

Options Home Care Limited

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Inspection report

Unit E3, Market Hall
Accrington
Lancashire
BB5 1ER

Tel: 01254427440
Website: www.optionshomecare.co.uk

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Ratings

Overall rating for this service

Inadequate 

Is the service safe?

Inadequate 

Is the service effective?

Requires Improvement 

Is the service caring?

Requires Improvement 

Is the service responsive?

Requires Improvement 

Is the service well-led?

Inadequate 

Summary of findings

Overall summary

This comprehensive inspection took place on 2 and 3 May 2018 and was announced. We last inspected the service on the 4 and 5 April 2017 when we found a number of concerns.

Options Home Care Limited is a domiciliary care agency and is based in Accrington, Lancashire. The service provides personal care and domestic support to people over the age of 18 years with a variety of health and social care needs who live in their own homes. On the day of our inspection there were seven people using the service.

The service had a registered manager in place, who was also the provider. 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.

At our inspection of 4 and 5 April 2017, we found breaches in the regulations; these related to the failure to adequately assess risks to people, recruitment processes were not sufficiently robust, a lack of auditing systems and policies and procedures did not reflect when the service were doing in practice. We therefore asked the provider to make improvements. We received an action plan from the provider indicating how and when they would meet the relevant legal requirements.

During this inspection we found no improvements had been made and the service was in breach of five regulations under the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This included shortfalls in the effective management of risks of harm and abuse within the service, failure to ensure the recruitment of staff was safe, inadequate staffing levels, shortfalls in staff training, supervision and appraisals and failure to demonstrate oversight and compliance with the regulations by the registered manager.

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

The risk assessments that were in place did not accurately reflect current risks and had not been reviewed. Those risk assessments did not direct staff on how to manage these or how best to support people. People who had been deemed as at risk of falls did not have a falls risk assessment in place to show how these risks were being managed.

Recruitment systems and processes in place were not sufficiently robust to ensure appropriate people were employed to work with vulnerable people. We saw the registered manager had not undertaken relevant risk assessments when employing people and gaps in employment had not been explored.

The provider had not employed sufficient numbers of suitably qualified, competent and skilled people.

Records we looked at showed the only member of staff with previous experience in social care was the registered manager. New staff members without any experience in care had not received an appropriate induction.

The only training all the staff had received was a one day course which covered 12 different topics. The staff member we spoke with could not recall any of the information they learned during this course. Other online training courses were available but staff had struggled to pass these courses and no competency checks had been undertaken. Staff had not received any supervision to discuss issues related to their role and any learning and development needs.

Care plans we looked at did not reflect people's current health care needs such as those at risk of falling. None of the care plans we looked at were person centred. They were basic and did not always direct staff on how to provide support to people. Many of the care plans had been handwritten and we struggled to read them. There was no evidence to suggest that people using the service had been involved in developing care plans or the reviewing of these.

We checked the registered manager was following the Accessible Information Standard. They told us they had not heard of it and did not know anything about it. Throughout the inspection, we noted the registered manager lacked knowledge and understanding around the regulations and best practice guidance.

Audits to monitor the quality of the service and make improvements were not being completed. There was no oversight of the quality and safety of the care being delivered either by the registered manager or by the service provider. . Surveys had been sent out and some had been received back, although the registered manager had not analysed these in order to identify if improvements in the service were needed.

All the people we spoke with who used the service told us they felt safe. One staff member we spoke with told us they had received safeguarding training but could not remember anything about it. However, they did tell us they would inform the registered manager if they had any concerns.

Staff we spoke with were aware of their responsibilities in relation to infection control. We observed personal protective equipment (PPE) was used when providing personal care or preparing food such as gloves and aprons.

The registered manager knew their responsibilities in relation to the Mental Capacity Act (MCA) and Deprivation of Liberty Safeguards (DoLS). The service had not needed to make any applications to the court of protection to restrict a person. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible.

All the people we spoke with were complimentary about the registered manager and staff members. They told us their privacy and dignity was respected at all times and staff were reliable and in the main turned up on time.

The overall rating for this service is 'Inadequate' and the service is therefore in 'special measures'. Services in special measure 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. The expectation is that providers found to have been providing inadequate care should have made significant improvements within this timeframe.

If not enough improvement is made within this timeframe so that there is still 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 this service. This will lead to cancelling their registration or to varying the terms of their registration within six months if they do not improve. This service will continue to 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 so there is still a rating of inadequate for any key question or overall, we will take action to prevent the provider from operating this service. This will lead to cancelling their registration or to varying the terms of their registration.

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

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 registered manager had not assessed and considered the risks to people such as falls or moving and handling. Risk assessments that were in place had been handwritten and were difficult to read.

There was a lack of sufficient numbers of suitably qualified, competent and skilled staff. The registered manager and nominated individual were working as care workers so that they could meet the needs of those using the service.

Recruitment systems and processes were not sufficiently robust to ensure suitable persons were employed within the service.

Is the service effective?

Requires Improvement ●

The service was not always effective.

Staff had not received any training in relation to their role, apart from a one day course which covered 12 topics. The one staff member we spoke with could not remember what the training involved.

The registered manager confirmed they were not placing any restrictions on people who used the service. Records we looked at confirmed this.

People who used the service told us they were supported to attend any health care appointments by the service if required.

Is the service caring?

Requires Improvement ●

The service was caring.

All the people we spoke with told us the staff members were caring. They were very complimentary about all the staff and the service they received.

The lack of training available to and undertaken by staff did not ensure that people who used the service were cared for in a safe

way.

Staff were aware of the need to allow people to maintain their independence as much as possible.

Is the service responsive?

The service was not always responsive.

Care plans we looked at were not person centred, did not give a true reflection of people's current health care needs and did not evidence that people had been involved in the development of them.

We saw the service used technology to assist them to support people in their own homes. There was an electronic system for the registering and monitoring of home visits and people had 'key safe' systems in place.

People who used the service were not provided with a copy of the complaints policy and procedure when commencing with the service. However, people told us and records confirmed no complaints had been made.

Requires Improvement 

Is the service well-led?

The service was not well led.

Whilst the registered manager was very knowledgeable about the people who used the service and their needs, we found they lacked understanding around the regulations and their responsibilities to ensure they met these.

We asked the registered manager to show us the audits they had in place within the service. We found an audit schedule was in place but that audits were not being completed.

Staff told us and records confirmed that staff meetings were not being held.

Surveys were being sent out to people who used the service. However, we found that once these had been returned the results were not being analysed to drive improvement.

Inadequate 

Options Home Care Limited

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection 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.

We gave the service 48 hours' notice of the inspection visit because it is small and the registered manager is often out of the office supporting staff or providing care. We needed to be sure that they would be in. This announced inspection took place on the 2 and 3 May 2018 and was conducted by one adult social care inspector.

Before the inspection, the provider completed a Provider Information Return (PIR). This is a form the provider completes to give some key information about the home, what the home does well and improvements they plan to make. The provider returned the PIR within the agreed timeframe and we took the information provided into account when we made the judgements in this report.

In preparation for the inspection, we reviewed the information we held about the service such as notifications, complaints and safeguarding information. We obtained the views of the local authority safeguarding and contract monitoring team and local commissioning teams. We also contacted Healthwatch to see if they had any feedback. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England.

We visited three people in their own homes, with permission, to speak with them and/or their relative. We also spoke with one staff member, the registered manager and the nominated individual. We also looked at the care records for all the people who used the service and a range of records relating to how the service was managed; these included training records, recruitment, quality assurance audits and policies and procedures.

Is the service safe?

Our findings

All the people we spoke with told us they felt safe when staff members were in their homes. One person we spoke with told us, "I am definitely safe."

During our comprehensive inspection of 4 and 5 April 2017, we had concerns about how risks were being managed in the service. This was because the provider had failed to ensure that appropriate risk assessments were in place. We asked the registered manager to send us an action plan identifying how they were going to make improvements and by what date these would be achieved. We received an action plan identifying this issue would be addressed by the 30 June 2017. We looked at this again during our inspection and found no improvement had been made.

We looked at what consideration the registered manager had made about risks that people presented with. We asked the registered manager how and when people were assessed for any risks to their safety; they told us, "On the initial assessment, I make sure the environment is safe. On the next visit I would make sure the food in the house is within date, no loose wires, no electrical issues and everything used on a daily basis is maintained to a high standard." We also asked how they ensured risks were monitored and managed, they told us, "I should be doing an audit where spot checks would be done." Records we looked at showed no audits on risk assessments were being carried out.

We asked one staff member if there were policies and procedures in place within the service in relation to safety. They told us, "There always should be. I probably have seen them I just don't know."

We found all risk assessments in place had been handwritten and were very difficult to read due to the handwriting. In one person's file, we saw an email which documented the person was at risk of falls, however their risk assessment was blank and there was no mention of falls in their care plan. Another person at risk of falls also had a risk assessment which did not consider this risk. One person required the use of a hoist to transfer them from their bed and their wheelchair; again this person's risk assessment was blank. Whilst no falls or accidents had occurred risk assessments should be in place to mitigate any known risks.

The service provider had failed to carry out risk assessments and manage risks appropriately. This was a breach of Regulation 12 (1) and (2)(a) and (b) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

During our comprehensive inspection of 4 and 5 April 2017, we had concerns about the safe recruitment of staff as the provider had failed to ensure they adhered to Schedule 3 of the Health and Social Care Act 2008 (Regulated Activities) Regulation 2014 when recruiting new staff members. We told the registered manager to send us an action plan identifying how they were going to make improvements and by what date these would be achieved. We received an action plan identifying this would be addressed by the 30 June 2017. We looked at this again during our inspection and found no improvement had been made.

We asked the registered manager how they ensured their recruitment processes were robust. They told us, "By following my policies and procedures, which I am not doing at the moment."

We looked at three care staff personnel files; we saw all had completed an application form, which highlighted where they had worked previously and if there were any gaps in employment. One person had gaps in their employment, which had not been explored. The provider had requested that enhanced disclosure and barring checks (DBS) were undertaken when people applied for employment and evidence of this was included in staff files. However, we noted the provider had not adequately risk assessed to ensure some people were safe to work with vulnerable people and one person had commenced employment prior to their DBS coming through. We also noted that references had not been obtained for two people working in the service. This meant the provider had not ensured they were employing people of good character and who were suitable to work with vulnerable adults.

The service provider had failed to operate a robust recruitment process. This was a breach of Regulation 19 (1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Shortly after our inspection, the registered manager told us they had taken action to address the concerns we had raised in relation to the employment of staff. We were reassured appropriate steps had been taken and vulnerable adults were safe with the staff employed. Moving on from this, we need to see that improvements are embedded and sustained within the service.

We checked if the provider had employed sufficient numbers of suitably qualified, competent and skilled people. We asked the registered manager how they ensured staff had the right qualifications, skills and experience to meet the needs of people who used the service. They told us, "By looking at their work history, their experience, life experience, what qualifications they have and their interest in the role they are going for. There is a lot of stuff I am not doing and I need to be here and I am not, that is the big problem."

Records we looked at showed three people had been employed to work in the service, all of which had no previous experience in care. This meant the registered manager was the only person within the service that had a background in social care.

One staff member told us their induction consisted of, "Going out with someone for a month and a half so they could show me the ropes and what needs doing." We saw that a discussion also took place about the service and the person's role. Staff members had not received adequate induction when commencing employment, such as the Care Certificate. The Care Certificate is an identified set of best practice standards that health and social care workers adhere to in their daily working life.

Records we looked at showed the registered manager was working full time hours and above supporting people who used the service. The nominated individual was also supporting people on a part time basis. A Nominated Individual has responsibility for supervising the way that the regulated activity is managed. We asked the registered manager why the nominated individual was supporting people, they told us, "Not enough staff." They told us they were attempting to recruit new staff members so they could spend more time overseeing the service to ensure it is managed effectively.

The service provider had failed to ensure they employed sufficient numbers of suitably qualified, competent, skilled and experienced people. This was a breach of Regulation 18 (1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We looked at the training available for staff members in relation to safeguarding. One staff member we

spoke with told us they had completed safeguarding training in March 2018 but commented, "I cannot remember anything about it." The staff member did state they would always report any concerns such as bruising or injuries immediately to their line manager. Records we looked at showed that safeguarding was one of 12 topics covered in a one day course that all staff members had attended. No further training was undertaken in this area.

We asked the registered manager how they ensured staff were aware of their responsibilities in relation to safeguarding. They told us, "I would say I send them on adequate training but I don't. Obviously within that training they should be aware of what the regulations and guidelines are in relation to abuse and the forms of abuse." At the time of the inspection, there had not been any safeguarding concerns within the service and the registered manager was able to satisfy us that they would report any concerns to the relevant bodies. However, the service provider has a responsibility to ensure all staff are aware of their responsibilities in relation to safeguarding. Since our inspection the provider confirmed that all staff had undertaken safeguarding training.

We looked at how people were supported to manage their medicines. One person who used the service told us, "I take medicines first thing in the morning and they will stay with me until I have taken them." The service had a medicines policy and procedure in place for staff to refer to, although this did not match what the service were doing in practice. Only staff members who had undertaken medicines training were permitted to support people with their medicines. We visited three people in their homes, all of which received some level of support from the service with their medicines. We saw there were Medicine Administration Records (MARs) in place all of which had been handwritten. However, we noticed that only one signature was present; good practice guidance states that all handwritten MARs should contain two signatures to reduce the risk of errors.

All MARs we looked at had been completed correctly when administration of medicines had occurred. Signatures were in place and there was a system to record any refusal of medicines or if there had been an occasion where they had been omitted. We saw body maps were in place for when people had been prescribed creams, to show where they should be applied.

The service had an accident and incidents book in place. We looked at this during our inspection and saw this was blank. The registered manager confirmed that there had been no accidents or incidents within the service.

Infection control policies and procedures were in place within the service and the registered manager was the designated person responsible for ensuring infection control measures were followed. They told us their responsibilities included, "Ensuring staff understood their responsibilities by explaining what can actually happen if they don't use their equipment when they are supposed to."

We asked one staff member what their responsibilities were in relation to infection control. They told us, "Wear gloves when washing people or making food. Wear aprons when they are having a shower." They also told us they carried personal protective equipment (PPE) with them whilst on duty and they always had antibacterial hand gel to use.

During our inspection, we observed how staff supported people in their homes and noted PPE was appropriately used in order to prevent the spread of infections.

Is the service effective?

Our findings

One person we spoke with told us they felt staff knew what they were doing when supporting them. They told us, "Most definitely know what they are doing. If they are stuck the main boss is only a phone call away."

We looked at what training was available for staff who worked in the service to ensure they could meet the needs of all the people using the service. Records we looked at showed that all three care staff members and the registered manager had completed a one day course which covered 12 topics including health and safety, information governance, fire safety, equality and diversity, infection control, food hygiene, basic life support, moving and handling, safeguarding, complaints handling and lone worker. We were told by the registered manager these courses were mandatory. One staff member we spoke with told us they had done a day of training but was unable to tell us any detailed information about what they had learned or topics they had looked at. This showed the mandatory course was not adequate for those new to the care industry and that the staff learning had not been effective .

The service also had access to online training. Courses we saw staff had been registered for included dementia awareness, medicines management, Mental Capacity Act (MCA) and Deprivation of Liberty Safeguards (DoLS) and mental health awareness. We saw all three care staff had attempted dementia awareness but none had passed the course, one person had taken 12 attempts to pass MCA and DoLS training with the other two staff not having passed and only one staff had passed mental health awareness training but this had taken 19 attempts. In regards to medicines training, all staff had passed the course although it had taken one staff five attempts, another staff four attempts and another staff 13 attempts. We saw no evidence that the registered manager had checked people's competency or offered other forms of training in any of these areas despite having access to the above information.

We looked at supervision and appraisal records. We found none of the staff members working in the service had received supervision since commencing their employment. This meant the provider could not evidence that they had assessed people's competency to undertake their role or that this was being maintained.

The service provider had failed to provide suitable and appropriate training and support for staff members through supervision. This was a breach of Regulation 18 (1) and (2)(a) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Shortly after our inspection, the nominated individual reassured us that steps had been taken to address the training of all staff including themselves. They sent us details of the courses and dates that staff members would receive further training. We were reassured that training was being addressed, however we need to see that these improvements are embedded and sustained within the service.

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

People can only be deprived of their liberty so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. We checked whether the service was working within the principles of the MCA and if any applications had been made to the court of protection.

The one staff member we spoke with told us they had not received any training on MCA and DoLS and therefore did not know anything about it. Records we looked at and the registered manager confirmed they were not placing restrictions on any person who used the service.

The registered manager told us that all the people who used the service, apart from one, had capacity to consent to care and treatment. Care plans and risk assessments we looked at did not have the option for people who used the service to sign, to evidence their consent to the care and treatment being arranged. The only consent form we saw in place was in relation to photograph's being taken and only two people had these in situ. However, all the people we spoke with told us staff gained verbal consent before undertaking any support and we observed staff asking for consent during our inspection.

Records we looked at showed that prior to providing support to people in their own homes a pre-admission assessment should be undertaken to ensure the service could meet the person's needs. We saw four out of seven people who used the service had pre-admission assessments in place; the other three had no assessment in place. Whilst this meant it was not possible to ascertain how the provider had concluded they could meet people's needs, all the people we spoke with told us their needs were met by the service.

If it was part of the agreed package of care, staff members supported people with their meals. During our inspection, we observed the registered manager made a lunch for a person. They communicated well with the person and asked them what they would like to eat, ensuring they made exactly what the person wanted, in the way they wanted it. Food hygiene training was part of the one day course that all staff completed.

People who used the service and the registered manager told us the service supported people to attend health care appointments if this was required and agreed as part of the care package. One relative told us, "They even help me sometimes and have taken me to health appointments." The registered manager confirmed that on occasions this had been undertaken as a good will gesture and outside of any paid support.

Is the service caring?

Our findings

All the people we spoke with were complimentary about the registered manager and staff members. Comments we received included, "They [staff members] are very kind and caring. I am well looked after", "They are really, really, really helpful. They are caring, they always ask how I am and if there is anything else they can do for me" and "I am absolutely happy with the service." One relative we spoke with told us, "They are very good I cannot fault them. They are really caring."

All the people we spoke with who used the service told us staff members were reliable and in the main turned up on time. One person told us, "Sometimes they are early." Another person told us, "They are more or less always on time." We accompanied the registered manager to visit people in their own homes, with consent from those involved. We observed the registered manager was approachable, relaxed and sensitive with people they were supporting. People who used the service appeared relaxed in their company.

Whilst people who used the service were complimentary about the staff members, the lack of training available to and undertaken by staff did not ensure that people who used the service were cared for in a safe way.

We asked one staff member how they ensured they maintained people's privacy and dignity. They told us, "I will always knock on the door before I enter the house, to let them know it is me that is coming in. When bringing them out of the bathroom I will always cover them up with a towel." We saw that prior to entering someone's property the registered manager knocked on the door and shouted to the person to alert them who was entering the house. They were respectful that they were in people's homes and sought permission to enter different rooms or use equipment.

We asked one staff member if they had heard of the Equality Act and what it meant to them. They informed us they had never heard of it and so did not know what it meant to them in practice. We also spoke with the registered manager to ask how they ensured they supported people with protected characteristics under the Equality Act. They told us, "By speaking to them and the carers and making sure they are all aware of the situation. Making sure they are aware of the Equality Act and they cannot discriminate because of those characteristics." All staff should be aware of their responsibilities in relation to equality and diversity in order to ensure people are treated equally and the provider should ensure adequate training is available for staff in this topic.

We asked one staff member how they ensure people's information remained confidential. They told us, "I do not tell anyone any information unless it is with a colleague." We observed that all personal and confidential information was appropriately stored and only those people who were permitted to access it could do so. Records were mainly kept in the office of the service, although daily records were also available in people's homes. This enabled the person and their relatives to see what support had been provided each day and if there had been any concerns.

One staff member we spoke with told us they promoted people's independence at all times. They

commented, "With [name of person using the service] when I have assisted him to shower ask him if he wants to wash his own face and he will." One care plan we looked at noted that it was important to promote independence by allowing the person to do things for themselves. As identified in other domains people were not routinely involved in the reviewing their care plans or making decisions about the care and support they received from the service.

Is the service responsive?

Our findings

We looked at all seven people's care records to review the care plans in place. We saw one person's care plan had been written on the 5 January 2017 with no evidence of this being reviewed. This person had been assessed as at risk of falls although this was not reflected in the care plan. Another person who was at risk of falls had a care plan but this again did not reflect their risk of falls. We saw one person had two care plans in place, one typed and one handwritten. We asked the nominated individual why there was two care plans and they informed us they were in the process of reviewing the typed one; however, the nominated individual had no previous experience in care and had not undergone any form of training in care planning. One person's pre-admission assessment form detailed they were at risk of choking and also required four hourly pressure relief. We looked at their care plan and found this did not reflect any of the risk or how to manage them. Whilst care plans did not reflect people's health care needs we found that in practice their needs were being met. This was in the main due to the registered manager working full time as a carer and their knowledge about the people using the service.

None of the care plans we looked at were person centred. They were basic and did not always direct staff on how to provide support to people. Many of the care plans had been handwritten and we struggled to read them. There was no evidence to suggest that people had been involved in developing care plans or the reviewing of these. None of the care plans had been signed by the staff member who had written them .

The service provider had failed to ensure that care plans in place reflected people's current health care needs, were reviewed and were person centred. This is a breach of Regulation 12 (1) and (2) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We checked if the provider was following the Accessible Information Standard. The Standard was introduced on 31 July 2016 and states that all organisations that provide NHS or adult social care must make sure that people who have a disability, impairment or sensory loss get information that they can access and understand, and any communication support that they need. We looked at how the service shared information with people to support their rights and help them with decisions and choices.

We asked the registered manager how they were meeting the requirements of this standard. They told us they had not heard of it and did not know anything about it. We found that many care plans were barely legible to us and would have been difficult for a person with sight impairment to read. We did not see evidence that care plans or other information was available in different formats, such as larger print, as most were handwritten.

We looked at what technology was used to support people who used the service. We saw that each person the service was supporting had a 'key safe' system in place. This was a system by which a key to the main entrance was placed in a box protected by a passcode. This enabled the staff at the service to access a person's home at agreed times. We also saw that staff members used their mobile phones to log into a person's home. This would let the registered manager know exactly what time a staff member entered the persons home, what time they left or if they had not arrived for the visit.

All the people we spoke with told us they felt staff gave them choices about how they were supported. One staff member told us "Every client we have I ask them what they want. I always give them a choice if they want to do something." During our inspection, we visited people in their own homes with the registered manager and observed people were given many choices, for example, what they wanted to eat for their lunch.

We looked at how the service managed complaints. People who used the service told us they had not had the need to make any complaints and could not speak highly enough of the service. We asked one staff member how they would respond if a service user or a relative wanted to make a complaint. They told us "First thing I would do is note it down and pass it on to the line manager; go through with them what has been said." The registered manager told us they did not routinely give people a copy of the complaints procedure when they commenced using the service. The service had not received any complaints since our last inspection.

Is the service well-led?

Our findings

All the people we spoke with knew who the registered manager was and felt they were approachable.

The registered manager was a director of the company, which operated the home. A registered manager is a person who has registered with the Care Quality Commission to manage the service.

The service was not well led. Whilst the registered manager was knowledgeable about the people who used the service and their needs, our findings showed the registered manager lacked understanding of their pivotal role in overseeing all aspects of the service and guiding staff to ensure people received good quality care. They also lacked general knowledge and awareness of the Regulations. The registered manager acknowledged during the inspection, they had not managed to keep on top of all their managerial and provider responsibilities due to a lack of staff and having to undertake the role of a care worker. This was also evident during our inspection when we found the action plan from our inspection of 4 and 5 April 2017 had not been met and there were continuing concerns.

During our inspection of 4 and 5 April 2017, we found audits were not being completed. We told the registered manager to send us an action plan identifying how they were going to make improvements and by what date these would be achieved. We received an action plan identifying this would be addressed by the 30 September 2017. We looked at this again during our inspection and found little improvement had been made. The service had an audit schedule in place which identified what audits required completion and when. However, we found audits were in place but many had not been completed or had not been completed in line with the service timeframes. For example, an audit on care files should have been completed on a monthly basis, this had been ticked as having been undertaken but there was no evidence this had been done. Audits on staff supervisions should also have been completed on a monthly basis and these had not been done. Quality audits should be an integral part of managing the service to be able to form a view about the quality and safety of the service being provided. They also ensure identification of issues and consider the improvements that need to be made. The lack of regular robust audits in place demonstrates why we found a number of concerning issues during our inspection.

During our inspection of 4 and 5 April 2017, we saw that a number of policies and procedures were in place which had been developed by an external company. However, we found these did not match the service and did not relate to what the service was doing in practice. We told the registered manager to send us an action plan identifying how they were going to make improvements and by what date these would be achieved. We received an action plan identifying this would be addressed by the 30 September 2017. We found little improvement had been made since our last inspection and policies and procedures continued to differ from what the service were doing in practice. For example, the training policy and procedure stated that staff were to complete the 'common induction standards' as mandatory. This set of standards is no longer in place and have been replaced with the Care Certificate, which none of the staff had enrolled on. The medicines policy and procedure stated that staff were to undertake in-house practical training sessions, using dummy medications; this was not part of the medicines training within the service.

Records we looked at and the staff member we spoke with confirmed that staff meetings had not been undertaken. The lack of regular staff meetings did not allow staff to give feedback on their roles or gain important information about the service.

We saw surveys were given out to people who used the service to gain their feedback. We saw five surveys had been sent out and three had been returned, however the results of these had not been analysed. Surveys are an opportunity to gain feedback and make improvements within the service; however, the registered manager had not completed this process effectively.

The service provider failed to have systems and processes in place to monitor the safety and quality of the service. This was a breach of Regulation 17 (1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We asked staff what they could tell us about the vision and the values of the service. None of the staff we spoke with were able to tell us what these were. Staff spoken with told us communication with the provider was good. They said, "We communicate every day. He always asks how the client is doing." Staff were aware of the lines of accountability and who to contact in the event of any emergency or concerns.

During our inspection, our checks confirmed that the provider was meeting the requirement to display their most recent CQC rating. This was to inform people of the outcome of our last inspection.

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	<p>Regulation 12 HSCA RA Regulations 2014 Safe care and treatment</p> <p>The service provider had failed to carry out risk assessments and manage risks appropriately. The service provider had failed to ensure that care plans in place reflected people's current health care needs, were reviewed and were person centred.</p>
Regulated activity	Regulation
Personal care	<p>Regulation 19 HSCA RA Regulations 2014 Fit and proper persons employed</p> <p>The service provider had failed to ensure they employed sufficient numbers of suitably qualified, competent, skilled and experienced people.</p>
Regulated activity	Regulation
Personal care	<p>Regulation 18 HSCA RA Regulations 2014 Staffing</p> <p>The service provider had failed to provide suitable and appropriate training and support for staff members through supervision.</p>

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 17 HSCA RA Regulations 2014 Good governance The service provider failed to have systems and processes in place to monitor the safety and quality of the service.

The enforcement action we took:

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