Care Quality Commission

Samfos Health & Trading Company Ltd

Samfos Health

Inspection report

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Date of inspection visit:
17 October 2017
18 October 2017
19 October 2017

Date of publication:
19 December 2017

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?	**Inadequate**
Is the service well-led?	**Inadequate**

Summary of findings

Overall summary

We carried out this inspection on 17, 18 and 19 October 2017. This inspection was announced, which meant the provider was given 48 hours' notice of our inspection visit. This was because the location provides a domiciliary care service and we needed to be sure that someone would be available to meet with us.

Samfos Health is a domiciliary care agency registered to provide personal care to people in their own homes. At the time of this inspection Samfos Health was supporting 46 people.

There was a registered manager employed at the service. 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.

Not all care staff we spoke with could remember receiving training in protecting vulnerable adults or children from abuse. There was no record of any member of staff undertaking this training. However, care staff were aware of what actions to take if they suspected someone was being abused.

Effective systems were not in place to ensure that people were supported to take their medicines safely.

Care records did not fully reflect whether a person had capacity to make decisions about their care and treatment. Care staff were not aware of the principles of the Mental Capacity Act 2005 (MCA). However, they were able to tell us about the importance of involving people in decision making.

People were supported to have maximum choice and control of their lives and staff did support them in the least restrictive way possible. However, the policies and systems in the service did not support this practice.

Staff did not receive regular supervision, annual appraisals, or appropriate training to support them to carry out their jobs effectively.

People's care records were not person-centred and were not regularly reviewed. This meant the information as how to best support people to meet their needs was incomplete. There was no evidence that people's personal preferences were taken into account when care records were reviewed.

Some of the care records we looked at included risk assessments, which identified any risks to the person's health and wellbeing. However, there was no evidence of any of the risk assessments being updated following a review or change in the person's needs. This meant the information regarding each risk may no longer be relevant to the person.

The service had an up to date complaints and compliments policy and procedure. However, some people told us they weren't satisfied with the responses they had received when they had complained. Complaints

were not investigated in a timely way. No records were kept of complaints.

The views of people and their relatives were not regularly obtained, and were not recorded.

The service had up to date policies and procedures which reflected current legislation and good practice guidance. However, some of these needed further development to include local guidance specific to the service. Care staff did not have access to the latest versions of the policies to keep their knowledge up to date.

There was no evidence of regular quality audits being undertaken to ensure safe practice and identify any improvements required.

Safe staff recruitment procedures were adhered to.

People were supported to eat and drink to maintain a balanced diet.

People were treated with dignity and respect and their privacy was protected. All the people and relatives we spoke with made positive comments about the care provided by staff.

During this inspection we found the service was in breach of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 Regulation 13, Safeguarding service users from abuse and improper treatment; Regulation 12, Safe care and treatment; Regulation 18, Staffing; Regulation 11, Need for consent; Regulation 9, Person-centred care; Regulation 17, Good governance; Regulation 16, Receiving and acting on complaints; Regulation 20A, Requirement as to display of performance assessments.

We also found omissions in the reporting of incidents to CQC as required by regulations which was a breach of Regulation 18 of the Care Quality Commission (Registration) Regulations 2009.

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 always safe.

The service did not have adequate systems in place to ensure adults and children were protected from abuse.

We found effective systems were not in place to make sure people received their medicines safely.

Recruitment procedures made sure staff were of suitable character and background.

Is the service effective?

Inadequate

The service was not always effective.

Staff did not receive regular supervision, annual appraisals, or appropriate training to support them to carry out their jobs effectively.

Care records did not reflect whether a person had capacity to make
decisions about their care and treatment.

People were supported with their dietary needs, where this was part of their care plan.

Is the service caring?

Requires Improvement

The service was not always caring.

People and their relatives told us the staff were caring.

Staff understood what it meant to treat people with dignity and respect.

Staff spoke warmly about the people they supported. They clearly knew people well.

Is the service responsive?

Inadequate

The service was not responsive.

People's preferences for the times of their calls were not always considered.
People often didn't know in advance who would be coming to support them.
People told us they weren't contacted if care staff were going to be late.

Care records were incomplete and not regularly reviewed. This meant the information recorded did not always fully or accurately reflect the person's current level of need.

There were no records kept of any complaints that were raised or actions taken to resolve them. The registered manager had a backlog of complaints from the local authority that required investigation.

Is the service well-led?

Inadequate

The service was not well-led.

The views of people and their relatives were not regularly obtained and were not recorded.

The service had up to date policies and procedures which reflected current legislation and good practice guidance. However, some of these needed further development to include local guidance specific to the service. Care staff did not have access to the latest versions.

There was no evidence of regular quality audits being undertaken. This would have enabled the registered manager to assess the safety and quality of the service they provided.

Care Quality Commission

Samfos Health

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 17, 18 and 19 October 2017 and was announced. The provider was given 48 hours' notice because the location provides a small domiciliary care service and we needed to be sure that someone would be available to meet with us.

The inspection team was made up of one adult social care inspector and one expert 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.

Before the inspection, we asked the provider to complete a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. They did not return a PIR and we took this into account when we made the judgements in this report.

Before the inspection we reviewed the information we held about the service, which included correspondence we had received and any notifications submitted to us by the service. A notification should be sent to the Care Quality Commission every time a significant incident has taken place. For example, where a person who uses the service experiences a serious injury.

We also contacted staff at Healthwatch who reported they had no concerns recorded. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England. We also contacted members of Sheffield City Council Social Services. They told us they were monitoring the service and were offering support to the registered manager to improve as they had concerns regarding the level of risk to people supported by the service.

During the inspection we spoke with eleven people receiving support and eight of their relatives. This

included visiting two people and their relatives at their home. We met with the registered manager, the care coordinator and the operations manager. We spoke with six members of care staff. We spent time looking through written records, which included seven people's care records, four people's Medication Administration Records (MARs), four staff personnel files and other records relating to the management of the service.

Inadequate

Is the service safe?

Our findings

Most people and their relatives told us they felt safe with the support they received from Samfos Health. Comments included, "Nothing bad has ever happened. They [staff] are nice girls," "There's no problems, my purse is always there, not been touched," "Yes I feel safe, they [staff] are very kind. My [Relative] says be careful with my money, but they [staff] have to get my purse out for me and everything's always been fine," "I'm pretty confident in them [staff], [Name of relative] would tell me if there was something wrong" and "I've had no problems regarding safety or trust. I would be straight to [Name of registered manager] if there was."

One person did tell us, "I feel safe now but a few weeks ago a bloke came. He came when I was watching TV. He sat down and didn't do anything else but watched a programme. He kept going into the kitchen. The next day was the same so this time I followed him into the kitchen and saw that he had his phone plugged in. I played hell with him and told him to get out. I complained to [Name of registered manager] and he got sacked. The people I have now are champion."

We spoke with care staff to ask them about their understanding of protecting vulnerable adults from abuse. All were able to tell us what abuse was and how they would recognise it. However, not all care staff we spoke with were able to confirm they had received training in safeguarding adults and there were no certificates on any of the staff personnel files we looked at to confirm safeguarding training had taken place. The registered manager told us they were in the process of updating training records.

The service had an up to date safeguarding vulnerable adults policy. The policy reflected current practice guidance at a national level and there was an overarching procedure giving general guidance to staff. There was a blank space where local information should have been recorded regarding who staff needed to contact if they thought someone was being abused and what management would then do with that information. However, care staff we spoke with were all confident any concerns they raised would be taken seriously by the registered manager and care coordinator.

At the time of the inspection the service was supporting one younger person under the age of 18. There was no evidence of staff receiving training on recognising child abuse, or guidance on what to do if they thought this was the case.

CQC had raised one safeguarding concern with the local authority safeguarding team in the previous 12 months. This had been about alleged poor record keeping and care for a person assessed as needing end of life care. There were no records held regarding the outcome of this concern and if any lessons had been learnt as a result. However, the registered manager told us the concern did not progress to investigation and the local authority confirmed this was the case.

We saw the service had an up to date whistleblowing policy and procedure. Whistleblowing is one way in which a worker can report concerns by telling their manager or someone they trust. The policy did not contain any information on who staff should contact if they thought the registered manager was not responding to their concerns or if their concerns were about management of the service.

We found the registered manager had not ensured the systems and processes in place were operated effectively to ensure people were protected from abuse and improper treatment in accordance with Regulation 13. Therefore this was a breach of Regulation 13 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, Safeguarding service users from abuse and improper treatment.

We checked whether people were given their prescribed medicines at the right time. The service had an up to date medicines policy and procedure. All care staff we spoke with told us they received training in supporting people with their medicines. Although this was not fully recorded on the training matrix there were certificates on all the care staff personnel files we looked at to confirm medicines training had taken place. We also saw evidence of regular observations of care staff competencies in this area were undertaken by the registered manager or care coordinator to make sure care staff had the necessary skills to manage medicines safely.

Some people had been assessed as requiring support to manage their medicines. We looked at the Medication Administration Record (MAR) charts for four people. Care staff were expected to sign the person's MAR chart to confirm they had given the person their medicines or recorded a reason why not. We found significant gaps in two people's MAR charts. This meant it was not possible to determine if a person had taken their prescribed medicines, which posed a risk to health.

We spoke to the registered manager about this. They told us they regularly audited MAR charts. They explained this was done when the MAR charts were returned to the office to be archived every four weeks and also if they visited the person at home. The registered manager told us they rang the member of care staff concerned if he found any gaps or errors. The registered manager told us they didn't keep any record of these audits so we were unable to confirm what, if any action had been taken.

Some people required medicines to be taken as and when required. For example, medicines for pain relief. The service had a relevant policy, which gave instructions to staff on how to manage these medicines and when to refer back to the person's GP. However, people's care records did not contain any information for staff on how to support a person to take these medicines when needed.

We found the registered manager had not ensured systems were in place to ensure medicines were managed or administered in a safe way. This was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, Safe care and treatment.

We checked to see whether there were enough staff to meet people's care and support needs. In most cases the amount of care a person needed to support them to live in their own home was assessed by the local authority. These people had an assessment and support plan produced by the local authority on their care record held at the office. The remaining people paid for their support privately and their care needs were initially assessed by the registered manager or care coordinator.

We asked people and their relatives if the care staff stayed the full amount time they had been allocated. People told us their care workers stayed the full amount of time and usually asked if there was anything else needed before they left. One person told us, "They're not clock watching or in a rush."

We checked four staff personnel files to see if the process of recruiting staff was safe. The information was held on a combination of their paper file and electronic records. We say they contained references to confirm suitability in previous relevant employment, proof of identity, including a photograph and a Disclosure and Barring Service (DBS) check. A DBS check provides information about any criminal convictions a person may have. This helped to ensure people employed were of good character. This

confirmed recruitment procedures in the service helped to keep people safe.

People and their relatives told us did not have any concerns regarding infection control. They told us care staff were conscientious about hygiene and gloves were worn when providing personal care or preparing food. Comments included, "They [staff] wear gloves when they change his catheter bag and wash their hands" and "They [staff] wear gloves when they make me sandwiches, and clean up after themselves." We saw records on staff personnel files that competency checks were undertaken to ensure care staff were compliant in this area.

Inadequate

Is the service effective?

Our findings

We checked progress the registered provider had made following our inspection on 3 August 2016 when we found a breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, Staffing. This was because the registered provider had not ensured staff received appropriate support, training, professional development, supervision and appraisal as was necessary to enable them to carry out the duties they are employed to perform.

Most people and their relatives told us care staff knew what they were doing. Comments included, "Some [staff] are more experienced than others. Quite a few are used to it and I feel more comfortable with them. They have to learn but it takes time," "Sometimes new starters came with more experienced staff and shadowed them to learn the job," "Yes they [staff] know what they're doing, they do a proper job" and "I think they [staff] know what they're doing. There's always some better than others but in general I think they do brilliantly."

Following our last inspection the registered manager had submitted an action plan describing the action they were going to take to meet this regulation. The actions included, 'All new joining candidates without any prior knowledge in care will be made to undertake the Care Certificate standards modules' and 'Regular annual appraisals will be held for each member of staff to discuss, particularly their personal professional development. Regular supervisions of at least once in every 2 months for each staff member will ensure that improvements made can be sustained.'

The care certificate is an identified set of standards that health and social care workers adhere to in their daily working life. Supervision is regular, planned, and recorded sessions between a staff member and their manager to discuss their work objectives and wellbeing. An appraisal is usually an annual meeting a staff member has with their manager to review their performance and identify their work objectives for the next twelve months.

We asked two members of care staff who had been employed in the last 12 months if they received an induction to their job. One care worker told us they had completed training and shadowed more experienced members of care staff before working on their own. The other care worker we spoke with told us they had previous experience working for a different domiciliary care provider. As a result they were told they didn't need to undertake the mandatory training. There was no record held of the training they had received from their previous employer.

The registered manager showed us the training matrix they held electronically to identify what training staff had already undertaken and where there were any gaps. The matrix listed all the mandatory training staff were expected to undertake, such as safeguarding vulnerable adults, moving and handling, and medicines management. However, apart from some staff names and dates against medicines training the matrix was blank. The registered manager told us this wasn't a true reflection of people's current training needs as they were in the process of completing the matrix.

Three of the staff personnel files we looked at were for long standing members of staff. Two of these files held a record of one appraisal taking place in the previous two months. There were no records of any supervisions taking place with any staff, either office based or care staff on any of the staff personnel files we looked at. We spoke to the registered manager about this who explained their understanding of supervision was to observe staff carrying out their jobs and checking they were competent in their role. All of the care staff personnel files we looked at did contain records of competency checks taking place with the member of staff while in people's homes.

The service's own staff supervision policy stated, 'Supervision will be conducted as a mix of observing "hands-on" practical duties (as appropriate) and dialogue / discussion between the supervisor and employee with respect to the employee's personal objectives and observed performance of duties. Full records will be maintained of all supervision sessions which will be signed by both the employee and the supervisor.' The policy also stated this should be carried out every three months. Staff we spoke with, including the registered manager were unfamiliar with this policy. No member of staff we spoke with had any recollection of having a recorded supervision session as per the service's policy.

The registered manager explained they were not in a position to manage all members of staff and when previous office based staff were telling them supervisions were taking place regularly and were recorded they accepted this at face value. However, it is good practice for registered managers to have systems in place, such as file audits to confirm supervision and appraisals were taking place. A registered manager should also have regular and recorded supervision with the staff they directly manage as per the service's own policy. There was no evidence made available to us to confirm the registered manager had done this.

We found staff were still not receiving such appropriate support, training, professional development, supervision and appraisal as is necessary to carry out the duties they are employed to perform. This continued to be a breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, Staffing.

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. For people living in their own home, this would be authorised via an application to the Court of Protection.

We checked whether the service was working within the principles of the MCA. People's care records did not contain a consent to care document and therefore it was not clear whether people had capacity or not to make decisions about the support they received. There were no records of any care staff undertaking mental capacity training and care staff we spoke with were not able to tell us what the principles of the MCA were. They were all clear on the importance of involving people in making decisions. Comments from care staff included, "[I] always ask for consent before doing anything." However, care staff did not know the processes to follow if they had concerns that a person lacked the mental capacity to make a decision.

People told us they felt in control when being provided with care and care staff asked before doing anything. Comments included, "They [staff] don't boss me, always ask me first," "I tell them [staff] what to do. They always ask first, they don't order me about," "I'm in charge," "I tell them [staff] what to do; they listen and do what I say" and "They [staff] always ask me questions and talk to me. [Staff] ask before they do anything."

We found it was not clear whether the care and treatment of people supported by Samfos Health was

provided with the consent of the relevant person. This was a breach of Regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, Need for consent.

Some people receiving support from Samfos Health had been assessed as needing support to eat and drink. This could involve care worker's preparing meals for people, physically supporting them to eat or drink, and monitoring people's fluid and food intake to ensure they maintained a healthy weight. Those who had support in this area told us they chose what to eat and that their food was hot and nicely presented. Drinks were made to their liking. Comments included, "I had a bacon sandwich this morning which was nice," "They [staff] do me salads, fry ups, whatever I want" and "They make my coffee how I like it, I don't take sugar and they know that."

Requires Improvement

Is the service caring?

Our findings

People and their relatives told us the care staff were caring. Comments about care staff included, "I get on with them [staff] okay. They're friendly and kindly," "They're champion. A couple of them [staff] are quiet and get on with the job, always ask if I want anything else and then they're away. Others will have a chat. Ask me how my day is and how I am," "Nice, lovely, all of them [staff] friendly and caring," "Smashing, they're very good. We chat and have a laugh while they're working. They [staff] are good to me, I look forward to them coming," "They're very nice, I'm very well satisfied with everything they do," "Very nice, willing and caring," "I get on with them [staff] all well," "All the carers are brilliant. I can't fault them" and "[Name of relative] seems satisfied with them. They do extra things for us. I can't reach and they will get me this and get me that."

However, one person who had a specific type of injury thought some of the care staff did not understand the nature of their condition and its impact on their capabilities. This person told us, "They [staff] don't all understand I can't move and are asking me to help with things I can't do. I try and explain but have to keep repeating myself. It's a common problem. Even some nurses in hospital are the same, they don't understand [specific type of] injuries."

We asked people and their relatives if they thought the care staff treated them with dignity and respected their privacy. People gave us examples of this happening, "One washes the top and I do the bottom myself. Always put my panties on myself and they wait outside the bathroom door," "They stand outside while I go to the loo. They're very good like that," "Yes, [Staff] treat me respectfully. We have a chat" and "They [staff] do treat us with respect. They don't just walk in, they always knock."

Care staff we spoke with understood what it meant to treat people with dignity and respect. They gave us examples of talking to people politely, and shutting doors and curtains to ensure privacy when supporting people with personal care.

The service had an up to date 'Privacy and Respect Policy' This encouraged care staff to provide support that promoted people's independence and autonomy. In care staff personnel files we saw records of competency checks in the area of 'Dignity, Respect and Privacy' taking place with the member of staff while in people's homes. Comments included, '[Name of care worker] offers explanations before carrying out any procedure and demonstrates genuine empathy, sympathy and compassion to clients' and '[Name of care worker] allows the client to do as much for themselves and avoids rushing them.'

The service employed both male and female care staff and people told us they had been asked their preference on the gender of their care workers at the beginning of their support package.

Care staff we spoke with were enthusiastic about their jobs. Several members of staff told us they loved their jobs. Staff spoke with fondness about the people they supported and clearly knew them well.

Rotas were not organised so people did not always know in advance which members of staff were visiting

and at what time. The registered manager did not always give people and their relatives a satisfactory and timely response when they complained about these issues. This means the needs of people were not always considered when planning the delivery of their care and support.

Inadequate

Is the service responsive?

Our findings

We asked people and their relatives if the care staff were reliable and punctual. The feedback was mainly negative as several people and their relatives told us they had frequently experienced late calls and three people told us there had been occasions when no care worker had turned up at all. In addition, everyone we spoke with told us they were not informed if their care worker had been delayed and they had to ring the office to find out what was happening. People and their relatives we spoke with understood and accepted there would be occasions when their care worker might be late due to circumstances beyond their control, such as traffic incidents. However, they wanted a member of staff to ring and let them know.

Comments included, "They [staff] can be up to 20 minutes to half an hour late, they don't let me know. Once [Name of care worker] fell asleep in the chair and didn't turn up [another time]. [Name of registered manager] sacked them" and "I have complained a couple of times about them being late. Once they didn't turn up for my evening call to make my tea. I didn't have anything to eat from lunch time until they came the next morning."

Another person told us about their ongoing difficulties with late calls, "The timings are not good. I'm desperate to get up in the mornings; I've been in bed since 9 o'clock and can't move myself. [This person was paralysed.] [Care staff] are supposed to come at 7am but this morning it was 8.20am. The same thing happened a couple of days ago. I rang the office at 7.30am but there was no one to answer the phone. Eventually I spoke to [Name of registered manager] and told them it's not good enough. They said the carers were taking people to hospital appointments, I told them that's nothing to do with me." This person told us it was important that they have their medicines at four hourly intervals, however this was not happening when the calls were late, "They're quite often late but it's the early morning ones I'm most bothered about." We spoke to the registered manager about this who told us they had visited this person at home to tell them their calls were going to be late this particular week due to other people having to attend early medical appointments.

Relatives told us, "We don't know what time they're coming it's between 8 and 10am, 12 and 2pm, 4 to 6pm and 8 to 10pm. I want more specific times. I've spoken to [Name of registered manager] but it's like banging your head against a brick wall. The previous company we were with gave us a rota" and "The tea time and night time call change all the time and we never know who is coming. It really riles me they can't even manage their rotas."

Care staff told us they often didn't get their rota until the evening before they were due to work. Two members of care staff told us of occasions when they hadn't received their rota and had to call the office at 6am to find out if they were working that day. Care staff also told us the rotas didn't always meet people's needs in the best way. They gave us examples of them being rostered to work all day but not being sent to the same person who had multiple calls that day. This meant a person could be seen by a different care worker for each of their calls throughout the day rather than the same member of care staff.

One person told us their care worker sometimes missed their twice weekly calls and just left a message on

their phone to say they weren't coming. We spoke with the registered manager about this who told us the person had mental health difficulties so this probably wasn't the case. With the person's permission we have discussed their complaint with the local authority. They will ensure this complaint is properly investigated.

None of the care records we looked at were person centred. They were not written in the first person and they did not give any indication of people's preferences, likes or dislikes. For example, there was no indication of what people preferred to eat when they had been assessed as needing support with meal preparation. We saw the same standard sentences were written on everyone's care records, there was nothing to make it unique or specific to the person. Support directions for care staff were very task focused and didn't reference how best to support the person to do as much for themselves as possible.

We found people's care had not been planned or delivered in a way that ensured it met their needs and reflected their preferences. Therefore this was a breach of Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, Person-centred care.

Where people's care packages were funded by the local authority rather than the person themselves we saw there were assessments and support plans in place, indicating the person's level of care and support needs and the amount of care from Samfos Health required to meet these needs.

We were told by the care coordinator every person had an 'Activities of Daily Living' (ADL) assessment. We saw these on people's care records held in the office, but not on people's care records in their own home. This assessment gave a person a score for the amount of support they needed in each area. The lower the score then the higher amount of support the person needed.

We saw a general care plan was then produced called a 'Personal' care plan. This gave a practical list of what support a person needed for every call they received. This was particularly helpful to any new members of staff. In addition, where people had specific needs, such as nutrition we saw there were further care plans giving the specific details to provide the person with this level of support. Not everyone had an up to date care plan, however we were told the care coordinator was in the process of updating these for everyone and we saw evidence this was happening.

We looked to see whether people's care records contained risk assessments. The purpose of a risk assessment is to identify any risks to the person and then put measures in place to reduce these risks. For example, using appropriate equipment to reduce the risk of a person falling. Three of the six care records we looked at in the office had risk assessments in place. The other three did not contain any evidence of risk assessments taking place. There was no record of any of the risk assessments being reviewed to check they were up to date.

The registered manager told us they also undertook a home environment risk assessment when they first met with people new to the service. They also told us people's care records were reviewed every three months, or sooner if people's needs changed. We did not see any evidence of home environment risk assessments or regular reviews taking place.

There was no evidence in people's care records to show they were supported to access health and social care services. There was no evidence of people or their relatives being involved in any reviews of their care records. Comments from relatives included, "Nobody checks or asks any questions" and "[Name of care coordinator] was meant to come reassess [Name of relative] two weeks ago at 11am, but nobody turned up and I haven't heard anything since."

We found the service did not maintain accurate, complete and contemporaneous records in respect of each person supported by Samfos. This was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, Good governance.

We saw the service had an up to date complaints policy and procedure. This gave people details of who to complain to and who to contact if they weren't satisfied with the initial response. This information was included as part of the 'Service user guide.' The registered manager told us everyone had a copy of this on their care record in their home. Not everyone we spoke with told us they had a copy of this guide. One of the care records we looked at in a person's home did not contain a copy of this guide.

Everyone we spoke with said they would contact the registered manager if they had problems and most people and their relatives told us they were responsive to their concerns. Comments included, "No complaints whatsoever" and "[Service is] very good, no complaints. Can always seem to get hold of [Name of registered manager]."

Three people or their relatives we spoke with had complained to the registered manager and were not satisfied with the responses they had received. One relative told us, "[My complaints] go in one ear and out the other. I am tired of fighting them [management]." Another said, "I have rung once or twice to complain, but nothing much happened."

Prior to the inspection the local authority had made us aware there had been nine 'Incident Report Forms' (IRFs) submitted to the registered manager to investigate in the last twelve months. IRFs are made when the local authority is made aware of any concerns about the service. For example, missed calls or complaints from people or their relatives.

The registered manager did not have a record of any of the complaints we were made aware of during the inspection. In addition, none of the IRFs had been investigated by the registered manager. We were told there was a backlog from January this year. The recently appointed operations manager had been tasked with investigating them and reporting back to the local authority. Therefore this was a breach of Regulation 16 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, Receiving and acting on complaints.

Inadequate

Is the service well-led?

Our findings

The registered manager was also the nominated individual and owner of Samfos Health. The service was registered to provide the regulated activity of personal care from 2011. There was also a care coordinator and operations manager in post. At the time of the inspection they had been in post nearly three and two months respectively.

Comments from people and their relatives about the registered manager were mostly positive. "[Name of registered manager] has been once or twice to visit. I ring him up and he's very nice and friendly. The landline in the office goes through to him if no one's there. I can contact at home on the mobile," "[Name of registered manager] is the main bloke. I've met him a couple of times," "[Name of registered manager] came and asked some questions about how he was managing and we talked it through" and "He has a deep concern for the service user and that vulnerable people are well cared for."

Staff comments about the registered manager were mixed. Staff told us, "I can phone [Name of care coordinator] and [Name of operations manager]. They are very supportive. [Name of registered manager] is not always supportive," "I feel listened to by [Name of care coordinator] and [Name of operations manager] more than [Name of registered manager]. [Name of care coordinator] is brilliant. They sort everything out" and "I have no problems with management."

We asked if people, their relatives and staff who worked at Samfos Health were asked for their views on the service provided and given any opportunities to make suggestions for improvements. The registered manager told us they had just sent out feedback forms to people and their relatives. Two people we spoke with recalled being given a satisfaction questionnaire. There was no evidence made available to us that people's responses were analysed or any action plans developed as result of people's comments.

Staff told us there was a staff meeting held very Monday morning which the registered manager chaired. We saw records of these meetings for the last two months. The operations manager took an attendance register and minutes of these meetings. However, care staff told us these weren't shared them if they were unable to attend. Care staff told us they learnt of new developments by 'Word of mouth.'

The service had a comprehensive set of policies and procedures covering all aspects of service delivery for people, their relatives and staff. These had all been supplied by a private care company. We saw they were regularly reviewed and updated accordingly to make sure they represented the most up to date legislation and good practice guidance. However, not all of the associated procedures had been updated by the registered manager to provide guidance to staff at a local level. The registered manager held the most up to date versions on his computer, they told us they were in the process of downloading these onto the service's computers. Staff had access to paper versions of the policies and procedures in the office, however these were not the most up to date versions. Not all staff we spoke with were aware the service had policies and procedures.

We looked at the arrangements in place for quality assurance and governance. Quality assurance and

governance processes are systems that help providers to assess the safety and quality of their services, ensuring they provide people with a good service and meet appropriate quality standards and legal obligations. The registered manager told us there were regular audits of people's 'Progress records.' These records took the form of booklets and were held in people's homes as part of their care record. Care staff completed an entry describing their visit and recording any actions taken every time they visited a person. They were also a way for care staff to communicate with each other. The registered manager told us these were audited every time a completed booklet was returned to the office. We saw there was a space at the back of the booklet to record the audit had taken place and to describe any actions required as a result. The registered manger told us the frequency of the books returning to the office was dependent on how many calls a person had. We looked at four completed progress booklets held in the office. We saw the audits were not always completed. We looked at two people's care records in their own homes and there were completed booklets held on their files dating back to June this year. This meant any actions required would not be identified in a timely way.

We were also told there were some people who didn't want their care records held in their own home. There was a procedure in place for this where the care staff should keep hold of the progress notes themselves and return them to the office when completed. The operations manager told us they had asked a member of care staff to bring completed booklets back to the office to audit to but this hadn't happened.

We found systems were not established and operated effectively to ensure compliance with the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This was a breach of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, Regulation 17, Good governance.

A notification should be sent to the Care Quality Commission every time a significant incident has taken place. We had not been notified of any incidents in the previous twelve months. The registered manager told us they were aware of their obligations for submitting notifications in line with the Health and Social Care Act 2008. However, they proceeded to tell us about two separate incidents when they had to call the police with regard to a missing person.

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

It is a requirement of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 that a service displays their most recent rating on their premises and on every website maintained by or on behalf of any service provider. We saw the latest rating was displayed in the office during the inspection. Prior to the inspection we checked the registered provider's website to see whether the rating was displayed. It was not. We spoke with the registered manager about this who told us they were in the process of updating the website and they would add the rating.

This was a breach of Regulation 20A of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, Requirement as to display of performance assessments.

During our previous inspection on 3 August 2016 the registered manager gave us reassurances improvements were in progress, and quality assurance systems were being developed and implemented. In addition they submitted an action plan regarding what they were going to do to ensure they were no longer in breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, Staffing. At this inspection we found no evidence that any of these actions had been completed.