

PHC Home Care Limited

# PHC Home Care Limited

## Inspection report

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18 January 2018  
23 January 2018  
26 January 2018

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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?

Good 

Is the service responsive?

Requires Improvement 

Is the service well-led?

Inadequate 

# Summary of findings

## Overall summary

We undertook a comprehensive inspection of PHC Home Care Limited on 15, 18, 23 & 26 January 2018. The first day of our inspection was unannounced. However, we advised the provider in advance of the dates when we would be returning to complete our inspection.

At our previous inspection of 13 & 15 July 2017 we found four breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. These were in relation to risk assessments, staff supervision, care plans and quality monitoring. During this inspection we found that some improvements had been made in relation to these breaches. However we identified further failures to meet the regulations.

This service is a domiciliary care agency. It provides personal care to people living in their own houses and flats in the community. It provides a service to older adults living in the London borough of Harrow.

The service has a registered manager. 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.

Most of the people and staff members that we spoke with were positive about the service. A family member said that there had been problems with staff missing calls but they were satisfied that this was now resolved. Another person told us that they did not always have the same staff and were not informed about any new staff members visiting them. A staff member said that they did not always know who they were visiting until the morning of their shift. In addition, we were informed by a commissioning local authority that there had been a number of missed calls during the month prior to our inspection and that there had been a complaint about care provision.

At our previous inspection of the service we found that the provider had failed to develop care plans and risk assessments for some people. During this inspection we saw that risk assessments and care plans were now in place. However, these did not always provide information in relation to care needs and risks that we found in other documents contained within people's files. The provider had updated people's assessments of needs, but these did not now include some information in relation to people's personal needs and histories. This meant that we could not be sure that staff members had the information they required to always provide safe care.

The records in relation to the administration of people's medicines were not clear and there was no record that these had been monitored by a manager. Where staff had recorded that they had 'prompted' a person to take their medicines in the care notes, there was no medicines administration record in place.

When we looked at records relating to staff recruitment we found that some staff were working at the service without evidence that background checks such as references and criminal records (DBS) checks had taken

place. Where staff had criminal convictions on their DBS the provider had not assessed the likely risk of employing them to work in a care role. We also found that there was no evidence that formal training had taken place for staff who had been working at the service since October 2017. The provider had failed to ensure that they were recruiting and training new staff in a manner that ensured that they were safe and suitable for their roles as carers.

At our previous inspection of this service we found that the provider had failed to ensure that staff members received support through regular supervision by a manager. During this visit we noted that staff members had each received a recorded supervision session.

The provider had a complaints procedure. However, when we looked at the records of complaints received we were unable to identify if these had been fully and properly investigated. We could not be sure that the service effectively handled complaints.

At our previous inspection of the service we found that the provider did not have effective systems in place to monitor the quality of the service. During this inspection we looked at the available quality assurance monitoring records and found that these remained ineffective. Satisfaction surveys of people and staff had taken place and these showed high levels of satisfaction. However, where other monitoring had taken place there was little or no detail of any issues that had been identified or of actions taken to address these. We noted that the provider had identified that reference and criminal records checks "need to be more robust" in August 2017. However they had failed to address this at the time of this inspection. There was no evidence that care and medicines administration records had been audited or that other failures identified during this inspection had been identified.

We found six breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

After the inspection we contacted the provider asking what action they had taken to address the concerns raised. They provided us with information and evidence of the action taken to address some of the concerns raised which showed some of the risks identified at time of inspection had been lowered. . We took this information into account when deciding what action we took.. Full information about CQC's regulatory response to any concerns found during inspections is added to reports after any representations and appeals have been concluded.

The overall rating for the service from this inspection is 'Inadequate' and the service will enter 'special measures'. Services in special measures will be kept under review and, if we have not taken immediate action to propose to cancel the provider's registration of the service, it will be inspected again within six months. The expectation is that providers found to have been providing inadequate care should have made significant improvements within this timeframe. If there is not enough improvement so there is still a rating of inadequate for any key question or overall, we will take action to prevent the provider from operating this service. This will lead to cancelling their registration or to varying the terms of their registration.

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

Please note that the summary section will be used to populate the CQC website. Providers will be asked to share this section with the people who use their service and the staff that work there.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

**Inadequate** ●

The service was not safe. The provider had failed to obtain satisfactory references and criminal records checks for some staff members working with people.

The risk assessments used by staff did not always include information relating to risk found elsewhere in people's files.

Medicines administration records were not always in place and had not been monitored.

### Is the service effective?

**Requires Improvement** ●

The service was not effective. There was no evidence that some staff had received training before commencing work with people.

Staff members had received supervision from a manager but there was no evidence that this was now taking place on a regular basis.

### Is the service caring?

**Good** ●

The service was caring. People spoke positively about the care that they received.

Staff members spoke positively about the people they provided care and support to.

### Is the service responsive?

**Requires Improvement** ●

The service was not responsive. Care plans used by staff did not always include information relevant to people's care and support.

Assessments of need did not include personal information about people.

Records of complaints did not show how these had been investigated and resolved.

### Is the service well-led?

**Inadequate** ●

The service was not well led. Quality assurance records were

limited and lacked detail about concerns found and actions taken. There was no evidence of regular auditing of records.

The provider had failed to identify or address issues in relation to staff recruitment and training.

The provider had failed to fully address breaches identified at our previous inspection.

# PHC Home Care Limited

## **Detailed findings**

### Background to this inspection

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

The inspection was prompted in part by information we had received about the quality of care and financial concerns about the service. We brought forward our planned comprehensive inspection.

The inspection was carried out by an inspector and an inspection manager.

Before our inspection we reviewed information that we held about the service such as notifications and enquiries. We also spoke with two representatives from a commissioning local authority.

During the inspection we looked at 17 staff files, seven people's care records and records relating to the management of the service. We spoke with seven staff members, the registered manager and the nominated individual. We also visited two people in their own homes. After our inspection we spoke with seven people and two family members by telephone. We also asked the provider for an action plan and met with the provider after the inspection to look at actions they had taken to address the problems we found.

# Is the service safe?

## Our findings

People told us that they felt safe. One person said, "The ladies are very good. I usually get the same ones so they know me." Another person told us, "They do all the right things. They seem to know what they are doing." However, one person mentioned that they sometimes had support from staff who were new to them. "They are alright but I would like to know who is coming because it could be anyone at the door."

At our previous inspection of PHC Home Care Limited in July 2017 we identified a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. The provider had failed to ensure that risk assessments were in place for all people receiving care and support.

During this inspection we looked at the care files for seven people and found that risk assessments had been updated and were now in place. The provider showed us new care files that were being placed in people's homes and we saw that the risk assessments included in these had been recently updated. However, we found that some risk assessments did not include important information in relation to managing risks to people. For example, one person's care assessment referred to behaviours considered challenging. There was no reference to this in their risk assessment. Neither was there guidance for staff members on managing such behaviours. Another person's risk assessment stated that they were, "prone to having seizures." However there was no guidance in the risk assessment or care plan in relation to this. The same person relied on staff members to administer their medicines. There was no risk assessment in place in relation to medicines administration.

We looked at records in relation to the safe administration of medicines. The provider had a policy and procedure in relation to this, but we found that this was not always followed. For example, there was no medicines administration record (MAR) for a person who had been identified as requiring prompting to take their medicines. Although the registered manager told us that the person's medicines were administered by their family, we saw in their daily notes of care that staff members had recorded that they had prompted the person to take them. MAR charts were returned to the service when completed. However there was no record that these were checked as part of the provider's quality assurance procedures. Therefore we could not be sure that the provider was monitoring the safe administration of medicines.

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

We looked at 17 staff files to check recruitment practices. We found that overall there was a poor recruitment system in place with gaps and a lack of consistency. We found specific safety breaches where criminal records had not been looked into and where staff had been given work before criminal record checks had been carried out.

Recruitment records were kept in both paper and electronic format. We looked at both sets of records to cross check. We identified on six staff files that the procedure to gather references was not transparent. References were not clearly from the named referee but were embedded in an email the provider sent to the

referee on the provider's headed paper. In six care staff files we found that there was no records of references had been obtained. The nominated individual told us that the service had "lagged behind" making the reference checks.

Providers are required to obtain a full employment history for people they employ. We found that in five care staff files the work history was either not obtained at all or had gaps. We saw that in some cases effort had been made to check gaps but we saw that the dates did not tally where this had been done. One staff member had no work history and no references. We asked the nominated individual about this and he said this had, "slipped through the net".

We found that for two care staff members the criminal checks that had been carried out had returned information about criminal convictions. We could not see on the files evidence that action had been taken to investigate these convictions or carry out a risk assessment. We asked the nominated individual about this. He said that for one care worker the matter had been addressed verbally but that no written record had been kept. On the second case the nominated individual said that he would look into the matter and he later told us that the worker had been suspended whilst they investigated. We also brought to the attention of the provider concerns we had that some recruitment identification documentation may not have been authentic. For example the provider's identification photograph for a staff member looked significantly different to the photograph on their passport. The nominated individual also undertook to investigate this.

We identified further shortfalls when we looked at the start dates of care staff. We found for two care workers that care work had been carried out for the provider before a criminal records check had been obtained.

The nominated individual told us that there had been a lot of staff changes at the location since our last inspection of July 2017. He said that the office administrator and office manager had left, and that of the 30 or so care staff there had been a turnover of approximately 30 – 50%. This had had an effect on staff recruitment and the smooth running of the service. We were not confident that the provider's recruitment system was operating safely and effectively.

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

We identified other matters, which we judged to be linked in that they were having an impact on the ability of care staff and the provider to carry out their work effectively. The staff rostering system followed only provided care staff with details of who they were providing care to on a daily basis. This meant that care staff did not know until the last moment where they were going each day. One care worker told us, "Every day a different service user and service users are not happy. We have to find a new address each time." The nominated individual told us that they were addressing this issue and planned to move to a weekly rostering system in the near future. We also saw in the provider's complaints folder that the same issue had been raised by a local authority social worker saying that their service user was not comfortable not knowing what care worker to expect on any given day and requesting a weekly rota. We identified that this issue was long standing as we noted that in staff meeting minutes dated 1 November 2017 it was noted that the aim was to send out the staff rota weekly instead of daily and that, "carers will have a routine of regular calls."

We had been told before the inspection that the provider had not paid some staff. We found some evidence about this matter when we looked at the staff meeting records. The notes for 11 October 2017 stated that pay slips were, "not given out when expected on 6 October due to accountant software problems." Further, the staff meeting notes of 1 February 2017 made reference to the registered manager hoping to, "pay outstanding salary balances as soon as possible."



We asked the provider about this and the nominated individual said that the difficulties they were experiencing were related to their electronic system, Quick Plan. The nominated individual said that they were having difficulty in inputting the correct information from care staff about the amount of care visits made. The system needed to tally so that invoices could go out, money come in and staff get paid. The nominated individual told us that an experienced consultant worked one day a week assisting with getting the Quick Plan system working.

Following the inspection we met with the provider and were shown evidence that a weekly staff rota had been put in place and that the Quick Plan system was being used more effectively. This lowered the risk presented to people using the service but further work was needed to embed the system.

Given the problems we found about the scheduling of work, pay problems and the provider's scheduling system we asked the provider about their finances. We were not confident that the provider was solvent and able to provide a care service. We asked for assurances about this. The nominated individual gave us some verbal information but we asked for written assurances that the service was financially stable. This is being followed up with the provider.

The service had a safeguarding policy and procedure. Some staff members that we spoke with were able to demonstrate that they understood the principles of safeguarding and the potential signs of abuse. However one staff member could not tell us about their training. We looked at the training records for staff members. We noted that there was no evidence that staff who had commenced employment at the service since September 2017 had received training in safeguarding of adults at risk.

The service used an electronic call monitoring system which identified if there were missed or late care calls. We were shown how this worked in practice. The service received an alert if a staff member hadn't logged into the system within 5 minutes of the due time, and this was immediately followed up by the service. The registered manager told us that she covered care calls if staff members were unable to do them. However, three people told us that a care call had been missed during the month prior to our inspection. We asked the registered manager about how they monitored care failures. They were not able to provide us with any evidence of this. When we met the provider after the inspection we were shown a more effective system to check visits and where two staff were needed to work together to provide care.

All staff had received training on infection control procedures and were provided with personal protective items such as disposable gloves, aprons and anti-bacterial gel. We saw that stocks of these were held at the office. Staff members that we spoke with confirmed that they came to the office to obtain fresh supplies of these.

## Is the service effective?

### Our findings

People spoke positively about the support that they received. One person said, "I think they have training. They seem to know what they are doing." A family member told us, "It wasn't always good but the carers we have now are excellent."

At our previous inspection of PHC Home Care Limited in July 2017 we identified a breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Staff members had not received regular supervision from a manager to ensure that they were supported in their roles. During this inspection we looked at the supervision records for 15 staff members. We saw that they had all received a supervision session during December 2017 or January 2018. However there were no records of any supervision prior to this. The provider needs to ensure that there is a continuous track record of regular periodic staff supervision in the future

We looked at the records of training that had been provided to care workers. The registered manager explained how training records were kept and showed us documents. However, we found that there were gaps in the system and the registered manager was not able to demonstrate that staff had received the required training. The system used to keep track of training was defective.

For new staff there was a Care Certificate workbook folder. We were shown a copy of this. It was a detailed folder which covered 17 areas and included work manuals. However, the registered manager explained that the records were kept with care staff as they held the folders. We were shown an example which was not complete. The registered manager said there was no system in place to keep track of the induction training other than a training matrix which was held on her laptop. Later in the inspection the laptop was brought to us. We looked at the laptop records and identified that although there were records of staff training they did not cover the induction and the care certificate.

We saw records of training and certificates on care staff files. Again, the registered manager told us that the system to keep track of this training was use of the training matrix stored on her laptop. We looked at the laptop records and identified that there was a comprehensive record of staff training. However, we were not confident that it was completely accurate because we noted that some care staff had been accredited with having completed training in 2016 but the staff concerned had not started work with the provider until 2017.

In addition, we asked the registered manager to show us evidence of induction training received by new staff members. We were shown induction templates for staff members who had joined the service since September 2017. These were signed off by a manager, but did not provide details of how training was delivered and what it included. We asked the registered manager if there were any training certificates in place to support the signed templated. They did not have these. We asked about 'shadowing' of more experienced staff members which the registered manager told us took place before new staff members went on care calls unaccompanied. We found that there was no record that this had taken place for recently appointed staff members.

We were shown staff meeting records which showed that staff meetings were held fairly regularly in 2017 but they ended on 1 November 2017. The nominated individual confirmed that that had been the last staff meeting. The provider had planned to provide staff meetings every two weeks.

We were shown quality assurance policies that covered a wide range of audits, assessments and meetings. However, despite this the provider was not able to show us evidence that there was an effective system in place which kept track of staff training, supervision and appraisal, identified shortfalls and set out how such shortfalls were to be addressed.

The above is evidence of a continuing breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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

We checked whether the service was working within the principles of the MCA. Information about people's capacity to make decisions was included in their care plans. Where people had been identified as lacking capacity, guidance for staff about how to communicate with them was in place. Where people had capacity to consent to care, we saw that they had signed their care documents.

The service had a policy and procedure in relation to MCA that was up to date. We noted that the training records for some staff members indicated that training had not been provided in relation to MCA. The registered manager subsequently showed us copies of MCA guidance booklets that had been signed by staff as having been read and understood. However, we did not see any records of training having taken place and the booklets had not been signed by all staff members. When we spoke with staff members they were able to demonstrate how they supported people to make choices and give consent to care.

Care plans contained information about people's health needs and how these should be supported by staff, along with contact information for health professionals. Where staff had made contact with professionals, such as the person's GP or community nurse, this was recorded in their care notes.

Care staff were involved in meal preparation, and we saw that care plans for people who were being supported with eating and drinking provided information about food preferences and when people should be supported.

## Is the service caring?

### Our findings

People told us that the care that they received was good. One person said, "Oh yes, they are very good. Sometimes I have to show them how I want things to be done, but overall they are caring." A family member said, "They are very good with [my relative] who can be difficult sometimes."

The staff members that we spoke with talked about the people whom they supported in a positive, caring and respectful way. A staff member said, "I think about my mum and try to give the care that I would want if it was a member of my family." Another staff member told us, "I like my people. I see the same ones usually and this means I can get to know them. We visited two people at home when care staff were with them. We saw that they supported people in a way that was respectful of their privacy and dignity. They chatted with people in a friendly way and checked that they were happy with their care."

The registered manager told us that new staff members, or those new to the person who used the service, would shadow established staff members in order to understand the person's needs and establish a relationship with them. Although we saw that this had taken place for a number of staff members, shadowing records had not been completed for those who had been recruited during the previous three months. We asked the registered manager about this and she told us that shadowing of staff had taken place. A recently recruited staff member confirmed that she did three visits with an experienced staff member before she worked alone.

The care plans that had been developed for people included information in relation to people's cultural, language and relationship preferences. People's records showed, for example, that staff members had been assigned to work with people where they were able to communicate with them in their first language. This was confirmed by the staff members that we spoke with. However a person told us that although they were able to communicate with their care staff they did not always understand their needs. "I asked for a sandwich and I got some bread and a tomato laid out separately on a plate."

We viewed information that was provided to people who used the service and saw that this was in an easy to read format. Copies of care documents were kept in people's homes. People told us that they were satisfied with the information that they were given. One person said, "They do talk to me about this and I have agreed what is written down." A family member told us, "We are involved with this. They came out recently and asked about [my relative's] needs."

## Is the service responsive?

### Our findings

At our previous inspection of PHC Home Care Limited in July 2017 we identified a breach of Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. The provider had failed to ensure that up to date person centred care plans were in place for all people who used the service.

During this inspection we found that revised care needs assessments and care plans had been put in place for people. We saw that the care plans were developed in an easy to read format which met the accessible information standards. We looked at seven people's care files in detail. We found that the new care needs assessments identified potential risks associated with care and support. However there was little information about people's personal needs and histories. The registered manager told us that a local authority had recommended that the care needs assessments were long and could be shortened to make them more accessible. She had subsequently taken out the part of the assessment form that had formerly provided information about people's histories and their emotional and social needs. We discussed the importance of ensuring that care needs assessments should include all needs. The registered manager told us that she would ensure that the assessments were revised to include this information.

Where information that might have an impact on the provision of care and support was identified in people's care needs assessments this was not always included in their care plans. For example, we found that where a person had been assessed as tending to "punch and scratch" staff. Their care plans did not include information about this. Another person's assessment referred to the fact that they often became anxious and may shout at staff. There was no mention of this in their care plan. We also noted that a care assessment for a person referred to the need for staff members to support them with a regular exercise programme. There was no reference to this in their care plan.

Daily care notes were recorded and kept at the person's home. We looked at recent care notes for six people and we saw that these contained information about care delivered, along with details about the person's response to this and any concerns that care staff had. They also showed where concerns had been reported. However we found that the quality of the care notes was variable. Some care tasks identified in people's care plans were not always recorded. Where staff members supported people with eating and drinking, they had not always recorded this information.

We asked the registered manager how they monitored the quality of care noted. They told us that they reviewed them when they were returned to the office and would address concerns about recording with staff members where necessary. However there was no record that these actions had taken place. Therefore we were not assured that the provider maintained an effective system for ensuring that care provided always met people's needs.

The above demonstrated a continuing breach of Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We were shown the complaints records maintained by the service. Although complaints had been dated the system for managing complaints was not clear. The information was hard to follow and we were not able to

tell in each case how the matter had been investigated and what the outcome was. In one complaint there was a record setting out the work the provider did but this was not clear and seemed to end with the complainant having moved to a different provider. A second complaint record included an email trail but it was not possible to see what the complaint was about or any complaint investigation report. In a third complaint there was a copy of an apology letter and reference to an investigation. However there was no record of this investigation and all the allegations identified in the complaint were denied.

The system to identify, receive, record, handle and respond to complaints was not operating effectively. The above is evidence of a breach of Regulation 16 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

## Is the service well-led?

### Our findings

People told us that they were satisfied with the management of the service. One person said, "The manager comes to see me and checks if everything is OK." A family member said, "No problems with the management. We told them about problems and they sorted them out." However, one person told us, "The manager doesn't listen."

At our previous inspection of PHC Home Care Limited during July 2017 we identified a breach of Regulation 17 of The Health and Social Care Act 2008 (Regulated Activities) 2014. The provider had failed to demonstrate that they had taken steps to ensure that the quality of the service was effectively monitored.

The provider showed us their policies and procedures and their quality assurance system. The provider used a quality assurance compliance management system bought from a quality company specialising in social care provision and quality auditing. There was, on paper, an effective system of policies, quality checks and standard forms. Some of these forms and processes were in place. For example, we were shown copies of the provider's "administration audit and action plan", where an audit had been completed on 24 July 2017 and 3 January 2018. However, even here a number of failings had been identified by the provider which suggested that the provider's own system was flagging up concerns. An example of this was that the audit identified shortcomings with the management meetings in place but the action proposed to address the issue was to reinstate regular meetings by 1 April 2018, three months after the audit. The provider's action plan following our previous inspection which was dated 26 October 2017 stated that quarterly quality assurance meetings would take place at the service.

We were also shown audit forms relating to staff documents and service user's care records which had been completed during August 2017. These lacked detail and there was no information about how identified shortcomings would be addressed. For example, the notes in relation to staff references and criminal records checks stated "need to be more robust," but did not specify why the provider considered this to be the case. During this inspection we identified failings in relation to staff references and criminal records checks and there was no evidence of any actions taken to address these. In addition we found that the provider had failed to address issues identified at our previous inspection in July 2017. For example, there was no record that monitoring of medicines records and daily care records had taken place.

In other areas, such as spot checks there were gaps. The registered manager told us that the records for spot checks were held on staff files. We looked at these and we saw that some had been carried out. Generally, we saw records of spot checks on staff files for once per year where they existed. There were not spot check records on each staff file. The registered manager produced a thick folder of items that needed to be filed at the end of the inspection. This file, the registered manager told us, included spot check records that needed still to be filed. Even so, the system to keep track of spot checks was not effective as it relied too heavily on paper records and the laborious input of the records by the manager.

There were reasonably clear records of regular staff and service user annual surveys that had been completed in 2016 and 2017. Feedback was positive. However, other records were less clear. For example,

the accident and incidents records only included one record for people using the service which seemed too low. The accident and incident records for staff members were not clear and seemed to involve a number of records relating to one named person using the service. There were other shortfalls including the staff training records, complaints records and the problems with the staff schedule and management of the provider's electronic system and finances.

In summary, the provider's governance arrangements were poor, not effective and lacked transparency.

The above is evidence of a continuing breach of Regulation 17 of The Health and Social Care Act 2008 (Regulated Activities) 2014.

The registered manager told us that she was often away from the office, covering care calls and undertaking assessments of people's needs. During our inspection we noted that she was away for part of the time visiting people in their homes. She was supported by a care co-ordinator, an office manager and an administrator. These were all new recruits to the service and were in the early stages of probation. The nominated individual told us that the recent turnover of staff had resulted in gaps in some of the office functions. He said that two further people had been recruited on a part time basis to address issues with the electronic payment system and to develop people's care documents.

The staff members that we spoke with spoke positively about the registered manager. One said, "She is very supportive and she often comes out and helps us."



This section is primarily information for the provider

## Action we have told the provider to take

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

| Regulated activity | Regulation   |
|--------------------|--|
| Personal care      | Regulation 9 HSCA RA Regulations 2014 Person-centred care<br><br>The provider had failed to carry out assessments that included all their needs.<br>the provider had failed to ensure that people's care plans included information related to all people's needs.<br>9(1)(3)(a)(b)          |
| Regulated activity | Regulation   |
| Personal care      | Regulation 12 HSCA RA Regulations 2014 Safe care and treatment<br><br>The provider had failed to ensure that risk assessments were in place for all potential risks to people.<br>The provider had failed to monitor the recording of medicines administered to people.<br>12(1)(2)(a)(b)(g) |
| Regulated activity | Regulation   |
| Personal care      | Regulation 16 HSCA RA Regulations 2014 Receiving and acting on complaints<br><br>The provider did not operate an accessible system for identifying, receiving, recording, handling and responding to complaints.<br>16(1)(2)   |
| Regulated activity | Regulation   |
| Personal care      | Regulation 17 HSCA RA Regulations 2014 Good governance<br><br>The provider had failed to operate effective   |

systems and processes to ensure that they assessed, monitored and evaluated the service.  
17(1)(2)(a)(b)(f)

## Regulated activity

Personal care

## Regulation

Regulation 19 HSCA RA Regulations 2014 Fit and proper persons employed

The provider had failed to ensure that staff members were of good character and suitable for the work that they were carrying out.  
19(1)(a)(2)

## Regulated activity

Personal care

## Regulation

Regulation 18 HSCA RA Regulations 2014 Staffing

The provider had failed to ensure that staff members had received the training that they required to carry out the duties that they were employed to perform,  
18(2)(a)