Southport Home Care Limited

Southport Home Care

Inspection report

62 Eastbourne Road
Southport
Merseyside
PR8 4DU

Tel: 01704807300
Website: www.southporthomecareltd.com

Date of inspection visit:
30 June 2016
01 July 2016
04 July 2016
06 July 2016
11 July 2016

Date of publication:
27 September 2016

Ratings

Overall rating for this service	Inadequate

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

Summary of findings

Overall summary

Southport Home Care is a domiciliary care agency that operates in the Southport and Formby area. The agency provides support for personal care, social care and domestic services to adults. The agency is owned by Sefton Home Care Limited.
This was an unannounced inspection which took place over five days between 30 June and 11 July 2016. The inspection was carried out by an adult social care inspector.

The service did not have 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. There was a new manager who told us they would be applying for registration.

We followed up some prior concerns we had regarding how people were being safeguarded from possible abuse or mistreatment. One person had been subject to inappropriate care which undermined their rights and welfare. The agency's current systems regarding safeguarding were not robust enough to identify and report issues of concern.

Medicines were not administered in line with the agency's policies and procedures. Care staff's competency to administer medicines was not effectively monitored.

Although people we spoke with assured us they felt safe using the agency we found a lack of evidence to assure us that care staff had the necessary qualifications, skill and experience to carry out care tasks. Risks to people had not been thoroughly assessed with reference to specific care needs. This put people at risk.

We found staff were not supported by on-going systems such as training, supervision, appraisal and staff meetings. Most staff employed did not have formal qualifications in care to evidence baseline skills and knowledge to carry out effective care.

At the last inspection in May 2015 we found concerns with the recruitment of staff in that the agency's processes were not thorough in ensuring required pre-employment checks were made. On this inspection the agency's recruitment processes were not robust enough to help ensure staff employed were fit to work with vulnerable people.

Most people using the service were able to understand and consent to their care. We saw that people's consent to care was recorded in care files. One person lacked capacity to make decisions regarding their care and we found a lack of knowledge by staff regarding the principles of the Mental Capacity Act 2005.

Local health care professionals, such as the person's GP, were involved with people and staff from the agency who liaised when needed to provide support. This helped ensure people received good health care

support.

The feedback we received on the inspection evidenced a caring service. People being supported and their relatives commented positively on how the staff approached care. However, a recent safeguarding issue raised concerns around staff's understanding of the principles of privacy, dignity and confidentiality for one person.

All family members and people spoken with on the inspection felt confident to express concerns and complaints. Issues were dealt with and the service was responsive to any concerns raised.

Both managers understood the concept of a 'person centred approach' to care. Meaning care was centred on the needs of each individual rather than the person having to fit into a set model within the service. People using the service, relatives and staff told us they felt the culture of the organisation was fair and open although there had been concerns in the recent past. They felt things were better now.

We enquired about the quality assurance systems in place to monitor performance and to drive continuous improvement. We had identified a number of concerns and breaches of regulations during our inspection and we found there had been a lack of monitoring by the provider and previous manager over the last three or four months in particular.

The provider and manager received our feedback positively.

The concerns we identified are being followed up and we will report on any action when it is complete.

Special measures.

The ratings for the key question 'Is the service safe?' and 'is the service well led' are 'inadequate'. This means that the service has been placed into 'Special measures' by CQC. The purpose of special measures is to:

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

• Provide a framework within which we use our enforcement powers in response to inadequate care and work with, or signpost to, other organisations in the system to ensure improvements are made.

• Provide a clear timeframe within which providers must improve the quality of care they provide or we will seek to take further action, for example cancel their registration.

Services placed in special measures will be inspected again within six months. If insufficient improvements have been made such that there remains a rating of inadequate for any key question or overall, we will take action in line with our enforcement procedures to begin the process of preventing the provider from operating the service. This will lead to cancelling their registration or to varying the terms of their registration within six months if they do not improve. The service will be kept under review and if needed could be escalated to urgent enforcement action. Where necessary, another inspection will be conducted within a further six months, and if there is not enough improvement we will move to close the service by adopting our proposal to vary the provider's registration to remove this location or cancel the provider's registration.

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 agency's current systems regarding safeguarding were not robust enough to identify and report issues of concern. Staff did not fully understand what abuse meant and were not clear about the correct procedure to follow if they thought someone was being abused.

The agency's recruitment processes were not robust enough to help ensure staff employed were fit to work with vulnerable people.

Medicines were not administered in line with the agency's policies and procedures. Care staff's competency to administer medicines was not monitored.

We found a lack of evidence to assure care staff had the necessary qualifications, skill and experience to carry out care tasks and risks to people safety had not been thoroughly assessed. This put people at risk.

There was enough staff employed to help ensure people were cared for.

Is the service effective?

Requires Improvement

The service was not always effective.

There has been a risk to care provision due to lack of effective induction and quality and monitoring of training.

Systems were not in place to provide staff support such as staff supervision, appraisals and staff meetings.

There was a lack of understanding and knowledge of staff regarding the principles of the Mental Capacity Act 2005.

People's care documents showed details about people's medical conditions and also appointments with health care professionals such as, GPs and district nurse teams to help support people in their own home.

Is the service caring?

Requires Improvement

The service was not always caring.

A recent safeguarding issue raised concerns around staff's understanding of the principles of privacy, dignity and confidentiality for one person.

The feedback we received on the inspection evidenced a caring service. People being supported and their relatives commented positively on how the staff approached care.

Staff had a good understanding of people's needs and preferences.
People we spoke with and relatives told us the manager's and staff communicated with them effectively about changes to care and involved them in any plans and decisions.

Is the service responsive?

Requires Improvement

The service was not always responsive.

People's care was planned so it was personalised and reflected their current and on-going care needs but this was not consistent. We found examples were people did not have care plans and care had not been updated.

A process for managing complaints was in place and people we spoke with and relatives were confident they could approach staff and make a complaint if they needed.

Is the service well-led?

Inadequate

The service was not well led.

There has been a significant risk to care provision due to a lack of effective monitoring by managers. We found there were minimal or ineffective control measures to monitor the quality and safety of care.

There was no registered manager at the time of the inspection. The new manager told us they would apply of registration to the Care Quality Commission.

We found an open and person-centred culture at the time of our visit although the recent history of the service evidenced failings in communication and support for staff and people using the service.

There was a lack of formal systems in place to gather feedback from people so that the service was developed with respect to their needs.

Southport Home Care

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 was an unannounced inspection which took place five days between 30 June and 11 July 2016. The inspection was carried out by an adult social care inspector.

The inspection was initiated by some concerning information we received. We also needed to follow up a statutory requirement we had made on the previous inspection in May 2015.

During the inspection we were able to visit and speak with four of the people who received care from Southport Home Care and two of their relatives. We were contacted by two people who had previously used the service. We also spent time at the agency's offices speaking with managers and care staff.

We spoke with eight staff including care/support staff, the manager for the service and the two members of the company's board. We looked at the care records for five of the people being supported, including medication records, seven staff recruitment files and other records relevant to the quality monitoring of the service, such as safety audits and quality audits.

Inadequate

Is the service safe?

Our findings

One of the reasons for initiating this inspection was some concerning information we received from Sefton Council's safeguarding team. This involved alleged abuse of a person using the service. This involved inappropriate care practices and breaches of the person's privacy and right to confidentiality.

During the inspection we checked to see if the agency's routine practices, policies and procedures were safe with respect to identifying and reporting abuse.

The safeguarding incident highlighted lack of staff awareness around a person's rights regarding confidentiality and privacy. When we spoke with people during the inspection they were mostly pleased with the care offered and said they felt safe with the agency. One person told us, "The care staff are great, really wonderful." They reported that some staff "Were very young and did not appear well trained." Two people contacted us who had experienced support from the agency in the recent past. Both said there were many good aspects to the support they got but they were concerned that a carer had divulged some personal and confidential information and they were concerned about this.

We spoke with staff and asked them about their understanding and knowledge of identifying abuse and how this would be reported. Most staff said they had had some training around abuse and safeguarding but were vague on these details. Two of the staff interviewed could not identify key 'types' of abuse and had very little recollection of any training. None of the staff had seen the agency's policy and procedures regarding safeguarding of vulnerable adults. One care staff member who was more senior and was left 'in charge' on occasions had no awareness of the agency's policy or the contact number of the Local Authority safeguarding team [to report any concerns]. When we looked at the policy statement in the agency's office it contained an incorrect contact number.

The concern here is that care staff would have difficulty initially identifying possible abusive situations and also correctly reporting, although all staff said they would 'report any issues to the manager'.

Staff reported that the training they had was from a DVD. There were no other supportive forums such as, staff meetings or supervision sessions to reinforce the training.

We asked the manager if we could look at any safeguarding issues the agency had reported through. We were told there were none. During our inspection, however, we came across a situation that had arisen which should have been considered for reporting under the agency's policies. Prior to the inspection we had a report from an anonymous source that an accident had occurred involving a person falling from a shower chair, possibly due to lack of adequate supervision. On our inspection we saw an entry in the person's care notes referring to this. When we looked at the accident / incident recording book / record we saw there was no entry of this event. The accident /incident book had no entries at all recorded. [There had been no questioning by the provider or manager regarding why the agency had such a low incident rate].

Another incident we saw recorded, in a staff disciplinary record, related to an issue where a staff member

had carried out care for a person. The notes by the manager on the disciplinary meeting with the carer concerned said that this had 'created a safeguarding issue'. None of this was reported or discussed as a safeguarding issue with the Local Authority.

We were concerned that the agency's current systems regarding safeguarding were not robust enough to identify and report issues of concern.

We discussed these findings with the Nominated Individual (NI) for the provider and the new manager of the agency [who had only been in post for one week]. The new manager had a clearer idea of the issues involved and had worked and liaised well over the most recent safeguarding issue which was still ongoing at the time of the inspection. Both said they would endeavour to ensure the agency's policies and procedures were reinforced with all staff.

These findings were a breach of Regulation 13 (1) (2) 4 (c) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At the last inspection in May 2015 we found concerns with the recruitment of staff in that the agency's processes were not thorough in ensuring required pre-employment checks were made. This helps ensure that staff are 'fit' to work with vulnerable people. We told the provider to take action to improve.

The provider sent us an action plan which told us that systems had been revised and the requirement was now being met. We checked to make sure this was the case on this inspection.

We inspected seven staff files. Most contained some element of lack of thorough recruitment checks. For example, two staff had given their previous employer as care providers but the agency had not sourced references from these employers. In both examples there was a reliance on 'character' references from other staff working at the agency (in these examples the staff gave references for each other).

Another staff member had concerns raised on the reference from their previous employer but there was no evidence of any assessment or discussion around this as part of the recruitment process. The second reference was from a fellow worker at the agency and dated two months after commencement of work.

We checked to see whether staff had been subject to checks from the Disclosure and Barring Service (DBS). DBS checks are completed to ensure that new staff are suited to working with vulnerable adults. We were given a list held on computer of DBS numbers for staff but no dates when these had been checked. It was difficult to see, therefore, whether the checks had been made prior to employment. The managers during the inspection could not confirm this information. One staff member told us they were 'out working' and supporting people before their DBS had been returned. We spoke with managers and agreed the recruitment records needed to be clearer as both managers could not clarify information with any accuracy.

The NI told us that most of the recent staff employed had been recruited by the previous manager. We asked how staff files were audited by the provider to ensure processes were being carried out thoroughly. The NI, who did spend two days each week at the agency, could produce no evidence of regular audit (checks) to this effect.

Of most concern was the staff file for one staff member was not available at all and could not be found. This staff member was involved in the recent safeguarding incident. The file could not be found over the five days of the inspection.

When we looked at the agency's policy on recruitment it stated that 'staff will not commence duties before satisfactory checks'.

These findings were a breach of Regulation 19 (3) (a) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We reviewed medication management by looking at the policies and procedures used by the agency as well as reviewing with people we visited. People we spoke with told us they were happy with the way they were supported with their medications. When care staff administered medicines we were told these were on time and staff were careful to assist and support with people's individual preferences in mind. One person told us, "They are very good and really take their time to make sure I get my medicines when I want them."

We were told that all medicines were administered by staff who had received medicine training. Staff told us they 'shadowed' a more senior carer until they felt confident and this was following initial training via a DVD and question and answer form. We ask whether there was any formal assessment and check to ensure staff were competent in this area. The NI told us that staff were observed during the 'spot checks' carried out. We saw a spot check audit and this did not include any detail around a check of staff competency to carry out medicine administration.

The agency's policy regarding medicines was very clear about the need to ensure staff competency and stated; 'Care workers must be trained in the handling and use of medication and have their competency checked'. An on-going list of specified schedules when this should be carried out was also listed. The NI and manager said they would look at devising an assessment tool for this and observing and signing staff off to ensure they were competent.

The agency's policy was for each individual administration completed to be signed off by staff. This helped reduce the risk of errors occurring. We looked at three medicine administration records [MAR's] that had some gaps in recording which had not been identified. We spoke with one person we visited at their home who told us they had had their medication that morning but the medication administration chart [MAR] had not been signed when we checked.

We looked at the way external medicines [cream] were administered. Records we saw only occasionally recorded that creams had been applied. We reviewed this with one person who gave a list of creams applied by staff on the morning of our visit but none were recorded. There was also a lack of detail on cream charts to assist staff in their administration. For example, on all but one of the charts we saw there were no times that creams should be applied or specifically where [part of the body].

We discussed this with the NI and manager and asked how checks were made to ensure MAR's were being accurately recorded. The NI told us records are seen on the spot checks but there was no audit tool to look at medicines specifically. We discussed the need to develop such a tool so that recording issues could be better monitored.

Most of the people using the agency were able to consent and agree to the support they received regarding medicine administration. We saw that care records had been signed to agree to the initial level of support. Care plans supporting this process were not always detailed however. For example, one person care records and care plan lacked detail regarding the level of support needed. There was a list of medicines recorded but no indication whether the person self-medicated or needed support from staff and if so what level of support. The NI and the manager did not know these details when we asked. We discussed the need for care plans regarding medicines to be more explicit and clearer so staff could be better informed.

These findings were a breach of Regulation 12 (2) (g) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Information we received prior to our inspection from two people who had previously used the agency informed us that they had stopped using the agency because of staffing inconsistencies.

Those people we visited on the inspection felt safe with the support they received. They told us that staff were very flexible and always turned out on time and carried out their care tasks well. We did not find any examples on inspection of staff missing calls. This was seen as the most reassuring element in terms of people feeling secure with the care provided. People said there were enough staff employed by the service. One person said, ''I have the same staff, they are the same ones.''

We asked about staff's ability to carry out care based on skill base, experience and qualifications. We were made aware that out of 19 staff employed, four had formal qualifications in care. This included the NI for the service. One staff we spoke with who had key responsibilities and a supervisory role in organising and carrying out care had no formal care qualifications.

We were concerned that key areas of care such as medicines and moving and handling were not routinely monitored to ensure staff were competent to carry these care tasks out. This was evidenced further by staff carrying out some care, with a higher level of risk, with little formal qualifications or training in these specific areas. For example, one person had an invasive procedure carried out on a weekly basis by staff who could not produce any evidence they had been trained for this. There was also no care plan for this procedure or reference in any of the agency's procedure manuals. The agency manager stopped this practice following the inspection with the view to arranging necessary training and update for staff.

Staff told us that they felt better supported by managers at the time of our inspection but this had not always been the case. They had received little support from the previous manager of the agency and had been left uncertain and exposed at times. One staff told us about an incident of being left in a situation of risk after being asked to visit a person with a 'bag on them' [colostomy] and had had to empty this and manage it with no assistance or previous training or experience. The staff told us they felt more supported now and the new manager together with the NI had enlisted most /all staff on standard qualification courses the week of our inspection.

These findings were a breach of Regulation 12 (2) (c) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Requires Improvement

Is the service effective?

Our findings

We received positive feedback from people being supported by Southport Home Care. They said the quality of the service was good and commented that staff seemed competent. Comments included; "They are fine – they come twice daily and assist me well", "They seem to know what they are doing most of the time" and "They were very good when I had an emergency – they looked after me well and gave me the right support."

Communication between, people being supported, staff and senior management were seen as effective. All of the people we spoke including relatives felt they were kept up to date with any changes or developments.

One person commented that they had a new type of sling for their hoist but the care staff did not know how to use this. Staff had commented to the person the agency "had not got anybody in the agency who was a manual handling trainer." The person had not been given any reassurance when this would be sorted out.

We looked at the training and support in place for staff. We asked about training for moving and handling as this had been raised by the person we spoke with. The NI told us they mostly did this, or the previous manager, and showed us training certificates for some staff which had been signed by the NI. The certificate covered 'Manual handling legislation' and 'Manual handing techniques'. We were told the training consisted of a DVD and practical training with people using the service as the agency did not have training facilities. This was also currently carried out by the NI.

The NI informed us that they did not have any formal qualification to train staff in moving and handling. We discussed the importance of this as the health and safety risks of poor practice were considerable. The agency's policy statement said: 'Training is to be completed by a moving and handling trainer. Staff must also have an annual assessment of their competence conducted by a moving and handling trainer'. The policy references current good practice guidance such as the 'Guide to the Handling of People [6th Ed.]' which specifies the formal training and updates required for role of a moving and handling trainer. The NI and manager said they would review this urgently.

We looked at the induction process for new staff. We were concerned that some staff told us they had had little in the way of induction. One staff told us, "I had very little on induction, just a few DVD's." Another staff member who had some previous experience but no qualification said ''I had no induction. Just a few DVD's.''

The NI explained the induction process. We tracked this through a new care staff with no previous experience. We saw there was a series of DVD videos covering first aid, safeguarding, moving and handling, and medication. All of these carried out on one day with the staff in question [covering 15 hours of training according to the certificate]. Moving and handling training also had a practical element with observation of practice but was not recorded anywhere. Medication training had a questionnaire but no evidence of a competency check to ensure staff were safe to administer medications.

The induction training certificates seen were signed by the NI for the service as 'course tutor'. The NI had no qualification in training to teach [moving and handing in particular]. The NI said they had signed the

certificates as they had sat through the DVD training with staff and overseen the questionnaires.

There was no record of induction regarding the agency's policies and procedures. This meant that when asked about policies and procedures for safeguarding [for example] staff did not know where these where; they had not been seen or discussed.

There were two staff working nights and we spoke with one of these members of staff during the inspection. They were not aware of who to contact at night in case of an emergency. They told us they had received no induction around lone working or access / knowledge of the agency practice or policy regarding this.

The induction for staff was not based around any recognised standards. Neither the NI nor any of the staff we spoke with were aware of the Care Certificate which is the current benchmark for staff induction recognised by the government following the Francis Enquiry into care.

Other support systems for staff were not up-to-date. There was a lack of any formal supervision for staff apart from the spot checks carried out and no record of any appraisals carried out [although most staff were fairly new]. There were also no staff meetings held. This meant staff had no formal opportunities to discuss issues of concern or development of their role. Given the low formal qualification and skill level of staff this indicated more risk. Both staff who had been involved in a recent safeguarding incident had not received any recorded supervision by the managers of the agency. The NI showed us two supervision discussions they had undertaken recently for two staff and said that the previous manager had not undertaken this and they were trying to catch up.

Staff did report that the NI, team leader and current manager seem very supportive and 'We can always phone them'. The new manager informed us they were aware of some of the issues and it was confirmed following the inspection the agency had accessed diploma training for staff and reviewed all staff files for level of training needed and skill base. The manager informed us the agency would be introducing the Care Certificate as induction training.

These findings were a breach of Regulation 18 (2) (a) (b) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The people we spoke with on the inspection all had the capacity to make their own decisions regarding their care and treatment. We saw care files where people had signed to say they consented to specific care such as, medication management. People told us that when their care needs were being assessed the staff took their time to ensure the final care package or care plan had been agreed and consented to.

We looked to see if the agency was working within the legal framework of the Mental Capacity Act 2005 [MCA]. 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 discussed the care of a person who was living with dementia. There were issues around the person's ability to make some decisions. One staff told us, "We have to stop [person] going out as it might be dangerous." When we spoke with staff there was a lack of awareness of any possible issues regarding this in terms of the person's rights. A family member was the main support in terms of decision making but lived away. We were told by care staff that the relative had a Lasting Power of Attorney [LPA] to formalise this in

law but we could find no evidence of this on file. The NI and manager were not aware of the family member's legal status.

We asked about staff training in the MCA and we were told of a few staff having training in the past. On inspection the MCA was not on the training schedule. The new manager had formal training in the MCA and its principles and advised they would review the training needs of staff and update any care plans that needed this input.

These findings were a breach of Regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We saw, from the care records that local health care professionals, such as the person's GP were liaised with when necessary. The people we spoke with managed their own health care appointments but we were told by one person, "The district Nurse comes regularly to change my catheter. The care staff from the agency help to change and empty the bag and they are very good.'' The NI showed us a review they had completed during the inspection of a person's care and how they had linked in with the person's GP to review their current health status.

Some of the people receiving care by the agency needed support with their meals. This ranged from preparing a meal to assisting with shopping. One person told us "They (staff) make my breakfast in the morning – whatever I want really."

Requires Improvement

Is the service caring?

Our findings

Prior to the inspection we were aware of a safeguarding issue that had arisen. The theme of this was a disregard for a person's privacy and confidentiality with regard to their care. The issues had been upheld by the investigation. We spoke with the person and their relatives on the inspection. They told us the agency staff we generally very good and they were please overall with the care received but the incident had given them cause for concern.

Two people who had previously used the agency had similar concerns and had left the agency partly because of the issue of staff not keeping information confidential.

We became aware during the inspection that most staff had had limited induction and training and care principles such as respect, privacy and confidentiality had not been reinforced.

Following our inspection the manager updated us with the findings and outcome of the agency's disciplinary action taken. This showed the agency had taken the issues seriously and had followed up with the person concerned and their family.

All of the people we spoke with, however, gave positive feedback about staff attitude. Some were aware of the safeguarding issue as it had appeared in the local media but they told us, in their experience, staff displayed a caring attitude and were respectful. One person said "They are very good and always aim to keep me involved in the care." Another person said "They are spot on. They always give me time and are never late. They are extremely caring and always take their time." A relative said "you can't fault them. There is a good rapport with staff. They took care to match my [relative] with the right care staff. They make sure the clients are comfortable and happy with their carer."

Care files referenced individual ways that people communicated and made their needs known. We also saw examples were people had been included in the care planning, so they could see and play an active role in their progress. One piece of feedback evidenced how staff were responsive and caring as a person's condition changed quickly; "The staff were extremely attentive and helpful to fit in a visit unexpectedly – they were around right away. They were very kind and made me feel I wasn't a bother. All the carers gave excellent service."

The staff we spoke with had a good knowledge of people's needs and were able to explain each person's preferences and daily routine, likes and dislikes. These were also recorded in care files we reviewed. This theme was supported by the observations, interviews and records we saw on the inspection.

Requires Improvement

Is the service responsive?

Our findings

When we spoke with people on the inspection and made observations we found the care to be organised as much as possible to meet people's individual needs. All of the people we spoke with said the agency were very flexible and made good attempts to include calls when people preferred and suited them. The assessments and care plans we saw showed that people had been consulted and included in their care planning. There was an assessment completed by the person concerned which outlined their care needs and included any individual care requests. The assessment also included a family and social history. The care plans we saw included a breakdown of each visit and what care had been agreed.

People said they felt they were treated as individuals. They said that the NI and staff came out to review their care plans and update if there were any changes. One person said, "They've been out recently to do some assessments." We saw regular care staff were allocated to each person to ensure consistency of care and promote a good working relationship. We saw the personal care element of the care plans were well defined so it was clear for staff how this was to be carried out.

There were some concerns however. Two of the people we reviewed did not have a care plan at all. The NI said they were updating the care plan as this had not been completed by the last manager. In another example we saw that a new client had not had an assessment of care needs completed.

We saw two of the people we reviewed had clinical procedures carried out that did not appear on the care planning or assessments, although they were recorded in daily care records. The risk is that by not including these in the care plan they may not be reviewed and subject to on-going evaluation.

The NI said there had been inconsistencies identified with respect to the monitoring of people's care planning in the recent past.

These findings were a breach of Regulation 9 (1) (b) (2) (a) (b) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We asked people and their relatives if they were listened to if they had any issues or concerns. People we spoke with and relatives said they knew how to complain but had no wish to do so. The complaints procedure was accessible in the information supplied by the agency.

Since our last inspection there had been no complaints recorded.

Inadequate

Is the service well-led?

Our findings

The service did not have a registered manager in post. There was a new acting manager who had only been in post for a week at the time of our inspection. The manager was supported by the Nominated Individual (NI) for the service; There was also a senior team leader who carried out some monitoring of care.

We enquired about the quality assurance systems in place to monitor performance and to drive continuous improvement. We had identified a number of concerns and breaches of regulations during our inspection and we found there had been a lack of monitoring by the provider and previous manager over the last three or four months in particular.

The NI and manager were not able to evidence a thorough internal quality assurance processes that would have identified, assessed and dealt with the issues of concern. The NI showed us the 'spot checks' carried out. This was the main tool for monitoring of staff and care. This was brief and identified only issues relating to staff appearance, paper work, security of the home when entering, time staff arrived and staff approach on the visit. There were no other audit tools being used at the time of the inspection.

The breaches we have identified such as staff skill base, staff support and training, medication and moving and handling competencies of staff, staff awareness of people's rights with respect to the Mental Capacity Act 2005, safeguarding procedure and policy and staff recruitment had not been identified and addressed by the existing management audit and systems in place. These key areas were not routinely monitored.

The NI told us the system in place for collecting people's feedback was also at the time when spot checks of people's care was carried out. We could not see any record of feedback from people however and there was no process in place for analysing the findings to develop the service further.

Similarly with staff feedback about the service. There were no formal systems in place to get feedback from the staff and to monitor staff.

There were no external quality reviews of the agency to help assure the quality of the service.

The NI said there had been issues with the running of the agency in the recent past and they were now trying to manage the result of this. The provider (the NI and the other member of the board) had not effectively monitored the running of the agency however. For example, there were no records of the manager being supervised or monitored by the NI. The service had not sent notification of incidents and events which were notifiable under current legislation. This included notification of change of manager and an identified safeguarding issue. Statutory notifications help us (the regulator) to be updated and monitor key elements of the service.

These findings were a breach of Regulation 17 (1) (2) (a) (b) (c) (d) (i) (e) (f) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The new manager displayed some understanding of the quality process required. For example we discussed the recent safeguarding issue and how this had been managed. There was a clear pathway from receiving and assessing the issues to attending feedback from any professional input to evaluation of the issues involved and dealing with the outcome. This showed a better communication and a willingness to learn from the incident by the new manager.

Both the manager and the NI understood the concept of a 'person centred approach' to care. Meaning care was centred on the needs of each individual rather than the person having to fit into a set model within the service. People using the service, relatives and staff told us they felt the culture of the organisation was fair and open although there had been concerns in the recent past. They felt things were better now under the new management structure.

The NI showed us a new range of policies and procedures recently purchased for the agency but could not evidence any of these in current use.

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 We found examples were people did not have care plans and care had not been updated.

The enforcement action we took:

We imposed a condition on the provider's registration to stop any further admissions for care.

Regulated activity	Regulation
Personal care	Regulation 11 HSCA RA Regulations 2014 Need for consent There was a lack of understanding and knowledge of staff regarding the principals of the Mental Capacity Act 2005.

The enforcement action we took:

We imposed a condition on the provider's registration to stop any further admissions for care.

Regulated activity	Regulation
Personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment Medicines were not administered in line with the agency's policies and procedures. Care staff's competency to administer medicines was not monitored. Regulation 12 (2) (g) We found a lack of evidence to assure care staff had the necessary qualifications, skill and experience to carry out care tasks Regulation 12 (2) (c)

The enforcement action we took:

We imposed a condition on the provider's registration to stop any further admissions for care.

Regulated activity	Regulation
Personal care	Regulation 13 HSCA RA Regulations 2014 Safeguarding service users from abuse and

	improper treatment One service user had been subject to inappropriate care which undermined their rights and welfare. The agency's current systems regarding safeguarding were not robust enough to identify and report issues of concern. Regulation 13 (1) (2) 4 [c]

The enforcement action we took:

We imposed a condition on the providers registration to stop any further addmissions for care.

Regulated activity	Regulation
Personal care	Regulation 17 HSCA RA Regulations 2014 Good governance There has been a significant risk to care provision due to a lack of effective monitoring by managers. We found there were minimal or ineffective control measures to monitor the quality and safety of care.

The enforcement action we took:

We imposed a condition on the provider's registration to stop any further admissions for care.

Regulated activity	Regulation
Personal care	Regulation 19 HSCA RA Regulations 2014 Fit and proper persons employed The agency's recruitment processes were not robust enough to help ensure staff employed were fit to work with vulnerable people. Regulation 19 (3) (a)

The enforcement action we took:

We imposed a condition on the provider's registration to stop any further admissions for care.

Regulated activity	Regulation
Personal care	Regulation 20A HSCA RA Regulations 2014 Requirement as to display of performance assessments The provider did not display the quality ratings for the previous comprehensive inspection carried out in May 2015.

The enforcement action we took:

We imposed a condition on the provider's registration to stop any further admissions for care.

Regulated activity	Regulation

Personal care	Regulation 18 HSCA RA Regulations 2014 Staffing We found staff were not supported by on-going systems such as induction, training, supervision, appraisal and staff meetings.

The enforcement action we took:

We imposed a condition on the provider's registration to stop any further admissions for care.