

Hands On Care Wombourne Limited

Hands on Care (Wombourne) Limited

Inspection report

Unit 5, Springhill Lane
Penn
Wolverhampton
West Midlands
WV4 4SH

Tel: 01902546611
Website: www.hands-on-care.com

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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

We undertook this announced site inspection of Hands on Care (Wombourne) on 06 February 2018. This inspection was prompted in part by information shared with CQC about the potential concerns around the management of people's care needs. We examined those risks. Prior to this inspection we carried out an announced inspection of this service on 24 June 2015 and we rated the service as 'inadequate' and as a result the decision was made to place the service in 'Special measures'. Services in special measures will be kept under review and, if we have not taken immediate action to propose to cancel the provider's registration of the service, will be inspected again within six months. We identified six breaches of regulation. We inspected the service again on 24 February 2016. At this inspection we found the service was meeting the requirements of the law and we rated the service overall as 'Good'.

Hands on Care is a domiciliary care agency. It provides personal care to people living in their own houses in the community. It provides a service to older adults. Not everyone using Hands on Care receives regulated activity; CQC only inspects the service being received by people provided with 'personal care'; help with tasks related to personal hygiene and eating. Where they do we also take into account any wider social care provided.

At the time of our inspection, 21 people were supported with their personal care needs by the service. There was a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

Although people felt safe with the care they received in their homes; an adequate system had not been established to investigate allegations or evidence of abuse. Risk assessments and guidance was not always in place to ensure specific issues were identified and managed safely.

People regularly experienced late and shortened calls. The provider had a recruitment system in place but this was not followed and appropriate pre-employment checks had not been completed.

People received their medicines as prescribed and staff had the skills to meet their needs. People told us staff were kind and caring and sought their consent before providing care. People told us they were treated with dignity and respect and were involved in how their care was planned. Staff promoted people's independence. Staff supported people to meet their nutritional needs.

Although people knew how to raise concerns an effective complaints system was not in place. The quality assurance system was not effective at identifying concerns or driving improvement.

During this inspection we found breaches in the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. You can see what action we told the provider to take at the back of the full version of this

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?

The service was not consistently safe.

The systems in place to safeguard people from possible abuse or harm were not effective. Risk assessments were not always in place for staff to refer to. The service did not have an oversight of late visits. People were not protected from the risk of harm because an effective recruitment process was not in place. People received their medicines as prescribed. Cleanliness and hygiene systems were in place to protect people from the risk of infection.

Requires Improvement ●

Is the service effective?

The service was not consistently effective.

Processes were not effective to ensure people's individual needs were identified and assessed. Staff received training relevant to their role and had the skills and knowledge to meet people's needs. People were happy with the support they received with their food and drink. People received support where required to manage their health needs. Staff sought people's consent before providing care.

Requires Improvement ●

Is the service caring?

The service was not consistently caring.

People's choices were not always met. People told us staff were kind and caring. Staff respected people's dignity and privacy when providing care. People were involved in planning their care. People's independence was promoted.

Requires Improvement ●

Is the service responsive?

The service was not consistently responsive.

People were not supported by consistent members of staff. People's concerns had not been addressed because an effective complaints system was not in place.

Requires Improvement ●

Is the service well-led?

Inadequate ●

The service was not well-led.

People were not protected by a quality assurance system that effectively identified the areas of improvement needed within the service. Feedback had not been used to make improvements. Records relating to care people received did not always provide an accurate and complete picture of their support needs. Staff were knowledgeable about their roles and responsibilities.

Hands on Care (Wombourne) 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 checked whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This site inspection took place on 06 February 2018 and was announced. We gave the service 48 hours' notice of the inspection visit because it is small and the manager is often out of the office supporting staff or providing care. We needed to be sure that they would be in.

The inspection was prompted in part by concerns raised with us about the quality of care people receive from the agency. This inspection examined those concerns.

The inspection was carried out by an inspector and telephone calls were made to people and their relatives by an Expert by Experience. An Expert by Experience is a person who has had experience of using or caring for someone who uses this type of care service.

We reviewed information we held about the service, this included information received from the provider where they are required to send us by law. We also contacted the local authority who commission services to gather their feedback.

We visited the office location on 06 February 2018 to see the registered manager and office staff; and to review care records, policies and procedures. Telephone calls were made to people, their relatives and staff on 02 February, 08 February and 09 February 2018. We spoke with eight people who use the service and two relatives. We also spoke with five members of staff, the registered manager and office staff.

Is the service safe?

Our findings

During the inspection on 24 June 2015 we rated the service as 'inadequate' under the key question of 'is the service safe.' We found the provider was not meeting the regulation around staff not being deployed in a way that ensured people received their care calls on time, and recruitment checks were not robust to ensure staff employed were safe to support people. At the inspection on 25 February 2016 we found the provider had made improvements and had addressed the breaches of regulation.

At this inspection we looked at the systems in place for the safe recruitment of staff. We found the improvements made at the last inspection had not been sustained. Although the provider had a recruitment process in place we found it was not followed as it did not provide sufficient information regarding applicants and their suitability for the role. The registered manager explained an applicant would complete an application process to assess their suitability for the job, attend an interview and provide contact details of people to provide a reference. A Disclosure and Barring Service (DBS) check was also completed before staff began working at the service. DBS checks include criminal record and barring checks for person's whose role is to provide care or supervision. We looked at the recruitment records for ten staff. Records we looked at indicated that no references had been sought for four staff members; three members of staff had only character references in place. We also found four members of staff had not completed an application process and no checks had been completed of their work history. This meant that the provider could not ensure that care workers had the appropriate knowledge and skills to provide safe and appropriate care as suitable references had not been obtained.

This demonstrates a breach of Regulation 19 of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Fit and proper persons employed. This was because recruitment procedures were not operated effectively.

We asked people using the service if the care staff arrived at their homes on time and if they were going to be late whether they contacted the person beforehand to let them know. People we spoke to said there were issues with the timing of their visits and they regularly experienced calls that were late resulting in them receiving shorter calls. However most people said their calls had not been missed. One person said, "Times are all over the place. Can be early or late. I don't always wait for them and get myself going. Very occasionally I do get a call to say they are going to be late." We asked staff if they had enough time to complete all the tasks required during each visit and if they had adequate travel time between calls. They said they usually had enough time to complete the tasks required and had sufficient time allocated to them to get to the next call. Comments included, "I have enough time to complete tasks" and "Enough time to get to the next call." "Staff have runs and allocated travel time to get to an area." "Sometimes it is difficult to get to calls because of the distance or the traffic on the road at busy times." One member of staff told us the registered manager had allocated additional travel time because they were not familiar with the area their calls were in.

The registered manager showed us how calls were planned and assigned to staff. They confirmed the number of staff required to meet people's needs were available and this was considered in the preparation

of the call runs. Staff were allocated to particular calls and a 30 minute window of time was allocated either side of the visit time before it was identified as early or late. However these times were not shared with people so they did not always know which staff were turning up or at what time. A computerised system was used to record completed calls; however it did not provide an accurate oversight of calls being completed on time or late. The registered manager said they relied on people or their families contacting the office to inform them. The registered manager said the computerised system was being updated to identify those call which were late or shortened so these areas could be addressed by the management team.

We looked at how people's risks were managed by the service. People told us staff managed their individual risks to keep them safe. One person said, "[Staff] have discussed my safety and the risks around my home and the safe use of my walker. They always ensure everything is locked and there is nothing on the floor to hinder me." Another person required the use of a hoist to help them transfer, they told us, "We have fully discussed the risks involved and how to keep safe." Staff we spoke with were able to explain how they should use equipment to keep people safe. Although staff were able to explain how they supported people's individual risks we found risk assessments were not always completed to inform staff how to support people safely. For example, one person was at risk of epilepsy we found no information was available to inform staff how to manage this risk. Without the correct written guidance available people could be at risk of not receiving the right care or support. We discussed this with the registered manager who informed us they would review people's risk assessments to ensure they were reflective of their needs and contained adequate information for staff to refer to.

Environmental risk assessments had been undertaken in people's homes to identify any possible risks when care staff visited to provide support. These assessments took into account fire safety, if any trip hazards were present and possible risk with lone working. Staff told us they understood the actions they should take if an emergency occurred such as not being able to gain entry to someone or finding a person had fallen. One member of staff told us, "If I could not get in for one reason or another I would contact the office or try and call person or their family." Another member of staff explained, "I would call the emergency services and stay with the person. I would let the [registered manager] know." They continued to explain a situation where an incident had occurred and the person required medical attention. They stayed with the person until help arrived. Systems were in place to ensure people were kept safe in the event of an emergency.

People told us they felt safe when staff visited them in their home. One person said, "Quite safe. I have double up calls and have a ceiling hoist and they move me onto my chair from the bed. I feel safe when they are doing this as they make sure they are both handling me carefully supporting my sides and legs slowly when doing it." One relative commented, "Feel safe leaving [staff] with [person]. They make sure they are comfortable and moved about safely."

Staff we spoke with understood the different types of abuse and explained the signs they would look out for. Staff told us they had received training in how to keep people safe and said they would inform the manager if they suspected anyone was at risk of harm or abuse. One member of staff said, "There are different types of abuse such as verbal and financial. I would report it immediately to the [manager]. The manager would then report it to the local authority." The registered manager had an understanding of where allegations of abuse should be reported and knew how to make referrals to the local authority safeguarding team. Although the registered manager and staff had an understanding of the different types of abuse and how they would report these concerns. We could not be assured people would be protected from potential abuse or harm. The regulation states systems and processes must be established and operated effectively to investigate any allegation or evidence of abuse. Prior to our inspection we were made aware of four safeguarding concerns regarding the care being provided to people. We found there was no process in place to confirm these concerns were responded to appropriately by the provider. We contacted the local

authority and confirmed these issues had been addressed through their safeguarding procedures to protect people from harm.

Some people required support to take their medicines and we looked at the systems in place to support this. One person told us, "The carer wears gloves and just gets my tablets out of the pack for me and then I take them with a glass of water." Another person told us, "They do all my medicines for me. They get them out, give me them with water and make sure I swallow them safely. They wear gloves." A third person said, "If my medicines are running low they will contact the doctor for me." Where people required support Medicine Administration Records (MAR) had been completed. Records did not contain any gaps and indicated medicines had been given as prescribed. Staff we spoke with explained how they supported people to take their medicines. One member of staff said, "I feel confident giving people their medicines and creams most are in blister packs and information is very clear. I have also had training so I know what I need to do." Staff also told us they had been observed by their line manager to ensure medicines were being administered appropriately and as prescribed.

We looked at the systems in place in regard to infection control. The majority of people told us staff wore aprons and gloves when providing care. One person said, "They wear gloves and aprons when here with me." A relative commented, "90% of the time I would say they wear gloves and aprons, but not all of them do." Staff told us they had received training and spot checks were completed by the management team to ensure control measures were in place and followed by staff. Staff told us they had sufficient amounts of Personal Protective Equipment (PPE) provided and they could also go to the office for additional supplies. We also saw policies in relation to infection control had been provided to staff in their handbook.

We looked at how accidents and incidents were managed. Although no recent concerns had been reported; the registered manager said if any occurred they would review the actions they had taken in order to improve the quality and safety of the service provided.

Is the service effective?

Our findings

During the inspection on 24 June 2015 we rated the service as 'requires improvement' under the key question of 'is the service effective. This was because people were not always supported by staff who had received all the training needed and had the skills they required in order to deliver effective care. At the inspection on 25 February 2016 we found the provider had addressed these issues and we rated the service 'good' under the key question of 'is the service effective'. At this inspection although we found the individual care people received was effective; the provider did not have an oversight to ensure improvements were sustained. For example, through effective audits systems.

People told us before they began to receive support an assessment of their needs was completed. They confirmed they were involved in developing their care plan and said a copy of it was available in their home. Care records we looked at showed an assessment of a number of areas including personal care, medical history, dietary needs and sexuality had been considered when developing people's care plans.

We asked people if they felt the staff who visited them had the skills to meet their needs. One person told us, "They all appear well trained and I feel fine and confident with them." Another person said, "Yes, you can tell from the way they assist in hoisting me safely and supporting me that they have been well trained." A relative commented, "They all appear to be well trained and know what they are doing." Most staff we spoke with felt well supported by the management team and said they felt confident in their roles. All staff told us they had received training and felt they had the skills to meet people's varying needs. One member of staff said, "I have had lots of training and I feel confident in my role; if you feel you need to refresh on an area of training this would be arranged for you." Staff told us they were able to approach the registered manager with any queries they might have. Most staff told us they had received one to one meetings, attended staff meetings and had their competency checked by senior staff to ensure they were carrying out their jobs effectively and to improve their care practice.

Staff told us an induction programme was in place for new staff which provided them with an opportunity to shadow more experienced staff and get to know the people who they might support. They also said they undertook a number of different training programmes during their induction which gave them the knowledge and skills to support people in their own homes. For example, moving and handling, safeguarding, medicines, infection control and health and safety. Staff told us training was continued on an on-going basis to ensure their skills were maintained and they continued to carry out their roles effectively.

People we spoke with who were assisted with their meals were happy with how this support was provided. One person said, "They cook well." Another person said, "They do all my meals for me and assist me sometimes with eating." A third person said, "They get me porridge for breakfast, cakes and a drink for lunch, for tea time heat me up a microwave meal and make me a sandwich in the late evening with a drink for bedtime." The registered manager told us they did not currently support anyone who had any specific dietary needs such as a pureed diet. They told us staff supported people by preparing meals and assisting them to eat and drink when required. Staff we spoke with were aware of the importance of supporting people to maintain good nutrition and hydration. One member of staff said, "I always ask a person what

they would like to eat and drink and always leave them a drink before I go." Staff told us they had completed food hygiene training to ensure the food they prepared was safe for people. Care records we looked at indicated if a person required support from staff during mealtimes and detailed any health conditions which might be affected by their diet. This showed people were supported with having food and drink they chose and it was well prepared.

People and their relatives told us staff were responsive to changes in their health needs and where required took appropriate action. Most people said their relatives usually provided assistance to attend healthcare appointments but said if required the service would provide support. One person said, "They make my appointments for me when I need some." Staff we spoke with gave examples of times when they were required to support a person to get medical attention and were able to clearly explain the process to follow when someone required medical help. Care records we looked at also included details of healthcare needs so that staff had an understanding of people's needs along with contact details of healthcare professionals where required.

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 decision, any made on their behalf must be in their best interests and as least restrictive as possible. The application needs to be made to the Court of Protection for people living in their own home. At the time of our inspection no one was receiving care or support that was subject to a court order.

We checked whether the service was working within the principles of the MCA. People told us staff always sought their consent before providing their support. One person said, "They always ask me if I am ok and what I would like to have done first." Another person told us, "They won't start without asking me if it is ok first." Staff we spoke with had an understanding of the principles of the MCA and what action might be taken when a person lacked capacity. We saw people's capacity had been considered as part of the initial care assessment and found no one lacked capacity to make decisions; this information was available for staff to refer to when supporting people.

Is the service caring?

Our findings

Although we found individual care staff were caring and provided care which met people's needs, we also found the provider had not ensured the care people received was responsive to their specific needs and therefore we could not be assured the provider was caring in their approach to people's care. For example, we found the provider had not ensured people were receiving their calls at their preferred times or that people had the same staff delivering their care. We also found the provider had not established effective feedback or monitoring systems or had an oversight to ensure people were well cared for.

Most people we spoke with were positive about the support they were provided. One person said, "Brilliant all of them. Nice and friendly and they can't do enough for me." Another person told us, "Carers are fine. Perhaps some are friendlier than others to be honest but they do the job and are all nice to me." A relative commented, "They are all good and I can hear [person] laughing with them so I know they are getting good care and are happy." Although people said staff were kind they all raised concerns about not receiving consistent staff. One person said, "They do swop and change staff most days." Another person commented, "They do mix them up and we don't get an introduction to the carers." We looked at how the provider sought people's views about whether they felt that staff were caring towards them and provided them with the support they needed, We found there were not effective systems in place to monitor people's views about their care.

People told us they felt involved in their care and making choices and decisions. One person said, "Staff are aware of my likes and dislikes and involve me in all decisions." The service took people's equality and diversity into account and this was captured in people's care records. We saw the service had supported people to express their preferences for care. For example, people had been asked for their preference for male or female care staff and the service had accommodated this request. The registered manager told us people had access to independent advocacy services if required. Although no one was currently using this service the registered manager told us of occasions where advocacy services were involved in supporting people to communicate their views or choices. Advocates are people who are independent from a service and support people to communicate their wishes and views.

People said staff treated them with respect and dignity when providing care. One person said, "They are very good they draw the curtains and also keep me covered with a towel so I am never left with nothing on." Another person said, "I have no complaints about this; they are most respectful when washing me and also what bits I want to do for myself." Staff we spoke with understood the importance of maintaining people's privacy and dignity and shared examples of how they worked to maintain this when providing care. One member of staff said, "I make sure the person is happy with what I am doing and close the door when I am providing care."

People told us staff promoted their independence as much as possible. One person said, "They assist and encourage me to get my breakfast myself and help me move about." Another person said, "They put my medicine out for me and encourage me to take it myself which I can do." Staff also provided examples of how they promoted people's independence. One member of staff said, "I encourage people to take part in

the task I am helping with and involve them in making any decisions about what needs to be done and in what order." Staff also told us checks were completed by the senior staff and they looked at how people's care was provided in order to protect their dignity and promote their independence.

People and staff told us confidentiality was maintained. Staff we spoke with were aware of the need to protect people's personal and private information and shared examples how they put this into practice. For example, not discussing other people in a person's house. People we spoke with said they had a copy of their care record which they kept in their home; other confidential records relating to people's care and support were securely stored in an office. This ensured people's personal information was treated confidentially.

Is the service responsive?

Our findings

During the inspection on 24 June 2015 we rated the service as 'inadequate' under the key question of 'is the service responsive.' We found the provider was not meeting the regulation because people's care plans were not up to date and did not provide the correct guidance for staff to ensure people received the care they needed. People did not know how to complain and when they did, these complaints were not responded to appropriately. At the inspection on 25 February 2016 we found the provider had made improvements and had addressed the breaches of regulation.

At this inspection we looked at the systems in place to manage and monitor complaints. We found the improvements made at the last inspection had not been sustained. Although the provider had a complaints policy in place we found it was not followed. We looked at how the service managed complaints. People told us they knew how to make a complaint. They said they would contact the office or speak with the staff if they were unhappy with the service they received. One person said, "I have not made an official complaint but I have called them over lateness of calls and they just say they will look into it." Another person said, "Yes, I have made a complaint once when they didn't turn up for me." A relative commented, "Yes I have made a complaint about poor planning of routes for carers and lack of a good rota to say who was coming. They stated they would look into it, but nothing has changed." We asked the registered manager about the complaints process. They informed us they had not received any recent complaints nor did they have a complaints log to show us. We discussed the concerns we had identified during our telephone conversations with people. The registered manager was not aware of these concerns. They said sometimes people raised concerns with the care or office staff and these would be dealt with straight away; a log of these concerns would not be kept. The regulation states any complaint received must be investigated and action must be taken in response to any failure identified. The registered person must also establish and operate a system for identifying, receiving, recording, handling and responding to complaints. We looked at the provider's complaints policy and found the policy had not been followed and as a result people's concerns had not been addressed appropriately.

This demonstrates a breach of Regulation 16 of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Receiving and acting on complaints. This was because an effective and assessable complaints system must be established and operated.

People told us the service provided was not always responsive to their needs. They said this was because they were not supported by a consistent member of staff and as a result their calls were not always delivered at their preferred time. One person told us, "We never know who is going to come." Another person said, "Times are an issue. If the more regular ones are off, the ones that cover can be quite late. They do rush and don't always stay the full-time." A third person said, "Timing is poor it varies a lot. They come at 11.30am for my lunch call, it is too early. Other times they come late for my other calls." We discussed this with the registered manager and they explained the local authority contacted them about care packages and indicated preferred times. However the service was not always able to accommodate specified visit times. As part of the provider's assessment they discussed times with people and their relatives. However we found no record of agreed change of times in people's care records. In addition the times indicated on staff rotas

did not always reflect those identified times in the care plans. This demonstrated the provider had not ensured people's individual needs and preferences had been taken into account in the timing of their care calls. The registered manager acknowledged the concerns people had in relation to not knowing which staff were providing their care and not receiving their care at the time preferred and said they would provide people with copies of staff rotas.

This demonstrates a breach of Regulation 9 of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Person-centred care.

People told us they felt involved in the planning of their care and discussed with staff what support they required. One person told us, "Yes I have full input into this and yes the (care record) is reviewed and we have a copy." A relative commented, "We both input into the care plan and had a recent review." Staff we spoke with were able to describe people's individual needs and how they met these. They told us about people's daily routines, their preferences when delivering care and their food and drink choices. We looked at five care records which provided an overview of people's care needs at each of their calls. We saw care records contained information about people's preferences and any equipment to be used. People's care needs had been assessed before they began to use the service by the local authority; after which the agency completed their own assessment of people's needs when they visited them in their home. However, we found some aspects of the care record did not identify how staff should meet people's specific support needs. For example, one person had epilepsy; we found there was no guidance as to what care was required and how it should be provided. Nor did it include information on their wider support needs and how the person wanted their care to be provided. Another person required the use of a hoist; care records provided limited information about this and how care should be provided in a safe way. This meant staff did not have clear guidance regarding what was expected of them and how to do this correctly.

The registered manager and staff informed us that they used technology to help the staff provide care. Staff used an application on their mobile phones which enabled them to receive updates such as changes to planned visits. Technology was also being implemented to alert the office staff if staff were late to a person's call. This could be looked into and the person informed. The registered manager told us they were looking at how technology could be used to improve the level of care provided to people.

The registered manager told us they were not currently providing care for people who were at the end of their life. However they said if staff required training to deliver specific care this would be provided in order to meet a person's needs.

Is the service well-led?

Our findings

During the inspection on 24 June 2015 we rated the service as 'inadequate'. We identified six breaches of regulation during the inspection and found there were not adequate systems in place to monitor and audit the quality of care provided to people to ensure they were safe. At the inspection on 25 February 2016 we found the provider had addressed the breaches of regulation however we rated the provider as 'requires improvement' in this key question. This was because although the monitoring of quality had improved it needed to be embedded into practice so any improvements were sustained.

This inspection was prompted in part by information shared with CQC about concerns around the management of people's care needs. During this inspection we found concerns around the effectiveness of the audit systems to monitor the service people received. The provider did not have a robust system in place to review the quality of the care and support provided. We found although the auditing processes had been improved at the last inspection these had not been embedded into practice or sustained. We found instances where systems had not identified care records and risk assessments were not completed nor guidance available for staff about how to support people safely. The provider had not established or sustained an effective system to assess, monitor, manage and review risks to people, which meant staff might have an inconsistent knowledge of people's care needs and risks.

The registered manager completed monthly audits of the staff's daily notes. They told us these were returned to the office and reviewed to ensure they were completed correctly and to check if there were any issues which would affect the quality of care people received. We looked at this process and saw although information was gathered and collated; it was not analysed to identify any trends or patterns. As a result issues such as where to apply certain creams had not been addressed with individual staff as identified from the audits.

Systems and processes to protect people from abuse and improper treatment or to receive and investigate complaints had not been established. We were not able to confirm concerns identified as a potential safeguarding were responded to appropriately by the provider. Nor were we able to confirm an effective complaints system had been established to handle and respond to concerns or complaints which were raised. Eight people and their relatives told us they could not recall being asked recently to provide feedback on the care they received. The provider did not have sufficient systems in place to drive improvement which would implement a change. The provider had also failed to address concerns raised by people about the punctuality and consistency of the service they received. Nor had they ensured people were always informed if staff were going to be late. The lack of response to people's complaints confirmed the culture of the service was not focused on the needs of people receiving care nor did it demonstrate an open culture that encouraged people to share their experiences and views of their care.

Recruitment processes were not effective; as a result we were unable to ascertain whether staff had pre-employment checks completed. By not completing full pre-employment checks people were at risk of receiving care from unsuitable staff. We were unable to determine from our conversations with the provider and the information seen that safe recruitment processes had been established and were operated

effectively. This meant we could not be assured people recruited by the agency met the required conditions in order to keep people safe.

This demonstrates a breach of Regulation 17 of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Good Governance. This was because there were not adequate systems in place to monitor the quality of care provided to people.

There was a registered manager in post. There was also an additional manager who was involved in the day to day running of the service. They were in the process of registering with CQC to manage this location. We discussed with them their role and their legal responsibilities as a provider of a regulated service to submit statutory notifications to CQC. They were aware of this and had systems in place to notify us of certain events. For example, serious injuries. We saw the provider had also ensured information about the service's inspection rating was displayed as required by law.

We asked people and their relatives their opinions on the leadership of the service and if they felt it was well-led. We received mixed views; comments included, "On the whole I would say yes", "Yes apart from not knowing who is coming", "No, the lateness of calls needs to be sorted out", "The care is fine but management need to sort out rotas and staffing call times." People we spoke with knew who the registered manager was and all said they knew how to contact them. Members of staff had differing views on the management of the service. One member of staff said, "Communication within the service is good and the manager is extremely supportive." Whilst another member of staff felt the communication within the service could be improved. Staff we spoke with were knowledgeable about their roles and responsibilities and said they received enough training to do their jobs. Staff felt confident any concerns they might raise would be listened to and responded to appropriately. They were aware of the provider's whistle blowing policy, including raising concerns to external agencies if required. Whistle-blowing means raising a concern about a possible wrong doing within an organisation. Meetings took place which were used to give guidance and direction to staff about any training requirements or to share learning. Staff told us spot checks were completed to monitor their performance and feedback was given. People were supported by staff who were trained and confident in their roles.

This section is primarily information for the provider

Enforcement actions

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

Regulated activity	Regulation
Personal care	Regulation 9 HSCA RA Regulations 2014 Person-centred care The provider had not ensured the service provided to people was always responsive to their needs.

The enforcement action we took:

We imposed conditions on the provider's registration.

Regulated activity	Regulation
Personal care	Regulation 16 HSCA RA Regulations 2014 Receiving and acting on complaints The provider had not ensured a effective and assessable complaints system was operated.

The enforcement action we took:

We imposed conditions on the provider's registration.

Regulated activity	Regulation
Personal care	Regulation 17 HSCA RA Regulations 2014 Good governance The provider had not ensured there were adequate systems in place to monitor the quality of care provided to people.

The enforcement action we took:

We imposed conditions on the provider's registration.

Regulated activity	Regulation
Personal care	Regulation 19 HSCA RA Regulations 2014 Fit and proper persons employed The provider had not ensured staff had the appropriate knowledge and skills to provide safe and a appropriate care as suitable references had not been obtained.

The enforcement action we took:

We imposed conditions on the provider's registration.