Unique Personnel (U.K.) Limited

Unique Personnel (UK) Limited - Newham Branch

Inspection report

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Ratings

Overall rating for this service	Requires Improvement

Is the service safe?	**Requires Improvement**
Is the service effective?	**Good**
Is the service caring?	**Good**
Is the service responsive?	**Requires Improvement**
Is the service well-led?	**Requires Improvement**

Summary of findings

Overall summary

The inspection took place on 25 and 29 January 2018 and was an announced inspection. We informed the provider 48 hours in advance of our visit that we would be inspecting. This was to ensure there was somebody at the location to facilitate our inspection. The last visit to the service was on 27 September 2016 when we carried out a focused inspection. We checked if any improvements had been made to address issues arising with the key question of Effective, identified at a comprehensive inspection conducted on 27 and 28 August 2015. We found during the focused inspection the service had made sufficient improvements and had an overall rating of Good.

Unique Personnel (UK) Limited – Newham Branch is a domiciliary care service run by Unique Personnel (UK) Limited. It provides personal care to people living in their own houses and flats in the community. They provide a service to older adults, younger disabled adults, children, people with dementia, a physical disability, learning disability or autistic spectrum disorder and, or, sensory impairment. At the time of our inspection Unique Personnel (UK) Limited – Newham Branch was providing care to 240 people in their own homes in the London boroughs of Newham and Tower Hamlets.

Not everyone using Unique Personnel (UK) Limited – Newham Branch receives regulated activity. The Care Quality Commission 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.

The service had a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission (CQC) 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.

The provider failed to display the last CQC performance assessment ratings on their website. The provider managed regulated activities in Tower Hamlets out of an office that was not registered as a location.

Risks to people's health and care were not always identified and risk assessments were not always reviewed. Some people did not have care plans and staff used care plans devised by previous providers to support people. Medicines administration records were not always completed as per the provider's policy and we found gaps in them. Some people experienced late and missed care visits and the provider did not always maintain records of these. Not all staff were able to describe types and signs of abuse. Appropriate recruitment checks were not carried out before staff were allocated on shadow visits to people's homes. People's care plans did not always include information on people's end of life care wishes and staff were not trained in end of life care. We have made a recommendation about the management of people's end of life care wishes.

Not all people had access to office contact details and were not always satisfied with how the complaints

were addressed. The provider's audit and monitoring checks were not effective as they did not always identify gaps and errors in records. There was a lack of follow up action records in relation to issues identified during spot checks. Some people told us they were not asked for formal feedback.

Most people and relatives told us the service was safe and they trusted staff. They said staff understood their needs and knew their likes and dislikes. People's nutrition and hydration needs were met and their cultural dietary needs were recorded and met. Staff sought people's consent before supporting them and people told us they were given choices. People's care plans made reference to their likes, dislikes, religious and cultural needs and preferences. People told us they felt involved in the care planning process and were mainly supported by same staff team. Staff were trained in equality and diversity and people told us staff respected their dignity and privacy. Staff received regular supervision and training to deliver effective care. People, their relatives and staff found management approachable and supportive.

We found the registered provider was not meeting legal requirements and was in breach of five Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This was in relation to safe care and treatment, good governance, fit and proper persons employed, display of performance assessments and conditions of registration.

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

Full information about CQC's regulatory response to the more serious concerns found during inspections is added to reports after any representations and appeals have been concluded.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement

The service was not always safe.

Staff knew how to report abuse and poor care, but were not all staff were aware of types and signs of abuse. Some people told us staff were not reliable as they experienced late and missed care visits. The provider did not maintain records of all the late and missed care visits. Not all people had up-to-date and accurate risk assessments. Staff recruitment procedures were not safe and not all staff had criminal checks done. Some people's medicines administration record charts had gaps.

People told us they were happy with medicines support. Staff were provided with sufficient personal protective equipment to prevent the spread of infection.

Is the service effective?

Good

The service was effective.

People's needs were assessed and they told us staff met their needs. Staff received regular training and supervision to do their jobs effectively and meet people's needs.

People's nutrition and hydration needs were met. Staff supported people to access healthcare services and accompanied them at the appointments when requested.

Staff understood the need to seek people's consent before providing care and gave them choices.

Is the service caring?

Good

The service was caring.

People and their relatives told us staff were kind and provided caring service. People were mainly supported by same team of staff that promoted positive relationships. Staff were trained in equality and diversity.

People told us staff treated them with respect and listened to them. The service involved people and their relatives when

required in the care planning process.

Is the service responsive?

Requires Improvement

The service was not always responsive.

Some people did not have care plans and not all care plans were reviewed. People were not always happy with how the complaints were addressed and not everyone had office contact details to raise concerns.

People told us staff knew their likes and dislikes and their cultural needs were met. Staff knew how to support with their individual needs. People's care plans did not detail information on end life care and staff were not trained in end of life care.

Is the service well-led?

Requires Improvement

The service was not always well-led.

The provider had not displayed last CQC inspection ratings on their website. The provider operated personal care support to people using the service in Tower Hamlets out of an unregistered office.

The provider carried out regular checks and audits but did not always identify gaps and errors in records. The provider carried out regular spot checks and telephone quality monitoring checks to ensure people received care as per their care plans. However, there were no records of follow up actions to address any issues.

People and their relatives told us they were happy with the service and found the management approachable. Staff told us they liked working with the provider and felt supported in their roles.

The provider carried out annual surveys to gain people's feedback and created ongoing action plans to address issues identified.

Unique Personnel (UK) Limited - Newham Branch

Detailed findings

Background to this inspection

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

This inspection took place on 25 and 29 January 2018 and was announced. We gave the service 48 hours' notice of the inspection as this is a domiciliary care agency and we needed to be sure that someone would be in.

The inspection team consisted of two inspectors who attended the provider's office and two experts-by-experience who made phone calls to people and their relatives to gain their feedback on using the service. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Prior to our inspection, we reviewed information we held about the service, including previous reports and notifications sent to us at the Care Quality Commission. A notification is information about important events which the service is required to send us by law. We used information the provider sent us in the Provider Information Return. This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make. We contacted the local authorities about their views of the quality of care delivered by the service.

During our visit to the office we spoke with the registered manager, one deputy manager, two care coordinators, and three care staff. We looked at 15 care plans and 21 staff personnel files including recruitment, training and supervision records, and staff rotas. We also reviewed the service's accidents and incidents, safeguarding and complaints records, care delivery records and medicines administration records for people using the service.

Following our inspection visit, we spoke with seven people, 12 relatives and seven care staff. We reviewed documents provided to us after the inspection. These included up-to-date lists of people using the service, the agency's staff who provided care in Tower Hamlets and staff who had transferred from a previous provider, staff supervision and training matrix, care plans, staff rotas for three people and a quality monitoring report.

Requires Improvement

Is the service safe?

Our findings

We received mixed feedback from people when we asked if they felt the service was safe. One person said, "Oh yes, definitely feel safe, both my husband and I feel safe with staff." Another person told us, "They come twice a day and they're always on time". Relatives' comments included "I do not think she is any danger", "I feel that my husband is safe when the staff visit. They normally arrive on time" and "They seem to turn up on time, and they always turn up. They can't always manage the times that she [person using the service] would prefer though like later in the evening".

However, some people and their relatives told us the service was not safe as staff did not always arrive on time. Also carers did not always turn up at the same time when they were allocated to provide care together to one person. A person commented, "I am getting two carers every call, but do not always arrive at the same time." A relative said, "Recently, late last year, only one staff turned up every now and then, and one staff would support my [relative] instead of two." Other relatives' comments included, "She is not 100% safe with staff, they [staff] do not always come on time. Lots of missed visits, do not always stay throughout the care visit", "They don't turn up on time which is very frustrating for [my relative] and us because we have to contact them all the time. It is an ongoing issue of them arriving late or not turning up at all" and "No one came this morning. I spoke to her [person using the service] this morning at 11.45am and she was still in bed covered in faeces. She had no food, tablets [medicines], morning call is at 9am." This meant people who relied on staff to provide them with personal care, food and medicines support did not always receive it on time thereby putting people at risk of harm.

We looked at the service's late and missed care visit records that demonstrated there had been five late care visits and two missed care visits between June 2017 and January 2018. The records showed people's complaints about late and missed care visits were responded to in a timely manner and people were satisfied with the outcome. However, there were no records for the late and missed care visits for the people we spoke to. We asked the registered manager about these missed and late care visits and they told us that they were not aware of them and had not been informed of them. This showed that the provider did not have effective systems to monitor and manage staff's timekeeping which put people at risk of avoidable harm.

People had individual risk assessments specific to them, for example, personal care, environment, epilepsy, nutrition and hydration and medicines. However, we found risks to people's health, mobility and care needs were not always identified and mitigated. Seven out of the 15 care plans we looked at did not have appropriate information in place instructing staff on how to mitigate risks to people. For example, one person's care file had an 'urgent response' referral form that stated the person had type two diabetes, was doubly incontinent and was at risk of developing pressure sores and infections if formal assistance was not provided. This person did not have a care plan. There were no risk assessments for their health and care needs including diabetes and nutrition, personal care and pressure sores. We found information on medicines support and associated risks were not always clear, and a risk assessment was not always completed. For example, three people who required support with medicines administration did not have a medicines risk assessment; the care plan for another person indicated they self-medicated but their

medicines authorisation form stated they requested medicines prompting. This meant staff were not always provided with sufficient, accurate and up-to-date information on risks to people and how to provide safe care. This put people and staff at risk of harm.

We looked at people's medicines administration record (MAR) charts and found they were not always prepared and completed as per the provider's policy and legal requirements. For example, one person's MAR did not record any allergies. Staff had ticked when medicines were administered instead of signing the records as required by the provider's policy. We found there were gaps in some MAR and there were no explanations recorded for those gaps. For example, one person's MAR had not been completed for five days in December 2017, and the record for the administration of controlled drug over four days showed the person received medicines three times a day instead of two. This showed the service was not managing medicines in a proper and safe manner thereby putting people at risk of harm.

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

The provider did not always follow safe recruitment practices. The provider did not carry out staff recruitment, reference and Disclosure and Barring Service (DBS) criminal record checks before they visited vulnerable people in their homes. The registered manager told us they enrolled staff on a 12 week recruitment process that entailed induction training, shadowing staff in people's homes and competency based assessments. Once the potential employee had been assessed as competent and able to do the job, they completed an application form and recruitment checks were carried out including reference and DBS. This meant staff that had not been vetted as safe to work with people which put people at potential risk whilst staff visited their home.

We looked at staff personnel files and found not all staff had appropriate DBS checks. For example, one staff member been employed since 13 July 2017 but only had a basic disclosure in place dated 10 May 2017. The provider had not carried out an enhanced disclosure check required for staff that are employed to work with vulnerable adults. Another staff member's personnel file had a DBS check that was issued by a previous employer, 13 months prior to the staff member being employed by the provider. The provider had not carried out their own DBS check as per their recruitment policy and the registered manager did not have an understanding of the recruitment checks required before employing staff. This meant the service was not always following appropriate recruitment practices to ensure staff employed were of good character and safe to work with people.

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

All the staff files we looked at contained application forms, interview notes, references and copies of identity checks. Staff told us they had enough travel time between care visits and were able to support people without feeling rushed. The provider maintained weekly staff rotas detailing care visit times and staff allocated to those visits. However, these rotas did not give information on any staff cancellations or staff arrival and departure times. The registered manager told us they were in the process of introducing a new electronic care visit monitoring and staff rota system which would enable the service to develop staff rotas and monitor care visits.

Most staff we spoke with knew how to identify and report abuse and poor care. Staff told us they would report any concerns to the registered manager, deputy manager and or care coordinator, and make necessary records. However, we found two out of 13 staff we spoke with were not able to describe types and

signs of abuse. The registered manager told us they would go through types and signs of abuse at the next staff meeting and group supervision session. Following the inspection, the registered manager sent us dates for safeguarding refresher training arranged for all staff. We looked at the service's safeguarding records that showed there had been two safeguarding cases. One had been resolved and was unsubstantiated. The second safeguarding case was being investigated by the local authority. The provider maintained detailed accident and incident records, describing actions taken and how to prevent future occurrences.

People told us they were happy with medicines support. One person said, "They get my medication out for me and make sure I take it." Another person told us, "She gives me water to take my tablets with, but I know what to take in a morning, afternoon and evening. She makes sure that everything is near me." One relative said, "The carer [staff] always makes sure she [person using the service] gets her [person using the service] medication and takes it when she [person using the service] should."

People told us staff wore gloves and aprons whilst providing care. Staff told us they were given sufficient gloves and aprons, and were available in the office when they ran out of the stock. This showed people were protected from the risk of spreading infection.

Good

Is the service effective?

Our findings

People told us they were supported by staff who understood their needs and abilities. One person said, "My carer is very good, never had to complain. She always does things my way. She is very good. I am in huge amounts of pain and she has to be very gentle. She comes to help me undress, bathe, dress and other daily living tasks like I can drop cups, so she has to clean up after me." Relatives' comments included, "She knows him really well it's been three years. She meets his needs for sure", "They bathe her every day. It is basically bath first, breakfast and then medication and then at 4pm, they make her a sandwich or something, whatever she feels like" and "They wash her hair when she wants them to. They help her on the commode; and warm up meals for her or make soup and sandwiches at lunchtime. She seems happy enough with them."

Care coordinators arranged an initial needs assessment soon after a referral was made. They met with the person, their representatives and relatives and any healthcare professionals involved in the person's care where required, to understand their history, background, medical history, mobility, medication and nutritional needs, their likes and dislikes, equipment used/needed such as a hoist, including the time they would like their care. This information was then used to develop people's care plans. People and their relatives told us they were involved in the initial needs assessment process. We saw people's needs assessments and found them to be detailed and personalised. For example, one person's needs assessment stated 'prior to his illness, [person using the service] was active and independent, was a sportsman and enjoyed goalkeeping. Unable to maintain a safe environment independently, requires support to stay safe. Able to communicate his needs. Requires assistance with continence promotion. Enjoys a good chat, listening to [specific radio stations].'

Staff told us they received regular training and supervision and felt confident in their role. We looked at staff supervision records and found staff received a combination of one to one and group supervision every four months and in between they attended team meetings. Staff told us they found supervisions helpful and could discuss any concerns. Staff that had completed a year with the provider received an appraisal and the provider was in the process of scheduling this year's appraisal dates. However, we found appraisal notes to be very basic and did not identify development or future goals. All new staff received 12 weeks' detailed induction training including shadowing and competency assessments. All staff had to undergo mandatory refresher training including safeguarding, health and safety, moving and handling and medication. We saw staff training records and training matrix that confirmed staff received regular training. During inspection we found the provider had not arranged training on epilepsy for staff that supported people with epilepsy. Following the inspection, the provider arranged epilepsy training for those staff that supported people with epilepsy and had arranged another training session for more staff. The provider was also in the process of arranging external training for staff that supported people with bowel management.

People and relatives were happy with nutrition and hydration support. One person said, "They prepare breakfast, they offer to make cups of tea." A relative said, "[Staff member] always cuts it up for him and heats the ready meals. Always brings him a drink." Another relative told us, "[Staff member] warms food up at breakfast and lunch time and [person using the service] is given a choice. My [relative] likes her tea a

certain way and the carer does it just how she likes it." People's needs assessment identified their dietary needs and this information was transferred to people's care plans. We found most care plans detailed support people required with their diet. For example, the care plan for one person who had cultural specific dietary needs stated they ate 'Halal food'. The care plan for another person informed staff that the person preferred soft food and although they did not have special dietary needs, needed assistance with cutting the food. The person preferred drinking with straw and their care plan stated 'needs to be encouraged to drink two to three litres of oral fluids per day.' This demonstrated people's dietary needs were being met.

People were supported to maintain healthier lives, access healthcare services and received ongoing healthcare support as and when requested. One person said, ""They take me to the GP. Last year I had an operation they took me to the hospital whenever I had to see the specialist." Another person told us, "They help me stay as well as possible considering the needs I have." A relative commented, "The carer often goes to see the GP with my [relative] and I have confidence in her ability to support my mother." Another relative told us, "[Relative] has been taken to the GP by her carer and there has never been a problem." We saw where people were supported to access healthcare services this was recorded in people's daily care records.

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 saw most people's care plans made reference to people's capacity and there were consent to care forms in people's care files. All staff were trained in MCA, records seen confirmed this.

People told us staff offered them choices and always asked their permission before supporting them. One person said, "I am always given choices of what I would like they are great as I have a selection of teas that I like and they bring them to me to see what I would want." A relative commented, "The carer [staff] always asks my mother what she needs with regards to help." Staff had a good understanding of the importance of giving people choices and their right to make decisions. One staff member said, "I always ask them what they would like to eat, give them choices. Yes, ask their consent and if they decline, I would prompt and encourage them but if they still decline, I respect their wishes as it is their choice. I don't force them."

Good

Is the service caring?

Our findings

People and their relatives told us staff were caring and helpful. One person said, "Carers are exceptional. They are excellent." People and relatives told us having staff that speak their preferred languages enabled them to have meaningful conversations. One person said, "It is good, I am very pleased with her. We talk, laugh and share stories. She is a [culturally specific] lady, so it is good to be able to speak my own language with her. Before her, a [culturally specific] lady came, and she was very very good, too". Relatives' comments included, "My Mum [relative] speaks no English, but the Carer speaks [specific language], so they can talk. [Relative] really likes her. They get along really well", "I trust her completely, I could not be happier with her she is really great" and "Their [staff] attitude towards my [relative] is caring."

People were mainly supported by the same staff team and staff told us this enabled them to create positive relationships. A person commented, "I have had these carers [staff] for years from the previous agency." Another person told us, "I have known [staff member] for years and she knows me very well. They are very caring and friendly." One relative said generally her mother had one staff member support her and "The continuity is helpful. My mother has a good relationship with her carer and she acts as an interpreter as my mother does not speak English." Another relative told us, "She knows him really well it has been three years." Staff comments included, "I only work with one client [person using the service] and have known her and supported her for 20 years" and "I have worked with these people since September 2015."

We looked at staff rotas that demonstrated people usually received the same staff team across the week and from week to week. A care coordinator told us that they matched staff to people based on staff's skills including language, expertise area and experience such as if they have worked with people with autism and dementia. The registered manager said it was important for them that people received continuity of care and their preferences were met such as language and staff gender preferences. People's care plans made reference to their preferences and people told us their preferences of care were met. People and their relatives told us they were involved in the care planning process. One relative said, "We have a copy of her [person using the service] care plan and have meetings with [the management] to discuss my mother's care."

People and their relatives told us staff treated them with dignity and respected them and their privacy. A person said, "[Staff] always treats me very respectfully." Another person told us, "They [staff] are kind to us and polite and respect us." Relatives' comments included, "Her carer is very very considerate, very respectful to my mum" and "Yes, my mother's carer respects her privacy and she is very responsible and I must add that she is brilliant and incredibly caring." Staff told us they received training in equality and diversity and duty of care and treated people equally. The registered manager told us they welcomed people from the lesbian, gay, bisexual and transgender community. Staff said they respected people's privacy and treated them with dignity. They told us they are "patient with clients [people using the service]", "make sure curtains are drawn closed when providing personal care", "speak to people politely, listen to them", "give them choices" and "don't rush them."

Staff told us they encouraged people to do things for themselves where they could and would like to. For

example, one staff member said the person they supported liked to do things for themselves such as "brush their teeth and wash their face" and they encouraged and assisted the person when needed. Staff spoke about people in a caring and compassionate way.

Requires Improvement

Is the service responsive?

Our findings

People told us staff knew their likes and dislikes and were responsive to their needs. A person said, "[Staff member] is very good. She knows what I like and I do not like." One relative commented that the staff knew their [relative], "really well and understands her likes and dislikes." Another relative told us that if the staff member noticed anything not right with their "[relative], might be unwell, something missed by the family" the staff member gets straight on the phone to the family to report it. Most people and their relatives told us the service was flexible and they could change their care visit times when required.

Staff were trained in person centred care and were able to describe people's likes, dislikes and interests and how people liked care to be delivered. One staff member said, "She likes omelette and toast for breakfast. Sometimes she likes having a full English breakfast." Another staff member commented, "I support [person using the service] to get ready for bed. I make sure her hearing aid and glass of water is by her bedside, alarm is on, and chat to her whilst supporting her."

We looked at people's needs assessments and care plans and found they were individualised and informed staff of people's likes, dislikes, background history, medical and health needs, care visit times and how people like to be supported. However, we found some people that had been transferred from previous providers did not have current care plans and staff were asked to refer to previous provider's care plans. We also found care plans were not always reviewed as per the provider's policy and where some were reviewed, review dates were not included.

People's cultural and religious needs were captured in their care plans and staff were able to say how these were met. For example, one staff member told us they accompanied a person to access [place of worship] for prayers. People's cultural specific dietary needs were met. For example, one person who did not eat bacon and a certain type of cheese was supported by staff to maintain their preferred diet. One relative commented, "The carer [staff] respects my mother's religious requirements."

Most people and relatives told us they would contact the office if they were not happy about something. However, some people told us they did not have the office contact number so did not know who to call if they wanted to make a complaint. One person said, "I like the people who visit me and if I did not like how they supported me I would tell them so but I have not got the office number. If the carers [staff] did not turn up I would not know who to call." The registered manager told us they would ask care coordinators to ensure all the people were sent the office's contact details.

Most people and relatives told us their complaints were listened to and addressed in a timely manner. A person said, "Between my first carer [staff member] and the one I have got now, I had an interim carer [staff member] who was always on her phone. I complained to the office and asked to change my carer and they sorted it out immediately." A relative commented, "We had a change of carer once due to holidays. It was just temporary cover and it was not so good, they could not handle him. They also did not arrive on time, but I contacted the office and they dealt with it immediately and that carer has never been back." Some people and relatives told us they never had to complain. People's comments included, "I've no complaints

at all and mum is very happy with it", "Everything's fine, and no problems at all" and "I would complain to Unique if needed and [relative] would say if something really concerned her but there have been no problems so far".

We looked at the service's complaints records that showed there had been two complaints in the last year. One was about a late visit which was resolved to the person's satisfaction and similar incidents had not occurred since the complaint was made. The second complaint was regarding poor care, we saw records of investigations, actions and learning outcomes. The person was satisfied with the outcome and no complaints had been made since.

The service had two people who were receiving end of life care and were supported by the palliative care team. However, we found these people's care plans did not provide information under the end of life care section. Staff working with people receiving end of life care were not trained in end of life care.

We recommend that the provider seeks guidance and advice from a reputable source, in relation to documenting people's end of life care wishes and preferences, and training staff in end of life care.

One person's relative discussed with the service about the person's funeral wishes and these were recorded in their care plan. A staff member supporting a person receiving palliative care knew how to meet their palliative care needs. The staff member told us, "My job is to make her comfortable. She likes having a hot water bottle next to her in the evenings even when it is hot, it comforts hers. So I make sure she has it in the evening."

Requires Improvement

Is the service well-led?

Our findings

During the inspection we found the provider had not displayed its Care Quality Commission ratings on their website. It is a requirement that providers must display their CQC rating at their premises and on their website. It is important that people who use services see our ratings. The aim of this regulation is to increase transparency about the quality of health and care services, encourage improvement and help people who use services to make choices about their care.

The above evidence is a breach of Regulation 20A of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Where a service provider is an agency that supplies staff to provide personal care support in people's private homes, then each office from where the activities of those staff are directly managed is considered a location. The location has to be registered with the CQC. This is part of the provider's registration conditions.

The provider coordinated and carried out staff support and supervision operations in relation to Tower Hamlets care contracts out of the office that was not registered with the CQC.

This was a breach of Section 33 of the Health and Social Care Act 2008.

The provider carried out regular internal audits and checks to identify gaps and areas of concerns but they were not effective as they did not identify the gaps in the records that were picked up during our inspection. For example, we found people's care plans and risk assessments were not always updated and reviewed. The provider had not always identified risks to people and gaps in people's risk assessments. Some people did not have care plans and staff were using previous provider's care plans. This proved the provider did not monitor and mitigate the risks relating to the safety of people using the service.

Medicines administration record audits had not identified gaps and errors, for example, staff had handwritten a medicine in another prescribed medicine's administration box and had not included strength, form of the medicine and directions for use. However, the MAR audit stated under 'problems to be clarified' as 'none recorded' and under the assessor's comments 'no issues with medication.' This meant the provider lacked robust monitoring and auditing systems to ensure people's safety and quality of care.

We looked at people's daily care logs and found some gaps in them. For example, for one person who received two calls a day there were no records for afternoon calls for the month of January 2018. We asked the registered manager if they audited people's daily care logs, they said the daily care logs were audited by deputy managers on their receipt but they did not maintain records of those audits. We reviewed spot check records (spot checks are where office staff visited people's homes with their prior permission to check on the staff member without the staff member knowing in advance) which indicated the checks were carried out regularly. However, there were no records of follow up actions or how identified issues were resolved. The monitoring and recording system to assess staff punctuality and timekeeping was not robust. The provider did not keep records of all late and missed care visit calls. This meant the provider did not maintain

complete records relating to care delivery.

We looked at staff team meeting minutes and found they were conducted every month however the provider did not always keep minutes of those meetings. The provider did not follow robust staff recruitment procedures to ensure staff were appropriately vetted before visiting people's homes. Some staff recruitment checks were not in line with the provider's policy. For example, two staff did not have up-to-date DBS checks. This demonstrated that the provider did not keep accurate records relating to staff that were employed to provide care and support.

During and following inspection, although requested, we were not always provided with complete and accurate information. For example, the provider gave us three different sets of contact details for people using the service and two different staff rotas for staff providing care.

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

Most people told us they found the management approachable and helpful. One person said, "The manager, I always find her very nice, friendly and polite. I think it is a good agency overall, I have no problem at all even if when one of my carers is off sick." A relative told us, "Yes, I think that the manager is efficient." Staff told us they felt supported by the management, found them approachable and liked working with the provider. Staff's comments included, "Yes, I feel supported in my job. [Registered manager] is very nice and approachable", "[Registered manager] is good, she is helpful and listens to us and cares for us", "Very good lady [registered manager], they are very good people here, I feel supported in my job. I like working here" and "I am very happy with the way they [the management] manages [care] calls."

Staff told us they felt informed on areas related to care delivery and attended team meetings whenever they could. We looked at a few staff team meeting minutes and found they covered a variety of topics including reporting accident and incidents, December leave, safeguarding and whistleblowing, refresher training, care certificate training, (this is training in an identified set of standards of care that staff are recommended to receive before they begin working with people unsupervised), CQC visit, customers' [people using the service] welfare and reporting concerns. The minutes showed the meetings were very well attended by staff. Staff told us they found meetings useful and felt they worked well as a team.

We saw quarterly telephone monitoring forms that showed people were contacted to find out if they had any concerns regarding staff and if their needs were met. The records showed people were happy with the service.

The provider carried out a yearly survey to seek people's feedback formally. We reviewed the last annual survey that was carried out in October 2017 and the analysis showed the majority of people were happy with the service. One person said, "I have completed feedback questionnaires over the years." A relative commented over the time that she has been with the agency that they had asked her for her thoughts about the service and was pleased that her opinion mattered to the agency.

Some of the areas people thought the provider could improve were "timing and quality control", "pay attention to clients' needs and not assign carers that are not suitable" and "clients facing difficulty in contacting office." We looked at the ongoing improvement action plan that detail the provider's response to the areas of concerns raised such as "to encourage punctuality of staff by discussing it during supervision and staff meetings, to carry out regular spot checks, to make sure that the clients have office contact details printed in big letters and put it in the clients' files, to contact clients more often and to check whether they

are aware of different ways to contact office and where to look for the information required, and to stress the importance of following the care plan to ensure that all tasks are completed." The registered manager told us this was an ongoing action plan and they revisited it every month and compared it against quarterly monitoring feedback.

The provider worked with local authorities and commissioning teams to improve quality of care. The registered manager told us they visited Skills for Care and United Kingdom Homecare Association websites to keep updated on changes in the care sector.

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 12 HSCA RA Regulations 2014 Safe care and treatment The registered persons failed to ensure that care was provided in a safe way to service users, including assessing the risks to the health and safety of service users; doing all that was reasonably practicable to mitigate risks to the health and safety of service users and the proper and safe management of medicines. Regulation 12(1)(2)(a)(b)(g)

Regulated activity	Regulation
Personal care	Regulation 17 HSCA RA Regulations 2014 Good governance The registered persons failed to effectively operate systems to: assess, monitor and improve the quality and safety of the services provided; assess, monitor and mitigate the risks relating to the health, safety and welfare of service users and others; maintain accurate, complete and contemporaneous records in respect of each service user; maintain other records as are necessary to be kept in relation to persons employed and the management of the regulated activity. Regulation 17(1)(2)(a)(b)(c)(d)

Regulated activity	Regulation
Personal care	Regulation 19 HSCA RA Regulations 2014 Fit and proper persons employed The registered persons failed to establish and

operate effective recruitment procedures that ensured persons employed were of good character and safe to work with people using the service.

Regulation 19(1)(2)(a)(3)

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 20A HSCA RA Regulations 2014 Requirement as to display of performance assessments The service provider must display a rating of its performance by the Commission following an assessment of its performance on every website maintained by or on behalf of any service provider. Regulation 20A (1)(2)(c)(7)

The enforcement action we took:

We served the provider with a fixed penalty notice.