

Mrs. Gloria Ocampo

# Independent Care Solution

## Inspection report

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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

About the service: Independent Care Solution provides domiciliary care services to people living in the community within extra care schemes and within people's own homes. There were currently 35 people using the service at the time of our visit. The service provides personal care to older people living with dementia, people with physical disabilities and other high care needs.

People's experience of using this service:

- The quality of care and the management of the service had deteriorated since the last inspection. People's safety and wellbeing had been put at risk and people were at risk of harm. Safeguarding procedures and policies had not been followed. The risk assessment and management process was not complete and personalised to each person using the service. Medicines were not managed safely and according to current national guidelines. The staff recruitment procedure was not robust to ensure people were protected from unsuitable staff. The care calls monitoring system was inadequate and people had not always received care.
- Staff had not always received appropriate support and training to care for people effectively and safely. Staff roles, responsibilities and accountability were not clearly defined. It was not always clear if effective action took place to address staff's unsuitable conduct or competence issues.
- The Initial assessment of people's needs had not taken into consideration all people's needs, their life history and what their interests were. Care plans had not always reflected care that was provided to people. Records related to daily care were often not complete or not available for review by managers or for audit purpose. Therefore, the agency could not always say what exact care was provided to people.
- People were at risk of not receiving appropriate nutrition. Staff had not been given enough information on people's dietary needs and appropriate training to support people effectively and safely.
- The principles of the Mental Capacity Act 2005 had not always been followed. There was a risk that people would receive care that was not in their best interest or safe.
- We saw evidence that staff worked alongside health professionals when people needed support or their needs had changed. However, during our visit we came across one incident where staff had not contacted a health professional although this was required.
- People and their relatives said most staff who supported them were nice and friendly. They said staff respected their privacy and dignity and encouraged people to participate in decisions about their care. However, during our visit we discovered information showing that staff had not always considered people's needs or taken account of these in relation to people's safety and wellbeing.

- People could provide feedback about the service delivery via the complaint's procedure, quality assurance questioners and discussion during the care review meeting. The feedback on how the agency dealt with concerns varied. All people and relatives spoken with said the provider investigated their concerns. However, some stated no effective action was taken to address these concerns.
- The provider did not have quality assurance and monitoring systems in place to monitor the service delivery. There was no service improvement plan in place to address gaps in the service delivery. The provider was not aware of shortfalls highlighted by the inspection team during our visit. This suggested they could have been out of touch with what was happening within the agency.
- Staff supported people to meet their cultural and religious needs. Staff supported people to have access to the community and attend appointments when needed.
- When approached by external health and social care professionals the provider and the staff team worked collaboratively to provide the needed care to people.
- We found eight breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. We have made four recommendation about professional boundaries and working within the social care ethos, the management of and learning from complaints, effective communication with staff team and gathering feedback from people about the service provided.

Full information about CQC's regulatory response to the more serious 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'. This means we will keep the service under review and, if we do not propose to cancel the provider's registration, we will re-inspect within 6 months to check for significant improvements.

Rating at last inspection: Good (report published on 3 August 2017)

Why we inspected: This was a scheduled inspection of the service; however, it was prompted in part by information of concern related to a safeguarding concern and unsuitable staff employed at the agency.

Enforcement: For action we told provider to take refer to end of full report.

Follow up: We asked the provider to submit to the Commission an action plan to show how they will make changes to ensure the rating of the service improves to at least Good. We will continue to monitor the service and we will revisit it in the future to check if improvement have been made.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

## 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.

Details are in our Safe findings below.

### Is the service effective?

Inadequate ●

The service was not always effective

Details are in our Effective findings below.

### Is the service caring?

Requires Improvement ●

The service was not always caring

Details are in our Caring findings below.

### Is the service responsive?

Requires Improvement ●

The service was not always responsive

Details are in our Responsive findings below.

### Is the service well-led?

Inadequate ●

The service was not well-led.

Details are in our Well-Led findings below.

# Independent Care Solution

## Detailed findings

### Background to this inspection

The inspection:

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection was prompted in part by information of concern related to a safeguarding concern about unsuitable staffing employed by the agency. We brought forward our planned comprehensive inspection.

Inspection team:

This inspection was carried out by two adult social care inspectors, one inspection assistant and one Expert by Experience. An Expert by Experience [ExE] is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type:

This service is a domiciliary care agency. It provides personal care to people living in their own houses and flats in the community. It provides a service to older adults.

This service does not require a registered manager as the regulated activity accommodation and personal care is carried on by an individual who is registered with us in their own name. The individual, Mrs Gloria Ocampo, is in charge of day to day activity carried out by the service.

Notice of inspection:

We gave the service 48 hours' notice of the inspection visit because it is small and the manager is often out of the office supporting staff or providing care. We needed to be sure that they would be in.

## What we did:

Before the inspection we reviewed information we had received about the service since the last inspection. This included details about events the provider must notify us about, information received from other stakeholders, such as the local authority and people using the service and their relatives. We also contacted external health and social care professionals and we received feedback from three of them.

During our visit, we spoke with the members of the management team, including the manager who was also the provider and the owner of the agency, the deputy manager and two care coordinators. We carried out telephone interviews with people who used the service. We received feedback from two people using the service and nine relatives.

We looked at records including nine people's care records, recruitment, training and supervision records for 12 staff members, and other documents relating to the management of the service.

Following the inspection, we contacted staff members and we received feedback from six of them.

# Is the service safe?

## Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm

People were not safe and were at risk of avoidable harm. Some regulations were not met.

Systems and processes to safeguard people from the risk of abuse

- Staff had not always acted when people were at risk of harm. We identified at least three safeguarding concerns where action had not been taken by staff. Two were related to alleged physical abuse and one of possible neglect of a person using the service. One of these concerns had been already raised with the agency by the local authority prior to our visit. We made a safeguarding alert about two other concerns to the relevant local authority to ensure people were protected.
- The agency's financial policy and procedure had not been followed and people using the service and staff supporting them were at risk of potential financial exploitation. There were no financial agreements and risk assessments in place to describe how people who needed help to manage their money should be supported. Financial transactions had not been appropriately evidenced to show who was accountable for the money and how it was spent. The receipts and proof of spending had not always been collected to evidence purchases.
- It was not clear how spending had been agreed with people or their representatives. The provider could not evidence if money spent reflected people's needs and preferences. For example, purchase receipts for one person for two consecutive days showed large amount of similar groceries purchased. We highlighted this with the provider who agreed it was unlikely the person would use all bought food during a two-day period. The provider said they would investigate it.
- When safeguarding concerns had been raised with the provider they worked alongside the local authority to investigate concerns. However, the provider had not informed the Commission about three notifiable safeguarding concerns which they should have done to comply with the Regulations. We are looking into this further.

The above is evidence of a breach of Regulation 13 of the Health and Social Care Act 2008

- Staff we spoke with understood their responsibilities in relation to protecting people from harm from others.
- People we spoke with said they felt safe with staff who supported them. One person told us, "Of course they are very good."

Assessing risk, safety monitoring and management; Preventing and controlling infection

- Risk was not managed effectively. Risk assessments were not personalised and did not reflect all individual risks to people's health, wellbeing and care received. There was a lack of thorough assessment and risk management plans. For example, we found gaps in relation to providing personal care, people's nutritional

needs and risk of choking, skin care, moving and handling, pressure relief, moving and handling, equipment used and managing behaviour that could challenge the service.

- Staff completed training in infection prevention and control and this was repeated annually. Staff had also had access to disposable personal protective equipment (PPE) such as gloves. Despite that, we found failings in relation to infection prevention and control. There were no guidelines for staff around infection control and the cleaning of specialist equipment, such as, a catheter and a PEG feed tube. Care records for one person suggested they might have been affected by unsafe use of a catheter.
- The service had an accidents and incident policy in place. Staff were required to report any accidents and incidents to the office. We saw some records of accidents and incidents that took place. However, there was not always evidence of what action was taken to address the issue.
- During the review of people's care records we came across information about at least three accidents and incidents that should have been appropriately recorded and investigated by the provider. However, records of these incidents were not available for us to view. The provider explained that some reports had been archived or were not completed.
- The provider had not informed us about one incident involving unsafe staff practice. They should have as this is required by the law. We are looking into this matter further.

## Staffing

- People were at risk to their health and wellbeing because they had not always received care visits as agreed. Relatives raised concerns about missed calls and care continuity. They said, "[The usual carer] is a very efficient. At weekends there are missed calls" and "Most of the time [staff are on time] but they missed calls 2 or 3 times since January [2019]." The relatives told us that although they had discussed this with the agency's office the service had not improved.
- We found that staffing was primarily based on the availability of the number of care staff and the number of hours they were available. Therefore, rotas were frequently readjusted which impacted on the continuity of care provided to people.
- Staff punctuality and call attendance was not monitored effectively. Care staff sent a text message from their own mobile phones to report that they had arrived or finished calls. Examples of text messages sent showed that staff had at times logged in a few hours after the call. There was a risk that staff would provide an inaccurate account of their whereabouts.
- The care coordinators said they would call people to advise of any delays or if staff could not attend a visit. However, care workers did not always telephone the office to let them know they were running late or would miss a visit. Review of people's care records confirmed missed calls took place. One person did not receive two consecutive visits. Consequently, they were not provided with care, including medication support, for approximately 12 hours. We discussed this with the provider who was not aware of this. They said they would investigate the matter immediately.

## Using medicines safely

- We could not be assured that staff at the agency had the necessary knowledge to manage medicines safely. Staff did not always have valid medicines management training and yet they had been administering medicines to people. Staff who completed medicines training had not had their competencies checked by an appropriately trained professional.
- People were at risk of receiving their medicines unsafely and not as prescribed. Most medicines were dispensed from pre-prepared blister packs. Staff also dispensed medicines from the original packaging, for example antibiotics, eye drops, creams. There were no current medicines lists to cross reference with packaging to inform staff which medicines people were prescribed at the time of administration. There were no medicines care plans and risk assessments related to medicines management for individual people.



Medicines Administration Records (MARs), used by staff to document each administration, were not populated with information required by current guidelines, the name of a medicine, quantity, route, method and the frequency of administration.

- The provider could not show if people always received their medicines when they should. MARs had not been completed correctly. We looked in detail at MARs for three people. We identified more than 100 gaps, across these MARs where the administration of medicines should have been recorded.
- When people did not take their medicines (either they had refused or a care visit had not taken place), there was no evidence to show that the agency investigated it or supported people.
- One person received their medicines in a covert way (without their knowledge or consent). There was no evidence to show that an appropriate process had been followed to ensure this was safe and in the best interest of the person.
- There were no monitoring systems to alert the provider to problems or to identify failings in medicines management and administration. This meant that people were exposed to the risk of harm from unsafe management of medicines.

The lack of appropriate risk and safety monitoring, ineffective monitoring of staff attendance and poor management of medicines was evidence of a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

## Recruitment

- The recruitment procedure was not always safe. The provider had not done enough checks of potential staff to ensure they were suitable to work with people. Previous employment references for two staff stated they would not be employed again by the previous employer. The specific reason was given. The provider had not investigated it and had not put any measures in place to ensure people were protected. Most job applications for existing staff had limited information about staff education, formal qualifications and full employment history. There was no evidence, such as job interviews, to show that this had been explored with staff before appointing them.
- Staff did not provide a declaration of physical and mental fitness. The provider could not be assured that staff were fit to carry out their role or if adjustments were needed to support staff in their employment.

The above is evidence of a breach of Regulation 19 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Disclosure and Barring Services (DBS) security checks were carried out prior to staff starting in post.
- Staff records we looked at showed staff were permitted to work in the UK at the time of our visit. However, documents for at least one staff member suggested they might not have the right to be in the UK when they were first employed and worked at the agency.

# Is the service effective?

## Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence

The effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent. Regulations may or may not have been met.

Staff support: induction, training, skills and experience

- Most people and relatives we spoke with said staff knew how to support people. Two relatives said that staff skills and knowledge varied depending on the particular care staff.
- There was a risk that staff were supporting vulnerable adults without appropriate skills and knowledge to do this. Staff who had not had previous adult social care experience were not asked to complete the Care Certificate. The Care Certificate is a set of standards which aim to give confidence that workers have the introductory skills, knowledge and behaviours to provide compassionate, safe and high-quality care and support.
- The provider could not evidence that the induction process was sufficient to help staff to support people. New staff completed a short induction book which covered questions on the role of a care worker, personal development, safeguarding, person centred support and health and safety. We saw the provider signed the booklets even when not all questions were answered by care staff. The provider told us staff shadowed more experienced staff before they worked independently with people. There was no record kept of shadowing or any assessment to show care staff were assessed as ready to work unsupervised.
- All staff were required to undertake face to face mandatory training by an external provider. This included basic life support, health and safety, moving and handling and safeguarding. Staff completed additional training by watching training DVDs. Staff were required to complete an externally marked knowledge test to show they understood the training topic. Training certificates showed that some staff had failed the training. This included safeguarding, medicines, infection control, record keeping and The Mental Capacity Act training. The provider did not require staff to redo the training when they had failed their assessment.
- When staff undertook clinical tasks, for example, catheter care, PEG (Percutaneous endoscopic gastrostomy) tube management or cough support equipment, there was no evidence to show staff received training to do it safely. PEG is a medical procedure in which people receive food or medicines via a tube into their stomach when due to their medical needs they were unable to eat and drink by mouth.
- There was a risk that staff could not communicate appropriately with people about care provided to them. The provider had not carried out a test of spoken and written language skills to check if staff could communicate sufficiently in English. Some people using the service reported they had difficulty understanding staff. Some daily care records we viewed were illegible, and we could not always say that care was provided.
- The provider could not evidence what training individual staff had done and when updates were required. The provider did not maintain a training matrix to monitor staff training. Records for one member of staff suggested they had completed 12 certificates in one day. We could not be assured that so much training information would be retained within a single day. The provider also told us some staff declined to attend

mandatory training updates. We found no action had been taken to address it.

- Staff told us the provider was helpful. However, we were not assured staff received enough supervision and monitoring to carry out their roles or to help them to develop. Most staff said they had received spot checks on their direct work with people and supervision, but it was not regular. Two staff said they had not received supervision at all. Staff files confirmed supervisions and spot checks were not regular.
- Most staff had received a short annual appraisal. There was no rating of staff performance. Where we saw weaknesses identified such as persistent lateness there was no action plan available to ensure this would be addressed.

The above is evidence of a breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Supporting people to eat and drink enough to maintain a balanced diet

- People and relatives told us staff supported people with food and drink which usually included preparing snacks and sandwiches or reheating of pre-prepared meals.
- Some people received more support with food and drink which included grocery shopping and cooking of meals. We found they might have been at risk of receiving nutrition that did not meet their needs and preferences and was unsafe. Staff did not have appropriate training, such as diabetes care and food preparation, to ensure they supported people with food and drink safely and effectively. There was some reference to food hygiene in Infection Control training. We assessed this was not enough training for staff supporting people with preparing and cooking meals regularly.
- At least three people using the service had been diagnosed with diabetes. There was no guidance in their care documents about what each person should eat or drink to help control their condition and reduce the risk of a diabetic crisis. We saw the shopping done by staff for two of these people included several products that were high in sugar content. The daily care logs for one person showed juice and biscuits high in sugar were left for the person to snack on when the care worker left.
- Some people required support with monitoring of their daily food and fluid intake to ensure they had enough nutrition. The provider could not evidence this monitoring took place as agreed. Care plans for two people said fluids chart should be maintained but these were not available for us to view during the inspection.

The above is evidence of a breach of Regulation 14 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Ensuring consent to care and treatment in line with law and guidance

- The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. We checked whether the service was working within the principles of the MCA.
- People were asked to sign consent for the support provided at the assessment stage. Some people were living with dementia and might not be able to consent to aspects of care as they lacked capacity to make some decisions. There was no evidence to show that these people received any support from their family or independent advocates to understand care plans they signed. In one instance a person signed the care plans even though they were living with dementia and were unable to communicate with the agency due to a language barrier.
- Some consents to care were signed by people's relatives. However, the provider had not checked if these relatives had the legal right to make decisions on people's behalf. There was a risk that decisions related to

people's everyday care were not made in their best interest and by people that were legally appointed to do so.

- Staff did not have enough information about people's capacity to make decisions. The provider carried out a mental capacity assessment of people who used the service. Some of this information had been transferred to people's care plans. There was some indication about the kind of decisions people could take, for example what to eat or when. However, it was not clear what type of dementia people lived with and how it affected them. Also, there was no information on how to support people whose capacity fluctuated.
- The provider was not familiar with procedures to ensure decisions were made in people's best interests where they lacked capacity to make certain decisions. In one instance, the decision had been made by the provider to administer medicines to a person in a covert way. There was no evidence to show appropriate process had been followed to reach this decision.

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

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- The agency had gathered limited information about people before providing care to them. The agency's representative visited people in their homes before the care delivery started. They carried out a set of risk assessments on health status, mobility and associated equipment, continence and skin integrity. However, the agency had not collected information about people to appropriately match them with staff in terms of their personality, interests, skills and experiences. There was little information obtained about who people were and what they liked. For example, the provider told us about a person they had recently agreed to provide support to who was not able to communicate with staff due because English was not their first language.
- We discussed this with the provider who agreed a more thorough assessment process would be introduced.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- Records showed that staff communicated on occasions with a GP, pharmacist and other health professionals about care provided to people. However, during our visit we came across one incident where staff had not contacted a health professional although this was required. We informed the provider about this and they took action to address it.
- Staff recorded in people's files when external health professionals, such as a palliative care nurse, psychiatric nurse or district nurses visited people. This provided an audit trail of health visits by these professionals.
- An external health professional told us that staff communicated concerns about people's health. They said that staff acknowledged guidelines provided about how to support people. However, they said more regular feedback about people's progress would be helpful to ensure people were improving or if additional help was needed to support them.

## Is the service caring?

### Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect

People did not always feel well-supported, cared for or treated with dignity and respect. Regulations may or may not have been met.

Ensuring people are well treated and supported; respecting equality and diversity

- People using the service and relatives told us the majority of staff were kind and treated them well. They said, "Most of them are nice and friendly" and "I am very happy with the carers, they are very good." The agency had also received one compliment from an external professional about the quality of care provided by one care worker to a person they supported.
- However, one person described staff behaviour that suggested professional boundaries had not always been kept when caring for people. Professional boundaries are important to ensure that positive, effective and trusting relationships between care staff and people can develop. Before and during our inspection we received information that confirmed staff had not always worked within professional boundaries. This included providing care without appropriate training, financial arrangements which were not always formally agreed or appropriate, and using people's possessions without permission.
- Records showed that when the provider was made aware of staff inappropriate conduct they acted to address it. However, we assessed that the provider needed to do more to ensure people's rights and interests were protected and that the support provided by staff reflected agreed professional conduct. We recommend that the service seek advice and guidance from a reputable source, about professional boundaries and working within the social care ethos.

Supporting people to express their views and be involved in making decisions about their care

- Care plans reflected some evidence of people's voice and involvement in planning of their care where people were able to communicate these.
  - All people and relatives told us that staff asked people about what they needed and how staff could support them. A person using the service told us, "Yes of course, they always ask if there is anything else they can do." Three relatives we spoke with said, "Yes, staff ask questions about what my relative wants."
- Respecting and promoting people's privacy, dignity and independence
- People and relatives told us staff respected their privacy and dignity when providing personal care. One relative said, "They definitely do [respect], they explain what they are doing."
  - Some relatives raised concerns around care at times being provided by staff who people did not know and had not met before. A relative told us, "Not always [introduce new staff], it is not fair on the carers or the person." Other relatives confirmed they were not always informed about new staff visiting and they were not introduced to them before the first visit. We spoke about this with the provider who was receptive to the feedback and said they would look into it.
  - People's care plans provided staff with information about people's needs and preferences around

receiving personal care. This included people's wishes for privacy in some aspects of personal care. Care records did not specify people's preferences about whether they preferred a male or female worker. However, people and relatives we spoke with said they were happy with the staff assigned to provide personal care to people.

## Is the service responsive?

### Our findings

Responsive – this means we looked for evidence that the service met people's needs

People's needs were not always met. Regulations may or may not have been met.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control

- People's care plans were not holistic. They had not taken into consideration all aspects of people's care. At times, staff provided support to people which was not agreed in their care plan, for example, administering medicines and operating clinical equipment. Staff did not have directions on how to provide this care. We could not be assured the support was safe and that staff had been appropriately trained. Because of the lack of information, continuity of care could not be assured when the care staff changed.
- Existing care plans did not provide staff with enough information on aspects of agreed care. There was no sufficient guidance on medicines, diabetes support and clinical tasks such as catheter care and PEG tube management.
- Care plans had limited information about people, their life history and what was important to them. We asked people if staff knew their individual life histories, what their interests were and what they liked to do. One person told us that most staff knew them. The majority of people and relatives we spoke with were not sure what knowledge staff had about them.
- Staff recorded the care they provided in daily care records. We saw that this included information about personal care given, meals, people's mood and what they were doing when staff visited them. We noted that some daily care records were not legible, therefore, we could not always say what care had been provided and if any action was needed following the visit.
- The Accessible Information Standard is a framework which was introduced from August 2016. It is a legal requirement for all providers to ensure people with a disability or sensory loss can access and understand information they are given about their care. This includes providing any communication support that people might need from care services.
- The agency had not always identified people's communication needs. These were at times inconsistently recorded across people's care records. For example, a care document for one person said the person spoke a Persian language. However, other care documents for the same person stated they could communicate fluently in English.
- The care plans did not clearly outline how staff should support people who wore glasses or used hearing aids each day. For example, there was no information about checking batteries, cleaning the equipment or who was responsible for doing that.
- We saw no reference in people's care plans to the use of large font printed documents or reading materials, easy-read words or the incorporation of pictures or symbols to facilitate communication.

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

- We saw one example of clear and helpful guidelines for staff about a person who used specialist

equipment to communicate with others.

- Care plans had information on tasks staff were required to do when visiting people. This included people's likes, dislikes and preferences to help care staff to meet people's needs when providing personal care.
- When requested, staff supported people to meet their cultural and religious needs. People and their relatives we spoke with confirmed this. They told us, "[My relative] is Muslim, when he goes [out] with the carers, they will make sure he does not eat pork" and "[My relative] is Christian and a carer [supports him in his prayer] in the evening. He really likes that."
- People told us that when possible, staff accompanied people to spend time in the community, for example, to go for walks in the park or to attend booked appointments.

#### Improving care quality in response to complaints or concerns

- The provider had a complaints policy which was made available to people. The provider explained to us that complaints were usually made verbally and were dealt with straight away. People and relatives spoken with confirmed they felt comfortable raising concerns with the provider. Most people and relatives thought action had been taken to address their issues. One relative said, "Yes, I have once spoken to them about being late. It is ok now." However, one relative stated the situation had not changed much following their complaint.
- The agency received one formal complaint since their last inspection. We saw that no records were available on what action had been taken to address it. A care coordinator explained they resolved the issue immediately, however, they could not provide us with evidence of doing so.

We recommend that the service seek advice and guidance from a reputable source, about the management of and learning from complaints.

#### End of life care and support

- The agency had not provided end of life care at the time of our inspection.
- We noted staff were not routinely trained in end of life care to help them to understand how to best support people and their families at the end of people's life. We spoke about this with the provider who said they would ensure all staff received this training.



# Is the service well-led?

## Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture

There were widespread and significant shortfalls in service leadership. Leaders and the culture they created did not assure the delivery of high-quality care. Some regulations were not met.

Planning and promoting person-centred, high-quality care and support with openness; Continuous learning and improving care

- People, and their relatives, we spoke with described the provider as a caring person who was willing to support people and act to resolve issues. They told us, "[The provider] is very caring to my relative. If the carer does not come she will undertake the care herself" and "The provider manages the service well. But when [the provider] is away there are problems. I would like it to be better."
- We found numerous shortfalls with the service delivery within most area of the service provision. These shortfalls put people at risk of receiving care that was not always individualised, effective and could be unsafe.
- Records related to people's care had not always reflected care that was provided. Staff had not always been given comprehensive information about people and how to provide care safely and effectively. Some records related to people's everyday care were not available for audit. These were not always present at the agency's office or were illegible for us to review.
- Safeguarding mechanisms were not effective in identifying staff practice that could potentially harm people. We noted the provider was often unaware of staff inappropriate practice until we pointed this out during the inspection. Consequently, the provider had not acted on safeguarding concerns, unless these had been raised by external services, professionals or individuals.
- We found lessons from safeguarding concerns had not always been learnt. At least three allegations of financial abuse had been raised with the agency. This had not led to implementation of tighter procedures around handling of people's money by care staff. In another example, following a staff conduct issue, a staff member was required to always provide care with another staff member. However, the staff told us they at times provided care on their own.
- The provider's knowledge of the necessary legislation and best practice related to care at home services, for example, management of medicines and accessible information standard was lacking. This could have contributed to the number of shortfalls identified during our inspection.
- The provider had not informed the commission about three safeguarding concerns and three incidents and accidents as they should have done to comply with regulations. We are looking into this matter further.
- The provider was not aware on the extent of shortfalls at the agency, until the inspection team pointed them out. There was no service improvement plan in place and no steps had been taken by the provider to identify or address gaps in the service delivery.
- When approached by external health and social care professionals about care provided to people, the

provider and care staff were cooperative and willing to act to support people well.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- Staff had not been provided with a clear description of their roles and responsibilities. The provider could not evidence that staff understood what was expected from them and what they were accountable for. The provider had two different versions of an employee handbook and was unsure which was the current version. There was no evidence available to show staff had received a handbook.
- The processes to manage staff absences, such as sudden or frequent, were inadequate. There were no clear guidelines for staff about their responsibility around attending care calls. Staff had not always informed the agency office when they had not attended a call. The visits monitoring system was not effective in tracking staff attendance at visits to people.
- Staff sickness was not managed effectively. There was contradictory information about sickness policy in different documents. For example, the sickness policy in the list of policies was not the same as in the staff handbook. We saw that no effective action had been taken to address this matter and to reduce some staff recurrent absenteeism.
- There were no effective mechanisms in place to monitor staff skills and professionals conduct. There were no trackers and planners available to ensure staff had valid training and regular supervision to help them to support people.
- There was some evidence of spot checks of staff direct work with people. We noted that this had not been regular. When areas of improvement had been identified it was not clear what action was taken to address it.
- The provider did not have systems in place to monitor and analyse the care provision. There were no audits in place to check the quality and correctness of people's care plans and risk assessments. Correlated care documents, such as, financial sheets, medicine administration records (MARs), daily care records and any other required care monitoring charts were also not monitored. Consequently, the provider could not be assured care provided to people was safe, effective and as agreed with them.
- The agency did not have systems to manage the service when the provider was not present. The deputy manager and care coordinators were not assigned with roles and responsibilities to manage the agency during the provider's absence. The provider was responsible for the running of the service at all times. There was a risk that the provider would not be able to respond to arising issues when they were not present. People we spoke with confirmed problems with the service delivery tend to happen when the provider was not available.

The above is evidence of a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- The provider could not evidence that changes and information about the running of the service were effectively communicated to all staff employed. There were meetings for care staff, where topics related to providing care, professional conduct and other matters related to the agency were discussed. The attendance at most meeting was low. The agency's care coordinators could not provide us with evidence that the topics discussed at each meeting were forwarded to staff who could not attend. Both coordinators gave us contrasting descriptions of the process around cascading information to care staff.
- People's and relatives' feedback about the service was gathered through quality assurance questioners and discussions during the care review. Some people and relatives we spoke with said they had not been

asked for formal feedback about the care they received. However, all people and relatives we talked with said the provider was keen to support them when needed. One relative said, "[The provider] tries to help."

We recommend that the provider seek advice and guidance from a reputable source, about effective communication with staff team about the service provision and how to gather feedback from people about the service provided.

#### Working in partnership with others

- When external health and social care professionals raised matters with the provider, the provider acted to investigate them.
- External professionals told us that staff and the provider were nice and willing to work together on supporting people. However, they also said staff required more training on some aspects of care as well as on their ability to work within the professional boundaries and care plan agreements.

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>The registered person had not ensured that care and treatment to service users was appropriate and met their needs.</p> <p>Regulation 9 (1)</p>
Regulated activity	Regulation
Personal care	<p>Regulation 11 HSCA RA Regulations 2014 Need for consent</p> <p>The registered person did not always act in accordance with the Mental Capacity Act 2005.</p> <p>Regulation 11 (3)</p>
Regulated activity	Regulation
Personal care	<p>Regulation 14 HSCA RA Regulations 2014 Meeting nutritional and hydration needs</p> <p>The registered person did not ensure that some people using the service received suitable and nutritious food and hydration which is adequate to sustain life and good health,</p> <p>Regulation 14 (1) (4) (a)</p>
Regulated activity	Regulation
Personal care	<p>Regulation 19 HSCA RA Regulations 2014 Fit and proper persons employed</p> <p>The registered person did not have all the required information about persons employed</p>

at the service as described in Schedule 3.

Regulation 19(3)(a) / Schedule 3(4) and (7)

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 12 HSCA RA Regulations 2014 Safe care and treatment</p> <p>The registered person did not ensure care was provided in a safe way for service users because: The registered person did not do all that was reasonably practical to assess and mitigate risks to care and treatment of people who used the service.</p> <p>Regulation 12 (2) (a) (b)</p> <p>The registered person did not ensure that the persons providing care to service users had the qualifications, competence, skills or experience to do it safely.</p> <p>Regulation 12 (2) (c)</p> <p>The registered person did not ensure the proper and safe management of medicines.</p> <p>Regulation 12 (2) (g)</p>

### The enforcement action we took:

We took enforcement action to cancel the registration for this location.

Regulated activity	Regulation
Personal care	<p>Regulation 13 HSCA RA Regulations 2014 Safeguarding service users from abuse and improper treatment</p> <p>The registered person did not ensure that systems and processes had been established and operated effectively to prevent abuse of service users.</p> <p>Regulation 13 (1) (2)</p>

### The enforcement action we took:

We took enforcement action to cancel the registration for this location.

Regulated activity	Regulation
Personal care	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>The registered person did not operate effective systems to:</p> <p>Assess, monitor and improve the quality of the service.</p> <p>Regulation 17(2)(a)</p> <p>Assess, monitor and mitigate the risks relating to health, safety and welfare of service users.</p> <p>Regulation 17(2)(b)</p> <p>Maintain an accurate, complete and contemporaneous record in respect of each service user, including a record of the care and treatment provided to the service user and of decisions taken in relation to the care and treatment provided;</p> <p>Regulation 17(2)(c)</p>

**The enforcement action we took:**

We took enforcement action to cancel the registration for this location.

Regulated activity	Regulation
Personal care	<p>Regulation 18 HSCA RA Regulations 2014 Staffing</p> <p>The registered person had not ensured that staff received appropriate support, sufficient training, supervision and appraisal of their skills to enable them to carry out the duties they are employed to perform.</p> <p>Regulation 18 (2) (a)</p>

**The enforcement action we took:**

We took enforcement action to cancel the registration for this location.