

Care at Home Services (South East) Limited

# Care at Home Services (South East) Limited - Bexhill

## Inspection report

1 Cooden Sea Road  
Little Common  
Bexhill On Sea  
East Sussex  
TN39 4SJ  
Tel: 01424 848088  
Website: [www.careathomeservices.co.uk](http://www.careathomeservices.co.uk)

Date of inspection visit: 23 November to 21  
December 2015  
Date of publication: 31/03/2016

## Ratings

### Overall rating for this service

Requires improvement



Is the service safe?

Requires improvement



Is the service effective?

Requires improvement



Is the service caring?

Requires improvement



Is the service responsive?

Requires improvement



Is the service well-led?

Requires improvement



## Overall summary

This inspection took place between 23 November and 21 December 2015. The inspection involved visits to the agency's office and telephone conversations with people, their relatives and staff, between the beginning and end dates. The agency were given two working days' notice of the inspection. The agency provided 160 people with a domiciliary service. Most people were older people or people who lived with long-term medical conditions.

People received a range of different support in their own homes. Some people received occasional visits, for example weekly support to enable them to have a bath. Other people needed more frequent visits, including daily visits, and visits several times a day, to support them with their personal care. This could include use of aids to

# Summary of findings

support their mobility. Some people needed support with medicines and meal preparation. Some people needed visits from two care workers to support them with their personal care.

Care at Home – Bexhill, supplied a service to people in the Sussex town of Bexhill, and surrounding rural areas around the town. The provider was Care at Home Services (South East) Limited who provided domiciliary care services to people from different offices in the South East of England.

Care at Home – Bexhill had a registered manager in post who was experienced in their role. 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.

The service was last inspected on 24 November 2014. No issues were identified for action at that inspection.

The provider had not identified a range of areas during their quality audit reviews. These included people and care workers’ concerns about visit times, and high numbers of different care workers sent to people. Complaints and concerns raised by people were not all documented, to enable review of the quality of service provision.

Some people’s care plans were not accurate in all areas and did not ensure all relevant risks to them were identified. Where risks were documented, some people’s care plans did not state actions to reduce risk. Some files did not include relevant information on the safety of equipment used.

The provider’s systems for recruitment of staff did not ensure they had verified care workers had all relevant pre-employment checks performed, to ensure care workers were fit to provide care to them on their own.

The provider did not have full systems to ensure the safety of people when supporting them with taking medicines, including relevant information on medicines prescribed on an ‘as required’ basis and the application of prescribed skin creams. The provider also not have systems to ensure that people who had specific care needs, were supported by care workers who had been trained on how to meet such specific needs.

People said staff were caring, respected them and that they felt safe. People said their individual needs were met. Where they needed support with meals provision, staff were supportive and flexible. Staff spoken with showed a kindly and approachable attitude towards people. Staff were aware of how to ensure people were protected from risk of abuse.

People said staff knew how to support them if they became unwell. Staff were fully aware of how to support people in an emergency or a change in their condition. People said their care plans were regularly reviewed with them. The provider had systems to ensure all people who were supported with medicines had fully completed medicines administration records.

People and staff said there were no issues about missed calls due to staff shortages. Staff said they received regular training in areas such as safe moving and handling of people, the Mental Capacity Act (2005) and food hygiene. They said they were supported in their roles and received regular supervision and spot checks. They also said, due to the provider’s systems, they felt safe working on their own. Staff commented on the friendly and supporting response from each other and the office staff.

During the inspection we found three breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

You can see what action we told the provider to take at the back of the full version of the report.

# Summary of findings

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

We always ask the following five questions of services.

### Is the service safe?

The service was not always safe.

The provider's systems for assessing suitability of some staff did not ensure all relevant areas were considered.

Systems for medicines management did not ensure staff had all relevant information about prescribed medicines.

People's risk assessments did not identify all relevant areas of risk or actions to be taken to reduce risk.

Staff were aware of how to safeguard people from risk of abuse.

People and staff said staffing levels were satisfactory.

Requires improvement



### Is the service effective?

The service was not always effective.

People who had specific care and support needs were not consistently supported by staff who had the training and skills to meet their needs.

Training was provided in key areas, including the Mental Capacity Act (2005), and staff received regular supervision and spot checks.

Staff were fully aware of how to support people in an emergency and if they showed changes in their condition.

Where people's package included support with meals, people said they were helped in the way they needed.

Requires improvement



### Is the service caring?

The service was not always caring.

Some people felt some staff were not caring in their approach and that the agency did not consult on their wishes relating to gender of care workers for personal care.

People were complimentary about the caring nature of most staff and said they were flexible when providing care, taking into account their individual needs, including disability needs.

Staff showed a caring approach to people and were supported by care plans which included relevant profiles of people's circumstances and past lives.

Requires improvement



### Is the service responsive?

The service was not always responsive.

People reported they were not responded to in the way they wanted, particularly in the timing of their visits and continuity of care workers.

Requires improvement



# Summary of findings

Some people's care plans were not clear and did not outline how care workers were to meet their individual needs.

People said their concerns and complaints were responded to, however such matters were not always documented, to enable managers to ensure they could review and evaluate the service given to people.

## Is the service well-led?

The service was not always well led.

The provider had not identified all relevant areas for action in their audits.

Both people and staff gave mixed responses about if the service was well-led.

Staff commented on the friendly and supportive approach from the agency.

**Requires improvement**



# Care at Home Services (South East) Limited - Bexhill

## 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.

The inspection took place between 23 November 2015 and 21 December 2015. The inspection involved visits to the agency's office on 23 November 2015 and 21 December 2015. Between these dates, we spoke with people, their relatives and care workers on the phone. The provider was given two working days' notice because the location provides a domiciliary care service. The inspection was undertaken by an inspector and an expert by experience. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Before our inspection we reviewed the information we held about the agency, including previous inspection reports.

Before the inspection, the provider had sent us an information return (PIR) in which they outlined how they ensured they were meeting people's needs and their plans for the next 12 months. We reviewed the provider's information return (PIR) and responses from questionnaires sent by us to people, their relatives, staff and community professionals. We considered the information which had been shared with us by the local authority and other people, looked at safeguarding alerts which had been made and notifications which had been submitted. A notification is information about important events which the provider is required to tell us about by law.

We spoke with 15 people who received a service and five of their relatives. We spoke with 11 members of staff, the registered manager and three other managers who work for the provider.

During the inspection we looked at nine people's records and seven staff recruitment, supervision and spot check records. We also looked at training records, quality audits and policies and procedures.

# Is the service safe?

## Our findings

All of the people who responded to our questionnaires sent out before the inspection stated they felt they were safe from abuse or harm. One person told us “I do feel safe and confident in them.” Another person said they needed to use a hoist and felt “Safe” and “Confident,” when they were helped to move by care workers. Staff also commented on the importance of safety when caring for people. One care worker told us “You can’t leave someone in a vulnerable position.”

Although the provider reported in their PIR that ‘all new employees are subject to thorough pre-employment checks,’ we found the agency’s systems for recruitment of staff did not ensure people were always protected by safe and effective recruitment systems. Several people we spoke with reported on their concerns about a new member of staff whose first language was not English. This included one person who told us the member of staff “Couldn’t speak English we just couldn’t understand each other, it was very awkward.” This meant the provider had not ensured new staff had the English language skills to communicate effectively with people and ensure their safety. Some staff felt the provider did not always use safe systems for recruitment of staff. One member of staff commented in their questionnaire “Employment selection is not sufficiently stringent.”

The registered manager said one of their new members of staff whose first language was not English, was employed by a different employment agency. They confirmed the care worker was allocated to work on their own with people in their own homes and was supervised in their role by Care at Home. The registered manager showed us a tick list they had received from the care worker’s employment agency relating to pre-employment recruitment checks. This list was incomplete, for example it did not include any information on what pre-employment checks had been performed on the care worker’s standards of English and there was no health status declaration to ensure the care worker was fit to perform their role. The registered manager confirmed they had not had sight of the carer workers’ actual pre-employment information, such as their past working experience or qualifications for their role, to ensure they were suitable and safe to work on their own to caring for people in their own homes.

We looked at other staff files and saw areas which had not been identified when they were selected for employment. For example, a care worker had a gap of two years in their employment. This gap had not been questioned at interview. Some staff had interview assessment forms on file. Many of the forms were incomplete. For example the question on the form about how many days absence they had taken in their previous two years of employment, and how they would deal with issues where they did not know what to do had not been completed for some staff. The registered manager said they would be requesting their human resources team to audit all staff files to ensure they included relevant information to assess that prospective staff were safe to work on their own in people’s homes.

The provider’s recruitment procedures were not operated effectively to ensure that staff deployed were of good character, and had the qualifications, competence, skills and experience which were necessary for the work to be performed by them. This is a breach of Regulation 19 of the HSCA Regulations 2014.

Other staff had relevant information on file to show they were fit to work on their own with people in their own homes. This included proof of their identity, police checks and satisfactory references.

Some people said care workers supported them with taking their medicines. Some of the care workers said they did not have enough information in care plans so they could support people appropriately in taking their medicines. One care worker said that they “Need instructions” about people’s medicines.

All people had a medicines care plan in their notes. These plans did not include relevant information to ensure people were supported in taking their medicines in a safe way. For example one person’s medicines care plan just stated their medicines were “in boxes,” with no further information including what the medicines were for and any side effects. Two people were prescribed Paracetamol. Their records showed they had been supported in taking the medicine recently, but they did not have any information about the reasons they needed this medicine or how often they were to be supported by carer workers in taking it. Some people were prescribed skin creams. Some of these people had no information, such as a body map, to direct care workers on where the creams were to be applied on the person’s body and how often.

## Is the service safe?

The provider did not have an effective system to ensure the proper and safe management of people's medicines. This is a breach of Regulation 12 of the HSCA Regulations 2014.

People we spoke with were happy with the way care workers supported them in taking their medicines. One person said they were pleased "They look after that side of things for me" and another said "They always record what I've taken, and keep on top of it for me." All of the care workers we spoke with had a good understanding of the importance of ensuring they completed appropriate records when they supported people with their medicines. All of the medicines administration records we reviewed had been completed.

In their PIR, the provider stated 'every service user has a thorough Risk Assessment of the individual themselves and the areas where support and care is provided.' We found the provider's systems were variable and were not consistent. One person had instructions in their care plan that workers were to "Make sure bed rails are put up at night." Research-based guidelines from the Health and Safety Executive state that there are risks associated with the use of bed rails, therefore risk assessments about their use needs to be in place. These needs to be regularly reviewed to ensure the on-going safety of the person using the bed rail(s). The person did not have any assessment about the risks of the use of bed rails for them or on-going assessment if the rails continued to be used in a safe way, to ensure their safety. Another person's risk assessment noted they had rugs in their home and that care workers were to 'be vigilant' about this. There was no assessment of risk to either the person or care workers from these rugs or instructions about what care workers needed to be vigilant about. There was also no evidence this tripping risk had been discussed with the person and relevant action plan put in place to reduce any risk to themselves or the agency's care workers from the rugs.

The provider was not assessing all risks of health and safety to people and relevant other persons, and doing all that was reasonably practicable to reduce these risks. This is a breach of Regulation 12 of the HSCA Regulations 2014.

The provider's risk assessments did ensure the safety of people in other areas. One person's records showed they used a stair lift and care workers supported them with moving using the stair lift. The person's file included full information about the stair lift, who had installed it and who to contact if necessary. Another person's records showed they chose to wear only one slipper. Their records showed information about the risks for the person about this choice and what actions care workers were to take to reduce this risk.

The provider described their systems in their PIR for the reporting on 'suspicion or evidence that harm or abuse is taking place' to people. All of the staff who responded to our questionnaire reported they were confident about what to do if they had suspicions a person may be being abused. All of the care workers we spoke with were clear that they could report any concerns to the office so action could be taken to ensure people were protected from harm. A care worker described an occasion where they had needed to do this in the past. The care co-ordinator had a clear understanding of what to do if a care worker reported such concerns to them. This included an understanding of the procedure for alerting the local authority safeguarding team.

None of the people we spoke with reported they had ever experienced a call being missed through staff shortage. Care workers confirmed this to be the case. The care coordinator told us there were sufficient care coordinators on duty so they could go out and cover for a care worker if necessary, for example if care worker had needed to remain with a person where they had called an ambulance, so other people would receive the help they needed.



# Is the service effective?

## Our findings

We received mixed comments about the effectiveness of staff training. Some people said their regular care workers were trained in how to support them but some of the newer care workers, and care workers who were unfamiliar with their needs were not. One person told us newer care workers “Just don’t know what to do.” A care worker said they did not think four days of shadowing an experienced member of staff was sufficient to ensure care workers who had not done a caring role in a previous role would know what to do.

Other people did not echo these comments. All of the people who responded to us in questionnaires before the inspection reported they felt care workers had the skills and knowledge to meet their needs. When we asked people about this during the inspection they were positive. One person said “I’d say they are well trained and sensible with it,” another person said “The carers that go to my relative are much better trained than others here locally” and another “They definitely do their job well.”

Two of the people had care needs relating to different prescribed items to support their continence. We asked the registered manager about staff training in the management of such prescribed appliances. They said the district nurse had trained staff in what to do. We asked how they ensured all staff who supported the people with these appliances had been trained in their management. The registered manager did not maintain a central record of such training, so they could not ensure when booking care workers visits, only care workers who had been trained in supporting people with these appliances were sent to them. Another person was living with diabetes. The registered manager showed us a record to show all staff had been given a diabetes fact sheet to enable them to care for people living with diabetes. One of the people’s records showed they had been unstable in their diabetes recently, including experiencing low blood sugar levels. The fact sheet given to care workers did not outline how people were to be supported if they experienced low blood sugars, to ensure staff could effectively support them when they experienced such conditions. Training in areas about people’s specific needs requires improvement.

Of the staff who responded to questionnaires, 94% were positive about their training, this included training in the Mental Capacity Act 2005 (MCA). All of the external

professionals who responded in questionnaires also stated that care workers showed an understanding of the MCA. Staff were positive about their training. A care worker said there was “Lots” of training provided, another said the training was “Excellent” and another said the training “Definitely gives you what you need.” Staff confirmed they received regular supervision and ‘spot checks,’ and an annual appraisal. Staff commented favourably on the effectiveness of the support given to them. One care worker said “It’s nice to know we’re doing things right,” about the spot checks. Another care worker said they were “Always bringing things up” at their appraisal about training, and these were acted upon.

The provider gave us copies of their training records. These showed all new employees were inducted into their roles using current guidelines on areas to be covered, before staff started working with people. Records showed staff were regularly trained in areas like the safe moving and handling of people, fire safety, food hygiene and the MCA. The provider’s supervision matrix also showed they had systems to ensure all care workers received regular supervision and spot checks.

People said they felt confident care workers knew how to support them effectively if they became unwell. One person said “I can have seizures and they do exactly what they should and follow safety procedures.” Another person said “I used to drop on my knees sometimes and the girls knew what to do.” A person’s relative said their relative often experienced a certain type of infection and “The carers get an ambulance if my relative takes poorly and it gets written in the book.”

Staff understood their responsibilities in this area. One of the care workers said they would “Never leave” a person if they were unwell and always waited until help came for the person. A care worker described when a person had been very unwell and they had called for an ambulance for them. They said they had waited with the person, and the office staff had phoned up the person’s family, so they could concentrate on the person. A care worker told us they knew if they found a person on the floor, they must never try to get them up as that could further injure them. They would make sure the person was as comfortable as possible, and keep talking to them to reassure them, while they waited for the emergency services to attend. Care workers also knew what to do in other areas, for example if they found a red area on a person, which could indicate they were



## Is the service effective?

developing pressure damage. They said if the person was known to the district nurses they would contact them, if not, they would contact the person's GP, and out of hours they would phone 111. Once they had done that, they would complete the person's records to describe where the red area was, and inform the office.

Where people were supported with their meals, they said staff helped them in the way they needed, and showed a flexible approach. A person who had complex dietary

needs had their likes, dislikes and allergies listed, to inform care workers of significant areas in their needs. Another person had full information in their care plan about what they preferred to drink. The provider reported in their PIR 'where nutritional needs are highlighted as an issue within the support plan, staff are able to implement food and drink charts, with recording by visit and regular feedback to the office staff who can follow up anomalies.'

# Is the service caring?

## Our findings

Some people made mixed comments about the caring nature of staff in their questionnaires. One person wrote “Certain carers make me feel uncomfortable as they say or suggest things that demean me like using the pads to go to toilet in as it’s quicker than waiting for me to walk to the toilet and also some quote that they only have a certain amount of time so I feel rushed, but most are good.” A person’s relative wrote “A few of the carers are fantastic despite difficult circumstances. Some are less experienced and make less of an impact and an occasional few appear to be just jobbers.” A member of staff wrote “There are lackadaisical/inept carers. The latter fills clients with dread.” In questionnaires 100% of people reported care workers were caring and kind. All of people’s relatives also reported care workers always treated their relative with dignity. Similar responses were made in questionnaires from external professionals.

The registered manager said they were not aware people had such concerns before we told them about responses to us in the questionnaires we sent out. We asked the registered manager how they received feedback from people, their relatives and staff. They said they did this during annual reviews and other contacts from people. We asked if they had recently sent out anonymous questionnaires to people, their relatives and staff, as we had done, to receive feedback about if staff were caring. They said they had not done this recently.

We received mixed comments about preferred gender of care workers who gave them personal care. People could not recall if they had been asked about a preference for gender of care worker when their service started, or during reviews. People’s original assessments and review records did not include questions about this preference. One person told us “I did have a man and I asked who he was and said not today, its embarrassing.” Another person said “A male did turn up once and once they’re here you feel a bit uncomfortable turning them away even if they ask you at the time but it was a one off.” The registered manager said they could put a flag on people’s computerised records where they had asked for care workers of a particular gender not to give them personal care.

Responses from people to us indicated this system requires improvement as it relied on reacting to what people said, not active planning with people about their preferences for gender of their care worker for personal care.

People made positive comments about the caring nature of the care workers who supported them. One person said “I’m very lucky to have such nice kind people come to visit me,” another person said “They’re very kind and do as much as they can,” and another person said “No one is ever nasty or horrible to me.” A person who had recently been provided with a service told us “I was cautious about them to begin with but I’ve been happily reassured, they’re particularly helpful I’d say.” A person said “The compassion and caring is consistently brilliant.”

People said staff were polite and respected them. One person said “They are very respectful good people.” Another person said “These girls are not just in it for the money, they really do care.” Another person described staff as “Committed and dedicated.” A person said “My main ones have the right charisma and aren’t rude but always polite and respectful in the way they speak to me.”

People said they felt comfortable with their care workers, and were treated like individuals. One person said “My main carer is a diamond, she laughs and jokes with me and does for me whatever I would do for myself, she thinks nothing of it.” A person’s relative said their relative “Enjoys her company, she sings to [the person] in the shower, a real treasure.” Another person said “They’re all pleasant people we have a laugh, I don’t feel like I’m standing on ceremony.”

Care workers showed a caring attitude towards people. One care worker told us that “The client always comes first.” A different care worker told us their role was “So different” from other caring roles because they were going into people’s own homes, saying “It’s their property and you have to be aware of that.”

‘Spot check’ records included manager’s comments on the caring nature of the care worker they were observing. One record documented that the care worker had been “Very kind to” the person. Another record documented the care worker had been “Very helpful and assisted with every need.”

We looked at people’s records. They included key areas about people’s individuality and diversity. For example, one

## Is the service caring?

person had a detailed history about their past life, to inform care workers of the range of roles they had worked in the past. A person's records described the person's loss of sight and how this affected them personally in their daily life.

# Is the service responsive?

## Our findings

People responded in our questionnaires indicating that they did not always find the agency was responsive. This included 38% of people and 50% of their relatives who reported their care worker did not always arrive on time. Additionally 25% of people reported they did not receive care from familiar and consistent care workers. Comments in questionnaires from people included “I keep on asking for an earlier visit on Saturdays but never get anywhere. I also ask for regular carers that I know and get on with, but I don't seem to get my requests always, also the times on the sheets I get differ from those of the carers and some arrive late and it's too late for us.” Another person wrote “I am not always asked and some days no one comes to late morning.”

People made similar comments to us during the inspection., One person reported “I get this list but I never really know who's coming.” Another person said “They do send a rota but they don't always keep to it and they don't let you know.” Another person said the responsiveness of the service was “A jungle, you just have to sit and wait. They never phone, it's very nerve racking and stressful.” A person told us the visit times had been “Gradually been creeping up and sometimes I don't get breakfast until 11.00am and I'm diabetic. It happens about 50% of the time I'd say and I do keep telling them.”

People commented on the different care workers who were sent to them. One person said “The rotas sometimes get changed and new people just turn up and it's not who you are expecting.” Another person said “They don't know what they're doing sometimes. When lots of different ones come things don't get looked after in the same way.” A person said the different care workers did not understand their needs. They said “One even put my pad on inside out so everything got in a mess.” A person's relative told us “Sometimes when it's not the regulars [my relative]'s not been dried properly after a shower.” Another relative said their relative “Sees lots of different people. It could be as many as 14 over a week, typically it's about 8, but even that's a lot.”

Staff wrote to us about late calls in questionnaires. A care worker wrote “We have not been given enough times between calls.” Another care worker wrote “The travel time between each job is often insufficient.” Another care worker wrote “Continuity of care is inconsistent.” A professional

commented in their questionnaire “I have had good reports about the carers understanding adults' needs. Any negative comments have been about new carers visiting and not knowing what to

do.”

We looked at people's care plans. Each person's care plan showed a ticked time-slot, such as morning or lunchtime. None of the care plans documented an agreed timeslot made with the person at the time their package of care was started, or subsequently. The agency had a computerised system for logging times and length of calls, which was activated by care workers when they visited people. We asked the registered manager about systems for reviewing these computerised records. They said if complaints were made they could access each person's records and showed us how this could be quickly done. As people had raised many issues with us about responsiveness of the agency, we asked if the computerised system would automatically alert managers if people were regularly receiving calls which differed from their planned calls, or had a high number of different care workers allocated to them. They said they currently did not have a system which alerted them about such matters.

Care plans were mixed. Some people's care plans did not include sufficient information to ensure a care worker who was unfamiliar with the person would know what to do to appropriately support them. This included a person who was prescribed a specific appliance to support a person's continence needs. The person's care plan stated only that care workers were to attach the person's appliance at night, with no instructions in their care plan on how to do this. There was no information on when and how to remove the appliance. Due to the nature of the prescribed appliance, there was a significant risk to the person if the appliance were not put in place and removed appropriately. Another person's records showed they used a urine drainage system. There were no instructions on how often staff were to change the leg bag, or to show this had been done regularly, to ensure the person was protected from risk of infection and to ensure their comfort. A person who used a dietary supplement had no information on this in their care plan to ensure care workers who were not familiar with them knew about this dietary need or how and when the person needed support with it. People did not always have care provided by the same care workers and the agency cared for people who were living with difficulties in

## Is the service responsive?

communication. Because there was not clear documentation, care workers who were unfamiliar with the person would not know what actions to take to meet their needs and ensure their safety.

The provider did not have effective systems to assess, monitor and ensure the quality and safety of the service provided and to seek and act on feedback from people. This is a breach of Regulation 17 of the HSCA Regulations 2014.

People said they were happy with their care plans and they were reviewed regularly. One person told us “Yes I have regular reviews and I’m happy with my care plan, it suits me.” A person’s relative told us “They communicate regularly with me so they seem on top of [my relative]’s needs.” Another relative told us “Reviewing needs is all fluid really, it changes every few weeks so we talk about things as they crop up.”

Care workers told us they felt supported by the office and by the information available in people’s homes. One person told us if they did not know the needs of a person who they had not visited before, they phoned up the office and “The office know everything” about the person. This included details such as that the person preferred them to use their back door. A care worker told us if a person’s needs changed, they let office know and they would organise a review. Another care worker told us sometimes when they phoned up the office about a person’s needs changing, they already knew, and had a date in place for a review.

In their PIR, the provider reported their support plans for people were ‘hugely person centred’ and ‘service provision

is regularly reviewed and the care plans updated to reflect changes in the service user’s needs.’ One of the people’s care plans stated they needed their mattress turning regularly to ensure their personal needs and comfort. The person’s care plan was sufficiently detailed to inform any care worker who was not familiar with them about how and when to do this.

We received mixed comments about responses to complaints and concerns. In questionnaires sent out to people before the inspection, 75% of people said they knew how to make a complaint. When we spoke with people, they said if they did raise issues, action was taken. This included two people told us they had complained and asked the agency not to send particular care workers. They said this was listened to and was acted upon. A person told us their relative had contacted the office about a specific matter which concerned them, and “They stopped it.” A person told us their relative was living with dementia, so they had contacted the agency and asked for regular care workers. They said the numbers of care workers for their relative had reduced to five and “This works well.”

We looked at complaints records. None of the issues people told us about had been documented. Because the issues people told us about had not been documented, the provider could not ensure they were aware of all people’s concerns and complaints. They also could not ensure all people’s concerns and complaints were responded to, and had been managed effectively in accordance with their own policies and procedures.

# Is the service well-led?

## Our findings

We received mixed comments from people about whether the agency was well led. One person told us they “Would not recommend the agency to anyone.” Another person said “They don’t seem very well organised at the office.” A member of staff commented “The office is chaos. The right hand does not know what the left is doing.” In questionnaires 50% of external professionals reported the agency did not always listen and act upon what they said.

These comments were not echoed by other people. One person said “The communication from the office is excellent and any concerns they ring me” and another “I find their diligence, commitment and way they approach this all very good.” A care worker reported “It’s a very good running ship” and another described the agency as a “Tight knit organisation.” An external professional wrote in their questionnaire that they had “No concerns” about the management of the agency.

The providers’ audit processes did not always effectively identify areas where improvements were needed or identify actions which needed to be taken. This included inconsistent auditing of care plans. For example a person’s daily records showed they always needed full assistance from staff to get dressed, but their care plan stated only that they ‘may require assistance.’ Despite this difference between the care plan and what care workers documented, their care plan review of 25 November 2015 stated the person’s care plan did not need changing. A different person’s daily records showed they no longer needed the same degree of assistance as what had been documented in their care plan. This change had also not been identified in their review.

Audit processes also did not identify and act on other areas. A person’s care plan stated they needed a particular hoist to be used to support them with moving. The provider had not identified that there was no information on who had the responsibility for checking that the hoist, which the carer workers used on every visit, had been regularly serviced in accordance with guidelines. The provider therefore did not have relevant systems in place to ensure the safety of people using it.

The provider’s audits had also not identified and taken action in other areas. Although staff used their own cars for visits, many staff files did not include a recent copy of the

member of staff’s car insurance or driving licences. Staff contracts also did not include reference to the need for them to have a current driving licence and business car insurance if they used their own car for work. The agency’s policy on staff use of their own cars did not include reference to how often such documents should be checked by managers. The provider had not identified these issues during their audits.

Where matters had been identified during audits or meetings, action plans had not been put in place to ensure they were addressed. For two consecutive years a person’s quality audit form stated they were not happy with the times of their visits. Their quality review form also stated they were not happy with the changes in their care workers and notifications of when care workers might be late. Another person had stated in their quality audit that they would “Like to be informed of any changes” in who would be visiting them and when. Staff also commented in supervisions and appraisals about areas where they felt improvement was needed. These included a comment from a care worker that the service needed to improve its support to people by “More communication on change to clients’ calls.” Another care worker stated improvements were needed in relation to “Better communication regarding time/staff changes” and “Ensure users have regular carers.” The registered manager reported they did not currently regularly review comments from people or care workers as part of their quality audits, but were planning to do so in the future.

The provider did not have effective systems to ensure they assessed, monitored and improved the safety of services provided. They also did not ensure they acted on feedback from relevant persons about the services provided. This is a breach of Regulation 17 of the HSCA Regulations 2014.

The provider had taken action to ensure improvements in service provision in other areas. In their PIR, the provider stated “Other Care at Home branches have been inspected by CQC and as a result we have reviewed our company processes specifically the recording and management of medication. The lessons learnt from the findings for these branches are now shaping changes and quality assurance processes throughout the company which will obviously enhance the safety of the service. A six monthly medication audit chart has been created and its implementation overseen by the Manager.” There were clear systems for audit of completion of medicines administration records,

## Is the service well-led?

with regular reminders to care workers on the importance of doing this. Where issues were identified in the completion of medicines records, it was clear action had been taken to ensure records were clear and showed people had been supported to take their prescribed medicines. Care workers were aware of their individual responsibilities for maintaining accurate and appropriate records. This included a care worker who told “If it’s not written down, we haven’t done it.”

The provider had taken action in other areas which had been raised with them. Some care workers told us about the difficulties in accessibility for some of the sheltered accommodation in the area and the time this took before they could start their visit. The provider showed us they were working through a process with the managers of the accommodation to ensure care workers could get into the accommodation promptly, without compromising security arrangements for the buildings’ entry systems.

The agency had a lone working policy and care workers said they felt safe working on their own. Care workers all said there was a supportive on-call system which they

could use if they did not feel safe or needed support. One care worker told us they felt “Very safe” because of the agency’s support systems when working on their own. Another care worker said they felt safe because an on-call manager was “Always at the end of a phone.” Another care worker told us about a person they had not felt safe with, they had told the agency and they had not been sent to that particular person again.

Care workers said they liked working for the agency because of its friendly and supportive nature. One care worker said in their questionnaire “I am a new staff in this company. I feel comfortable, very good team work and very friendly.” A different member of staff reported “I have been with the Company for 12 years now. Like any company, there have been the odd problem, but always it has been addressed with a satisfactory result.” A care worker told us during the inspection that the agency was a “Happy place to work for.” A care worker told us “They went through a bad patch, now so much better.” A care worker described the “Family feel” to the agency and that “We all look out for each other.”



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	<p>Regulation 19 HSCA (RA) Regulations 2014 Fit and proper persons employed</p> <p>The provider's recruitment procedures were not operated effectively to ensure that staff deployed were of good character, and had the qualifications, competence, skills and experience which were necessary for the work to be performed by them. This is a breach of Regulation 19 of the HSCA Regulations 2014.</p>

Regulated activity	Regulation
Personal care	<p>Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment</p> <p>The provider was not assessing all risks of health and safety to people and relevant other persons, and doing all that was reasonably practicable to reduce these risks.</p> <p>The provider also did not have an effective system to ensure the proper and safe management of people's medicines. This is a breach of Regulation 12 of the HSCA Regulations 2014.</p>

Regulated activity	Regulation
Personal care	<p>Regulation 17 HSCA (RA) Regulations 2014 Good governance</p> <p>The provider did not have effective systems to ensure they assessed, monitored and improved the quality and safety of services provided. They also did not ensure they acted on feedback from relevant persons about the services provided. This is a breach of Regulation 17 of the HSCA Regulations 2014.</p>

This section is primarily information for the provider

## Enforcement actions

The table below shows where legal requirements were not being met and we have taken enforcement action.