other records relating to the management of the service, such as training records and quality assurance audits and reports.

Is the service safe?

Our findings

Some people who received a service were supported by staff to take their medicines. We looked at two Medication Administration Records' (MAR) held at the office and three MARs kept at people's homes. Whilst people receiving support said that they always received their medicines from staff, we found three MARs held gaps where staff had not recorded whether people's medicines had been administered. This meant that people may not have been receiving their medicines as prescribed and this could have a detrimental effect on their health and wellbeing

One person receiving support told us the week prior to this inspection during a morning visit staff had handed them their medicines from their containers without checking the information about their medicines on the MAR. The person noticed they had been given a night time tablet and a lunch time tablet in error. The staff did not know these were the wrong tablets and when informed by the person they put them back in their containers.

All staff spoken with said they had not received a medicines competency check where they were observed administering medicines by a trained person to make sure they followed safe procedures.

The four staff records checked held no evidence of a medication competency assessment taking place. Following this inspection the manager informed us a file containing records of medicines competency assessments had been brought to their attention. However, staff present during the inspection did not have oversight of this to ensure all staff had been observed administering medicines to make sure they did so safely.

This demonstrated a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, Safe care and treatment.

We asked people about the support they received with their medicines. Comments included, "They [staff] see to that. It's a lot better for me" and "I always get my tablets so I don't worry about it."

We found appropriate policies were in place for the safe administration of medicines so staff had access to important information. We found the support plans we looked at contained detail regarding medicines and who was responsible for administration. Where relevant, a medicines risk assessment had been completed to address and minimise any risk. Staff spoken with confirmed they had undertaken training on medicines administration. We looked at the staff training record which showed all care staff had been provided with medicines training to make sure they had up to date knowledge.

People told us they felt safe with care staff from Sanctuary Home Care Ltd - Sheffield. Comments included, "I feel safe with them [staff]", "Yes, I feel safe here. The staff make me feel safe," "Staff are lovely and meet all my needs" and "I can't fault the staff."

Relatives spoken with said they felt their family members were safe with Sanctuary Home Care Ltd –

Sheffield staff.

Staff spoken with confirmed they had been provided with safeguarding vulnerable adults training so they had an understanding of their responsibilities to protect people from harm. Staff could describe the different types of abuse and were clear of the actions they should take if they suspected abuse or if an allegation was made so correct procedures were followed to uphold people's safety. Staff knew about whistle blowing procedures. Whistleblowing is one way in which a worker can report concerns, by telling their manager or someone they trust. This meant staff were aware of how to report any unsafe practice. Staff said they would always report any concerns to the manager. Information from the local authority and notifications received showed procedures to keep people safe were followed.

We saw a policy on safeguarding vulnerable adults was available so staff had access to important information to help keep people safe and take appropriate action if concerns about a person's safety had been identified. Staff knew these policies and procedures were available to them.

We found the registered provider had appropriate recruitment policies and procedures in place that the registered manager followed when employing new members of staff.

We checked the recruitment records of four staff. They all contained an application form detailing employment history, references, proof of identity and a Disclosure and Barring Service (DBS) check. All of the staff spoken with confirmed they had provided reference checks, attended an interview and had a DBS check completed prior to employment. A DBS check provides information about any criminal convictions a person may have. This helped to ensure people employed were of good character and had been assessed as suitable to work at the service. This information helps employers make safer recruitment decisions.

At the time of this inspection 90 staff were employed to undertake visits to people's homes. Office staff included care coordinators, administrators and team leaders. The regional manager and manager informed us that at the time of this inspection 33% of calls were unallocated to permanent staff; this number had reduced from 65% since the service was registered and was verified in the weekly action plans provided to us and the local authority. This meant that whilst visits were covered, 250/300 hours each week were provided by agency staff so that visits could take place. The manager told us that recruitment of staff was ongoing and they were interviewing staff during the week of this inspection. The registered provider informed us they were continuing to recruit in order to have sufficient staff to make sure people received support from regular, permanent care staff. Any staff being recruited were informed of the services plans to cease operating in April 2017 and they would transfer to the new service provider.

Whilst no people supported or their relatives spoken with reported any missed calls this had been identified as requiring improvement by the service. The local authority reported an improvement in missed calls. The regional manager told us the number of missed calls for the month prior to this inspection was inaccurate as office staff still had to manually input visits undertaken as these had not been captured electronically due to a fault. The regional manager agreed to provide accurate figures on missed visits following this inspection.

We looked at five people's support plans and saw each plan contained risk assessments that identified the risk and the support required to minimise the risk. We found risk assessments had been evaluated and reviewed to make sure they were current and remained relevant to the individual. Prior to a person being provided with a service, risk assessments were completed which identified potential or known risks to both the person who used the service and the staff. This included environmental risks and any risks due to the health and support needs of the person. The risk assessments included information on the actions required by staff to reduce and mitigate the identified risks. One risk assessment seen was dated 29/4/14 which

meant it may contain out of date information and place the person at risk.

Systems were in place to make sure any accidents or incidents were reported to the relevant people. Staff told us they would report any accidents or incidents to their line manager or the person on call. Accidents were analysed to identify any patterns and ways to reduce other potential accidents.

We asked people receiving a service and their relatives about infection control procedures. All of the people receiving a service told us that staff always wore gloves and washed their hands prior to supporting them. One relative commented, "Some carers wash their hands and wear gloves, some don't." Staff spoken with told us they had received training in the control of infection. The training records seen confirmed this.

Is the service effective?

Our findings

Some people told us they did not always have regular care staff and the timing of visits did not meet their needs and was not always reliable. Comments from people receiving support and their relatives included, "I don't know who is coming or when," "No one receives a rota with who is coming and when, so we never know. It would help if I knew who would be coming," "I never receive a call if the carers are going to be late," "The carers timekeeping can be poor," "Their timekeeping is not very good, they sometimes call at 10.30 when they should call at 9:00 p.m.," "Last week someone called at 11.30pm. That's far too late for me," "The continuity is poor" and "Appointment times are erratic."

A further person told us they had received a call from staff at 11:30 pm asking if they wanted them to come and help them to bed. The person said, "I told them not to bother."

Staff spoken with said they had a regular schedule (rota of visits); with the exception of one staff who said they had never had a regular schedule. Some staff told us they did not receive their schedule consistently and were sometimes emailed it the night before the visits were due. One staff member told us they had recently received a call from the office at 11.30 am to support a person to get out of bed as they had been missed off the rota. One staff commented "We are never introduced to new service users; we go in blind and have to ring for the key safe (to gain entry to the home.)" This meant that people may not be receiving the care and support that is needed, when they need it and therefore there is a risk of injury or harm.

This demonstrated a breach of Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, Person centred care.

The regional manager and manager informed us that templated (visits that are permanently allocated to staff's regular schedule so that people receive support from a regular team of care staff that they know) calls had improved and at the time of this inspection two contract areas worked at 60% templated calls and one contracted area worked at 40% templated calls.

We discussed these concerns with the regional manager and manager who had identified this issue and were taking action to improve the scheduling of visits so people had a regular and consistent service. Templated calls formed part of the weekly action plan and this evidenced that some improvement had taken place.

Staff spoken with said they did not receive supervision on a regular basis and had not worked for the service long enough to have an annual appraisal. Supervision is an accountable, two-way process, which supports, motivates and enables the development of good practice for individual staff members. Appraisal is a process involving the review of a staff member's performance and improvement over a period of time, usually annually.

The four staff records we examined showed that no staff had received a supervision in recent months. Two records showed the most recent supervision took place in March 2016 and the further two files held no

record of supervision being provided.

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

The manager had identified improvements had been needed to the frequency of supervisions and had implemented a schedule for all staff supervisions and appraisals, which we saw.

Staff spoken with said they undertook regular training to maintain and update their skills and knowledge. Training records showed there was a training programme in place. Staff were expected to complete a classroom based induction course which covered all mandatory training such as moving and handling, first aid, medicines and safeguarding. Training in specific subjects to provide staff with relevant skills and knowledge to support people were also undertaken, for example, dementia care, nutrition awareness and equality and diversity. Care staff were also supported to complete the 'Care Certificate' where appropriate. The Care Certificate is a standardised approach to training for new staff working in health and social care. Staff told us the training was "Good." One staff told us the induction had been "Fantastic."

We looked at the training record which showed a programme of refresher training was in place so that staff skills remained up to date.

A relative spoken with said they were not confident that staff had been provided with relevant training. They commented, "I question the training. I had to show them how to put a patch on because they hadn't been trained." Other relatives commented, "I think they [staff] are well trained. If [family member] has had a fall they know exactly what to do" and "The [care workers] are trained and the ones that are new are usually shadowed when they start."

Most people told us they had a small team of regular staff who were reliable and gave them the support they needed. Comments from people supported and their relatives included, "The service works well because they work hard to match people to my needs," "I feel my carers are matched well, if I'm not happy they have changed my staff," "The staff know what they are doing, I am very happy," "I cannot fault the staff," "All the staff are very caring and understanding," "I like all my carers and they always ask me what I would like to eat and drink," "If I need to see a doctor they will call them for me," "Staff give me choice and leave me snacks and drinks," "I am always asked what I would like to eat or drink," "I have a regular team of care staff and have no concerns. The staff are pleasant and friendly," "Excellent service" and "We are very happy with them."

The service had an electronic call monitoring (ECM) system in place where staff would electronically log their visit times. From these a 'planned versus actuals' report was produced which showed the planned visit time and the actual visit time so that these could be monitored. We looked at 'planned versus actuals' for the six weeks prior to this inspection for all people receiving support. The reports showed that people were generally receiving calls for the planned duration and time, some calls evidenced staff stayed longer than planned. Other calls showed people had not received calls for the full duration. The three care logs looked at in people's homes showed that staff were staying for the full agreed duration of the visit. The regional manager told us that some staff were not using ECM to log calls and this was being investigated and managed so that they could be effectively monitored.

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, 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. At the time of this inspection no one who used the service was deprived of their liberty or under a court of protection order.

Care plans seen held people's signatures to evidence they had been consulted and agreed to their plan. People told us care staff asked their opinion and checked things with them. One relative told us, "They [staff] do ask [family members] consent but they know what to do and have a routine "

The plans seen showed people's dietary needs had been assessed and any support people required with their meals was documented. Food preparation was completed by staff members with the assistance of people they supported where appropriate. Staff told us people decided each day the meals they wanted. Staff spoken with during our inspection confirmed they had received training in food safety and were aware of safe food handling practices.

Is the service caring?

Our findings

Some delivery of the service was ineffective and did not always demonstrate a caring approach. For example, people were not consistently supported by staff that they knew and some timing of visits did not match their needs.

People supported spoke positively about the staff and told us they were supported to maintain their independence. Comments included, "All the staff are very kind," "They [staff] show me respect," "Carers listen to me. They are very nice people," "Staff are a credit to the company," "They are very caring staff. They can't do enough for me," "The office staff are lovely," "The staff encourage me to make decisions," "I am really happy with my carers," "Staff are lovely and meet all my needs," "Very genuine carers," "They [staff] are so helpful. They really do care" and "Staff always ask me if I need anything."

People also told us that staff always respected their dignity. Comments included, "Staff respect me and my home" and "They are always polite."

Relatives spoken with said they found staff caring and respectful. Comments included, "We are really happy with the carers" and "They are always very pleasant." However, one relative told us, "They [staff] just do the job. They are not chatty."

One staff told us of an incident that did not display a caring attitude towards a person supported. They told us that the person had reported the incident to office staff. We discussed this with the manager who gave assurances that they would check with the person supported and advise us of the outcome of this.

We visited four people in their homes and spoke with them and two of their relatives. A member of staff was present for part of one visit. We observed a caring attitude and conversation was shared which showed they had a good rapport with the person we were visiting. People showed warmth towards the staff.

People told us staff respected their privacy and they had never heard staff talk about other people they supported. This showed staff had an awareness of the need for confidentiality to uphold people's rights.

We found the service had relevant policies in relation to confidentiality, data protection and privacy and dignity so the importance of keeping information about people safe was discussed with staff.

Staff spoken with could describe how they respected people's privacy and maintained their dignity, for example, making sure curtains were closed when they were helping a person to wash and dress and never speaking about a person supported to other people they visited.

We spoke with staff about people's preferences and needs. Staff were able to tell us about the people they were caring for, and could describe their involvement with people in relation to the physical tasks they undertook. Staff also described good relationships with the people they supported regularly.

We looked at three people's care records during our home visits, and two people's care records during the visit to Sanctuary Home Care Ltd - Sheffield office. We saw care plans contained signatures, evidencing people agreed to their planned care and support. Each care plan contained details of the person's care and support needs and some detail on how they would like to receive this.

We saw no evidence to suggest anyone that used the service was discriminated against and no one told us anything to contradict this.

Is the service responsive?

Our findings

We looked at five people's care plans. They contained a range of information that covered aspects of the support people needed. The plans gave details of the actions required of staff to make sure people's needs were met. Three of the five records checked held gaps in the daily log section which meant no record had been kept of the support provided to the person. This meant that people may not have been provided with the support identified as needed and this could not be monitored to make sure people's needs were being met. Two of the three care records held at people's homes held no information on the agreed duration of the call to reflect the person's identified needs.

One person told us their support visits had increased from three to four visits each day and now included a tea time call. They told us they had been receiving the extra call for 'some weeks'. However, the person's care plan had not been reviewed or updated to reflect the extra visit provided and the change to the person's identified needs. This meant the care record was out of date.

Another person told us their care plan stated they were supported to have a shower. The person said they did not receive this support from staff. This meant the care record was inaccurate.

Two of the three care records seen in people's homes had not been reviewed since 2014 to make sure they were accurate and up to date. This meant that people may not be receiving care and support appropriate to their needs.

This demonstrated a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, Good governance.

There was a written complaints procedure in place and we saw a copy of this was provided to people in the 'Service User Guide' kept in the file held in each person's home. The complaints procedure gave details of who people could speak with if they had any concerns and what to do if they were unhappy with the response. The procedure gave details of who to complain to outside of the organisation, such as CQC and the local authority should people choose to do this. This showed people were provided with important information to promote their rights and choices. However, we found the services complaints procedures were not effective.

We found that records of complaints had not been maintained so that they could be audited and show they had been responded to. The regional manager provided us with the complaints record which held details of two complaints and the response to the complaint. No other complaints were recorded. The regional manager confirmed that further complaints had been received. They commented, "There is an issue with office staff under reporting complaints." This meant a full record of complaints had not been undertaken; therefore it was not possible to evidence that all complaints had been responded to.

Some people told us they did not have confidence that their concerns would be responded to. Comments included, "I will call the office to complain, but I am not confident they will take action" and "They don't do

anything when you ring."

This demonstrated a breach of Regulation 16 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, Receiving and acting on complaints.

People told us they had been provided with telephone numbers for Sanctuary Home Care Ltd- Sheffield and could ring the office if they needed to. We saw these numbers had been provided in the people's homes we visited.

Some people told us they were confident any concerns would be listened to and acted upon. Comments included, "I would call the office to complain," "I've not had any complaints but if I did I am confident the office would help me," "I asked for a different carer and they changed it, they put my mind at rest" and "Staff and office staff always listen to me and try and help me."

The care plans had been signed by the person receiving support or their relative and representative to evidence they had been involved and agreed to the plan.

We spoke with four staff that provided support to people. Staff spoken with said people's support plans contained enough information for them to support people in the way they needed. Staff spoken with had a good knowledge of the individual needs of the people they visited on a regular basis.

People spoken with said they had been involved in planning their care so the support provided could meet their needs. People said someone from Sanctuary Home Care Ltd - Sheffield had visited them to assess their needs and write a care plan. Relatives spoken with confirmed they were involved in discussions about the care provided to the person supported so their opinions were considered.

People commented, "My care plan is very good. I was involved in all the planning" and "They [Sanctuary Home Care Ltd- Sheffield staff] came to talk to us. [My spouse] was here as well. All my records are kept here. I know where they are."

People receiving support and their relatives also said staff respected their choices and preferences. Comments included, "They [staff] do everything I ask them to do," "They [staff] know what food I like, they know I don't like my tea too early," "Staff always give me choice," "Staff always ask me if I need anything," "The staff encourage me to make choices" "Staff and office staff listen to my needs" and "All my needs are met."

Is the service well-led?

Our findings

The manager had commenced in post approximately four weeks prior to this inspection taking place. The manager had applied to register with CQC.

We found gaps in the quality assurance system which meant the operation of the service was not being fully audited to identify and act on areas for improvement.

The regional manager told us 'spot checks' on staff had not been undertaken on a regular frequency and some staff had not had medication competency assessments to make sure staff were providing support in a safe way.

The four staff files checked showed the most recent 'spot check' undertaken took place in July 2016.

Log books which recorded an account of each visit and MAR charts were returned to the office on a regular basis. Those seen held no evidence that they had been checked or audited. One log book held inappropriate entries made by staff which had not been identified or acted upon.

We found that whilst a proportion of telephone contacts had been made, people using the service had not been asked their opinion via surveys in 2016 so that improvements needed could be identified. The results of telephone contacts had not been audited to identify patterns or concerns.

We found some systems to monitor service delivery were ineffective. During our visit to the office we asked for information relating to missed calls. The regional manager had identified there was no clear system in place to monitor calls when the electronic system was faulty. This meant an inaccurate number of missed calls had been reported for the month prior to this inspection.

Following this inspection the regional manager provided us with the outcome of the investigation to verify calls. This indicated that some calls reported as missed had taken place but other calls reported as missed could not be verified as having taken place. The regional manager was in the process of identifying processes to ensure calls were logged if the electronic system became faulty again so that service delivery could be monitored.

This demonstrated a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, Good Governance.

We found a quality assurance policy was in place and saw records of some quality assurance procedures. For example, we saw a record of an internal monitoring and support visit undertaken in November 2016 which considered people's files, training and ECM compliance. The report identifies the actions needed to improve service delivery.

The registered provider had employed a new manager and a regional manager was based at Sheffield to

support effective service delivery. The regional manager had worked closely with the local authority to ensure their improvement plan and action plans were being implemented. A weekly action plan was provided to the local authority to show the service was working towards agreed targets. We looked at the weekly action plans for the month of November 2016. These, alongside information received from the service and local authority, showed that some improvements had been achieved since the service had registered with us following their change of address. For example, templated calls had increased and people had a copy of their care plan kept at the office following some going missing when the office moved.

We found the manager had developed a 'target matrix' which showed they had identified and prioritised areas for improvement.

A system to monitor the timing and frequency of visits to people's homes was in place so these could be monitored. Staff used their work mobile phones to log in and out of each call. This information was then transferred to a 'planned versus actuals' record so any discrepancies could be noted and a file note made of any reason for these discrepancies. However, some staff were not using the electronic system to log calls which meant that any auditing of these would be inaccurate and ineffective. In addition, the service was not meeting compliance with the agreed level of ECM in line with their contract with the local authority. The regional manager and manager were in the process of managing this issue with identified staff.

People held mixed views about communication from office staff. Comments included, "Carers are great, it's the office that is the issue," "Communication is poor with the office," "Communication within the office is poor. They don't pass messages on," "If I cancel a call the office don't tell carers and they still turn up," "New staff don't have the key safe number to gain entry to the person's home) as they haven't been given it by the office staff" and "The office don't inform staff of cancelled calls."

There was a clear staffing structure including care coordinators and team leaders. Staff spoken with were fully aware of the roles and responsibilities of managers' and the lines of accountability.

Staff told us that staff meetings took place and they could share their opinion. Staff gave mixed opinions of working for the service. For example, one staff said, "I love my job but poor organisation makes it impossible. I don't feel supported." Another staff told us, "I feel supported. It is the best job I have ever had."

We saw policies and procedures in place which covered all aspects of the service. We checked a sample of the policies held at the services office. The policies seen had been updated and reviewed to keep them up to date.

Staff told us policies and procedures were available for them to read and they were expected to read them as part of their training programme.

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 Care and treatment of service users was not appropriate, did not meet people's needs or reflect their preferences
Regulated activity	Regulation
Personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment Care and treatment was not provided in a safe way for service users.
Regulated activity	Regulation
Personal care	Regulation 16 HSCA RA Regulations 2014 Receiving and acting on complaints The system for identifying, receiving, recording, handling and responding to complaints was not operating effectively.
Regulated activity	Regulation
Personal care	Regulation 17 HSCA RA Regulations 2014 Good governance Systems and processes to ensure compliance with regulations were either not established or operating effectively.
Regulated activity	Regulation
Personal care	Regulation 18 HSCA RA Regulations 2014 Staffing Persons employed did not receive appropriate

levels of supervision and appraisal as is necessary for them to carry out the duties they are employed to perform.