24 Hour Home Care Services Ltd

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Inspection report

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Ratings

Overall rating for this service	Requires Improvement
Is the service safe?	Requires Improvement
Is the service effective?	Requires Improvement
Is the service caring?	Good
Is the service responsive?	Requires Improvement
Is the service well-led?	Requires Improvement

Overall summary

The first part of this inspection was unannounced and took place on 21 April 2015. Two further days of inspection took place by appointment on 29 April and 6 May 2015. The service was newly registered at this location in January 2015 and this was the first inspection.

24 Hour Home Care Services Ltd employs care workers to provide live-in care to people living in their own homes and domiciliary care to adults who require personal care whilst living in their own homes. There were nine people using the live-in service and 14 people receiving domiciliary care at the time of our inspection.

24 Hour Home Care Services Ltd had a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered

Summary of findings

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.

The feedback we received from people and relatives was that 24 Hour Home Care Services Ltd provided a personalised, caring service. People said that care workers were kind and helpful. One relative told us, "They are very helpful and go the extra mile". All of the people we met told us that care workers always stayed for the required amount of time, met their needs and could be flexible when needed. One care worker told us, "I see myself as a professional extension of the family. I provide all the personal care so that she can retain her privacy with her family."

There were plans in place to provide care workers should any live-in or domiciliary care workers become unavailable at short notice. All of the care workers we had contact with confirmed there was always someone available to provide advice and support should they need it.

We found a number of breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. The breaches related to ineffective management and systems. We found no evidence of poor care delivery. You can see what action we told the provider to take at the back of the full version of the report.

People's medicines were not managed safely. Medicines were not administered safely because care workers had not received suitable training and their competency to give medicines had not been assessed. People's needs regarding the help they needed to take their medicines or apply prescribed creams had not been properly assessed and planned for and there were no instructions for staff to follow. This meant that people were at risk of not receiving the correct medicine, in the correct quantity, at the correct time.

Systems to manage risk and ensure people were cared for in a safe way were ineffective. Risk assessments were not always undertaken or regularly reviewed when they had been done. Some risk assessments identified hazards and concerns but no action had been recorded to show that risks to people had been reduced or managed. This meant that people's safety and well-being was not always protected.

The agency did not have an effective system in place safeguarding adults from abuse. Policies did not contain sufficient information to easily enable alerts to be raised. The agency had failed to recognise two incidents as potential abuse and had therefore not made alerts or protected people from further abuse.

Suitable steps had not been taken to ensure that staff were suitably trained and supervised. This meant that people were not always cared for by staff who had been supported to deliver care and treatment safely and to an appropriate standard.

All care workers had undertaken training in the Mental Capacity Act 2005. However, the learning from the course and the agency's policies and procedures were not properly implemented. This meant that people's consent to receive care and treatment was not properly recorded. Where people did not have capacity to make decisions, the agency had accepted the consent of relatives where they had no evidence that these people had the legal right to make such decisions.

Care planning systems were not robust. Some assessments had not recognised specific care needs and no care plans had been created. Some people's needs had changed and care plans had not been reviewed and amended. This meant that care workers were providing care and meeting needs that had not been fully assessed and planned for.

Management arrangements and systems at the agency did not ensure that the service was well-led. Quality monitoring systems were not used effectively. None of the shortfalls found at this inspection had been identified by the agency.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement

The service was not always safe.

People were not always protected against the risks associated with the unsafe management and use of medicines.

The risks to people's health and safety whilst receiving care had not been properly assessed, and in some instances, action had not been taken to mitigate any such risks.

Safeguarding policies and procedures were not effective: incidents which may have indicated abuse had not been recognised and reported.

Staff recruitment systems to ensure the suitability of care workers were not consistently used.

Is the service effective?

Requires Improvement

The service was not consistently effective.

Care workers did not always have the right skills, knowledge, training and support to meet people's needs.

People's rights were not always protected because their consent was not always properly obtained and the protections provided for people under the Mental Capacity Act 2005 were not implemented.

People had the food and drink they needed when this support was provided by the agency.

Is the service caring?

Good

The service was caring.

People and their relatives told us that care workers were kind and caring.

People's preferences were known and respected by care workers

Is the service responsive?

Requires Improvement

The service was not consistently responsive.

People were at risk of their needs remaining unmet because assessments were not robust, care plans lacked information and changes in need were not always reassessed and planned for.

The service had a complaints policy but his required updating. Complaints were not always responded to appropriately.

Summary of findings

Is the service well-led?

The registered manager and provider were not meeting their responsibilities under the Health and Social Care Act 2008. There were eight breaches of regulations.

Policies and procedures were out of date and lacking current guidance.

Quality monitoring systems were not effective and record keeping required improvements

Requires Improvement

24 Hour Home Care Service Ltd

Detailed findings

Background to this inspection

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

This unannounced inspection was carried out over three days by one inspector on 21 and 29 April and 6 May 2015. The service had previously been registered at another location. The change of location meant that although the provider had not changed, and people continued to receive support from the same staff, under the Health and Social Care Act 2008 this was a new location. We carried out this inspection because we were aware of concerns that had been raised about the service at the previous location and because no inspection had been carried out since July 2013. Because the inspection was in response to concerns we received, we did not send any questionnaires to people or request a Pre Inspection Return (PIR) from the provider.

Before the inspection we reviewed the information we held about the service; this included incidents they had notified us about. We contacted the local authority safeguarding and contract monitoring teams to obtain their views.

We visited four people in their homes and spoke with or had contact four care workers. We also spoke with the registered manager, the owner (who is also the nominated individual for the company) and the care manager. We looked at seven people's care and medicine records in the office and the records in their homes, with their permission, of the people we visited. We saw records about how the service was managed. This included six staffing recruitment and monitoring records, staff schedules, audits, meeting minutes, and quality assurance records.

Following the inspection, the manager sent us information about policies and procedures and the staff training and supervision programme.

Is the service safe?

Our findings

All of the people we spoke with said they felt safe when receiving care from 24 Hour Home Care Services Ltd. One person told us of an occasion where they had needed extra, unplanned assistance and the agency had responded very quickly. Another person told us how care workers had identified that they would benefit from a different piece of equipment; the agency had arranged this with social services and ensured that both their own staff and members of the person's family received training to use the equipment safely. However, appropriate steps had not always been taken to keep people safe and to identify, assess and manage risk.

24 Hour Home Care Services Ltd did not have appropriate arrangements in place in relation to the administration and recording of medicines. The medication policy and procedures did not reflect national published guidance about how to ensure medicines were handled, stored and administered safely, or relevant local authority policies.

People told us that care workers provided help with their medicines and creams if they needed it. They confirmed that this help was given at the times and in the manner they requested. Care workers confirmed that they would always contact the GP if they were unsure about anything to do with people's medicines.

Five out of seven care plans and daily records showed care workers were administering medicines and prescribed creams. People's needs regarding the help they needed to take their medicines or apply prescribed creams had not been properly assessed and planned for and there were no instructions for staff to follow. This meant there was no process in place to ensure that medicines were given in accordance with the prescriber's instructions and also no system to audit that medicines were being given correctly.

In some instances, care workers had completed medicines administration records to record each prescribed medicine and when it had been administered. However these records did not include full information about the medicine, the dosage and the frequency and had not been signed by the care worker creating the record. For one person, care workers were administering prescribed creams. There was no medicines administration records and daily records only occasionally reflected that care workers had applied the creams. Medicines administration records were mainly handwritten but there was no second signature to confirm that another care worker had checked the entry in the records and found them to be correct. This was also the case when changes had been made to the records to vary a dose or time of administration.

All care workers had undertaken basic medicines awareness training within the last 12 months. A senior member of staff confirmed this training was to level one standard, which is recognised as general support and also called 'assisting with medicine'. This means that the care worker works under the direct instruction of the person using the service, may manipulate containers and provide occasional reminders to take medicines. Examination of people's care plans showed that five out of seven care plans stated that people required assistance only with medication. We found that four people were actually having their medicines administered. A senior member of staff and a care worker confirmed that care workers were administering medicines rather than assisting. Administering medicine (also known as level 2 training), requires further training, which 24 Hour Home Care Services Ltd care workers did not have. There were no competency assessments carried out to ensure care workers had understood their training. Although all care workers had undertaken training within the last 12 months, for two of the eight training records we checked, care workers had not received their training until sometime after their start date and they would therefore have been administering medicine without any training. A third care worker had stated on their application form that they had previously completed medicines training. The agency did not request evidence of this training nor had they checked the person's competence.

These shortfalls were a breach of Regulation 12(2)(g) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 because people were not protected against the risk associated with the unsafe management and use of medicines.

There were systems in place to manage risk but these were not operating effectively. There were a number of different risk assessment forms in use at the agency. These included the environment that care workers were to work in as well as the risks to people using the service when receiving care. We found a lack of consistency; some risk assessment forms had been placed in people's files but not completed, some had been completed and had identified risks but no

Is the service safe?

action to reduce or manage the risk with appropriate control measures or support from other professionals had been recorded. Discussions with a senior member of staff revealed that, in most cases, where a risk had been identified action to manage this had been taken but was not documented. None of the risk assessments that had been completed had been reviewed. Risk assessments had not been undertaken for a number of areas. These included the use of bed rails, safe swallowing and the prevention and management of pressure sores. This meant that the provider had not undertaken appropriate action to assess, and mitigate risks to people receiving care.

These shortfalls were a breach of Regulation 12(2)(a) and 12 (2)(b) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 because the risks to people's health and safety whilst receiving care had not been properly assessed, and action had not been taken to mitigate any such risks.

There was a safeguarding adult's policy and procedure in place. The policy did not make reference to local authority safeguarding procedures and did not contain relevant contact details of the agencies that may need to be informed of possible abuse. A senior member of staff confirmed, when asked, that it was unlikely that any of the live-in care workers would have local safeguarding policies or contact details for the area where they worked.

All of the live in care workers had undertaken a basic safeguarding awareness course within the last twelve months. One of the care workers confirmed they understood what constituted abuse and the action they should take if they suspected abuse. Records showed that two care workers had worked for two months before undertaking induction training that included information about safeguarding adults.

During the inspection we found records regarding two serious incidents that constituted possible abuse. The nominated individual and registered manager had failed to recognise this and make appropriate referrals to the local authority. Instead they had followed their complaints procedures although they had not completed their investigations or drawn any conclusions. This meant that possible abuse had not been fully investigated and the care workers concerned may not have been suitably checked and supervised. The agency's complaints policy also stated: 'if the complaint raises a safeguarding matter a referral to the local safeguarding adults authority [will be made]'. The nominated individual confirmed during the inspection that their systems would be amended to ensure safeguarding concerns were considered upon receipt of a complaint,

These shortfalls were a breach of Regulation 13 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 because appropriate action had not been taken in response to potentially abusive situations and care workers had not been provided with appropriate information to enable them to raise concerns.

Systems were in place to ensure that care workers were available for all domiciliary and live-in visits. There were standby care workers available in case of illness and some of the office staff, including the care manager, were also available to provide care if additional staffing was required at short notice. The nominated individual explained that whilst they do want the business to grow, it was very important to them to ensure that they recruited the right care workers and that they did not take on additional work until they had care workers in place. They said they placed a very strong emphasis on a non rushed approach to all care provided and this was very much echoed and supported by all of the people and families that we spoke with during the inspection.

Records for six people who had been recruited to work as care workers were checked. We found that satisfactory recruitment procedures had been followed with each person's file containing proof of identity including a recent photograph, a Disclosure and Barring Service check and evidence of people's good character and satisfactory conduct in previous employment. They had also completed fitness to work questionnaires and provided evidence of their right to work in the United Kingdom where necessary. This made sure that people were protected as far as possible from individuals who were known to be unsuitable.

Application forms also requested an employment history from the applicant. We found that in four of the six forms there were gaps in employment and no evidence that these had been queried and explained. The agency's recruitment policy stated that "gaps in the appointee's employment record are routinely explored". This was also noted as an area for improvement at the last inspection in June 2013.

Is the service safe?

These shortfalls were a breach of Regulation 19 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 because checks had not been consistently carried out to ensure that staff were suitable to work with vulnerable people.

Is the service effective?

Our findings

All of the people and relatives we spoke with told us they had confidence in the care workers and that they had the knowledge and skills to meet their needs.

The agency's Staff Training and Development policy stated that all staff would complete induction training conforming to the Skills for Care Common Induction Standards (these are nationally recognised induction standards for care work) within the first 12 weeks of their employment. It went on to say that 'All training is regularly updated and staff receive refresher training so that their work practices are kept up to date'.

The agency had introduced a five day induction course that was based on the Common Induction Standards. The nominated individual confirmed that all care workers had completed an induction course when they first began their employment with the company. However, records for care workers who had been employed for more than 12 months did not always demonstrate that their induction had been in accordance with Common Induction Standards. One person had commenced employment in June 2014 but had not undertaken any induction training until September 2014; another person had commenced employment in January 2015 and had not undertaken any induction training. A senior member of staff pointed out that this person had documented on their application form that they had undertaken training in some areas already. However, no certificates had been provided and no competency checks had been carried out on the person before they began providing care to people. There were no competency assessments of care workers following their induction to ensure their understanding and safety. This meant the agency could not demonstrate that care workers could always deliver care and support to people safely and appropriately.

The agency could not demonstrate that care workers could always deliver care and support to people safely and appropriately. The nominated individual advised acknowledged that ongoing training and development for care workers had not been 'the best it could be' in the past and that the agency had reviewed how it was provided. They advised that there were some difficulties in providing training for the live-in care workers, as they worked in different locations all over the country and when not working were often not available to undertake training.

Previously, therefore, live-in staff were responsible for undertaking their own training and providing evidence of this to the agency. This had resulted in different levels of training. Training records showed that all care workers were up to date with refresher training in the mandatory areas. However, the agency had not carried out competency assessments despite recognising that standards of training were variable. A senior member of staff advised us that all domiciliary care workers were enrolled, or would soon be enrolled, on a level 2 diploma in health and social care and all live-in staff were enrolled on either a level 2 or level 3 diploma in health and social care. A care worker confirmed they were enrolled on a diploma course and were being supported by the agency to complete this. Three of the four care workers we had contact with told us that the provision and quality of training was variable and that the only training they had received in specialist areas, such as multiple sclerosis, had been the provision of an information leaflet.

The need to carry out assessments of staff competency following any training was highlighted at our last inspection in June 2013.

The agency's Staff Supervision policy stated: 'the company is committed to providing its care staff with formal supervision at least six times a year (the minimum would be four)'.

Out of nine live in care workers on duty at the time of our inspection, six had received one formal supervision session within the last six months. There was no record of any annual appraisals for any live in care workers within the last twelve months. No spot checks had been undertaken. Spot checks are unannounced checks on the staff member whilst they are providing care. The nominated individual explained that it is often difficult to find acceptable times to provide supervision but stated that all live in care workers are called weekly to check they are coping and to ensure there are no concerns. Some care workers informed us that these calls were not always weekly and others told us they were "not sure what supervision achieved".

There were five domiciliary care workers on duty at the time of our inspection. All of them had received one supervision within the last six months and one person had received two. In addition, four of the care workers had received one or two spot checks. One care worker had not had any spot checks. The agency supervision policy did not

Is the service effective?

state whether spot checks form part of the supervision of care workers. One of the care workers we had contact with was not aware that they had received a formal supervision meeting although records stated that this had taken place.

There was a mixed response from both live in and domiciliary care workers that we had contact with as to whether they felt well supervised. However, they all confirmed that, should they have any concerns, there was always someone available for them to contact.

The need to properly supervise care workers was highlighted at the last inspection in June 2013.

These shortfalls were a breach of Regulation 18(2) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 because care workers were not supported with regular training, supervision and appraisal and their practice was not monitored.

Training records showed that all care workers had undertaken training in the Mental Capacity Act 2005. We spoke with one care worker who was able to demonstrate an understanding of the law and making decisions that were in people's best interests.

People and relatives confirmed that care workers always checked with the person before providing care and gained their consent to do so. Care plans contained consent forms although not all of these were signed and dated. Four out of seven care plans had been signed by a next of kin or relative although there was no evidence in the records that the person had a Lasting Power of Attorney for health and welfare and therefore had the legal right to do this on a person's behalf. In these cases, there were no records of a mental capacity assessment or best interests decision being made.

These shortfalls were a breach of Regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 because suitable arrangements were not in place to obtain people's consent to their care, or if they lacked the capacity to give consent, to ensure the agency was acting in accordance with the Mental Capacity Act 2005.

People told us that, if they required it, they were supported to have enough to eat and drink. One care worker was preparing a meal at the time of our visit. They explained that they had got to know the person and their likes and dislikes and always prepared a meal following a consultation about what the person would like to eat. We observed a care worker supporting a person to eat. They chatted with them, assisted the person at a suitable pace and did not rush them. The care worker told us they had noted the person's ability to swallow had declined and had sought specialist advice for the person. Other people gave us examples of care workers helping them to call GP's when they were unwell or following advice given to them to assist with healing of wounds or management of health conditions.

Is the service caring?

Our findings

People and relatives told us they received a caring, personal and unrushed service from 24 Hour Home Care Services Ltd. One person told us "They are very helpful and go the extra mile". Another person told us they had recently had a birthday and had received a card and flowers from the agency. One relative told us "I'm happy with the company and the people. I didn't get on well with one person and the agency listened to me".

Care plans included information about people's preferences, likes and dislikes. Discussions with the nominated individual, a senior member of staff and care workers evidenced that they were aware of peoples needs and described in detail how they provided the care to suit the individual, although care records did not always reflect the extent to which this was being done. It was not always clear that people or their lawfully appointed representatives had been involved in the creation of their care plans.

All of the people and relatives that we spoke with confirmed that their needs were well met by their care workers.

The nominated individual gave examples of the way they work to try to ensure the best care for people: when people are assessed, the assessor tries to get to understand the person so as to find a care worker whose character and views will match or complement the person. One new person had specific dietary requirements and a senior member of staff had spent time with the care worker discussing meal preparation to meet the person's needs. The care worker later reported that they had personally purchased a cookery book to try to meet the person's choices and needs.

Everyone said they felt that their privacy and dignity was preserved at all times when receiving care from 24 Hour Care Services Ltd. One person told us how care workers always kept them covered with a towel as much as possible when helping with personal care. A care worker told us how they remove all hoists and other equipment from the person's bedroom at night so that the person felt that it was their bedroom rather than a hospital ward.

Care workers confirmed that they knew about requirements to keep people's personal information confidential. People confirmed that care workers did not share private information about other people with them.

Is the service responsive?

Our findings

Each person we met had an example of how 24 Hour Care Services Ltd had responded to their specific needs. One person told us how extra care workers were provided in an emergency, and others of how flexible and approachable both the care workers, managers and office staff had been. One person said: "We had some teething troubles at first but we worked through it and everything is fine now."

Some of the people we met had previous experience with other domiciliary care providers. They told us that one of the most important parts of the service they appreciated from 24 Hour Home Care Services Ltd was the continuity of care workers. They said that they always knew who was coming to see them and were always informed of any unavoidable changes or delays.

Each person had a care plan. These care plans showed that people's needs had been assessed and that care had been planned to meet their needs. However, some of the care plans had not been reviewed for some time and analysis of entries in daily records, made by care workers, showed that people's needs had often changed but this had not triggered a review of the care plan. This meant that care workers were providing care and meeting needs that had not been fully assessed and planned for.

Some people had needs that had not been identified, assessed and planned for, although it was clear that care workers were aware of these needs and were meeting them. In some cases there was a failure to recognise that a person's primary health diagnosis such as Parkinson's disease or multiple sclerosis would require an assessment and plan of care. One person had a sacral sore but there was no assessment of this or instructions for care workers. Most people required help of some level with moving and handling. 24 Hour Home Care Services Ltd had obtained moving and handling care plans and instructions from the agencies that had assessed the person and provided the equipment. However, they had not used this information to create their own care plan and instructions for their staff. People also did not have assessments and care plans for areas such as nutrition and hydration, use of equipment such as bed rails and end of life care. There was also very little, if any information about people's social, cultural, and religious needs.

A senior member of staff advised that they were in the process of improving their care planning documentation. The new forms did prompt the assessor to obtain more information but those records that we saw were incomplete and still did not create a complete picture of each person's needs and how they were to be met.

These shortfalls were a breach of Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 because proper steps had not been taken to ensure that people received the care, treatment and support they required to meet their needs.

Information about how to make a complaint was included in the agency's Service User's Guide and Statement of purpose. A senior member of staff confirmed that this document was given to everyone when they started receiving a service from the agency. However, the information it contained was out of date. It named a complaints manager for the agency that is no longer employed by the 24 Hour Home Care Services Ltd and referred to a previous regulatory body that had ceased to exist in 2009. It also failed to give proper information about people's rights to take their complaints to the Local Government Ombudsman.

The agency had an additional complaints policy. This policy was more detailed and had better information about how complaints would be received and investigated. However, it did not give information about the various external bodies that could be contacted and how to contact them and it was unclear who would be able to access this policy unless they were made aware that it existed and requested it.

Complaints records showed that only one complaint had been received within the last twelve months. This was in fact a safeguarding concern. A relative said they had made a complaint to the agency which they felt had been dealt with quickly and fairly. However, there was no record of this complaint in the complaints logs. All of the people that we spoke with confirmed that they would feel able to raise any concerns or complaints they had with the nominated individual, care manager or any of the office staff.

We recommend that the policies and procedures for making complaints are reviewed and updated to ensure that everyone has access to an effective system for making complaints.

Is the service well-led?

Our findings

Feedback from people, relatives and care workers was positive with regard to the management and organisation of the service. They all said they found it easy to contact the nominated individual, senior staff and office staff. They told us that they felt listened to and if any action was required then this was done quickly and professionally.

None of the people or their relatives referred to the registered manager in their discussions about the agency. The registered manager was available for one hour during the morning of the last day of our inspection. They advised us that, with the recruitment of the care manager in December 2014, roles had been reviewed and it was intended that in future, the registered manager role would be to manage the quality of the service going forward. Both the nominated individual and the registered manager indicated that they saw this role taking up approximately one day per week. The registered manager's hours were not included on any staff rotas. Discussions with staff indicated that the registered manager usually came to the office one day per week and was available by telephone at other times if there were any queries. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run. At this inspection we found that a number of regulations have been breached.

During the inspection we looked at 10 different policies and procedures. Seven of these policies stated that they were created to comply with the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010. These regulations were superseded on 1 April 2015 with the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. The care manager told us that work had started to update policies.

The whistleblowing policy informed care workers of their rights and responsibilities. It included information about their legal protection under the Public Interest Disclosure Act 1998. The agency had moved from one local authority area to another in June 2014. The contact details for the local authority where the agency was based had not been updated although the policy itself was dated January 2015. This meant that staff did not have up-to-date information available to help them raise concerns.

The agency had a policy for assessing and monitoring the quality of the service it was providing. This said that the agency would 'seek the views of clients, relatives and others involved in a person's care'. The agency did this by making regular telephone calls to each person receiving the service and/or their relative, as well as sending out annual satisfaction surveys. A survey was underway during the inspection. The previous survey had been carried out in April 2014 and this had included care workers. There was no overall analysis of the results of the 2014 survey so no conclusions had been drawn about whether the service was performing well or needed to take action to improve.

We asked the nominated individual and a senior member of staff for information regarding how they assessed and monitored the quality of the service to check that the agency was working in compliance with legislation and its own policies and procedures. An audit of care worker files had been carried out in early May 2015 to ensure that all of the required information such as references and contracts were in place. An audit of client files was also in progress to ensure that all care plans, risk assessments and other documentation was correct and up to date. We asked for details of audits of areas such as infection prevention and control, medication, accidents and incidents and staff training. The nominated individual and senior member of staff acknowledged that audits of these areas had not been carried out.

During our inspection we looked at a number of different documents. These included care plans, daily records, medicines records and staff records. A number of these documents were not date, timed or signed. Some records were also illegible and others were written in pencil, which meant they were not a permanent record. There were also contradictions, errors and omissions in care plans. This included opposing information about a person's resuscitation status, incorrect information about a person's continence and no record of a pressure sore. This meant that, in some instances, it was not possible to establish which was the most recent and current information and

Is the service well-led?

which instructions should be followed. It also meant that other staff may not be able to read important information or know who to ask if they had queries about the entries that had been made.

These shortfalls were a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, because effective systems and processes had not been established to assess, monitor and drive improvement in the quality and safety of the services provided.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where legal requirements 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 did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

Regulated activity	Regulation
Personal care	Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment People were not protected against the risk associated with the unsafe management and use of medicines.

Regulated activity	Regulation
Personal care	Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment The risks to people's health and safety whilst receiving care had not been properly assessed.

Regulated activity	Regulation
Personal care	Regulation 13 HSCA (RA) Regulations 2014 Safeguarding service users from abuse and improper treatment Action had not been taken in response to potentially abusive situations and care workers had not been provided with appropriate information to enable them to raise concerns.

Regulated activity	Regulation
Personal care	Regulation 18 HSCA (RA) Regulations 2014 Staffing Care workers were not supported with regular training, supervision and appraisal and their practice was not monitored.

Regulated activity	Regulation
Personal care	Regulation 11 HSCA (RA) Regulations 2014 Need for consent

This section is primarily information for the provider

Action we have told the provider to take

	Arrangements were not in place to obtain people's consent to their care, or if they lacked the capacity to give consent, to ensure that the agency was acting in accordance with the Mental Capacity Act 2005.

Regulated activity	Regulation
Personal care	Regulation 9 HSCA (RA) Regulations 2014 Person-centred care Proper steps had not been taken to ensure that people received the care, treatment and support they required to meet their needs.

Regulated activity	Regulation
Personal care	Regulation 17 HSCA (RA) Regulations 2014 Good governance Effective systems and processes had not been established to assess, monitor and drive improvement in the quality and safety of the services provided.

Regulated activity	Regulation
Personal care	Regulation 19 HSCA (RA) Regulations 2014 Fit and proper persons employed Suitable checks had not been consistently carried out to ensure that staff were suitable to work with vulnerable people.