

We Care Homecare Limited

# We Care Homecare Ltd

## Inspection report

Suite 210, Portsmouth Technopole, Kingston  
Crescent, Portsmouth, Hampshire, PO2 8FA  
Tel: 02392 658 354  
Website: [www.wecarehomecare.co.uk](http://www.wecarehomecare.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?	Inadequate	
Is the service well-led?	Inadequate	

### Overall summary

This inspection took place on 9 September 2015. The inspection was announced.

We Care Homecare Ltd provide personal care services to people in their own homes. It covers a wide area in Portsmouth and surrounding districts, providing services to older people and younger adults. At the time of our inspection there were 143 people receiving care and support from the service. There were 43 care staff, seven office staff and a deputy manager.

At the time of our inspection We Care Homecare Ltd had been without a registered manager since October 2014. 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. When we visited the service the registered provider was managing the service.

At our last inspection on 11 March and 1 April 2015 we found the provider was in breach of eight of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. The provider did not have effective processes to protect people from abuse and to investigate any allegation of abuse.

# Summary of findings

Staff who were recruited did not have the experience to meet people's needs. Staff were not deployed effectively. Steps were not taken to reduce risks where recruitment checks were not complete or satisfactory. People received their medicines late because of missed or late calls therefore we could not be certain that people received their medicines safely and at the right times. Supervisions and spot checks were not completed for staff. The principles of the Mental Capacity Act were not applied. Planned care was not always provided, complaints were not always followed up or responded to and the provider failed to act on feedback to evaluate and improve the service.

As a result of these breaches three warning notices were served. The provider was also requested to send us an action plan and tell us how and when they would meet our regulations. At the inspection on 9 September 2015 we found that minor improvements had been made with the recruitment of staff and staff's understanding of the Mental Capacity Act 2005 but the service had not reached the standards required by the regulations and had not met the warning notices.

At the last comprehensive inspection on 11 March and 1 April 2015 this provider was placed into special measures by CQC. This inspection found that there was not enough improvement to take the provider out of special measures. CQC is now considering the appropriate regulatory response to resolve the problems we found.

People and staff continued to raise concerns about medicines and records remained ambiguous.

People were not protected against the risk of avoidable harm because the provider failed to respond and investigate potential safeguarding concerns effectively. Improvements had been made with the induction training provided to new staff but there were still concerns about the experience of staff recruited and their effective deployment.

Staff received supervisions, appraisals and updated training; however the effectiveness of the training and feedback from spot checks did not always equip staff with the right skills.

People's care worker preferences were not always met. People felt the office staff did not listen to them and were not kind and caring. People were not always receiving their care visits or not receiving planned care at the correct times which suited people's preferences. Complaints and concerns were not always responded to or followed up.

People said the service was not well led. Staff did not always feel supported.

The provider sought feedback from people regarding their service, however they had not sought feedback from staff and could not demonstrate they had responded to or dealt with some of the concerns still present in the service. The provider had not conspicuously displayed their rating of the outcome of their previous inspection.

Improvements had been made with staff's understanding of the Mental Capacity Act 2005; however we could not be certain of the effectiveness of the provider's processes in assessing capacity. We made a recommendation to the provider to follow guidance for the Mental Capacity Act 2005. The provider followed the correct recruitment and selection processes. People felt care workers were kind and caring, supported them to be as independent as possible and listened to their views. People's privacy and dignity was maintained when they were receiving personal care.

We found a number of continued and new breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010. We also found the provider was in breach of the Care Quality Commission (Registration) Regulations 2009. You can see what action we told the provider to take at the back of the full version of this report.

# Summary of findings

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

We always ask the following five questions of services.

### Is the service safe?

The service was not safe.

People and staff continued to raise concerns about medicines. Records remained ambiguous regarding instructions on whether people should be supported and if they received their medicines at the right times.

People were not protected against the risk of avoidable harm because the provider was still failing to respond and investigate potential safeguarding concerns effectively.

Improvements had been made with the induction training provided to new staff but there were still concerns about the experience of staff recruited and their effective deployment.

The provider followed the correct recruitment and selection processes.

Inadequate



### Is the service effective?

The service was not always effective.

Improvements had been made with staff receiving supervision, appraisal and training; however the effectiveness of the training and feedback from spot checks did not always equip staff with the right skills.

There was a slight improvement with staff's understanding of the Mental Capacity Act 2005; however we could not be certain of the effectiveness of the provider's processes in assessing capacity.

Requires improvement



### Is the service caring?

The service was not always caring.

People's care worker preferences were not always met.

People felt the office staff did not listen to them and were not kind and caring.

People felt care workers were kind and caring, supported them to be as independent as possible and listened to their views.

People's privacy and dignity was maintained when they were receiving personal care.

Requires improvement



### Is the service responsive?

The service was not responsive.

People were not consistently receiving their care visits or not receiving planned care at the times which suited people's preferences.

Improvements had been made to recording complaints and concerns, however they were not always responded to or followed up.

Inadequate



# Summary of findings

## Is the service well-led?

The service was not well led.

Some people said the service was not well led. Staff did not always feel supported.

The provider sought feedback from people regarding their service, however they had not sought feedback from staff and could not demonstrate they had responded to or dealt with some of the concerns still present in the service.

The provider had not conspicuously displayed their rating of the outcome of their previous inspection.

There was no registered manager in place as the registered provider had applied to the Commission to become the registered manager.

**Inadequate**



# We Care Homecare Ltd

## 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 9 September 2015 and was announced. The provider was given 48 hours' notice because the location provides a domiciliary care service and we needed to be sure that someone would be in.

The inspection team consisted of two inspectors and two experts by experience. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service. Both experts by experience had personal experience of caring for a relative who used care services.

Before the inspection we spoke with the local authority safeguarding and commissioning teams concerning 12 safeguarding concerns which had been received since the last inspection on 11 March and 1 April 2015. We reviewed the providers action plans which had been sent informing

us how and when the provider would meet our regulations. We reviewed three warning notices that had been served on the provider. We also reviewed previous inspection reports, safeguarding records and other information of concern received about the service. We reviewed notifications which had been sent to us by the service. A notification is information about important events which the provider is required to tell us about by law.

On the day of the inspection we spoke with 23 people who used the service and four relatives. We also spoke with five care staff, two office staff and the registered provider.

We reviewed a range of records about people's care and how the service was managed. We looked at care plans for ten people which included specific records relating to people's capacity, health, choices, medicines and risk assessments. We looked at daily reports of care, incident and safeguarding logs, complaints, service quality audits and minutes of meetings. We looked at the training plan for 43 members of staff and recruitment, supervision, appraisal and training records for four members of staff.

We asked the provider to send us information after the visit. We requested copies of their policies and procedures and training and supervision planners to be sent to us by Friday 11 September 2015. These were received by this date.

# Is the service safe?

## Our findings

People said they felt safe because they were now receiving care from regular care workers. One person said, “I feel very safe with my carers. I have had the same carer for the last 2 weeks. I used to get a real mixture, 5 in 5 days. It’s now been solved.” Another said, “I feel safe now I have carers I know.”

At our last inspection on 11 March and 1 April 2015 we found the provider to be in breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. People’s care plans contained incomplete records of medicines administered and ambiguous instructions on whether the person should be supported. We could not be certain that people received their medicines safely and at the right times. We asked the provider to send us an action plan to tell us how they would meet this regulation and what actions they would take to make improvements. The provider’s action plan said they would be compliant with this regulation by 3 July 2015. At this inspection, we found no improvements had been made as people’s medicine records remained ambiguous regarding instructions on whether people should be supported and if they received their medicines at the right times.

The provider said they had made some changes to people’s medicines records to avoid duplication and confusion. The provider had created one document called “Care Visit Record and Medication Administration Record Sheet”. This recorded the care provided and support people had received with medicines on one form. To avoid confusion the section on the form which detailed the support people received with medicines was listed as “no medication required”, “self-medicates”, “prompted from nomad tray-time” or “declined”. Care staff were required to tick the option regarding the type of support people needed with their medicines. However the support people received with their medicines on the completed care visit record and medication administration record sheet did not always match the support detailed in their care plan. For example one person’s care plan stated they self-medicated. However their care visit record and medication administration record sheet showed creams had been applied frequently by care staff. There was no mention in the person’s care plan they required support with creams. Similarly for another person they were supported with eye drops and there was no mention of this in the person’s care

plan. This meant people’s care plans continued to contain ambiguous instructions on whether they should be supported with their medicines and how this should be done.

The provider said they had created a form which listed the prescribed medicines and creams the person required, the time of day the person required them, the quantity, dose, method and whether the medicines were time specific. This was to ensure people received their medicines at the right time. For one person their medicines form had not been fully completed to indicate if all their medicines were time specific. The person’s medicines list showed 12 medicines and only eight had been identified as not time specific. The time specific column for four medicines was blank. The provider said this was because they did not support the person with these four medicines, two of which were inhalers. The person’s care plan stated they were to be supported with inhalers. The provider was unclear why this section had been left blank and requested we speak with the staff member who had completed the assessment. This staff member was also unclear why the time specific section had not been completed and advised us that the care plan and medicines list in the person’s care records was not the most up to date copy. The staff member was also unclear what medicines on the list the person was being supported with. They said this person was not supported with a medicine used for the treatment of epilepsy. The person’s completed care visit record and medication administration record showed this person had been supported by care staff with this medicine frequently. There had been a safeguarding concern raised on 14 August 2015 to the Commission and the local authority safeguarding team, regarding concerns with this person’s medicines and that there was no care plan in place telling staff what medicines support to give to the person. This meant people’s medicine records continued to be incomplete and we could not be certain that people were being supported with the correct medicines at the right time.

Staff demonstrated a good understanding of the provider’s medicines policy. However we received a mixed response from staff regarding the support people received with their medicines. Most staff said they had no concerns with people’s medicines however, one staff member said there had been times where people missed their medicines when a new or stand in care worker visited. One person said one new care worker who had visited had forgotten to

## Is the service safe?

give them their medicines. A relative said they were unhappy with a care worker because they had not read the medicines notes in their relative's care plan and had opened a new packet of tablets to administer. This meant although staff had a good understanding of the provider's policy, people were not always supported or supported correctly with their medicines.

This was a continued breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, Safe care and treatment.

At our last inspection on 11 March and 1 April 2015 we found the provider to be in breach of Regulation 13 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. The number of substantiated reports and the lack of practical awareness about safeguarding shown by some staff members meant the provider did not have effective processes to protect people from abuse and to investigate any allegation of abuse. We issued a warning notice and told the provider they were required to become compliant with this regulation by 26 June 2015. At this inspection, we found improvements had been made with staff member's awareness of safeguarding but the provider was still failing to respond and investigate potential safeguarding concerns effectively.

The provider said they had introduced a safeguarding quiz for staff following the outcome of the last inspection. Records showed most staff had completed the quiz and the provider said this helped them to gain an insight into which staff required additional training and support to raise their awareness of identifying and reporting potential abuse. All staff demonstrated an improved knowledge and awareness of safeguarding and knew the types and signs of potential abuse to look for. Staff confirmed they had received updated training on safeguarding and had been given clear instructions on how to report potential safeguarding concerns. One staff member confirmed they had recently raised a concern about potential financial abuse. The provider's training plan showed all care staff had received safeguarding adults training and four care staff records viewed contained certificates showing they had completed training on safeguarding adults.

The provider's safeguarding file contained seven safeguarding concerns raised by staff since the last inspection. The Commission had received twelve safeguarding concerns since the last inspection. The concerns received by the Commission and the provider

varied from people receiving poor care to people's medicines not being given correctly and at the right times and the office not dealing with and responding to complaints and concerns appropriately. The provider had not notified the Commission of 11 of the safeguarding concerns that had been raised. The safeguarding file contained three concerns in which a notification form had been completed and attached to the concern but had not been submitted to the Commission. The provider said one was not submitted because the local authority safeguarding team confirmed it was not a safeguarding concern. The provider could not give a clear response as to why the other two notifications had not been submitted.

Four safeguarding concerns had not been followed up or contained any action taken by the provider. These concerns had been raised more than two months prior to the inspection. The provider told us they were waiting for an update from the local authority safeguarding team about the outcome. However, records showed these people were still receiving a service and the provider had taken no actions to ensure people were kept safe from potential abuse whilst the concerns were being investigated. This meant we could not be certain that the provider had an effective process to investigate any allegation of potential abuse.

This was a continued breach of Regulation 13 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, Safeguarding service users from abuse and improper treatment.

At our last inspection on 11 March and 1 April 2015 we found the provider to be in breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. The provider had recruited additional staff to meet people's needs but there were still problems with the experience of staff recruited and their effective deployment. This was a continued breach of this regulation from the previous inspection on 31 July 2014. We asked the provider to send us an action plan to tell us how they would meet this regulation and what actions they would take to make improvements. The provider's action plan said they would be compliant with this regulation by 3 July 2015. On this occasion we found improvements had been made with the induction training provided to staff, but some people still had concerns about new care staff

## Is the service safe?

forgetting to do things. Therefore we could not be confident that new staff were equipped with all the information they needed to keep people safe and meet their needs.

The provider said they had sufficient staff to cover all care visits but continued to recruit and train additional staff. The provider said all new care staff undertook the new Care Certificate training that has been introduced by Skills for Care, the workforce development body for adult social care in England. The Care Certificate is an identified set of standards that health and social care staff adhere to in their daily working life. The Care Certificate gives everyone the confidence that workers have the same introductory skills, knowledge and behaviours to provide compassionate, safe and high quality care and support. The provider's records showed all new staff had completed or were completing the Care Certificate training. Staff were aware of the Care Certificate and one staff member said, "Induction training for new starters is more intense – [staff] are more confident as a result."

People said new care staff required additional training. We received comments such as, "New ones often forget to do things," and "carers need more training." One person said a care worker had only been there two weeks and had forgotten to give them their medicines. Another person's neighbour had to help the care worker get the person's house key from the key safe box outside the person's property, as they did not know how to open it. This meant

although new staff received the approved training when joining, we could not be confident they were given the correct information to enable them to support people safely and meet their needs.

This was a continued breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, Staffing.

At our last inspection on 11 March and 1 April 2015 we found the provider to be in breach of Regulation 19 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. The provider did not take steps to reduce risks where recruitment checks were not complete or satisfactory. We asked the provider to send us an action plan to tell us how they would meet this regulation and what actions they would take to make improvements. The provider's action plan was received on 26 June 2015. The provider said the actions required had already been implemented. At this inspection, we found improvements had been made to the provider's recruitment and selection processes and the provider had met this regulation.

We reviewed four staff records for employees who had been recruited recently. They showed the necessary checks were made, including checks for criminal records and people barred from working in a care setting. References had been requested, followed up and obtained to ensure employees who were offered work were of good character.

# Is the service effective?

## Our findings

The majority of people considered the care workers were sufficiently trained to fulfil their needs. Some people told us they still received care from care workers who they were not familiar with and this impacted on the quality of care received. One person said, “The morning carer is very well trained the other less so.” Another person said there was a variable quality with care workers and they received lots of different carers in the week which did not help.

At our last inspection on 11 March and 1 April 2015 we found the provider to be in breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. The provider’s failure to ensure staff received adequate training, supervision and appraisal so they were supported to enable them to provide care and treatment to an appropriate standard was a continued breach of this regulation from the previous inspection on 31 July 2014. We asked the provider to send us an action plan to tell us how they would meet this regulation and what actions they would take to make improvements. The provider’s action plan said they would be compliant with this regulation by 3 July 2015. On this occasion we found improvements had been made with staff receiving supervision, appraisal and training, however the effectiveness of the training and feedback from spot checks did not always equip staff with the right skills.

The provider said spot checks and supervisions were being brought up to date. A spot check is an unannounced observation of staff’s performance. Staff records showed staff had received supervision and an appraisal. Staff confirmed they had received a recent supervision and appraisal. Staff said they had received a regular spot check. One said they found spot checks effective in identifying “little things” and avoided complacency. However, feedback was not always constructive. One staff member said their feedback following a spot check consisted of having their hours reduced with no explanation.

Staff received an effective induction programme. The induction programme covered all the elements expected in line with nationally recognised guidance for the Skills for Care, Care Certificate. There was a training plan in place which identified training had been completed for each staff member. The provider said they had used an external professional trainer to conduct a review of their training procedures and as a result a team of two staff were

responsible for staff training. The provider confirmed their training content was still in the format of computer based learning. Staff said training had improved although one member of staff felt the training needed to be more relevant to community services.

Although staff had received updated training most people felt care workers needed more training. One said, “Some of the carers are not trained in the use of some of the equipment.” This meant the person could not get out of bed. Another person made a similar comment, they said, “[Carers] needed more training in handling as some were more competent than others when moving [their relative].” This meant that staff received training that may not always be effective and ensure they have the skills they need to carry out their roles and responsibilities.

This was a continued breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, staffing.

At our last inspection on 11 March and 1 April 2015, we found the provider to be in breach of Regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The provider and staff failed to apply the principles of the Mental Capacity Act 2005. We asked the provider to send us an action plan to tell us how they would meet this regulation and what actions they would take to make improvements. The provider’s action plan said they would be compliant with this regulation by 10 July 2015. At this inspection, we found slight improvements with staff’s understanding of the Mental Capacity Act 2005; however we could not be certain of the effectiveness of the provider’s processes around testing mental capacity.

Staff had received training on the Mental Capacity Act 2005. The provider had also requested staff complete a quiz about the Mental Capacity Act 2005. Staff records showed this had been completed by staff. Staff demonstrated an improved understanding of the Mental Capacity Act 2005 and how it applied to their role as care workers.

The provider had implemented a “two stage test” to determine and demonstrate which people had the capacity to make decisions about their care and which people did not have the capacity to make certain decisions about their care. The “two stage test” was present in all care records viewed. However, one staff member said a person did not have capacity to sign their care plan. This person’s care

## Is the service effective?

record contained a “two stage test” form which stated the person did have capacity to make daily decisions regarding their needs. This meant we could not be certain of the effectiveness of the providers’ “two stage test” and staffs complete understanding of the Mental Capacity Act 2005.

**We recommend the provider review the guidance on the Mental Capacity Act 2005 and its code of practice.**

# Is the service caring?

## Our findings

At our last inspection on 11 March and 1 April 2015 people told us of occasions when care workers did not behave in a way that demonstrated respect for people they were supporting. At this inspection people felt care workers were kind, caring, respectful, and friendly and carried out their work in a “pleasant” manner. One person said, “They are very kind to me, and they are pretty good, anything I ask for they will try to do. I find them very respectful towards me.” However people did not think the office staff were always kind and caring when they spoke with them.

People felt care staff listened to their views when providing personal care on a daily basis. However people felt the office staff did not always listen to them when discussing their care needs. One said, “I had a planning meeting with a senior carer when I made clear what I needed. I then had a follow up visit from the manager who did not give me a lot of confidence.” Another person said, “The care I get is variable. The carers don’t plan. I have threatened to move to another care service. I did have an original planning meeting but no one came out.”

The provider said following their last inspection on 11 March and 1 April 2015 they had contacted people and confirmed and updated their male or female care preference and noted this on people’s assessments. People’s assessments showed care worker preferences, however people did not always receive care in line with their preferences. One person said they preferred to be supported by a female care worker but sometimes they

received support from a male care worker. Another said they did not want a male carer but had received a male carer on two occasions the previous weekend. The provider said people’s preferences will be monitored at least five times a year following the completion of a “Client Monitor Visit” questionnaire. This meant although people had been asked for their care worker preference, which was occasionally monitored, people did not receive their preference on a daily basis.

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

Staff demonstrated a good understanding of how to support people to remain as independent as possible. One care worker said, “I support only where necessary.” Another said, “One [service user] was assessed as needing support to wash, but I discovered they could wash themselves with prompting. This was fed back to the co-ordinator and the plan of care was changed to reflect their independence.” People felt staff promoted their independence as much as possible. One person said, “The care I get is excellent. They are very good carers. I have no problems. They treat with me with respect and do everything to keep me as independent as I can be.”

Care workers gave us practical examples of how they promoted people’s dignity and privacy. One said, “Keep people warm and covered. Wash top half and then bottom half to keep people partially covered.” People were satisfied their dignity was maintained while they were assisted with their personal care.

# Is the service responsive?

## Our findings

We received a mixed response from people when we asked if they were involved in their care planning. Some people confirmed they had been involved in the planning of their care and some people said they did not have a care plan and could not remember being involved in developing their plan of care. People said they were still receiving their care visits later than planned which resulted in some people's care visits being cut short, people feeling rushed and their needs not always being met.

At our last inspection on 11 March and 1 April 2015, we found the provider to be in breach of Regulation 9 of the Health and Social care Act 2008 (Regulated Activities) Regulations 2014.

The provider's frequent failure to provide planned care at the correct time was a continued breach of this regulation from the previous inspection on 31 July 2014. We issued a warning notice and told the provider they were required to become compliant with this regulation by 26 June 2015. On this occasion we found improvements had not been made and people were not receiving their care visits or not receiving planned care at the correct times which suited people's preferences.

Staff said they were not aware of any missed visits; however four staff said they were arriving to visits late because travel time was not accounted for on the rota. One said, "Inevitably I end up running late." Another said they walked to their visits and were often late because their rota did not allow for travel time. People told us staff were often late. Two relatives said they were happy with the carer's time keeping, but weekends they could often be late. One person said they had raised a complaint about time keeping. They wanted the care staff to come at the time they were supposed to which was 9.00am but they were always late. They said, "I have a medical appointment next week and if they are late I will be rushed to get to my appointment." People told us they often felt rushed when care workers arrived late. One said, "Sometimes they make us feel rushed, sometimes the odd one hasn't done everything." People's care was not always provided at the times specified on people's plans of care. People expressed concerns with timings on their "Client Monitoring Visit" questionnaire and one person had raised this as a concern

on three occasions most recently on 28 August 2015. This meant people did not always receive their care on time and as a result people felt rushed and their needs may not be met.

Some people and their relatives confirmed they had been fully involved in their or their relatives care planning. Some people said they had not been involved with their care planning and did not know if they had a plan of care. One person said they did not have a care plan because they received a "sitting service". Some people said their plans of care were not always reviewed or updated with their changing needs. One said, "I was not involved in the original planning. The plan should have been reviewed six weeks ago but it has not happened yet." One person said they had never seen their care plan until two weeks previous when the office wanted to check it.

People's care records viewed by us showed they all had an up to date plan of care in place which had been signed by them. People's plans of care were individual and included their preferences with how they would like their care to be completed and included the tasks they were able to complete independently. This did not match the information we were given. This meant people may not always be involved in the planning of their care and their plans of care did not always match their needs.

The failure to ensure people received their care at the time which suited their needs and involve them in the planning of their care to ensure their care needs are up to date was a continued breach of Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, Person-centred care.

At our last inspection on 11 March and 1 April 2015, we found the provider to be in breach of Regulation 16 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The provider had failed to record, follow up and respond to complaints. We asked the provider to send us an action plan to tell us how they would meet this regulation and what actions they would take to make improvements. The provider said they would be compliant with this regulation by 10 July 2015. At this inspection, we found improvements had been made to record complaints and concerns; however they were not always responded to or followed up.

## Is the service responsive?

The provider had created a complaints log and numbering system to ensure all complaints were dealt with. The provider had implemented a complaints form to include complaints received by telephone. The form included details of the complaint and the investigation and resolution. The completed complaint forms would be reviewed by the manager. The complaints log contained 32 concerns which had been received by telephone from 30 June 2015 to 26 August 2015 and 10 complaints which had been received from 23 June 2015 to 25 August 2015. There were details of each concern or complaint documented and the action taken following the complaint, however some concerns and complaints showed no detail of follow up action following the original action taken. For example when a relative had raised a concern on 2 July 2015 about their relative's care, action had been taken, however it was documented as part of the action taken that a staff member would be observed. There was no document showing that this action had been completed or whether a follow up would be required. A further concern was raised on the 7 July 2015 concerning an unexplained mark that had been found on this person's body. Action had been taken by contacting a relevant health care professional; however no follow up or outcome had been documented.

The majority of people had not complained about the service. Some people said they had made a complaint and felt the complaint was dealt with and resolved to their satisfaction. Most complaints were related to the timing of visits or quality of care received. One person said, "I did mention that I was getting my last call at 10.00p.m. now I get it at 7.00 p.m. which is much better." Another said, "I have only complained once about one carer who was not very good. I spoke to the supervisor who dealt with it." However, some people said they had raised concerns about care workers and the manager did not do "much about it." One person raised a complaint about two care workers performance, they said, "We had an appointment on Friday with the manager, half an hour before the appointment they telephoned and cancelled." This person said this had happened before and then the manager just turned up at their home unannounced on another date. Staff felt complaints were listened to but it could take the office "several weeks" to act upon them. This meant people's concerns and complaints were not always responded to or followed up in a timely and full way.

The failure to follow up and respond to complaints and concerns was a continued breach of Regulation 16 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, Receiving and acting on complaints.

# Is the service well-led?

## Our findings

At our last inspection on 11 March and 1 April 2015, we found the provider to be in breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The provider's frequent failure to act on feedback to evaluate and improve the service was a continued breach of this regulation from the previous inspection on the 31 July 2014. We issued a warning notice and told the provider they were required to become compliant with this regulation by 26 June 2015. At this inspection we found the provider had made improvements on seeking feedback from people regarding their service, however the provider had not sought feedback from staff and could not demonstrate they had responded to or dealt with some of the concerns still present in the service.

People and their relatives said they had received a recent survey asking them about how the service was performing. The provider had sent out 143 surveys and 70 surveys had been completed and returned. The provider had collated the results of the survey which included an overall analysis of the feedback. The provider said they had just returned from leave and was planning to respond and deal with all individual concerns found as a result of the survey. The overall outcome of the survey was positive but there were concerns highlighted in the survey which were still being experienced by people at the time of the inspection. For example, people not receiving regular carers, people not receiving their care and support when they need it and carers not staying for the allotted time. Staff said they were not aware if surveys had been sent to people. Staff confirmed they had never completed a staff survey to seek their views on the service.

The provider used an Electronic Monitoring System (EMS) to monitor call visit times and duration of care visits. At our last inspection visit on 11 March and 1 April 2015 only 37.8% of care staff were using this system. An EMS is a computer system which allows the provider to check whether or not care workers have arrived on time to their care calls. At this inspection the provider's audit showed 87.3% of care staff were using this system. The provider said the EMS is able to indicate when a care worker has gone in at a different time. The provider said they were monitoring visit times closely. Although an audit was in place to evidence how many staff were using EMS at their

care visits, people were still receiving calls at different times to their preferences and care staff were still arriving later than planned. This meant the providers audit was not effective in resolving the concerns regarding people's care visit times.

There was no documentation to evidence other internal quality audits were completed by the provider. The provider said they completed informal monitoring audits of care plans, staff supervisions, appraisals and spot checks.

This was a continued breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, Good Governance.

The provider did not always submit notifications to the Commission concerning allegations of abuse in relation to people. There had been 11 occasions since the last inspection on 11 March and 1 April 2015 when they had failed to notify us.

This was a breach of Regulation 18 of the Care Quality Commission (Registration) Regulations 2009. Notifications of other incidents.

We heard varying opinions of the culture of the service. Some people felt the service was not well – led. One person felt the company was not well managed and there was too much in-fighting between the care workers and the organisation. This person said they would be changing care provider as soon as possible. Two people said they did not think that the office was very well organised. Some people felt the service was, "reasonable", "satisfactory" or "just satisfactory". Some people said they had noticed an improvement in the service since the last inspection. One said, "The service was poor before but it is now very good." Three people felt the service was well – led.

Care workers and office staff were also divided in their opinion of how the service was managed. One said, "It's an OK service, could improve by dealing with complaints and changes more quickly." Another said feedback was not always constructive. One care worker felt the service did not respond well to unexpected circumstances, such as care workers going sick. Office staff felt the service was well managed.

Care workers and office staff felt communication had improved except when trying to contact the office to advise of sickness. Staff were divided in their opinion of the support they received from the provider. One care worker

## Is the service well-led?

said support was “patchy” and that they were passed around the office before they could speak with a manager. Another said they found management supportive. One staff member felt the service had grown too large for the service to run as well and effectively as it used to. One person said they did not think the company supported staff very well.

There was no registered manager in post. The previous registered manager left in October 2014. A manager appointed subsequently did not register with the Commission and left the service two weeks before our inspection on 11 March and 1 April 2015. At the time of the recent inspection the registered provider was managing the service on a day to day basis. The registered provider had made an application to the Commission to become the registered manager.

The provider had displayed their rating in the office by way of pinning their report of the last inspection on 11 March and 1 April 2015 to a notice board. However it was not displayed conspicuously in a place which was accessible to people. The provider said they had not displayed their rating on their website. As of April 2015 the provider was required to display their rating following their inspection on 11 March and 1 April 2015. The provider had 21 calendar days from the date of publication of their final report to display their rating. The publication date of the provider’s final report was 18 June 2015 and therefore their rating should have been displayed by 9 July 2015.

The failure to conspicuously display a rating of the service performance is a breach of Regulation 20A of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.