

Swanland Executive Care Ltd

339 Seaside Road

Inspection report

339 Seaside Road
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Tel: 01964527657

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Ratings

Overall rating for this service

Inadequate ●

Is the service safe?

Inadequate ●

Is the service effective?

Inadequate ●

Is the service caring?

Requires Improvement ●

Is the service responsive?

Requires Improvement ●

Is the service well-led?

Inadequate ●

Summary of findings

Overall summary

This inspection took place on 29 August 2018 and was announced. The service registered with the Care Quality Commission (CQC) in September 2017 as a new service. This was its first rated inspection. We found multiple failures to meet the regulations.

339 Seaside Road is a domiciliary care agency and provides personal care to some people living in their own homes. At the time of this inspection there were 10 people receiving a service. Not everyone using the service received the regulated activity of personal care; CQC only inspects the service being received by people provided with 'personal care'; help with tasks related to personal hygiene and eating. Where they do we also take into account any wider social care provided.

The service did not have a manager who had registered with the CQC. There was an acting manager (who was also the nominated individual) present during the inspection who had begun the process of registering with the CQC. A registered manager is a person who has registered with the CQC to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

There was a failure to ensure records reflected potential risks identified elsewhere in people's care plans. Documented risk assessments were not in place for identified risks such as moving and handling, pressure care, catheter care and epilepsy. This placed people at risk of otherwise avoidable harm.

There was a failure to protect people against the risks associated with the unsafe management of medicines by the inappropriate arrangements for recording and administration of medicines used. The records in relation to the administration of people's medicines were not clear and there was no record that these had been monitored by a manager. Staff who were administering medicines to people in their own homes and had not received appropriate training to do so. This posed a risk to people.

Staff did not receive induction and regular supervision to discuss work performance, practice and development. There was no evidence that staff had received appropriate training to enable them to safely and effectively carry out their job roles and duties. For example, moving and handling people. This meant people's health, safety and well-being was at potential risk of harm.

People told us they felt safe receiving a service from the staff and that they would tell someone if they were worried about anything. Staff we spoke with were able to demonstrate they knew the different types of abuse. However, we were unable to see any evidence that staff had received training in this subject during their employment with the service. The manager did not demonstrate to us that they understood their regulatory responsibilities for operating the service, and had failed to inform the CQC of a safeguarding concern.

The manager and staff were unable to demonstrate they had received any training or understood the principles of the Mental Capacity Act (2005), Deprivation of Liberty Safeguards (DoLS) and the Court of Protection. The legal requirements of the Mental Capacity Act (2005) had not been followed.

Sufficient detail had not been incorporated into care records to ensure safe care was provided. People were supported with eating and drinking but specific risks relating to eating and drinking had not been recorded in one person's care records. Care plans were in place, but these were basic in design and lacking in individual detail, and in some cases, were not person-centred.

People were not provided with information on how to complain if they were unhappy with the service. There was no evidence that feedback had been obtained from people, relatives, staff or healthcare professionals about the quality of the service.

The service was not well-led. The leadership and management of the service was inadequate and placed people at risk of harm. There were no effective systems in place to assess, monitor and improve the quality and safety of the service provided in the carrying out of the regulated activity. There was a failure to maintain accurate up to date records to mitigate associated risks for people. The lack of systems in place meant the manager had failed to identify and address the lack of individual details in people's records, staff induction, training and supervision, knowledge of the MCA and DoLS, management of risks to people, information on how to complain, and notifications which are required by law.

People told us, and we observed that staff were kind and caring. People's privacy and dignity was maintained. People were supported to access healthcare services when they needed to, including their GP and dietitians.

Appropriate checks were completed to determine whether staff were suitable to work with vulnerable people. Suitable numbers of staff were employed to ensure calls could be completed in a timely manner.

We found seven breaches of regulations in relation to person-centred care, need for consent, safe care and treatment, safeguarding service users from abuse and improper treatment, receiving and acting on complaints, good governance and staffing. Full information about CQC's regulatory responses to any concerns found during inspections is added to reports after any representations and appeals have been concluded.

The overall rating for this service is inadequate and the service is therefore in 'special measures'.

Services in special measures will be kept under review and, if we have not taken immediate action to propose to cancel the provider's registration of the service, will be inspected again within six months.

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.

Systems, processes and practices did not ensure people would always be safeguarded from abuse. There was no monitoring or reviewing of accidents, incidents or safeguarding concerns. Staff had not received training in the safeguarding of adults.

Safe procedures for the recording and administration of medicines were not followed.

People's risks were not always accurately assessed, monitored or managed to ensure they were up to date and records reflected this.

Checks on the suitability of staff to work with vulnerable people had been carried out. There were sufficient staff available to care for people for the full duration of their visit.

Is the service effective?

Inadequate ●

The service was not effective.

Staff did not receive induction, relevant training, supervisions or appraisal to be adequately supported in their role.

There was no evidence that the service was operating within the principles of the Mental Capacity Act.

People were supported with eating and drinking but information relating to people's specific dietary requirements was not always included in people's care plans.

People were confident care staff would respond to a change in their health needs.

Is the service caring?

Requires Improvement ●

The service was not always caring.

Due to the concerns we identified during the inspection, we considered that the manager had not always ensured that

people received safe care, or operated the service in a person-centred manner.

People and their relatives told us, and we observed that staff were kind, caring and respectful.

Is the service responsive?

The service was not always responsive.

Care plans lacked detail in how staff needed to respond to people's needs so they received personalised care.

There was no evidence of a system in place to receive, manage and respond to complaints. People were not provided with information on how to complain.

People were supported by staff to access the community where this was part of their care plan.

Requires Improvement ●

Is the service well-led?

The service was not well-led.

There were significant shortfalls in the way the service was led.

Multiple breaches of the regulations were found.

Delivery of good or high-quality care was not assured as the governance systems were non-existent.

Inadequate ●

339 Seaside Road

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 inspection took place on 29 August 2018 and was announced. We gave the manager notice of the inspection site visit. This was to enable them to ask for people's consent to a home visit from an assistant inspector. We needed to be sure that someone would be available to speak with us.

The inspection team consisted of one adult social care inspector, and an assistant inspector. Due to technical problems, the provider was not able to complete a Provider Information Return. This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make. We contacted the local authority commissioning and safeguarding teams to ask for any feedback about the service.

We visited the location office and spoke with the manager and assistant manager. We visited and spoke with two people in their own homes and observed care staff interacting with them. In addition, we also spoke with two people's relatives and three care staff via the telephone.

We looked at five people's care records, five people's medication records, four staff recruitment and training files and a selection of records which included; quality assurance, accidents and incidents, and policies and procedures.

Is the service safe?

Our findings

At this inspection, we found serious shortfalls and omissions relating to medicines management, risk assessment and safeguarding concerns.

The staff we spoke with were able to tell us the different types of abuse and were able to explain how they would report alleged abuse. One member of staff told us, "It [abuse] could be financial, physical, sexual or institutional. I would speak to [Names of manager and assistant manager]. If no action was taken I would contact safeguarding. I would fill in an alert from."

The manager told us they would contact the local authority safeguarding team if they felt people were at risk of abuse. They told us they had attended training approximately four years ago, however were unable to show us any evidence of this. Of the 11 staff currently working at the service (including the manager and assistant manager) there was no evidence that nine of them had received training in safeguarding of adults at risk appropriate to their role.

There were no records kept of any safeguarding concerns raised. However, during discussion with the manager it was noted that a safeguarding concern had been raised about a person using the service. The manager told us they had spoken to the local safeguarding team about this incident and action had been taken to protect the person using the service. This was not recorded and had not been notified to the CQC as part of the service's requirements of registration. This meant we were unable to check how this incident had been investigated, or what actions had been implemented to mitigate further occurrence. This meant systems in place to protect people from harm were not effective.

This was a breach of Regulation 13 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We checked the systems in place for medicines management. At the time of this inspection the manager told us four people were receiving support with medicines in their own homes. The service had an administration of medicines policy which had last been updated in May 2017. The policy stated, 'All care staff, including those who are not directly concerned with the administration of medicines, should have been trained in the understanding of medications, the main types of medication in use, and their administrative procedures.' We asked staff if they supported people to take medicines, and if they had received any training to do this safely. One told us, "Yes [Administer medicines]. I had training from my last company about two and a half years ago." We reviewed staff training records and found no evidence to show that staff had received medicines competency testing or been appropriately trained in the safe administration of medicines.

We checked two people's medicines administration records (MARs) and stocks of medicines in their own homes (with consent), and reviewed a further three people's MARs that had been returned to the office location. Records were not up to date and audits of people's MARs were not completed to maintain safe practice. For example, MARs did not always include a date the recording had begun. The five MARs we

reviewed had been handwritten by staff and contained no signatures of who had completed them and when. The administration instructions recorded were minimal. One person's MAR recorded a medicine called 'Voltarol.' This was all that had been written. We saw no other instructions for the application/administration of this medicine. Another person's MARs recorded that a medicine was to be taken twice each day at 2pm and 8pm. We saw this medicine had been signed for as administered to the person at lunchtime and tea time. This meant people were at risk because we could not be sure people were receiving their medicines as prescribed in a safe manner.

We checked and found the service did not have systems or processes in place to adequately assess and manage individual risks to people. There was a failure to ensure that people's records reflected potential risks that had been identified elsewhere in their care plans. We found risk management plans were not in place for people who required support with finances, pressure care, catheter care, moving and handling, epilepsy, falls and percutaneous endoscopic gastrostomy (PEG). PEG is an endoscopic medical procedure most commonly to provide a means of feeding when oral intake is not adequate. For example, one person's records stated they were supported to move with the use of a tracking hoist, were at risk of pressure sores and required regular positional changes using pressure relieving equipment. However, there was no risk assessment for staff to follow to safely provide pressure care or moving and handling support to the person.

We saw no evidence that staff had been trained in the safe moving and handling of people. The manager told us three people required support with transferring during the inspection. We discussed the lack of training evidence with the manager and assistant manager who told us they provided moving and handling training to staff. One member of staff told us, "Yes [I have had] training through management, they have shown me how to use them [Equipment] and checked me using hoists. I have not done manual handling on a course." We were unable to see any evidence of moving and handling training for the manager and assistant manager to deliver this training to staff, nor any recorded checks of staff's competency in this subject.

Similarly, the care records for a person who received support to received food through a PEG did not include a risk assessment in relation to this area of support. Another person's records showed they had been assessed using a Waterlow assessment as being at high risk of pressure damage. The Waterlow score (or Waterlow scale) gives an estimated risk for the development of a pressure sore in a given person. The assessment stated to ensure a care plan was implemented and to review all areas for concern. There were no further instructions for staff to follow. A further person had epilepsy but there was no other information detailing what staff precisely needed to look out for. This meant that care staff did not always have the information they needed to deliver safe care and treatment to people.

The accident and incident policy and procedure in the event of an accident or incident directed 'Accident/incident form to be completed and take actions necessary to minimise danger of the same accident/incident in future.' There were four incidents or accidents recorded since April 2017. No analysis had been carried out, and nor had preventative measures been put in place. For example, we reviewed one incident where a person had become aggressive toward a member of staff. The records did not include any action taken to investigate the incident. We asked the assistant manager about this incident who told us it was isolated and they had gone and spoken with the person. There was no record of this having been logged or analysed.

We identified people were at ongoing risk of harm due to the above concerns found. We shared our concerns with the manager during the inspection. After the inspection the manager provided us with evidence that three staff had completed online training in medicines management and five staff had completed online training for moving and handling people.

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

We saw records to show two staff had completed standards of infection control knowledge during completion of The Care Certificate. The Care Certificate is an agreed set of standards that sets out the knowledge, skills and behaviours expected of specific job roles in the health and social care sectors. There was no other evidence available to show any other staff had completed training in this area. The manager told us staff were provided with personal protective items such as disposable gloves.

People told us they felt safe with staff who supported them, this was confirmed by the relatives we spoke with. One person said, "Yes absolutely, I feel really safe. I would feel confident to leave them in my house. I know they don't do that but would feel confident." A relative told us, "Yes [Feel relative is safe]. There are notes saying last one out to lock up the door."

We asked staff if they had the right amount of time to spend with people. One told us, "Yes, we do." Another said, "We get enough time to spend with people, travelling time not much at all. Sometimes it's five minutes and sometimes it's none. People understand when we tell them why." A third told us, "Yes we do, we get enough time with people and enough travel time." One person said, "Yes, they're mainly on time, the most they have been late is 30 minutes and they called to say they would be that time." Relatives told us, "It's a bit of lottery. They have two people who come, they leave [Name's] notes around saying back at [time] so they are aware" and "Yes, I would say 95 percent of the time they are on time. Occasionally late only once they didn't ring; on the whole they do. They have never missed a full call." The manager told us they completed the duty rotas and staff were given access to these via mobile phone and email communication.

We checked the recruitment records for four members of staff. We found that application forms were completed, references obtained and checks made with the disclosure and barring service (DBS). The DBS carry out a criminal record and barring check on individuals who intend to work with children and vulnerable adults. This helps employers make safer recruiting decisions and helps to prevent unsuitable people from working with children and vulnerable adults.

Is the service effective?

Our findings

In our discussions with people and their relatives they felt staff were sufficiently trained and competent in their role. One person said, "Yes I have a hoist, they all know exactly what they're doing. They are very capable." A relative told us, "Yes, they appear very competent. To a certain extent they are proactive. [Relative] has incontinence problem and they arranged for them to get incontinence aids and support them to wear it at night."

During this inspection we found that no evidence or information was available that demonstrated that all care staff had received an induction, regular supervision, and training to ensure that they had the skills that they required to support people.

The service did not have an induction system in place for new staff to ensure they were prepared to undertake their roles and responsibilities. We asked staff about the induction they completed when they began work at the service. They told us, "[I had] two weeks of training and went out with one of the managers. I was brought back in and asked if I was okay to do everything now, so I started going out" and "I did online training, then did double calls and shadowing. I did a lot of work with the assistant manager." There was no evidence to show that the service had ensured the members of staff had the skills and knowledge necessary to meet people's needs.

The service training policy stated, 'The training required for staff is based in the content of the Care Certificate. All staff will be expected to undertake Care Certificate training.' We did not see evidence of all staff having completed the Care Certificate. This meant the service was not adequately supporting staff in line with their own policy. Two files we reviewed showed the Care Certificate had been completed by the staff members. A third one we reviewed contained evidence of six modules of the Care Certificate completed. A fourth one contained one module completed. We saw some staff had received training from an external healthcare professional for PEG feeding in May 2018. There was no certificates or records to show any other training had been completed by staff appropriate to their role. We asked staff if they felt they had received enough training, comments included, "Not with Swanland [Organisation]", "No, I have not had any training but I have been a senior carer in nursing homes. I have training. I don't think I need any" and "[I have done] electronic learning, low level introduction to care. It's the care certificate. I have done end of life care. I don't feel like I need any extra training. I am sure if I ask for it they would get it for me."

The assistant manager told us that staff had "Previous experience" of working within the adult social care sector, and that "Training was given in using equipment by themselves and the manager." We were unable to see that any competency checks on staffs' practice were being carried out. Competency checks would have been a way for the manager to gain assurance that care staff were providing care to people safely and in accordance with their needs.

The manager had not devised a training programme to meet people's needs or a system to monitor that staff training in subjects appropriate to staff's role were completed. Staff had not completed training in subjects such as safeguarding, infection control, moving and handling and basic life support.

The manager told us staff supervision had "Not been often, and will now be on a monthly basis." When we asked staff if they received regular supervision with a line manager comments included, "No", "No. I know [Name of manager] said they were going to start them" and "No." Staff did not receive any formal supervision or appraisal from their line managers. Staff supervision and appraisal provide an opportunity for staff and their line manager to meet and discuss performance and development issues.

We concluded that staff were working without a robust induction, ongoing supervision, and training to enable them to be effective in their work. The manager had no real assurances that staff were sufficiently trained to care for the people they supported.

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

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.

There was little evidence to show the service was operating within the principles of the MCA. Care plans we checked contained no reference to issues relating to capacity and consent. One person's records stated '[Name] has cot sides up.' We discussed this with the manager who told us staff put bed rails up for the person. This is a form of restrictive practice since they can restrict or control a person's freedom of movement. Restrictive practices are only lawful if they are the least restrictive means of providing the care a person needs. There was no documented evidence to determine what processes staff had followed to demonstrate they were following the requirements of the MCA.

Another person's records we reviewed contained details of a request from their relative for staff to be vigilant and not let the person sign up for financial agreements or give out their bank details. Whilst this action may have been in the person's best interests, a decision made in line with MCA principles had not been recorded. In addition, there was no evidence that staff had considered whether they had needed to raise this with the person's representative to ascertain whether a deprivation of liberty application to the court of protection was required.

We saw three people's care plans had been agreed to by their relative's. The manager told us the relatives held Power of Attorney. When we looked at the care plans we did not see a mental capacity assessment to confirm the person did not have the capacity to make decisions about their care and support, nor did we see evidence of a Power of Attorney in place for the relative to consent on behalf of the person. Power of Attorney is where legal authority has been granted for someone to represent or act on another's behalf in private affairs, business, or some other legal matter. Without a complete and accurate record of a person's circumstances this means there is a risk decisions may be made without appropriate legal authority.

The manager was unable to provide evidence that themselves or staff had received training in the MCA and on discussion with staff, the manager and assistant manager, we found they did not understand the principles of the Act and how this would impact on their role. We asked the managers about the needs of one person who was being supported. They told us the person had a diagnosis of dementia when the care package began. No assessments of the person's capacity had been completed by the service. We asked the

managers what they would do if a person was unable to make an informed decision. The manager told us, "I would speak to the family or social worker and they would make the decisions not us." We asked staff if they supported people who did not have capacity to make specific decisions, comments included, "One or two. We go through their next of kin or manager if any decisions to be made", "Not sure. Some people have power of attorney" and "People have the ability to make decisions and if there is not capacity you are unable to make decisions. For example, people with mental health problems. We know through observation and what is logged as to whether they have capacity. That leads to DoLS if necessary."

This was a breach of Regulation 11 the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The people and relatives we spoke with told us that staff supported them with their nutritional needs. One person said, "When they [Staff] come I will just tell them what I want to eat and they make it." A relative told us, "[Name] always eats what's provided so I think they are satisfied. I went the other day and [Name] was having a roast chicken dinner with vegetables and gravy."

Staff were aware of people's nutritional needs. One said, "Dieticians come out, they will explain to us [People's dietary needs]. It's all logged on appropriate paper work." We noted however, that there was limited information about one person's dietary needs in their care records. The person was prescribed a food supplement and their records contained a guidance booklet on a self-nourishing diet. We saw they had been referred to a dietician in June 2018, the reasons for this referral were not evident in the records. We visited this person at home and observed them having their lunch. The person was offered two options for lunch and chose a sandwich but only ate a small square. The member of staff was attentive and attempted to verbally prompt and encourage the person to eat. At no point was the person asked if they would like something else to eat. There was no clear risk assessment in place for malnutrition and no guidance for staff to follow with regards to food. The person's records did not include any plan of care or guidance for staff on how to prompt the person to eat, what worked and when to offer alternatives.

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

There was some evidence recorded in the care plans we reviewed that staff liaised with healthcare professionals to ensure that people's medical needs were met. For example, we saw entries in people's records to show involvement from district nurses, physiotherapists, dental appointments and referral to a dietician. One person told us, "My personal assistant would normally sort that [Medical support]." A relative told us, "They [Staff] have offered to take [Name] to the GP if required." Staff commented, "I would contact on-call. Ring the GP and sort an appointment. We can get a GP to come and see the person or take them to the GP" and "I would phone up and arrange a GP visit, or for me to take them."

Is the service caring?

Our findings

When we spoke with people and their relatives we asked them if they felt staff were kind, caring and respected their dignity. We received positive responses. One person told us, "They are kind and caring, I couldn't fault any of them. They always have a smile on their face." A relative said, "Yes, I think so, before they leave they always make sure [Name] is comfortable and has a hot drink. If there's time they sit and chat with her, as [Name] doesn't really see anyone in the day." Staff we spoke with told us they maintained people's privacy and dignity by ensuring doors and curtains are closed when supporting people with personal cares.

Even though the feedback relating to care staff was positive, the concerns we found at this inspection did not demonstrate a caring approach. People were found to be at potential risk relating to medicines administration and moving and handling. Furthermore, the manager was unable to demonstrate that care staff had received the training and support that they required to ensure that they were competent in their roles.

People were not provided with a service user guide at the start of their package of care. A service user guide would include key information about the service and explain the standards people could expect from staff working for the agency. We saw people had the details of who to contact at the agency in their homes we visited.

The service had an equality and diversity policy. This stated 'Swanland Care will provide appropriate training on equal opportunities.' We saw no evidence that staff or the managers had received any training in equality and diversity. This meant the service was not adhering to its own policy. During discussions staff were unable to confidently recognise and explain how they would support people with any of protected characteristics under the Equalities Act. One member of staff told us, "I have covered this in online training. We have people with disabilities and who use wheelchairs. We treat people as human beings." One person's care plan we looked at included their religion and that staff supported them to church every week.

At this inspection we considered if people's private information was being kept securely. We saw that people's records were stored in a secure way. Some documents were stored on a computer which were password protected. The manager was not aware of the new General Data Protection Regulation (GDPR). GDPR is new legislation which came into effect in May 2018 and gives people more control over how their personal data is used.

The manager did not demonstrate that people's rights and independence were always considered as they were not always involved in making decisions about their care. This was because in some cases, decisions had been made for people without following the correct legal procedures. We noted in some cases the care plans we looked at had been signed by the person's representative. However, there was no evidence in the records that the representative had the legal authority to do so.

One person we spoke with told us they felt involved in their care. They said, "Yes always [Given a choice]."

They are forever asking me [For consent], I am forever saying of course you can. They ask me every time. All of the input [In the care plan] is mine. It's got all my likes and dislikes in. A relative told us, "They always ask [Relative what they want]."

When we spoke with staff we asked them if they had got to know the people they were supporting. Staff were able to tell us about the people they visited. People had consistent staff who visited them in their homes. Records showed people received support from the same core group of staff during weekdays and at weekends. This helped people develop positive relationships with staff. One person we spoke with told us, "I am amazingly happy with the service, they fulfil everything. There is a team of about five carers so I know all of them." We observed the people we visited were comfortable with staff in their homes and had good relationships with them.

Is the service responsive?

Our findings

We asked staff if people's care plans provided them with enough information about people's communication preferences and needs. We received mixed responses which included, "I have not come across that yet, not sure what information is available", "I don't support anyone with communication difficulties" and "We have people with partial hearing. I would talk loud, speak clearly, look at them so they can see my lips so we are adjusting our communication. One person we write things down if they struggle to hear us." People's care plans we reviewed contained limited information on their abilities to communicate.

The manager confirmed they were unaware of accessible information standards (AIS) which meant they were not implementing this to support people. AIS were introduced by the government in 2016 to make sure that people with a disability of sensory loss are given information in a way they can understand. We did not see any communications plans in place for people or evidence that information shared with people was available in different formats to help them make informed choices.

People's needs were assessed prior them receiving a service. This was completed by the manager or assistant manager on a 'everyday living skills' initial assessment. This was a scoring exercise on people's independence levels for areas which included communication, physical ability, comprehension and eating and drinking. These areas were scored from zero, which meant the person had no ability to do the task, to six, which meant they were independent. This generated an average score. There was no evidence of what the average score meant or that the assessment was used to develop the person's plan of care.

Where information that might have an impact on the provision of care and support was identified elsewhere in people's records this was not always included in their care plans. There was no clear direction for staff to follow or explanation of how people like to be supported. For example, one person's records made reference to a previous weight loss. This person was potentially at risk of malnutrition. The care plan stated staff were to prompt and encourage the person with their meals. There was no other information on how the staff were to do this. Another person's records stated they had epilepsy. We saw no further information to indicate the type of seizures or how to support the person during seizure activity.

We asked the manager and assistant manager how they monitored the quality of care noted. They told us that each month senior staff collected log sheets and medicine records from people's homes and returned them to the office location. The assistant manager told us these records were checked for any weight loss, falls and any gaps on medicines records. However, there was no record that these checks had taken place. Therefore, we were not assured that the manager maintained an effective system for ensuring that care provided always met people's needs.

This is a breach of Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The service had an updated complaints procedure. We asked the manager if this was available in an accessible format if required. They told us this was not. The complaints policy stated 'Staff will undertake

training on how to manage complaints in line with their roles and responsibilities.' We saw no records to show that anyone working at the service had completed training in managing complaints. This meant the service was not adhering to its own policy for managing complaints, and staff may not know how to respond when they received a complaint. One member of staff told us, "[Action] would depend on what the complaint is. I would probably speak to the manager. I would ask the person if I could help them fill in the complaints form."

From the records we reviewed and our discussion with the manager we saw the service had not received any complaints. People were not provided with a complaints procedure at the start of their package of care. This meant people would not know what action they could take if they were not satisfied with the response to their complaint.

This is a breach of regulation 16 of the Health and Social Care Act 2008. (Regulated Activities) Regulations 2014.

We asked people and their relatives what they would do if they were unhappy about something. One person said, "Report to the second in command or the boss. I have all the numbers. I feel confident to do that, and feel I would be listened to. I have never had to complain." Relatives told us, "I can't remember. I would ring social services" and "We have business cards for the manager and assistant and we would get in touch with them."

One person gave us an example of how the staff at the service had supported them to achieve a positive outcome. They said, "I am in a wheelchair. I was in hospital and my bed got bent up, just about to the stomach. My consultant said he believed they [Legs] would go straight. The care company have been doing a regular 10-minute session with me, both my legs are now nearly straight it's fantastic. It's had a really positive effect on my legs."

People using the service and their relatives told us they received responsive care. Their comments included, "We have changed things a few times, when I came out of hospital my needs changed. I told them and we have changed things. I didn't need a visit in an afternoon so they added it on to the lunch time call for me so they can do more cleaning for me." A relative told us, "On one occasion all my [Relative's] clothes were all over the floor and they [Staff] were concerned. They immediately rang my sister and we found [Relative] was unable to get undressed at night. They made an extra carer available in the evening."

We reviewed five care plans for people using the service and saw there was no information around end of life care. Each file had contact details of healthcare professionals and provided medical history, an overview of people's care needs and information on the person's life history.

We saw that there were systems in place to share information between different care staff visiting people. Staff wrote daily logs kept in people's homes. This recorded detail of the care and support provided at each visit, and any issues or concerns identified. This helped to ensure that information was handed over to the next member of care staff visiting that person.

Some people were supported to access the local community as part of their care package. One person's care plan showed that they like to go to church and that staff support that person to attend the church each Sunday. There was also evidence that people were supported to go out for walks and to their local hairdressers.

Is the service well-led?

Our findings

The provider is required to have a manager as a condition of their registration. There was no registered manager in post at the time of this inspection. The manager had submitted an application to register with the Care Quality Commission.

The leadership and management of the service was inadequate and placed people at risk of harm. The manager (who is also the nominated individual) did not demonstrate to us that they understood their regulatory responsibilities for operating the service. They told us their knowledge of the business was "Not so good" and that they had been "Thrown in at the deep end."

Neither the manager nor assistant manager had a clear view of what their responsibilities and accountability was. For example, during the inspection we asked them questions and they were unable to provide accurate information about the status of staff training, responsibilities to notify to CQC, and knowledge of application of the MCA. They did not understand the principles of good quality assurance to drive improvement and there was no evidence of governance arrangements to sustain and improve safe delivery of care to people.

This inspection identified widespread and significant shortfalls of how the service was led. This meant high-quality care of the service was not assured. During this inspection we identified multiple breaches of regulations. This was because the service did not have an effective governance system and leadership. There was a lack of effective monitoring, and actions being identified to improve the quality of the service and to meet the needs of the people using it. The manager did not demonstrate that they were providing care and treatment to people which was safe and appropriate. These concerns included poor management of risk, lack of staff training and a failure to manage medicines in a safe way.

There were no audits taking place to ensure medicines were managed in a safe way, people were safeguarded from abuse, risks had been assessed and managed, staff training had been completed, MCA guidelines were being followed, care plans were reflective of people's needs and people knew how to complain. This meant people were at risk as none of the concerns we have reported upon in the safe, effective, caring and responsive sections of this report had been identified or acted upon.

The CQC asked for actions following the inspection to encourage the manager to make the necessary improvements to ensure the service was safe. During this time, risks to people were reduced due to the small size of the service with consistent staff who knew people well.

There was a lack of evidence to demonstrate that people were asked for their feedback about the service. None of the people or relatives with whom we spoke had been asked to complete a survey. People were not provided with information on what to expect from the service at the start of their package of care, nor where they provided with details on how to make a complaint. We discussed this with the manager who told us they were contactable by phone and they provided some care calls to people where they discussed their care and support with them. This was not recorded.

This was a breach of Regulation 17 Good Governance of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. We are considering our regulatory response to this breach.

We asked people using the service if they felt the manager was approachable. Comments included, "I have seen [manager] lots of times. I know them all well. I feel comfortable with them all. [Manager] is approachable and I can talk to them" and "I think I know [manager]. I'm not sure." Relatives told us, "Every other week [manager] calls me or I call them" and "Occasionally we exchange emails, [manager] checks we are happy with the care."

There were no records of meetings held with staff. One member of staff told us they had recently been to a meeting and that this "Was the first one." Other staff commented, "No meetings, I am not aware of any being booked" and "We have had a senior meeting today but no staff meetings." The assistant manager told us and we saw records to confirm that emails were sent out to staff to keep them up to date with any changes. One member of staff confirmed this, they told us, "Memos are sent out, and messages. I assume phone calls are made to relevant people."

All of the staff we spoke with told us they were happy with the management and found them to be approachable and supportive. Comments included, "Both of them are lovely. I can speak to them if I have any issues", "I can approach [Name of assistant manager] about anything" and "[Name of manager] is efficient, they are approachable. I don't need to speak to them often because things are well run."

We discussed the culture of the service and if they could improve with staff, people and their relatives. Comments included, "We have some lovely clients, they're amazing. The staff are nice to work with as well. You feel accomplishment", "I don't think there is anything they could do better. [Relative] is happier then when they were in another nursing home" and "No, I don't think there is anything they could do better. Overall it was difficult to find a care provider I tried about 15 different companies but because [Name] lives in [Name of area] and they didn't want to come out there. Swanland was the only company and they sorted it straight away."

The manager and staff worked in partnership with others to meet people's needs. This included working with health and social care professionals such as GPs, physiotherapist, and people's relatives.

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 9 HSCA RA Regulations 2014 Person-centred care</p> <p>Information contained elsewhere in people's records that was relevant to their care was not always included in their care plans.</p> <p>Regulation 9 (1) (2) (3) (a) (b)</p>
Regulated activity	Regulation
Personal care	<p>Regulation 11 HSCA RA Regulations 2014 Need for consent</p> <p>Consent for care and treatment was not always sought from the relevant person and the service did not demonstrate they always acted in accordance with the Mental Capacity Act 2005.</p> <p>Regulation 11(1)</p>
Regulated activity	Regulation
Personal care	<p>Regulation 12 HSCA RA Regulations 2014 Safe care and treatment</p> <p>Care and treatment was not always provided in a safe way for people. Risks to people's safety had not been assessed or appropriate actions to mitigate these risks.</p> <p>The safe and proper management of medicines was not ensured.</p> <p>Regulation 12 (1) (2) (a) (b) (c) (g)</p>

Regulated activity	Regulation
Personal care	<p>Regulation 13 HSCA RA Regulations 2014 Safeguarding service users from abuse and improper treatment</p> <p>The service did not have clear systems to keep people safe and safeguarded from abuse.</p> <p>Regulation 13 (1) (2) (3)</p>
Regulated activity	Regulation
Personal care	<p>Regulation 16 HSCA RA Regulations 2014 Receiving and acting on complaints</p> <p>There was no effective system for handling and responding to complaints.</p> <p>Regulation 16 (1) (2)</p>
Regulated activity	Regulation
Personal care	<p>Regulation 18 HSCA RA Regulations 2014 Staffing</p> <p>Employees had not received appropriate support and training to enable them to carry out the duties they were employed to perform.</p> <p>Regulation 18 (1) (2) (a)</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	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>There were inadequate and non-existent systems with ineffective leadership to ensure compliance with the legal requirements. Systems and processes were not established to either assess, monitor and improve the quality and safety of the services provided or mitigate the risks relating to the health, safety and welfare of people.</p> <p>Regulation 17 (1) (2) (a) (b) (c) (d) (e) (f)</p>

The enforcement action we took:

Issue warning notice.