We Care Homecare Limited

We Care Homecare Ltd

Inspection report

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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?	**Inadequate**
Is the service well-led?	**Requires Improvement**

Overall summary

This inspection took place between 11 March 2015 and 1 April 2015. We gave notice of our intention to visit We Care Homecare Ltd's office to make sure people we needed to speak to were available. Between our two visits on 11 March 2015 and 1 April 2015 we contacted people who used the service and members of staff by telephone.

We Care Homecare Ltd provides personal care services to people in their own homes. It covers a wide area in Portsmouth and surrounding districts, and provides services to older people and younger adults. At the time of our inspection there were 185 people receiving care and support from the service.

The overall rating for this provider is 'Inadequate'. This means that it has been placed into 'Special measures' by CQC. The purpose of special measures is to:

- Ensure that providers found to be providing inadequate care significantly improve

Summary of findings

- Provide a framework within which we use our enforcement powers in response to inadequate care and work with, or signpost to, other organisations in the system to ensure improvements are made.
- Provide a clear timeframe within which providers must improve the quality of care they provide or we will seek to take further action, for example cancel their registration.

Services placed in special measures will be inspected again within six months. If insufficient improvements have been made such that there remains 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 the service. This will lead to cancelling their registration or to varying the terms of their registration within six months if they do not improve. The service will 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 we will move to close the service by adopting our proposal to vary the provider's registration to remove this location or cancel the provider's registration.

We Care Homecare Ltd had been without a registered manager since October 2014. 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. When we visited the home the registered provider was managing the service.

When we last inspected the service in July 2014 we found it was failing to meet minimum standards in four areas: Care and welfare of people who use services, Staffing, Supporting workers, and Assessing and monitoring the quality of service provision. On this occasion we found that improvements had been made, but the service had not reached the standards required by the regulations.

Most people felt they were safe while their care workers were in their home, although a small number told us of incidents which suggested they were not safe all the time.

People were at risk because the provider did not prepare staff effectively to recognise and prevent abuse and avoidable harm. There were occasions when staff were not sufficiently prepared or experienced to deliver care safely, and occasions when one care worker attended calls where two were required. Records did not show that people received their medicines consistently at the correct time.

The registered provider and staff did not demonstrate an understanding of the Mental Capacity Act 2005. This provides a legal framework for acting and making decisions on behalf of people who lack the mental capacity to make particular decisions for themselves. This meant people were at risk of receiving care or support that was not in their best interests.

Staff were not consistently supported to deliver care and support by an effective system of supervision, appraisal and spot checks. Twenty-five per cent of staff had not had a supervision or appraisal, and a number of care workers told us they did not feel supported by the office.

There was a programme of induction and refresher training which the majority of staff had completed recently. People were supported to eat and drink where this was part of their care plan. The service helped people access other healthcare services when they needed to.

Most people found staff to be caring and considerate, and were able to express their views and participate in decisions about their care. In most cases people's privacy and dignity were respected. However we found a small number of examples where this was not the case.

People did not consistently receive care and support which was based on their needs and assessments. Care plans were focused on tasks rather than people's individual preferences, choices and needs. Late calls, missed calls and rushed calls put people at risk of not receiving timely or professionally delivered care.

People did not find the office responsive to requests and complaints. Communication between the office and clients and between the office and care workers in the field was often poor. Complaints were not recorded and followed up.

Staff and people who used the service had varying experiences of how well it was managed. Some staff were complimentary and found the service a good place to

Summary of findings

work. Others did not feel supported and had problems with communication, particularly when they needed to contact on call or out of hours support. Some people were satisfied with how the service was run, others were frustrated by poor communication and inadequate responses to comments and complaints.

The management organisation was not clear to all staff. The provider had systems for monitoring the quality of service provided but they were not always effective in identifying people's concerns. Where concerns were identified they were not followed up and resolved.

We found a number of breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 which corresponded to breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. You can see what action we told the provider to take at the end of the full version of this report.

Summary of findings

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.

People were not protected against the risk of avoidable harm because staff were not effectively prepared to recognise and prevent abuse.

The provider did not consistently deploy the required number of suitably experienced and skilled staff. The provider did not follow up unsatisfactory references and other recruitment checks.

Gaps in records meant we could not be sure people received their medicines safely.

Is the service effective?

Requires Improvement

The service was not always effective.

The service did not meet legal requirements where people lacked capacity to make decisions about their care and support. People were supported by staff who did not all benefit from an effective system of supervision and appraisal.

Staff received appropriate induction and follow-up training. Staff assisted people to eat and drink enough when they were assessed as needing assistance. Staff helped people when they needed healthcare services.

Is the service caring?

Requires Improvement

The service was not always caring.

There were a small number of examples where people did not experience positive relationships with caring staff and where their dignity and privacy were not respected.

The majority of people were satisfied their care workers were kind, caring and responsive. They were able to express their views and participate in decisions about their care and support.

Most staff respected people, their property, and their dignity and privacy.

Is the service responsive?

Inadequate

The service was not responsive.

People did not always receive care and support in line with their plans and assessments. Care workers were sometimes late for calls, missed calls, and did not have enough time to support people in a professional manner

Care plans were focused on tasks to be completed rather than the needs of the person involved.

People did not find the office responsive or cooperative and complaints were not recorded or managed.

Summary of findings

Is the service well-led?

The service was not always well led.

There had not been consistent leadership in the months before our inspection. Some care workers were unclear about the management and did not find the office staff supportive

Some people found the service was poorly organised and did not communicate effectively.

Systems in place to monitor and assess the quality of service provided were not effective.

Requires Improvement

We Care Homecare 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 was meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, looked at the overall quality of the service, and provided a rating for the service under the Care Act 2014.

The inspection took place between 11 March 2015 and 1 April 2015. We gave the registered provider 48 hours' notice of our first visit to make sure people we needed to speak with would be available. The inspection team comprised two inspectors and two experts by experience. An expert by experience is a person who has personal experience of using or caring for someone who has used this type of care service. One had experience of caring for relations who were living with dementia and a professional history of managing care services. The other expert by experience had a nursing background.

Before the inspection we reviewed information we had about the service, including the previous inspection report and notifications of significant events the provider sent to us. A notification is information about important events which the provider is required to tell us about by law.

We contacted 27 people who used the service and five relatives by telephone. We spoke with the registered provider, the deputy manager and 11 members of staff: two care co-ordinators, an administrator and eight care workers. We spoke with a member of a local authority safeguarding team. We also took into account information provided by three members of staff and a relative of a person using the service who contacted us independently.

We looked at the care plans and associated records of six people. We reviewed other records relating to the management of the service, including time sheets, the employee handbook, policies and procedures, records of supervisions and spot checks completed, training records and four staff files.

Inadequate

Is the service safe?

Our findings

The majority of people we spoke with said they felt safe when their care workers were in their homes. One person said of their care worker, "I know her really well and feel completely at ease with her." Others said, "They are all very approachable," and, "They are safe, kind and polite, and do what you need."

However one person told us their care worker had given them the wrong dose of a medicine which they spotted before they took it. They said they now checked their medicines carefully. Another person's relative told us the person had acquired an infection following an "oversight" with their catheter.

People were not protected against the risk of avoidable harm and abuse because the provider's measures to promote their safety were not effective. The registered provider told us staff induction included guidance on safeguarding adults, and recognising signs of abuse and neglect. Training records showed 75 out of 82 staff had completed training in safeguarding adults in the previous year, and the remaining seven had completed the training less than two years previously. The safeguarding training was computer based. The registered provider told us they were confident the training was effective and in addition some office staff had done additional training provided by the local authority.

The provider's policy stated all staff should complete an "understanding abuse" workbook and read "No Secrets" (guidance on safeguarding adults published by the Department of Health). There were no records to show this policy was followed. The registered provider told us the computer based training provided equivalent information. The employee handbook contained the provider's whistle blowing policy, safeguarding procedure, including definitions of the different types of abuse, and contact details for reporting concerns to the local authority safeguarding team.

The provider's training and policies were not effective in preparing staff to identify signs of abuse and to respond appropriately. When we spoke with staff, three were able to describe confidently and in detail the different types of abuse and signs and indicators to be aware of. Eight were not able to describe the different types of abuse and the signs in detail. Five out of nine staff we asked thought the training in safeguarding adults was effective. Most of the staff members told us they would report any concerns to the office, but two questioned whether the concerns would be dealt with if they did.

The registered provider told us they expected care workers to report concerns to the office where they would be dealt with or referred to other agencies such as the local authority, police or community nurse. They said "not many have been raised", and on one occasion they did not take concerns further at the request of the affected person's family. This was in contravention to the local authority and provider's safeguarding policy. Records showed the previous manager had in fact investigated concerns and reported them to the local authority. Although the provider stated there had not been many concerns raised, we had been notified of 15 safeguarding incidents or concerns in the seven months since our last inspection. These included substantiated allegations of neglect involving single care workers attending where two were required, missed calls, missed medication, and insufficient support to inexperienced care workers.

The number of substantiated reports and the lack of practical awareness about safeguarding shown by some staff members meant the provider did not have effective processes to protect people from abuse and to investigate any allegation of abuse. This was a breach of Regulation11 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010, Safeguarding service users from abuse, which corresponds to regulation 13 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, Safeguarding service users from abuse and improper treatment.

The registered provider told us risks were assessed and managed as part of people's initial and annual needs assessments. These included risks to people's safety and risks to staff associated with providing care and support in people's homes. In the care plan records we looked at we saw risks were documented, for instance risks associated with moving and handling or people's mental health. The risk assessments included action plans to reduce and manage the risks.

Where the provider was unable to manage a risk they took other action. The registered provider told us of an example where a person's behaviour was judged to put female care workers at risk. They were unable to provide a male care

worker or obtain additional funding to allow two care workers to attend the person. They returned the care package to the local authority for assignment to a service which could meet the person's needs safely.

At our inspection in July 2014 we found there were not enough qualified, skilled and experienced staff to meet people's needs safely. On this occasion we found steps had been taken to recruit more care workers, but there were still concerns about their experience and effective deployment.

Following local advertising, the registered provider had increased staffing to 80 which gave an average of 22 hours per care worker. Additional applications were in progress which would reduce the average to 19 hours. The provider told us they were now focused on recruiting weekend care workers and were able to be "more selective". They recognised there was a problem with high levels of sickness amongst care workers. Staff turnover was "what they expected".

Ten out of 32 people we spoke with raised concerns about the youth and inexperience of their care workers. Comments included:

- "Those young ones don't know what to do. You wonder why they have gone into caring. Sundays are the worst. I feel like I'm having to check everything all the time and it is so stressful."
- "One young one just kept asking me questions about all sorts and I said don't keep asking me. I did speak to the office about it. I didn't like her attitude."
- "When I spoke to the manager about the youngsters, he said that unfortunately that's who applies for the jobs when they advertise. They need more mature carers."
- "I had a little one today, young thing I'd not seen her before but she had to keep asking me. You can't expect them to do things properly."
- "I wonder about some of these who have just left school. It is all right for me, but what about people with dementia and are confused? I don't know how that would be and more experienced workers are needed."
- "I just don't want the young ones all the time."

We discussed this with the registered provider who told us there were perhaps one or two care workers under the age of 18. If care workers were under 18 they were not sent out alone. They believed people were underestimating the age of the care workers who attended them. On a later visit the provider denied there were any care workers under 18.

One person told us the provider did not always send two care workers when two were required according to their assessment: "We mainly have two people but sometimes when they are very busy they can only send one." The time sheets for one person showed 18 occasions between 25 December 2014 and 31 January 2015 when only one care worker attended when two were required. The registered provider was aware of this and was following up with the senior care worker responsible. Staff we spoke with told us there were occasions when only one care worker was available for calls that required two. The provider was aware that sometimes care workers did not wait for their colleague or asked a family member to assist.

The provider had recruited more staff to meet people's needs but there were still problems with the experience of staff recruited and their effective deployment. This meant there was a continuing breach of Regulation 22 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010, Staffing, which corresponds to regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, Staffing.

We reviewed four staff records for employees who had been recruited recently. They showed the necessary checks were made, including checks for criminal records and people barred from working in a care setting. Staff told us they had an interview before starting work and that the checks were made. However two employees' staff records showed that an unsatisfactory reference had not been followed up and the reasons for leaving another social care provider had not been investigated at interview. The provider did not take steps to reduce risks where recruitment checks were not complete or satisfactory.

This was a breach of Regulation 21 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010, Requirements relating to workers, which corresponds to regulation 19 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, Fit and proper persons employed.

Care workers assisted people to take medicines only if they were prescribed and provided in a blister pack system. Care workers confirmed this was the case. Most people were

Inadequate

Is the service safe?

satisfied their medicines were administered safely. One said, "I am on a lot of drugs, so she checks them each time with me. She has only been wrong once." Another person's relation said, "They are really hot with [name]. They don't just leave her tablets out. They make sure she has swallowed them. They have a little routine going and it is always written in the book."

Records showed all staff except one had completed medication training in the last two years. The registered provider told us additional, specific training was given as required. The deputy manager had given training in administering eye drops and community nurses had given guidance where people's medicines were administered through a PEG (percutaneous endoscopic gastrostomy) tube direct to their stomach. Medicines were included in the provider's standard spot checks. The registered provider told us no problems had been identified.

However three care plans we looked at contained incomplete records of medicines administered. A fourth contained ambiguous instructions on whether the person should be prompted to take their medicines. Staff told us there were frequent occasions when people received their medicines late because of missed or late calls. We could not be certain that people received their medicines safely and at the right times.

This was a breach of Regulation 13 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010, Management of medicines, which corresponds to regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, Safe care and treatment.

Requires Improvement

Is the service effective?

Our findings

Where people had the same care worker or care workers, they were complimentary about the care and support they received. One person said, "I have one carer, usually the same girl, and she is brilliant. I have no problems at all, and she is never late, never seems rushed." Another person was satisfied their care workers were "kind, polite and helpful". They said their calls were at times that suited them, and their records were updated promptly. They were "completely satisfied". A third person described their care workers as "very knowledgeable and experienced at what they do". Another said, "They seem to know what they are doing and do a good job."

Where people did not always have the same care workers, they were less satisfied. One said, "It is hit and miss who you might get. Maybe they are the same for five days or so then a change. They explain someone is sick, but it is difficult to form a relationship like that."

At our inspection in July 2014 we found staff were not supported by an effective system of appraisal and supervision. On this occasion we found improvements had been made but the provider was still failing to support some staff by means of regular supervisions.

The registered provider told us they were "still working towards supervisions and appraisals". These were carried out by senior care workers with the records reviewed by the registered provider or the deputy manager. The provider had appointed two new senior care workers since our last inspection.

Four of the 11 staff we spoke with told us they had not had a supervision or spot check when they should have. The registered provider's records showed 20 out of 80 supervisions and 23 spot checks were still outstanding.

This was a continued breach of Regulation 23 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010, Supporting staff, which corresponds to regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, Staffing.

Staff were supported to provide effective care through a programme of induction and regular training. Records were in place for training completed, which included basic first aid, basic food hygiene, continence care, fire safety, health and safety, and infection control. Moving and handling training comprised theory and practical training. Records showed the majority of staff had received the training in the previous year. Training DVDs were also available in skin care and supporting people living with dementia, but no records were available to show if any staff members had completed this training.

Theoretical training was DVD and computer based. The registered provider told us they verified the effectiveness of the training through spot checks and supervisions, and were confident the training provided was fit for purpose. Each course included a test of the candidate's understanding and the threshold to pass was 60%. Certificates showing the threshold had been reached were kept in staff files. Three care workers told us they were expected to complete training in their own time, which meant it could be rushed. Staff told us they were satisfied the training prepared them adequately to support and care for people.

Where people were able to consent to their care and support this was recorded by means of a signature in their care plan. If they were not able to sign but had indicated their consent, this was recorded.

Where people were not able to consent, the registered provider and staff did not demonstrate an understanding of the Mental Capacity Act 2005 and its associated code of practice. The Act provides a legal framework for acting and making decisions on behalf of people who lack the mental capacity to make particular decisions for themselves.

The registered provider supplied us with a list of people who used the service. Some of these were highlighted as having "no capacity". The provider told us these were "people with dementia who do not have capacity". However they had not assessed their capacity for particular decisions as required by the Act and its code of practice. They told us they would refer to the person's social worker for an assessment and involve their GP or family to decide what was in their best interests. There were no records to show these procedures were followed.

One person on the list shown as having "no capacity" was in fact unable to speak. However they had technology which allowed them to communicate. Their care plan contained records which indicated they were able to communicate their views.

Failure to apply the principles of the Mental Capacity Act was a breach of Regulation 18 of the Health and Social Care

Requires Improvement

Is the service effective?

Act 2008 (Regulated Activities) Regulations 2010, Consent to care and treatment, which corresponds to regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, Need for consent.

People were supported to eat and drink enough when required. The registered provider told us some people had lunchtime calls because they needed assistance to eat. They said all care workers knew how to do this, and there was specific guidance in their care plans, for instance if they needed their food to be cut up. One of the care plans we looked at contained instructions for preparing the person's breakfast. Care workers were instructed to base breakfast on the person's choice. All care workers received training in basic food hygiene.

Care workers told us they were aware which people needed assistance to eat and how to help them. Where necessary they recorded the person's food and fluid intake. They made sure people had drinks available when they left. They told us they received instruction from the provider to pay particular attention to fluids during hot weather.

The registered provider told us care workers or office staff would make arrangements to contact people's doctors or paramedics if necessary. They would also accompany people to appointments with dentists, opticians and other healthcare providers. A care worker told us they had contacted the community nurse when they were concerned about a person's leg wound. Staff had arranged for an occupational therapist to attend when concerns were raised about another person's mobility.

One person's relation described a situation when the support of another healthcare provider was needed. "They noticed [name] had blood in her urine and contacted the district nurse straight away, so it is very reassuring." People were assisted to access other healthcare services if necessary.

Requires Improvement

Is the service caring?

Our findings

People found their care workers to be caring. One person said, "The present girl is lovely – responsive and caring. I can't fault her. I am very happy. We have a good relationship." Another said, "My new girl – she is the kindest girl. She will do anything even if it makes her a bit late." A third said, "One carer I had last year – she has left now – always blew me a kiss as she left, and gave me a big hug when she moved on."

The registered provider told us they took into account when recruiting if they considered candidates would be able to form positive caring relationships with people. They asked themselves, "Would I want that person caring for me?" Staff were able to describe to us how they established caring relationships. Routine spot checks by the provider included a check on how they engaged with the person they were supporting.

People described the relationships they had with their care workers. One said, "She understands me and makes me laugh. I think they are caring and helpful." Another said the care workers were "friendly and kind and just so easy to have around."

Another person's relation told us, "[Name] gets on very well with the carer who is fairly regular. I can tell she is comfortable and doesn't get flustered even though she has dementia. They know her well and she is calm with them. They seem to have a good pattern and routine with her."

Most people had good experiences of how much they were able to express their views and be involved in decisions about their care and support. One person said, "They always ask if you are all right and if there is anything they can do for you." Another said, "They always ask if there is anything else I want before they go." A relative told us, "It is good they make small talk with [name] and make her feel involved." A second relative said, "I feel completely involved in [name's] care."

A small number of people had not had such a positive experience. One person who was blind did not feel included in their care and support. They said, "I cannot read what is in the book and then they just change times to arrange it for when it suits them." Another person had requested a more mature carer, but they had no response from the office so they "let it drift". A third person who found it difficult and painful to stand up had requested their care worker to use a key safe to let themselves in, but they "always" rang the bell.

The registered provider told us they encouraged staff to have a two-way conversation with people when they were helping them with their personal care. If people declined care that was in their plan, they would be encouraged but their wishes would be respected. Staff we spoke with gave us examples of how they involved people in their day to day care.

The registered provider gave us examples of when they had responded to requests for care workers to be changed because they did not get on with the person they were assigned to. People we spoke with confirmed this had happened. They were able to respond to preferences for female care workers, but it had not been possible always to recruit enough suitable male care workers to meet people's preference. Sixteen people we asked could not recall that they had been asked if they preferred a male or female care worker. One person indicated to us he would prefer to have a male care worker.

Care workers gave us practical examples of how they promoted people's dignity and privacy. People were satisfied their dignity was maintained while they were assisted with their personal care. One said, "They don't make me feel embarrassed or uncomfortable. We just chat about things."

However a small number of people told us of occasions when care workers did not behave in a way that demonstrated respect for people they were supporting. One person said their care worker "sat on the toilet next to me in the bathroom using her mobile phone". They had to interrupt her to ask for assistance. Another person said their care worker made themselves a cup of tea without asking and kept their own sweeteners in the person's kitchen cupboard.

Staff were aware of equality and diversity issues. The registered provider gave us examples of how they met needs arising from people's religious preference or cultural background. These included matching people with care workers with the same language, respecting dress codes and being aware of different holy days.

Requires Improvement

Is the service caring?

There was an equality and diversity module included in the provider's training programme, but records indicated that 19 out of 82 staff had not completed it.

Inadequate

Is the service responsive?

Our findings

People did not always receive care and support that was responsive to their needs. They told us of problems with late calls, rushed calls and short calls. They did not receive accurate or timely information if care workers' rotas changed. They found the office staff were not responsive and complaints and requests were not followed up.

One person suspected an item had been stolen from their home. Although the provider investigated and did not find evidence of theft, they responded to the person's family and failed to keep the person themselves informed.

Nine out of 16 people we asked reported they had problems with late calls. People's comments about late calls included:

- "I am diabetic and I have to do a sugar test at 8:30am but it was 10am and then they get me washed before my breakfast so that makes it even later."
- "I can't remember now for the life of me, but I did get stuck in the bathroom for two hours because somebody got delayed."
- "No they are not on time. No two days are the same. My elder son has spoken to them but it is still the same."
- "I am fed up with it. They are regularly late and I keep ringing about it. Sometimes they cannot get anyone to me."
- "On occasions they can be an hour late."
- "My only problem is if they come late, I hardly get my breakfast eaten before my lunch arrives."

Care workers told us people frequently had their medicines late. One said, "Sometimes the morning call is only just before lunch". Another care worker told us "most" people had their medicines late. They also stated some calls were missed completely: "Missed calls happen quite often if the carer has gone off sick. This is happening a lot lately. I went in the other day and one person had not had their medicines." One person's care records showed that in the period 7 January to 27 January 2015, five calls had been missed.

People were concerned that care workers were not staying for the full duration of the planned call:

- "I am paying for an hour's care and only getting 45 minutes. It is not good enough."
- "I should have an hour and last week I only got 15 minutes and got charged for it."

Concerns were also raised about care workers having to rush:

- "They are always rushing and often don't do things properly. I have to ask them to do my personal care instead of the cleaning, and they wash me but I've got sores on my belly and they don't dry me properly and put cream on damp skin."
- "They are under so much pressure and seem rushed and don't have enough time."
- "They are always pushed for time and just have to get to me when they can. I don't say too much because I can see how busy they are."

Care workers told us these problems were often due to difficulties covering sickness, problems covering calls at weekends, and rotas not taking into account traveling time. The registered provider told us they did not pay travel time because the service commissioners did not pay for it. The provider told us they used to operate a computer system which sent the manager an email alert if a call was late or missed. The manager at the time was "overloaded" with alerts. They now relied on having "faith in their staff".

Care plans were task focused and did not contain information about people's choices and preferences. For instance, one person's care plan was a list of tasks: "assist to dress, make bed, assist to chair, make drink and breakfast". There was little information about the person and how they preferred to be assisted with their personal care. We could not be assured that people's care and support were focused on them as individuals if they were not supported by their normal, regular care workers because the required information was not available.

The provider's frequent failure to provide planned care at the correct time was a continued breach of Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010, Care and welfare of people who use services, which corresponds to regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, Person centred care.

People did not find the office responsive when they contacted the service for information or to raise a concern or complaint.

Inadequate

Is the service responsive?

- “Things have got a bit better. When I used to ring to complain they would have the phone off the hook. It is a bit better but it can still happen.”
- “I report things all the time but nothing gets done,”
- “They change the times and don’t let us know. Communication should be much better. Nobody rings me. I have to ring them first. The carers ring the agency to tell them they are running late and I think the agency should ring me but they don’t.”
- “There is no communication. It is terrible.”

People told us they did not receive accurate and timely information about which care workers would be calling on them. The registered provider said they tried to get the information to people as soon as they could, but there were often difficulties if rotas changed due to sickness or other reasons. They then concentrated on trying to cover the call as a priority over communicating with the person affected.

Care workers also reported difficulties with communications with the office, particularly when contacting them for on-call or out of hours support. These included office staff being “blunt” and not supportive when contacted; not answering the phone; not returning calls and information not being passed on.

People gave us specific examples where the service had not responded. One person said, “A new manager came and we got a letter asking us about any issues and I wrote back about not wearing ID and wearing rings with stones and lots of jewellery and bangles. She still does and I didn’t get a reply from them.” Another person asked for their personal care details to be at the front of the care plan, but this had not been done. A third person reported the theft of their property, but had not received a response.

The service had a complaints procedure, which was included in people’s care plan booklet. There was a complaints file which contained records of a complaint which had been followed up with the ombudsman. However complaints made by telephone to the office were not being followed up and recorded.

Failure to record, follow up and respond to complaints was a breach of Regulation 19 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010, Complaints, which corresponds to regulation 16 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, Receiving and acting on complaints.

The registered provider told us people’s care plans and medicine plans were reviewed and updated when people’s needs changed. People had a full assessment every year and their care plans were rewritten. They did not keep copies of old assessments and care plans in people’s care files to avoid the risk of inappropriate care being given based on out of date information. We saw this was the case in the care plans we looked at.

Requires Improvement

Is the service well-led?

Our findings

We heard varying opinions of the culture of the service. Some people said the service was well run and they would recommend it. One person said, "They will try and sort things out for you if you contact them, but you do have to ring them. They are approachable and friendly." Others raised concerns: "Quite a lot (of care workers) have left. They don't like We Care. They put on them, and people like me suffer." Another said, "I do find them unreliable. There has been some wonderful care, but now they are more trouble than they are worth. Last year I was always talking to the co-ordinator. I never knew who was coming."

Care workers were also divided in their opinion of how the service was managed. Some were not clear who was in charge in the office. Some found the senior staff to be supportive and described it as a good place to work. Others were frustrated by poor communication, the lack of response when concerns were raised and what they saw as poor organisation in the office. They felt the service did not respond well to unexpected circumstances, such as care workers going sick. One said they had called in sick but had been pressured to work.

There was no registered manager in post. The previous registered manager left in October 2014. A manager appointed subsequently did not register with us and left the service two weeks before our inspection. At the time of this inspection the registered provider was managing the service on a day to day basis.

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.

Since our last inspection, the registered provider had appointed a deputy manager, a field care supervisor, additional care co-ordinators and senior care workers. However the management structure had not been clearly communicated to care workers. Four out of eight care workers we spoke with were concerned that the management of the service was not effective.

The registered provider held regular "surgeries" where they were available in the office for staff to come in and raise any concerns or issues with them. They also hired a community hall so that staff who did not live near the office had the same opportunity.

The registered provider was aware there was a morale or satisfaction problem amongst some staff members. They described some of the less happy staff as "vociferous". They felt they "went the extra mile" to support staff, and told us they had a "passion for domiciliary care and allowing people to be independent in their own homes". However this vision was not communicated consistently to staff.

At our inspection in July 2014 we found the provider had systems to monitor and assess the quality of service provided, but did not apply them consistently. On this occasion we found improvements had been made but the provider had not responded to findings to improve the service.

The provider undertook a quality assurance survey in November 2014. This showed that 99% of people who used the service said they were happy or very happy with their care workers and the care provided. However 21% were dissatisfied with the service provided by the office, and 15% were not happy with the reliability of the service. The manager at the time had written to people identifying the main issues as training, travelling, rushed calls, late calls, missed calls and consistency. The feedback we received from people showed these were still problems more than three months later.

The quality of care and support provided was monitored by means of telephone calls made by office staff, "client monitoring visits" made by senior care workers and spot checks of care workers. The spot checks included engagement with the person using the service, timeliness, medicines, and the duration of calls.

The registered provider told us that any major issues arising from these methods would be looked at and that the feedback from them tended to be "fine". However, records in people's care files of client monitoring visits showed that people had raised concerns about the punctuality of calls, care workers not staying the allocated time, and dissatisfaction with responses from the office. There were no records to show these concerns had been addressed or resolved.

Requires Improvement

Is the service well-led?

Failure to act on feedback to evaluate and improve the service was a continued breach of Regulation 10 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010, Assessing and monitoring the quality of service provision, which corresponds to regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, Good governance.

Other actions which the provider had taken since our last inspection included two managers "removed from post", new appointments to senior staff positions and recruitment of additional care workers. The registered provider told us there were still senior appointments to be made, and recruitment of care workers was a continuous process.

This section is primarily information for the provider

Action we have told the provider to take

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

Regulated activity	Regulation
Personal care	Regulation 11 HSCA (RA) Regulations 2014 Need for consent Where service users were 16 or over and unable to give consent because they lacked capacity to do so, the registered person did not act in accordance with the Mental Capacity Act 2005. Regulation 11 (3)

Regulated activity	Regulation
Personal care	Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment The provider did not manage medicines properly and safely which meant care was not provided in a safe way for service users. Regulation 12 (1) and (2) (g)

Regulated activity	Regulation
Personal care	Regulation 16 HSCA (RA) Regulations 2014 Receiving and acting on complaints The system for identifying, receiving, recording and responding to complaints was not operated effectively. Complaints were not always investigated and action taken. Regulation 16 (1) and (2)

Regulated activity	Regulation
Personal care	Regulation 18 HSCA (RA) Regulations 2014 Staffing Sufficient numbers of suitably qualified, competent, skilled and experienced persons were not deployed. Regulation 18 (1)

This section is primarily information for the provider

Action we have told the provider to take

Regulated activity	Regulation
Personal care	Regulation 19 HSCA (RA) Regulations 2014 Fit and proper persons employed Information required concerning previous employment and reasons for leaving (Schedule 3) was not available. Regulation 19 (1) (a), 2 (a), (3) (a) and (b)
	Persons employed did not receive appropriate support, supervision and appraisal as was necessary to enable them to carry on the duties they were employed to perform. Regulation 18 (2) (a)

This section is primarily information for the provider

Enforcement actions

The table below shows where legal requirements were not being met and we have taken enforcement action.

Regulated activity	Regulation
Personal care	Regulation 9 HSCA (RA) Regulations 2014 Person-centred care Care was not arranged to achieve service users' preferences and ensure their needs were met. Regulation 9 (1) (b) and (c) and (3) (b)

The enforcement action we took:
We served a warning notice on the provider requiring them to meet the legal requirements of this regulation by 8 July 2015. We will carry out a further inspection in due course to make sure the provider has complied with the warning notice.

Regulated activity	Regulation
Personal care	Regulation 13 HSCA (RA) Regulations 2014 Safeguarding service users from abuse and improper treatment Service users were not protected from abuse and improper treatment. Systems and processes established to prevent abuse of service users were not operated effectively. Systems and processes established to investigate any allegation or evidence of abuse were not operated effectively. Regulation 13 (1), (2) and (3)

The enforcement action we took:
We served a warning notice on the provider requiring them to meet the legal requirements of this regulation by 8 July 2015. We will carry out a further inspection in due course to make sure the provider has complied with the warning notice.

Regulated activity	Regulation
Personal care	Regulation 17 HSCA (RA) Regulations 2014 Good governance Systems for assessing, monitoring and improving the quality and safety of the services provided were not operated effectively. Regulation 17 (1) and (2) (a)

The enforcement action we took:
We served a warning notice on the provider requiring them to meet the legal requirements of this regulation by 8 July 2015. We will carry out a further inspection in due course to make sure the provider has complied with the warning notice.