

KAF Health Care Training Centre Ltd

# KAF Healthcare Training Centre Ltd

## Inspection report

Unit 22 Barking Enterprise Centre  
50 Cambridge Road  
Barking  
Essex  
IG11 8FG

Tel: 02080902254

Website: [www.kafraining-recruitmentagency.co.uk](http://www.kafraining-recruitmentagency.co.uk)

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## Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

**Requires Improvement** 

Is the service effective?

**Good** 

Is the service caring?

**Good** 

Is the service responsive?

**Requires Improvement** 

Is the service well-led?

**Requires Improvement** 

# Summary of findings

## Overall summary

This inspection took place on 26 and 27 October 2017 and was announced. This was the first inspection of the service since its registration on 5 January 2017.

KAF Healthcare Training Centre Ltd is a domiciliary care agency. It provides personal care to people living in their own houses or flats. It provides a service to older adults and younger disabled adults. At the time of our inspection 27 people were using the service.

The service did not have a registered manager. The service had a manager who had been at the service for four months at the time of our inspection and had submitted their application to become the registered manager of the service. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

During this inspection we found six breaches of regulations. This was because the service did not manage medicines or risks appropriately. Staff recruitment was not robust and effective governance processes were not in place to monitor the quality of the service. Staff were not always punctual when attending appointments and care plans did not include sufficient information to guide staff to meet people's assessed needs.

The registered provider did not always uphold all of their responsibilities to the Care Quality Commission (CQC). For information about CQC's regulatory response to any concerns found during inspections is added to reports after any representations and appeals have been concluded.

We have made three recommendations about best practice in learning from safeguarding concerns, accidents and incidents and supporting people to express their wishes regarding intimacy and sexuality.

You can see what action we have asked the provider to take at the end of the full version of this report. Overall we have rated the service as Requires Improvement. This is the first time the service has been rated Requires Improvement.

The service was not safe. There were poor arrangements for managing medicines and mitigating risks to people using the service. The service did not have robust staff recruitment procedures in place and people did not always receive their personal care at the time they expected it due to staffing.

People's needs were assessed and care and support was planned and delivered in line with their individual care and support needs. However, people's care plans did not always contain detailed guidance for staff regarding their preferences.

The service did not have robust systems in place to seek and analyse the views of people using the service. We found inconsistencies in record keeping. And there were insufficient and ineffective systems in place to monitor the safety and quality of the service provided.

People told us they felt safe using the service and their relatives agreed. Safeguarding procedures were in place and staff knew how to identify and report safeguarding concerns. Staff knew how to deal with emergencies and report incidents and accidents.

Staff had a good understanding of infection control procedures and used personal protective clothing such as aprons and gloves when carrying out personal care or meal preparation to prevent the spread of infection.

People told us the service was effective in meeting their needs and carried out an initial assessment to plan their care and support. People using the service had access to healthcare professionals as required to meet their needs. People were supported to meet their nutritional needs.

People made choices for themselves where they had the capacity to do so and the service operated in line with the Mental Capacity Act 2005.

People felt staff were well trained and knew how to carry out their role. Staff received training and supervision to support them in their role and attended staff meetings to share and receive information.

People told us the service was caring. Staff knew the people they were supporting, respected people's privacy and encouraged independence.

The service had a complaints procedure in place and people knew how to make a complaint. Staff told us they felt supported by the management team. People spoke positively about staff.

## 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. Robust recruitment processes were not in place.

Medicines were not always managed safely. Identified risks to people were not always mitigated with clear guidance for staff.

People and staff felt there were sometimes not enough staff available to meet the needs of people using the service.

People told us they felt safe. There were safeguarding and whistleblowing procedures in place. We have made a recommendation about learning from safeguarding concerns and investigations.

The service did not demonstrate how they learnt from accidents and incidents and we have made a recommendation relating to this.

Processes were in place to minimise the risk of infection.

**Requires Improvement** ●

### Is the service effective?

The service was effective. Staff received training and support to carry out their role.

Staff demonstrated an understanding of the Mental Capacity Act 2005 to ensure people had choice and their rights were protected.

People's support needs were assessed and reflected in care plans.

People were supported to maintain good health and to access health care services when they needed them.

People were supported to meet their nutritional needs.

**Good** ●

### Is the service caring?

The service was caring. People told us staff were caring and respected their privacy and encouraged independence.

**Good** ●

The service did not demonstrate an understanding of supporting people in line with their wishes regarding intimacy and sexuality. We have made a recommendation regarding best practice.

People using the service were not clear if they were involved in planning and making decisions about their care and support.

The service respected peoples cultural and religious practices.

### **Is the service responsive?**

The service was not always responsive. People's preferences were not always reflected in their care plans.

People using the service and their relatives said they knew how to complain if they needed to.

**Requires Improvement** ●

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

The service was not always well led. The registered provider did not always submit notifications to CQC.

Effective systems were not in place to monitor the quality of the service.

Staff were positive about the culture and leadership of the organisation.

**Requires Improvement** ●

# KAF Healthcare Training Centre 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 inspection took place on 26 October and was announced. We gave the service 48 hours' notice of the inspection visit because it is small and the manager is often out of the office supporting staff or providing care. We needed to be sure that they would be in.

The inspection was carried out by one inspector and two experts-by-experience who made telephone calls on 27 October 2017 to people using the service. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Inspection site visit activity started on 26 October and ended on 10 November 2017. It included speaking with people using the service, their relatives and staff. We visited the office location on 26 and 27 October 2017 to see the manager and office staff; and to review care records and policies and procedures. We telephoned staff following the inspection on 30 October and 7 and 10 November 2017.

Before the inspection we looked at concerns raised and information we already held about this service. This included details of its registration and notifications of significant events they had sent us. Notifications are information about important events which the service is required to send us by law. We contacted the host local authority with responsibility for commissioning care from the service to seek their views.

Due to technical problems, the provider was not able to complete a Provider Information Return (PIR). This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we

inspected the service and made the judgements in this report.

We spoke with ten people using the service and ten relatives. We spoke ten members of staff. This included the provider, manager, two care co-ordinators, quality assurance manager and five care assistants.

We examined various documents. These included four care records and three care logs relating to people who used the service, three medicine administration records, ten staff files including staff recruitment, training and supervision records, minutes of staff and various policies and procedures including adult safeguarding procedures.

## Is the service safe?

### Our findings

Medicines were not always managed safely. We found medicine administration records were not fully completed to reflect medicines administered and contained gaps. Administration of medicines was indicated on medicine administration record charts by a series of ticks. No signatures were included to indicate which member of staff had administered the medicines.

Staff told us and records confirmed they had received training in the administration of medicines. However, there were gaps in their understanding of prompting and administration of medicines when supporting people with their medicines. One staff member said, "I administer medicine to my client. I put the medicines in a small cup and leave it for them to take later. While another staff member said, "I don't give injections but I give people their tablets if it's in the care plan. I've had my training to give medicine."

The management team told us they had identified training did not always include types of medicine, their use or associated risk of medicines staff supported people with. The provider told us, "Medicines is an area to be improved on, recording is an issue as staff need more training." However, we did not see records of training planned to improve staff knowledge in medicine administration and management. Poor medicines management increases the risk of errors being made when administering medicines, which may adversely affect the health, safety and wellbeing of people.

Risk assessments were carried out when people started using the service and were used to identify and mitigate those risks. Risk assessments covered risks associated with moving and handling, diabetes, environment and medicines. The providers risk assessment policy and procedure stated the service would 'implement the control measures and further actions required to reduce risk identified in the assessments.' However, some risk assessments reviewed did not contain sufficient detail to guide staff to ensure identified risks were mitigated.

A risk assessment for a person using the service who had limited mobility did not identify the risk or provide guidance to staff to mitigate the risks when supporting them to mobilise. Another person's care file showed a risk assessment was carried out for the home environment and the risk was indicated as low however there were no comments included to guide staff. Risk assessments did not contain guidance for staff to identify changes to people's medical condition. For example people living with diabetes. There was no guidance for staff to follow should the person's blood sugar rise or fall to a level which may adversely affect their health and wellbeing.

The above findings were a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 because the service did not follow policies and procedures for the safe management of medicines which stated staff should sign medicine administration records to indicate medicines had been administered. Guidance was not always provided for staff to mitigate risk.

Risk assessments were reviewed every three to six months or sooner based on changes in people's situation. For example, when people returned home following hospital admission. Staff told us they were informed of



the identification of new risks.

The service did not always follow safe recruitment practices. Recruitment procedures and checks did not provide assurance that staff had suitable skills and experience for their role. Staff we spoke with told us prior to working at the service various checks were completed but this was not reflected in their staff file. We reviewed ten staff files and found processes were not robust to ensure staff were suitable to provide care appropriate to their role. All files reviewed were incomplete and we could not be assured of effective recruitment and selection procedures.

The service did not follow its own recruitment policy and procedures regarding interview process and records, employment history, reference checks and completion of disclosure forms. The policy stated the provider will 'check work history, note and investigate all periods of no work.' 'Check that references are complete and appropriate.' 'Check the applicants' disclosure status.' 'During the interview ask required questions, note answers on sheets provided.' 'In no circumstances proceed beyond this point to offer a post to a candidate unless two satisfactory references have been received, a disclosure form has been completed.'

Gaps in recruitment records included one staff with no references, two staff with one reference, no record of employment history for five staff and no evidence that gaps in employment had been checked. Declaration of confidentiality was not signed by two staff, a declaration of convictions was not signed by one staff and there was no proof of address for two staff members.

Files reviewed did not contain interview records or documents relating to shortlisting or interview processes staff had undergone before being employed by the service. We spoke with the provider about this on 26 October 2017 and requested interview records for staff however we did not receive these. On 27 October 17, the management team showed us an interview folder which contained a copy of a template of interview questions and checklist. However, they could not provide us with details of staff interview records.

These findings were a breach of Regulation 19 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 because the service did not have effective recruitment and selection procedures to ensure staff employed was fit to work with people using the service.

Records confirmed DBS checks were up to date for staff employed at the service. DBS stands for Disclosure and Barring Service and is a check to establish if prospective staff have any criminal convictions or are on any list that bars them from working with vulnerable adults.

People using the service did not always receive their personal care or medicines at the agreed time and had mixed views about staff punctuality. One relative said, "Medication not on time when coming late, not good for poorly [person]." Another relative said staff, "Arrive late all the time, messing about with time." A third relative told us staff often, "Didn't turn up when they are supposed to." People and their relatives told us they were not always informed if staff were going to arrive late. One relative told us, "We have a very good (care assistant) who comes but didn't come this week and we rung their mobile but got no reply so we rang the office and they say staff is off sick but will be back next week." However, one person said, "I have four calls a day, double ups and you could set your watch by them."

People and their relatives told us they sometimes felt their care was rushed. One person told us staff rushed and did not spend time with people. One relative told us staff did not spend the allocated time with [person using the service] to maintain their hygiene. They said staff, "Give [person] shower once a week, only in shower seven or eight minutes, not enough time to get clean. Should be 20 minutes to get clean." Another

relative said, "Staff give [person] liquid food my [family member] makes and all time rush, rush, rush no time to do food." A third relative told us staff sometimes rushed the visits and left early on some occasions.

Some staff told us they had enough time between appointments to allow for travel. However, one staff member told us, "If I could change anything it would be the time given to carers, they need more time allocated to them. Staff are sometimes rushed."

These findings meant people may be at risk of not receiving medicines and personalised care and support at the appropriate time to maintain their health and wellbeing. This was a breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 because the service did not deploy sufficient numbers of staff to ensure people received their care and support at the expected time they required it to meet their assessed needs.

We spoke with the management team about monitoring staff attendance at appointments. The care coordinators told us they were not aware of missed appointments to people using the service and staff called the office when they arrived at each person's home. Staff told us they telephoned the office after they had completed appointments to people using the service. They said the service sometimes called people's home to check if staff had arrived. However, people we spoke with were not able to confirm this happened.

We requested monitoring records. The management team were unable to produce records to assure us of staff punctuality, or that appointments were not missed. The management team told us they relied on timesheets which showed staff had attended appointments and found it challenging at times to monitor staff attendance. They planned to introduce an electronic monitoring system which would monitor the time care staff arrived at the person's home and would help them to recognise missed appointments and lateness.

Staff told us they were contacted to cover shifts at short notice due to staff sickness or absence. They said on some occasions the management team provided a taxi to ensure they were on time for the appointment. The management team told us that travel time between visits to people's homes was taken into consideration when allocating staff. They said they ensured staff worked within a specific postcode so travel time was minimised.

People told us they felt safe using the service and with staff who provided care. One person said, "Yes I feel really safe." A relative said, "We are very happy my [person using the service] is very safe with [staff member]."

The service had a safeguarding adults policy and procedure with guidance for staff about identifying different types of abuse and how to report allegations of abuse. Care staff had completed training about safeguarding and had a good understanding of their responsibilities for reporting allegations of abuse and told us they would report concerns to the management team in the first instance. Care staff explained their understanding of whistleblowing and knew how to report poor practice.

The service notified the local authority safeguarding team for advice if they had any safeguarding concerns. However, the service did not have processes in place to evidence outcomes of safeguarding investigations, concerns or actions taken by the service to minimise the risk to the person. We spoke with the management team about this. They told us staff were reminded of how to report safeguarding concerns at each team meeting. We did not see records to support this.

We recommend the service seek advice and guidance from a reputable source about learning from the

outcome of safeguarding concerns and investigations.

Staff were aware of and followed infection control procedures and processes to prevent the spread of infection. Records showed they had completed infection control training. Staff were provided with personal protective equipment including gloves and aprons. People using the service and their relatives told us staff wore personal protective equipment when supporting them with personal care or preparing meals.

Staff told us they knew how to deal with emergencies. However, the service did not demonstrate how they learnt from accidents and incidents. We saw records of an incident involving injury to staff. We noted although this was investigated records did not include the outcome, actions taken or plans put in place to minimise the risk of reoccurrence. We asked the management team about this. They could not provide us with records of how the service learnt from incidents and accidents and there was no indication of how the service learnt from accidents and incidents. We recommend the service seek advice and guidance from a reputable source, about learning from accidents and incidents.

## Is the service effective?

### Our findings

People told us the service was effective in meeting their needs. People and their relatives told us the care co-ordinator met with them before or soon after they began using the service to discuss their needs and complete a care plan. Records showed the service worked with referring social care and health professionals to ensure any information provided from previous assessments was included in the persons care plan. When asked if the service met their needs one person said, "Yes, (staff member) helps me with my medicines, cleans up and makes my bed, makes my meals, just what I ask for." Another person said, "I had set times but we changed the morning and evening call so I could have a longer time in the evening, there was no problem with doing that."

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.

When people lacked capacity the assessments were done by local authorities prior to using the service. We checked whether the service was working within the principals of the MCA and how staff applied this when supporting people with day to day decisions.

Staff told us and records showed staff received training and understood the importance of assessing whether people had capacity to make specific decisions. One staff member said, "Ask what they [people using the service] would like done and let them try to decide." Another staff member said, "I still ask them what they would like to eat or drink even though I go every day." Staff were able to explain how they supported people to make choices relating to their care and support. For example, one staff member said, "I ask what they would like to wear, I show the outfits and get them to choose. I make sure they are comfortable in their clothes."

Where people were unable to make decisions records showed and relatives told us, they were involved in making decisions about peoples care and support. One relative told us they had worked with the service to increase the number of appointments as they had decided their family member needed to attend an activity in the community. One person's care file stated 'I want my carer to include my [spouse] in all decisions.' We saw this was reflected in their file. Relatives told us they were involved where people were unable to make choices. One relative told us they were able to change the time of appointments to suit the person using the service.

People who required support with food preparation told us they made choices about what they ate. The service supported people with meal preparation and with eating and drinking. One person said, "They do my breakfast for me, whatever I ask for, that's no problem." People were supported to follow specific diets related to their medical conditions and we saw records of this in people's care files. One staff member told us they supported a person living with diabetes. They said, "I do their right kind of breakfast at the time they

need it so they can take their medicines."

The service supported people to access healthcare services when needed. One person told us staff had supported them during visits from community nurses. Staff told us about hospital appointments they had attended with people. Staff were aware of action to take if a person became unwell. They told us they would contact the GP and relatives. If it was a medical emergency, staff told us they would call the ambulance service and stay with the person until the paramedics arrived. One staff member told us, "Once my client was unwell and I called the ambulance and called the office. I went to the hospital with the client and stayed with them."

People and their relatives told us staff were trained to carry out their role. One person said, "They are very well trained." One relative said, "They're trained well in things like the hoist and everything." Another relative said, "They all seem to know what to do so, seem well-trained." Records showed up to date staff training courses. Staff spoke positively and told us they found training useful and informative. Staff had specific one-to-one training sessions before beginning to work with people using the service. These sessions included use of hoists, carrying out personal care and supporting people with their nutritional needs.

Staff were supported to carry out their roles through supervision meetings and were positive about these. Supervision meetings were held so staff and their manager could discuss the staff members on-going performance, development and any concerns. Records showed supervision meetings had taken place. Staff told us and records showed supervision meetings were carried out. One staff member said the meetings were, "Very helpful and I can ask questions and find out how I am doing."

Staff had annual appraisals. Records show discussions included identification of development goals and training needs. At the time of our inspection three staff files reviewed showed appraisals were outstanding by three months. Staff told us they had recently discussed arranging appraisal dates.

New staff completed an induction programme. The provider's policy and procedure indicated staff worked towards completion of the Care Certificate following induction. The Care Certificate requires staff to complete a programme of training, including observation of a senior colleague followed by an assessment of the competency. Records showed some staff were working towards the Care Certificate. Staff gave inconsistent information about the length of the induction with variations from five days to two weeks. However, they all told us the process included training sessions, shadowing senior staff and weekly supervision meetings. One staff member said, "I was taught about doing personal care, pressure care and shadowed staff for two days." Another staff member told us, "They (service) trained me in a way that I was never out of my depth."

## Is the service caring?

### Our findings

People told us they were treated in a caring manner with dignity and respect. One person said, "The girls [staff] are wonderful that [staff member] I would nominate as carer of the year she is so good." Another person said, "Really kind, she [staff member] stays longer if needed, she's a saint."

Relatives told us staff were caring and treated their family member with respect. One relative said, "They are polite to my [relative], no problem with that." Another relative told us staff were patient and tried to communicate with their relative in a way they understood.

The management team told us they were caring towards their staff and expected the care staff to be caring and "go the extra mile" for people using the service. One staff said, "It's a family atmosphere, the managers really care for care workers." Another staff member said, "Sometimes when I go to see clients they are happy and talk to you, other times they are in a low mood and I feel bad leaving them so I may stay on a bit longer to talk and try to cheer them up or see what's troubling them."

Care co-ordinators told us they matched staff with people using the service. They said, "We consider the person's needs and if they need a male or female care assistant, their background and things in common then we match them." A relative told us, "We choose to have a male carer and the man who comes is very good with our [person using the service]." Staffing rotas showed the staff were allocated to the same person with cover provided by other staff members when unavailable. This helped people to build relationships with staff and provided continuity of care.

Staff supported people in a caring and respectful manner and knew how to promote people's privacy. One staff member said, "I explain what I am doing at each stage and keep them covered up and decent." Another staff member said, "I ask them how they want to be addressed and I respect them and their home."

Staff told us how they promoted people's independence. One staff member said, "Some days my client can do a bit more for themselves so I give them the option. I'm there if they get tired or can't." Another member of staff said, "Sometimes clients can do things like starting their wash so you always let them."

The service sought to meet people's needs in relation to equality and diversity. People's care files had details of their beliefs and preferences. Staff told us they respected people's beliefs and any specific guidance they should follow in people's homes. One staff member told us they followed a person's wishes relating to their religious beliefs when entering the person's home.

People's care records included information about intimacy and sexuality. The service did not always demonstrate an understanding of this. In care records it stated 'carer to ensure person wears choice of clothing to promote autonomy.' We recommend the service seeks and follows best practice guidance on supporting people in line with their wishes regarding intimacy and sexuality.

## Is the service responsive?

### Our findings

People told us they were happy with the support provided by the service. One person said, "I am very pleased with them."

Care files we reviewed showed care plans were in place for people using the service. Each person's care file contained personal information, initial assessment, care plan, risk assessment, reviews, medicines, home environment and correspondence. We found that in some care files there was more detail than in others.

Initial assessments were carried out when people started using the service. These included people's previous medical history, family connections and support, mobility and support requirements. The care co-ordinator told us they identified areas of support and care was offered once areas were identified. The manager told us they provided support to people with complex needs. They said they were able to work with people and provide support.

The management team told us they often had referrals that were short notice or deemed urgent from local authorities. In these situations they planned people's care with the information given by the local authority. They then aimed to complete an initial assessment within one week of the person using the service. We looked at records which confirmed this. Following initial assessment the care co-ordinators met with people and their families to complete a care plan and we saw records of this.

People using the service and their relatives were unsure about their care plans in place. One person when asked about their care plan said, "Yes, there is a book." A relative said, "We've got a care plan." Another relative said, "We do have a care plan, they [service] came and did the assessment before they started and it's all in the folder." However, some people and their relatives using the service did not always know about their care plans or its contents. When asked about care plans one person responded, "Care plan, what's that.?" Another person said, "No idea about care plan." A relative said, "Care plan? I'm not sure about one of those." This showed us that people were not always fully involved or had full explanations and information given about the care planning process.

Care plans covered areas of care and support required such as service delivery plans, physical health, what is important to me, medicines, continence and nutrition. Service delivery plans detailed the time the person wanted to receive their support and had details of personal care they required.

Care plans were not always detailed. In one person's file under the heading of what is important in their life it stated, 'Remain independent, reduce dry skin condition, maintain personal hygiene, prevent heart attack or stroke, and maintain blood sugar levels.' However, there was no guidance for staff of how they could support the person to achieve these goals. In another person's care plan under the heading of toileting needs it was recorded they had, 'No issues' however, the person required specific care and support related to a medical condition to maintain their continence.

Care plans had a section entitled 'problems'. This detailed a series of tick boxes for 'problems' such as

hearing problems, sight problem, unpredictable behaviour, weight-bearing, loss of confidence, skin damage, pain or arthritis. However, some plans were more detailed than others regarding guidance for staff.

We saw records of care plan reviews which were carried out by telephone on some occasions. We did not always see clear records of people's involvement in their reviews.

The lack of detail within care plans to guide staff on how to meet people's assessed needs and involvement of people in the process was a breach of Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The service had a complaints policy and procedure. People using the service and their relatives told us they would contact the service if they needed to complain. They told us the service listened to their concerns and resolved them. We saw compliments received by the service from people and their relatives.

We looked at two formal complaints and saw the service had responded in line with their procedure. The management team told us they responded to complaints by contacting the person making the complaint, meeting with them and beginning an investigation within 24 hours. They told us they did not receive many complaints and felt this was because they had a good relationship with people using the service. Care staff knew how to deal with complaints and told us they would refer all complaints to the care co-ordinators or management team.



## Is the service well-led?

### Our findings

The service was not always well-led. We found quality assurance systems were not effective to identify shortcomings in the quality of the service. Audits were not carried out of care plans, support plans, risk assessments, spot checks or medicine administration charts to ensure up-to-date records were maintained.

The provider, manager and care co-ordinators explained they carried out checks by telephone and spot checks but did not analyse the findings. The manager told us, "We are doing it but we are not able to provide the format." The provider told us, "We deal with things as it happens." The service could not show how they sought to improve the quality of the service.

We found inconsistencies in record-keeping. For example, one person's care plan had another person's name included in their environmental risk assessment and also in the care plan. Some risk assessments were not dated. The management team told us care files were audited annually however, this was not evidenced and they could not produce records of audits completed.

Care co-ordinators and care staff told us spot checks were completed in people's homes to check care delivery. Care co-ordinators said they tried to complete at least one spot check per month. People felt the service needed to carry out more checks. One person said, "Have to check some time not let just anybody providing care." Another person said, "Not enough visits from office only once a year, not enough should be ringing and checking every three months." We saw records of spot checks completed in people's care files. We noted these took place on average every three months. We spoke with the management team about this. They said, "Spot checks and observations are an area we need to improve on to ensure compliance is met." "We need another person to spot-check and to do the telephone monitoring."

The service did not consistently seek the views of people or their relatives about the quality of the service. Some people told us they received telephone calls from the service. One person said, "Regularly check from the office." Another person told us one of the management team had contacted them to get their views about the service. Other people could not recall being contacted by the service recently and told us "It was a long time ago." A relative said "We are happy with it really but really the communication could be better."

Care co-ordinators told us they spoke with people using the service, "Regularly" to establish if they had any concerns. They told us they called two people each month. When asked why this number of people they explained some people did not like to receive telephone calls. The outcome of these conversations was not always clearly recorded and systems were not in place to analyse the feedback received. People told us they were not aware of questionnaires or surveys sent by the service to seek their views.

The management team told us they had daily briefings to check the quality of the service and to update each other. We asked for minutes or records of these meetings, they were unable to provide this but showed one entry in a notebook dated 2 March 2017. Following the inspection the care co-ordinator sent records of two meetings dated 2 March and 6 April 2017. The records showed discussions about staff absence, staff support and assessment of new people using the service. We were not satisfied that these meetings were an

effective way of monitoring the quality of the service.

The service had not identified the issues we had identified during our inspection such as lack of processes in place to evidence and learn from the outcomes of safeguarding concerns, unsafe recruitment practices and monitoring of staff punctuality and attendance to carry out personal care for people using the service. This meant people were not protected against the risk of harm or inappropriate or unsafe care by regular monitoring of the quality of the service provided. We asked the provider for records of audits which they were unable to produce.

These above findings were a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The service had recently recruited a quality assurance manager who had been in post for 3 days at the time of our inspection. The provider agreed quality assurance processes were insufficient and gave an undertaking to address these issues. They told us, "We don't want to get relaxed so we have appointed a quality assurance manager and a new system will be in place by the end of the year."

The provider had failed to submit statutory notifications relating to significant incidents that had occurred. The statutory notification is a notice informing CQC of significant events and is required by law.

We had not been notified when the service called the police on 8 February 2017 to investigate an allegation of abuse. Neither were we notified when the service raised a safeguarding alert with the local authority on 4 July 2017 following allegations by a staff member they had been verbally abused by a person using the service. The service also failed to notify us without delay following the death of a person using the service on 15 January 2017.

We spoke with the provider and explained the process for notifying CQC of significant events. They did not submit notifications relating to these incidents following the inspection. This placed people at risk as safety was not effectively monitored and reported to the relevant authorities. This meant that the CQC were unable to monitor that appropriate action had been taken. This was a breach of Regulation 18 of the Care Quality Commission (Registration) Regulations 2009 Notification of Other Incidents. We are currently making further enquiries in relation to this matter.

Staff spoke positively about the management team and about the culture of the organisation. Staff told us the management team were, "Approachable" and "Helpful." One staff member said, "I feel supported by the managers, very easy to talk to." Another said, "They are good colleagues they have taught me and helped me with my work." Staff described the culture of the organisation as being "A family" and "Caring." The management team told us, "We care for carers and offer support because without the carers we cannot succeed."

The service had a manager and two care co-ordinators who oversaw the day-to-day running of the service. The service had a 24-hour on-call system with senior staff available to provide guidance as required. The care co-ordinators told us the on-call system meant there was consistency in providing support to staff who always knew someone was available to answer any queries. One staff member said, "You just call them and they always answer the phone." Another staff member said, "They are always available."

All staff were positive about the care co-ordinators and the support they received. One staff member said, "I feel supported very well [care co-ordinator] has been in the role for some time and shares his experience."

This section is primarily information for the provider

## Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Personal care	<p>Regulation 9 HSCA RA Regulations 2014 Person-centred care</p> <p>The provider did not ensure people who use the service received person centred care that reflects their personal preference. 9(1)(b)(c)</p>
Personal care	<p>Regulation 12 HSCA RA Regulations 2014 Safe care and treatment</p> <p>The provider did not follow policies and procedures for managing medicines. 12 (1)(2)(g)</p> <p>The provider did not do all that is reasonably practicable to mitigate risks. 12(2)(b)</p>
Personal care	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>Systems or processes were not established and operated effectively to ensure compliance with the requirements.</p> <p>The provider did not assess, monitor and improve the quality and safety of the service provided in the carrying on of the regulated activity.17(1)(2)(a)</p> <p>The provider did not assess monitor and mitigate the risks relating to health, safety and welfare of service users.17(2)(b)</p> <p>The provider did not maintain accurate, complete and contemporaneous records in</p>

respect of each service user, including a record of the care and treatment provided to the service user and of decisions taken in relation to the care and treatment provided. 17 (2)(c)

## Regulated activity

Personal care

## Regulation

Regulation 19 HSCA RA Regulations 2014 Fit and proper persons employed

The provider did not have effective recruitment and selection procedures that comply with the requirements of this regulation and ensure they make appropriate checks for employees.  
19(1)(a)(b)(2)

## Regulated activity

Personal care

## Regulation

Regulation 18 HSCA RA Regulations 2014 Staffing

The provider did not have a systemic approach to determine the number of staff required in order to meet the needs of people using the service and to keep them safe at all times.18 (1)