Humble Healthcare Limited

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Inspection report

Unit 9, Red Lion Court
Alexandra Road
Hounslow
Middlesex
TW3 1JS

Tel: 02085706279

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Ratings

Overall rating for this service	Inadequate

Is the service safe?	**Inadequate**
Is the service effective?	**Requires Improvement**
Is the service caring?	**Requires Improvement**
Is the service responsive?	**Requires Improvement**
Is the service well-led?	**Inadequate**

Summary of findings

Overall summary

The inspection took place on 2 October 2018. We told the provider two working days before our visit that we would be coming because the location provides a domiciliary care service for people in their own homes and staff might be out visiting people.

The last inspection of the service was on 11 May 2018, when we rated the service inadequate and placed it in special measures. We identified breaches of five Regulations of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 relating to person centred care, safe care and treatment, safeguarding service users from abuse and improper treatment, good governance and staffing.

Following this inspection of 11 May 2018, we asked the provider to complete an action plan to show what they would do and by when to improve to at least 'good'. The provider completed an action plan.

At the inspection of 2 October 2018, we found some improvements had been made. However, we identified continuing breaches of Regulations relating to safe care and treatment, staffing and good governance. In addition, we identified two new breaches relating to fit and proper persons employed and the provider's failure to comply with the Regulations in carrying on the regulated activity of personal care. The questions, 'Is the service safe?' and 'Is the service well-led?' continue to be rated inadequate.

Humble Healthcare Limited 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 people and younger adults with physical disabilities, learning disabilities and mental health needs. At the time of our inspection seven people were using the service. People lived within the London Boroughs of Southwark and Hounslow. Some people's care was commissioned by the local authorities. Humble Healthcare Limited is the only location for this provider.

There was a registered manager in post. 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 and associated Regulations about how the service is run.

The provider did not have effective systems and processes for recruiting staff to make sure they were suitable, competent, skilled or experienced. Furthermore, they had failed to ensure the staff received the appropriate support, training, supervision or appraisal to delivered effective care. This meant that people were placed at risk of inappropriate or unsafe care.

The risks to people's safety and wellbeing had been identified, but the provider had not always developed processes to mitigate these risks. For example, the guidance for staff was not detailed enough for them to provide safe care and treatment. The risks to people's wellbeing was further exacerbated by the risks associated with having staff who did not have the training or support to develop the skills, competence,

qualifications or experience to care for people safely.

The provider's systems for monitoring and improving the quality of the service, as well as identifying and mitigating risks, were not always effective. Whilst they had made improvements in some areas, these were not enough to ensure people were being safely cared for. Furthermore, the provider has a history of failing to meet the requirements of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. They had sourced two different consultants to support them in making the improvements but these improvements were not sufficient.

People using the service were happy with the care and support they received. They liked their care workers and told us they were involved in planning and reviewing their care. They told us their individual needs were being met. They felt able to contact the provider and raise any concerns or speak about their care.

The staff told us they liked working at the service. They said that they found the registered manager supportive and they liked the work caring for people.

There had been improvements in the way people's care needs were assessed and how care plans were recorded. Information was more personalised and took account of individual needs and wishes. The provider had been responsive to people's needs and made sure they had access to healthcare services when they became unwell.

There had been improvements to the way in which medicines were managed and the records of this were more robust and clear. The provider undertook regular audits of the medicines administration records and followed up when the records indicated that medicines had not been administered. The provider had also increased spot checks on staff and quality monitoring with people using the service to make sure they were happy.

We identified breaches of five Regulations of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 relating to safe care and treatment, staffing, good governance and fit, proper persons employed and failure to meet the Regulations of the Act.

We are taking action against the provider for failing to meet Regulations. Full information about CQC's regulatory responses to any concerns found during inspections is added to reports after any representations and appeals have been concluded.

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

The expectation is that providers found to have been providing inadequate care should have made significant improvements within this timeframe.

If not enough improvement is made within this timeframe so that there is still a rating of inadequate for any key question or overall, we will take action in line with our enforcement procedures to begin the process of preventing the provider from operating this service. This will lead to cancelling their registration or to varying the terms of their registration within six months if they do not improve. This service will continue to be kept under review and, if needed, could be escalated to urgent enforcement action. Where necessary, another inspection will be conducted within a further six months, and if there is not enough improvement so there is still a rating of inadequate for any key question or overall, we will take action to prevent the provider from operating this service. This will lead to cancelling their registration or to varying the terms of their

registration.

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.

The provider did not ensure that the staff employed were suitable, or had the competence, skills and experience to provide care and support.

Where the provider had identified risks to people's safety and wellbeing, they did not always provide enough guidance for the staff on how to minimise these risks and support people in a safe way.

There had been improvements to the way in which medicines were managed. But further improvements regarding records were needed to make sure risks to people's wellbeing were mitigated.

The staff and people using the service sometimes made their own arrangements so that the care workers undertook shopping. This was not planned for, recorded or checked by the provider and therefore people were placed at risk.

Is the service effective?

Requires Improvement

Some aspects of the service were not effective.

The provider did not ensure that the staff had the skills, knowledge and experience to deliver effective care and support.

People's needs and choices were assessed.

People had consented to their care and treatment.

People were supported to access healthcare services when they needed.

Is the service caring?

Requires Improvement

Some aspects of the service were not caring.

The provider had not been caring enough to ensure that they did all that was reasonably practicable to keep people safe and that

they were cared for by staff who were appropriately vetted, trained and supervised.

People were supported by staff who were kind and respectful.

People were able to contribute their views and make decisions about their care.

Is the service responsive?

Requires Improvement

Some aspects of the service were not responsive.

People's care plans did not always include personalised information about how to meet there needs.

People were happy with the care they received.

People knew how to make a complaint or raise a concern and felt confident these would be responded to.

Is the service well-led?

Inadequate

The service was not well-led.

The provider's systems and processes for monitoring and improving the quality of the service were not always effective.

The provider's systems and processes for mitigating risks were not always effective.

Records were not always accurate.

The provider asked for feedback from people who used the service and the staff about their experiences.

Humble Healthcare Limited

Detailed findings

Background to this inspection

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

This inspection took place on 2 October 2018. We told the provider two working days before our visit that we would be coming because the location provides a domiciliary care service for people in their own homes and staff might be out visiting people.

This comprehensive inspection was carried out by two inspectors.

Before the inspection visit we looked at all the information we held about the service. This included the last inspection report, the provider's action plans, any information we had received from members of the public and notifications from the provider. Notifications are for certain changes, events and incidents affecting the service or the people who use it that providers are required to notify us about.

We also looked at public information about the provider, such as internet searches and the provider's own website.

We received feedback from two local authority representatives.

During the inspection we looked at the care records for five people who used the service, five staff recruitment and training records, information about medicines management and other records kept by the provider, such as quality audits and meeting minutes. We also spoke with the registered manager, a member of office staff and a care worker.

Following the visit to the service, we spoke with two people who used the service, three relatives of other people and two care workers on the telephone to ask for their feedback.

At the end of the inspection visit we gave feedback to the registered manager. They also sent us some

additional documents and information.

Inadequate

Is the service safe?

Our findings

At the inspection of 11 May 2018, we found the provider was not able to evidence that the recruitment of staff included all the necessary checks on their suitability to work with people who use the service.

At this inspection we found that improvements had not been made. Three members of staff had been recruited since our last inspection. There had not been sufficient checks on the suitability of any of these staff.

One member of staff started work in August 2018. The application form which the staff member had completed did not include any employment history, information about their right to work in the United Kingdom and they had not signed a health declaration. The application form stated they had undertaken training in health and safety, manual handling and had a vocational qualification in health and social care. However, they had not recorded the dates of this training, nor provided any evidence of this. They had not recorded any paid or voluntary work in a social or healthcare setting. The provider had not followed this up or asked for more information. The provider had obtained only one reference for this staff member which stated that they had worked for the referee on a voluntary basis. The work was not in a health or social care setting. This voluntary work had not been recorded on the staff member's application form. Therefore, the provider had not ensured this member of staff had the necessary competence, skills or experience to care for people who use the service.

A second member of staff, who also started work in August 2018, had not completed any details about their education or employment history on their application form. This was not discussed at the recruitment interview and there was no evidence the member of staff had relevant experience to work in the adult social care sector. The member of staff had named two referees, both worked for the same company and one was listed as a friend. Therefore, the provider had not sought enough assurances about the staff member's experience or suitability.

The third member of staff had been recruited in May 2018. They had completed their application form on 4 May 2018 and started work on the 19 May 2018. However, they had listed one of their referees as an employer with whom they had started work on the 1 May 2018. The provider had not questioned this or asked for a different, more suitable referee. The member of staff had recorded that they were an administrator since 2013 and had only listed one role in a caring field, the job that started four days before the application form was written. The member of staff had not listed any relevant training. However, the interview record for this member of staff, 7 May 2018, stated, ''Carer has on the job training and experience.'' There was no further evidence to support this statement. Therefore, the provider had not carried out sufficient checks to ensure this staff member was competent, skilled and experienced enough to work with people who use the service.

The interview records for staff were a list of qualities which were given a score. There was no indication that staff were asked questions which would demonstrate their competencies or skills when working with people who used the service.

This was a breach of Regulation 19 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At the inspection of 11 May 2018, we found the risks for individual people had not always been assessed or planned for. The information about risks was identically recorded in different people's care records and it was not clear which risks applied to them and their needs.

At the inspection of 2 October 2018, we found that some improvements had been made. For example, the identified risks for each person were relevant to their needs and condition. However, information about managing the risks was not always clearly recorded so it was clear to staff what they needed to do to mitigate the risks.

For example, one person's care plan identified them as needing support when walking around their home. However, the risk assessment did not give details about this support, such as the type of mobility aid the person used, where staff should stand to support the person, checks that they were wearing suitable footwear or how to support them to move from a chair or bed to standing. The information within the care plan and risk assessment was imprecise and did not give sufficient guidance for the staff. For example, under the section regarding risks relating to mobility the assessment stated, ''Ensure the equipment to be used is available, is of the correct type for the service user and is in good condition.'' There were no further details to clarify what this statement meant. Under the section titled, ''assistance with transferring to bed'', the assessment stated, ''Required assistance every other day'' with no other details; and under the section, ''assistance transferring to chair'', the assessment stated, ''carers to transfer me onto my chair every day.''

The risk assessment also gave contradictory information. In one part of the document it stated, ''Is immobile due to aged condition.'' Where as the care plan and risk assessment indicated that the person was escorted from their bed to the lounge and back again each day, as well as to use the toilet during each visit. Therefore, the risk assessments could not be relied upon as an accurate assessment of this person's needs and how the staff should mitigate the risks.

The risk assessments for a second person stated, ''Because of the condition of the service user [they] need support in order to do whatever [they] intend to do. [They] must be assisted with carefulness and concentration otherwise [they] could fall.'' There were no other details to support this statement and describe how the person should be supported. Under the section, ''Help with standing'', the assessment recorded, ''From bed to the bathroom, from the arm chair to the bedroom and from the toilet to the bedroom. [They] require assistance undertaking all these tasks due to [their] condition.'' There was no additional information or guidance about this. Under the section, ''Assistance to bed'', the record stated, ''Must always be assisted to go to bed at all times. [Person's] condition requires that [they] are assisted to bed on a daily basis.'' These statements were unclear and did not provide any guidance for the staff about how to support this person and mitigate the risks associated with moving around their home.

Therefore, the provider had failed to fully assess all of the risks to the health and safety of service users or done all that was reasonably practicable to mitigate these risks because they had not given staff the right amount of information and guidance to keep people safe from harm.

Furthermore, the provider had not always taken action or planned to mitigate risks which they had identified as very serious. One care record showed that the provider had identified a risk associated with the person's stairs. On 4 April 2018, the registered manager had recorded, ''The potential fear is the stair case leading downstairs which poses as a threat in moving the client up and down the house. It needs to be fixed to avoid any disaster from occurring. [Person] finds it extremely difficult to walk through the steps on a daily

basis.'' However, there was no indication that any action had been taken to mitigate this risk, no follow up to this risk being identified and no guidance for staff on how to support the person to avoid harm.

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

Following receipt of the draft inspection report, the provider explained that they had met with the family of the service user where the staircase was a risk. They said that they had spoken with the family about ways to mitigate this risk, including looking at alternative footwear and providing facilities on one floor so that the person did not need to use the stairs.

At the inspection of 11 May 2018, we found there were insufficient safeguards to protect people from the risk of financial abuse.

At the inspection of 2 October 2018, the registered manager and office staff told us that no one using the service was supported by the care workers with shopping. However, two of the people whose relatives we spoke with told us that care workers had an informal arrangement to support them with shopping. One relative told us, ''Sometimes when I need something they pick it up from the shop for me.'' They went on to tell us that sometimes they handled the person's money in their home by moving it from one place to another. This was not recorded within the care plan and there was no guidance or formal agreement in place for this arrangement. Another relative confirmed a similar situation occurred when care workers helped them with shopping if they needed this. Both relatives were happy with the arrangements and did not have any concerns. There was no indication that money was being mishandled. However, without proper formal agreements and record keeping systems for these arrangements, people were at risk because there was no formal monitoring of when the staff used people's money.

At the inspection of 11 May 2018, we found people were placed at risk because the procedures for managing medicines were not always followed.

At the inspection of 2 October 2018, we found that improvements had been made. The registered manager told us the staff supported three people to take their medicines. There were medicines administration records for these three people. The records included sufficient details about the medicines and the staff had signed to show when they had administered these.

The registered manager collected medicines administration records each month and audited these to make sure people had received their medicines as prescribed.

However, the log books for three different people which were used by the staff to record the care they had given, included references to the administration of medicines to these people. We discussed this with the registered manager who said that this was a recording error and that the staff had witnessed family members giving medicines and therefore had recorded this. The registered manager told us they would speak with the staff to make sure they only record the tasks they had been involved with.

People's care plans did not always include clear information about the medicines they were prescribed. For example, one person was prescribed two medicines which were adversely affected by grapefruit juice. Whilst the warning about drinking grapefruit juice was recorded on the medicines administration record, there was no information about this in the person's care plan or risk assessments. This meant, there was a risk that staff may not be aware of this potential risk. We discussed this with the registered manager who agreed to amend the care records to include this.

There were enough staff employed to meet people's needs. People told us that care workers arrived on time and stayed for the correct length of time. However, one local authority representative told us that the staff altered the arrangements for visiting one person during Ramadan for their own convenience and that this placed the person at risk. The registered manager explained that the time spent with the person had not changed, just the timing of the visits and that this arrangement was made in agreement with the person's family member. However, the local authority representative explained they felt the provider had not recognised that the planned timing of visits was designed to meet the person's specific needs and the failure to provide this care meant the person was placed at risk. The provider disagreed with this.

Care workers were provided with gloves and aprons to use when they provided personal care to people to help prevent the spread of infection. People told us that they wore these. The staff told us they were able to ask for new supplies when needed.

Requires Improvement

Is the service effective?

Our findings

At the inspection of 11 May 2018, we found the staff did not always have the training, supervision and support they needed to make sure they provided effective care.

At the inspection of 2 October 2018, we found that improvements had not been made. People's relatives told us they felt that the staff needed more training to provide them with the necessary skills and knowledge. One relative said, ''[The provider] needs to do more training with the carers.'' Another relative commented, ''They need training for the staff, so they can be professional.''

The provider did not ensure that the staff received adequate training or support to ensure they were qualified, competent and skilled. The three members of staff employed since the last inspection had no previous experience of care work. One member of staff was observed by the manager for two care visits lasting two hours each caring for the same person. The registered manager had recorded, ''The person readiness to live up to the talk, very committed.'' This was the only comment on their performance during these visits. A second member of staff was observed for three visits lasting an hour each. Comments written by the senior member of staff observing this staff member, after the second visit were, ''More room for improvement.'' The third member of staff's induction showed they had been observed for three visits lasting one hour. The record showed that these observations had been undertaken by the registered manager. However, one of the recorded visits took place at the same time as the last inspection, which the registered manager was present at. All three members of staff were able to work on their own without supervision immediately following these observed visits. The provider had therefore not fully ensured that these members of staff were suitably competent or skilled to care for people.

The provider undertook further observed visits of staff caring for people approximately once a month, although records of these were kept in the files of people who used the service rather than the staff, making it difficult to track how each individual staff member was performing.

The registered manager had carried out a formal supervision meeting with two of the new members of staff but there was no record of a meeting with the third member of staff. Records of the meeting did not indicate there was any discussion about the people who the staff were caring for, their experiences in the work or feedback on their performance. The record for one member of staff for a meeting in September 2018, contained the following information only, ''[Staff member] wants to become a team leader – please do more training.'' The only information in the record for the meeting with the other member of staff which also took place in September 2018 was, ''[Staff member wants] to go to university and become a manager - I advised her to fulfil her dreams and do more training.'' There was no evidence that the training needs of these two members of staff were discussed or more training opportunities were offered as a result of their comments.

The files of all five members of staff which we viewed included certificates of some training. All staff had undertaken a one day course which covered 16 different subjects, including safeguarding, person-centred care, equality and diversity, moving and handling, administration of medicines, care planning, confidentiality and moving and handling. We asked the provider to supply evidence of the content of this

training to show that it provided staff with sufficient knowledge of these areas. They responded with the comment, ''We have got now our own in-house trainer, hence we have been in a position to complete induction and training on same day permitting staff to start next day.'' They did not provide us with information about the course content or the qualifications and experience of the trainer to show that they were suitable to provide this training.

Following receipt of the draft inspection report, the provider supplied us with power point presentations, which they stated were used for training staff for the following subjects, 'equality and inclusion in health, social care or children's and young people's settings', 'medication administration', 'supporting individuals with personal care', 'implementing a person centred approach ', 'health and safety', 'safeguarding', 'communication', 'supporting people to eat and drink and food safety' and 'introduction to social care/role of health and social care worker. Although we did not see evidence that this training had taken place. Nor did the provider supply evidence that the trainer was qualified to provide such training.

The total number of slides for all of these power point presentations amounted to 276. Therefore, it would not be possible for staff, who had no previous experience of working in the sector, to understand or apply this amount of information in a single day.

There was evidence of certificates for additional training in the administration of medicines and dementia awareness. However, these certificates were produced with the name of the training company as one which had dissolved in April 2018 according to a Companies House search. We asked the registered manager about this, but they did not provide evidence of who the training company were and their qualifications to provide this training. Furthermore, the certificates of medicines management training for two of the new members of staff were dated two months before they applied for and commenced employment at the service.

Therefore, the provider did not operate effective processes to ensure that staff were appropriately trained or supported or that their work was appraised in order for them to carry out their duties.

The provider told us that care workers received training updates about safeguarding adults every year, However, one care worker told us this was not the case and they had last had training three years ago. This meant their knowledge about safeguarding procedures had not been updated. In addition, a second care worker we spoke with was unable to explain what was meant by the term ''abuse'' and how to report this. They told us, ''It is about how you help the client to avoid falls, keep safe from falls, danger and any infection.'' They were not able to explain what they would do if they became aware of abuse other than telling the person's family member. Therefore, the provider had not ensured that staff had the skills and knowledge to be able to meet the requirement to safeguard people from abuse and improper treatment.

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

People who were supported at mealtimes told us they were happy with this support. However, one person's care plan stated, ''Ensure a minimum fluid intake of 1.5 litres, in periods of increasing risk of dehydration.'' Whilst the staff had recorded that they had provided fluids in the logs of their visits, there was no recorded amount, so it was not evidenced that this person had received the required level of fluids.

At the inspection of 11 May 2018, we found people's needs were assessed, although the records of these were not always complete or accurate.

At the inspection of 2 October 2018, we found improvements had been made. There was evidence that the registered manager had met with people using the service and their representatives to create an assessment of their needs. They had undertaken this for everyone using the service since the last inspection, not just people who were new to the service. This meant that they had up to date information about people's needs and how they should be cared for. There was evidence that this information was personalised and reflected individual circumstances and choices.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this for people living in their own homes are through the Court of Protection. We checked whether the service was working within the principles of the MCA.

The provider had sought to gain people's consent to their care and treatment. Where people were considered to have the mental capacity to make decisions about their care they had signed their consent. For other people, there was evidence of discussions with their families. Some of the information about how assessments of people's mental capacity were made was not always clear and the provider had not obtained evidence of where people's representatives had the legal authority (Power of Attorney) to consent to decisions about their care. In addition, the staff we spoke with could not give us accurate information about the principles of the Mental Capacity Act 2005. We discussed this with the registered manager. However, there was no indication that people were not given choices or opportunity to consent to their care. Most people funded, or part funded their own care and had signed contracts with the provider in respect of this. People using the service and their representatives told us they were involved in making decisions about their care and had consented to this.

People were supported to access healthcare service when they needed. The care records included information about people's healthcare needs. There was evidence in the logs of care that the staff monitored people's health and wellbeing and responded to changes in this. For example, one record in August 2018 showed that the registered manager had identified one person was unwell, so they had contacted the GP on their behalf.

Requires Improvement

Is the service caring?

Our findings

At the inspection of 11 May 2018, we found some people did not feel the care workers or the provider provided a caring service.

At the inspection of 2 October 2018, we found that improvements had been made. People using the service and their representatives told us they had positive relationships with the care workers. They said that the care workers were polite, kind and considerate and that they had the same familiar staff caring for them. Some of their comments included,''[Care worker] is polite'', ''The carer is very, very good''. ''They are caring'', ''They are friendly and if I need anything I get a good response'', ''They are nice ladies'' and ''I can't fault them at all, excellent!''

Notwithstanding that staff were individually caring to people and engaged and interacted well with people, the service was not always caring. The provider had not been caring enough to ensure that they did all that was reasonably practicable to keep people safe and that they were cared for by staff who were appropriately vetted, trained and supervised. For example they had not ensured that staff had clear information about the management of risks to help protect people from the risk of harm and staff were not appropriately checked before they were allowed to care for people and entering their homes.

People told us they were invited to contribute their views to their care plan. They said they were happy that these were considered and felt they were able to request specific information. This was evidenced in the care plans we viewed, which contained personalised information about people's life style and individual needs.

People's cultural and religious needs were included in their care plans. Some staff were selected to work with people because they spoke the same first language as the person, and the families of these people explained they appreciated this.

People told us the staff maintained their privacy and dignity, providing care behind closed doors and with closed curtains. People were able to request specific gender staff if they wanted.

Requires Improvement

Is the service responsive?

Our findings

At the inspection of 11 May 2018, we found most people felt their needs were being met, but plans of care were not always accurate, complete or relevant. Therefore, there was a risk that people's needs would not be met.

At the inspection of 2 October 2018, we found improvements had been made. The provider had reviewed the needs of all the people using the service since the last inspection. They had updated the care plans for people and the information about their needs was relevant to the person. However, the records did not always contain enough detail about how to meet people's needs. For example, where risks had been identified, the provider had recorded generic action plans to mitigate these risks. These were not always relevant and there was not sufficient detail to describe how the staff should support each individual.

The registered manager had regularly visited people using the service and had contact by telephone to make sure they were happy with their care and that their needs were being met. This contact had been recorded. They also collected and checked the logs of care provided, which the staff had completed during each visit. These showed that care plans had been followed.

People told us they knew how to make a complaint and felt confident telephoning the registered manager and speaking with them about any concerns they had. There was a complaint procedure which was shared with people using the service in an information pack. There had not been any complaints since the last inspection.

The provider was not caring for anyone at the end of their lives. They did not have specially trained staff so would not be able to offer this service.

Inadequate

Is the service well-led?

Our findings

At the inspection of 11 May 2018, we found the provider's systems for monitoring and improving the quality of the service were not effective.

At the inspection of 2 October 2018, we found this was still the case, although the provider had made improvements in some areas. We identified breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 relating to safe care and treatment, staffing and fit and proper persons employed. Furthermore, breaches had been identified at the previous four inspections of this service. Following the inspections of July 2017 and May 2018, we issued warning notices telling the provider that they must make the required improvements.

The above shows that the provider was repeatedly breaching regulations and was therefore in breach of Regulation 8 of the Health and Social Care Act 2018 (Regulated Activities) Regulations 2014 which requires a registered person to comply with Regulations in the carrying on of a regulated activity.

At the inspection of 2 October 2018, there were some improvements to the service. However, these were not enough to meet the requirements of the Health and Social Care Act 2008 and the provider had not taken sufficient action to address the failings at the service. Some of the practices at the service placed people at risk. In particular, the provider's failure to ensure that staff were suitably recruited, supported and trained. In addition, the provider had not acted to mitigate risks to people's safety and wellbeing, even where they had identified these. For example, the risk assessments in individual care records did not contain sufficient detail to make sure staff kept people safe from harm.

At the inspection of 11 May 2018, we found records were not clearly or accurately maintained.

At the inspection of 2 October 2018, we found there had been some improvement, although some records continued to contain inaccurate information or inappropriate language and references. For example, the care plan for one person stated their preferred name was the name of a different person. This was not the case and their preferred name was their own name. Two people's care plans described them as ''immobile'' and ''incapable of moving.'' These terms were not an accurate description of either person, who had the ability to move. Another person's care plan referred to them as, ''very hairy.'' A description that could be seen as offensive. We discussed these examples with the registered manager who agreed to update the records to use more appropriate and accurate wording.

This was a continuing breach of Regulation 17 of the Health and Social Care Act 2018 (Regulated Activities) Regulations 2014.

Notwithstanding our findings, people using the service and their representatives were happy with the service. Some of their comments included, ''They are fine'', ''I can't fault them'', ''They are doing their best and they provide care as expected. We are happy so far'' and ''The manager is good, he keeps an eye on the carers.''

One local authority representative raised concerns that the provider had made their own arrangements to change the care visits for one person during Ramadan for the convenience of the staff. They said that this change had placed the person at risk and had not been arranged with the commissioners. The registered manager responded to this by stating that they did not believe the person was at risk, although they recognised that they should have communicated the change to the commissioner. Following this concern, the commissioner stopped purchasing care from this service for this person.

A representative from another local authority told us, ''Feedback from service users are that they are happy with their care. [The provider] ensures that their care needs are met. They communicate well with social services.''

The three care workers we spoke with told us they liked working for the agency with one care worker stating, ''It's a good agency, they take good care of their carers – they pay you on time.'' Another care worker said, "They give me anything, I call them they help me. I can get their help."

The registered manager kept a record to show that they had contacted people using the service and relatives for regular feedback and to make sure they were happy with the service.

The provider had improved the auditing and checking of medicine administration records. They collected these each month and checked for any errors or discrepancies. We saw that they had followed up and recorded the reason for a gap in the recording of medicines administration in these audits.

The provider had sourced an external consultant who was offering them guidance about how they could make improvements. They had recommended changes to processes and records, which the provider had implemented.