

## Renew Care & Support Ltd

# Renew Care

### Inspection report

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### Ratings

Overall rating for this service	Inadequate 
Is the service safe?	<b>Inadequate</b> 
Is the service effective?	<b>Requires Improvement</b> 
Is the service caring?	<b>Requires Improvement</b> 
Is the service responsive?	<b>Requires Improvement</b> 
Is the service well-led?	<b>Inadequate</b> 

# Summary of findings

## Overall summary

The inspection took place on 28, 29 and 30 March 2017 and was unannounced. We brought this inspection forward in response to concerning information we received about the service. As part of the inspection process we contacted people and staff for feedback on the 29 and 30 March 2017. Renew Care and Support Limited is a domiciliary care service which provides personal care and support to people in their own homes. The service was supporting 18 people at the time of our inspection. However three of these people were in hospital. People's support needs were varied with some people who required the assistance of two support staff to assist them with tasks which were age related fragility and chronic health conditions.

There was a registered manager in place who was also the provider. 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.

We received mixed feedback about the service they received. Staff did not arrive on time and people told us they had experienced frequent late visits and two people told us they had missed visits. People told us staff did not always stay for the allocated time and sometimes because they were so late people had already either assisted themselves or been assisted by a family member. There were no systems in place to monitor if the staff turned up for the visit or at what time. People told us they had concerns about the abilities of some staff.

People told us the staff did not always speak with them and when they did it was limited to a question or answer which made people feel staff were not always caring. People had been assessed with regard to their care needs but had not been involved in a review of their care. Care plans were generic and lacked detail and personalisation. People's preferences or life histories were not recorded.

Staff did not always understand their responsibility to protect people from harm and abuse. The provider told us staff had received safeguarding training as part of their induction. There were no records to confirm this and staff were unable to demonstrate that they understood the safeguarding process. Staff told us they were trained in a variety of topics but when we explored further staff could not remember what these were. There was a safeguarding policy in place however it was a reference document rather than a detailed policy or procedure. None of the staff spoken to were aware that it existed.

We saw that risk assessments were basic and lacked detail to inform staff how to manage or mitigate risks effectively. The risk assessments were incomplete in three of the four care records we reviewed. Consent was not consistently obtained or recorded in people's care records and staff did not demonstrate an understanding of the need to obtain people's consent in relation to people who had fluctuating capacity to give consent and also did not understand how this related to MCA legislation.

The provider told us staff had received training in the safe administration of medicines but we found that

staff were unable to demonstrate they fully understood the process. We could not be assured that there was a process in place to monitor or review that people had received their medicines appropriately and safely. Audits had not been completed in respect of people's medicines.

People were supported by a small team of staff. However we found that the recruitment process was inadequate and checks were not completed before staff started working. We could not be assured that the staff were suited to work with people in their own homes.

Staff received some training. However, the provider showed us training certificates detailing that staff received training on 12 topics in one day. Staff were unable to demonstrate that they understood the topics that they had received the training in and which were detailed on the training certificate. In addition the provider was not able to provide evidence of any competency checks. There were no systems in place to monitor and check the training and skills of staff. Staff's abilities and care practices were observed by new staff and there was no evidence that they were competent in their roles or had the skills and abilities to observe work practices of new staff. We found that staff had not received training in areas relevant to the care they were providing such as end of life care and mental capacity. The provider told us staff received some supervision although they were unable to provide any evidence of this at the inspection and staff spoken with were not aware that they had supervision.

The provider was not able to show us any completed audits in place to ensure the service was operating effectively and safely. We could not be assured that complaints were acted upon or that when feedback was received, it was acted upon. We found the provider had a limited understanding of how they should be meeting the regulations and also their responsibilities in relation to their regulatory role.

The overall rating for this service is 'Inadequate' and the service is therefore in 'special measures'. Services in special measures will be 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.

For adult social care services the maximum time for being in special measures will usually be no more than 12 months. If the service has demonstrated improvements when we inspect it and it is no longer rated as inadequate for any of the five key questions it will no longer be in special measures.

## 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 safe.

The recruitment process was inadequate and pre-employment checks were not completed in accordance with the provider's recruitment process.

There were insufficient trained and competent staff deployed to meet people's needs.

Staff did not understand their responsibility to ensure people in their care were safeguarded from abuse.

Information provided to staff about risks to people was insufficient and did not provide specific guidance about how to keep people safe.

Medicines were not managed safely. There were no medicine administration records in use and no audits had been completed to monitor the safe administration of medicines.

**Inadequate** ●

### Is the service effective?

The service was not consistently effective.

Staff did not receive appropriate induction or refresher training in order to ensure that staff had the necessary skills to carry out their role effectively.

Staff did not receive regular support to help identify their learning and development needs, or an opportunity to discuss the care and welfare of the people they supported.

Staff were not assessed by the provider to ensure that they were competent to deliver care to people.

Staff did not understand they needed to obtain people's consent before supporting people and were not aware of the principles of the Mental Capacity Act 2005.

**Requires Improvement** ●

### Is the service caring?

**Requires Improvement** ●

The service was not consistently caring.

People were not always treated with dignity and respect, and did not always have an opportunity to develop meaningful relationships with staff due to inconsistent staffing.

People gave mixed feedback about staff being kind, and caring.

People were not routinely involved in the development or review of their care plans.

People told us they had not always felt listened to, and that the service did not change or improve as a result of this feedback.

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

The service was not consistently responsive.

Care and support plans and risk assessments did not provide staff with sufficient information and were not personalised.

There was no evidence that care plans were kept under regular review, and we could not be assured people received the care and support that they needed when their care needs changed.

Complaints were not recorded and there was no evidence of investigations, outcomes or learning from the complaints received.

There were no systems in place for people to comment or feedback on the service they received.

**Requires Improvement** ●

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

The service was not well-led.

There was a lack of management oversight in relation to meeting the regulations.

We found the provider was not open and transparent throughout the inspection process.

There were mixed views about whether the organisation was well led.

There were no audits or systems in place to monitor the quality of care people received.

**Inadequate** ●

Records were not well managed and were not available during the inspection.

There were no records to demonstrate how the out of hour's service was managed.

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# Renew Care

## 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 was meeting the legal requirements and regulations associated with the Health and Social Care Act 2014 and to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

We undertook a comprehensive inspection of Renew Care and Support Ltd on 28, 29 and 30 March 2017. We did not give the provider notice of the inspection due to concerns. Before our inspection we reviewed information we held about the service. We had not been notified about events that are reportable under the Health and Social Care Act 2014.

The inspection was undertaken by one inspector and an inspection manager. We inspected the office location and contacted people who used the service and staff to obtain feedback about their experiences of the service.

During the inspection we spoke with five people who used the service and or their relatives, we spoke with three care staff, the manager who was also the provider and one member of the office staff. We also received feedback from professionals involved in supporting people who used the service. We viewed four people's care records, five staff recruitment files. We looked at training and staff support arrangements. There was no quality monitoring records available in relation to the overall management of the service.

# Is the service safe?

## Our findings

People did not always receive care that was safe and provided in accordance with their assessed needs. Risks were not assessed and managed effectively. We found that risk assessments were only partially completed and did not provide adequate information to inform staff on how to manage individual risks to people or how to mitigate or reduce the risks. For example we saw that where a person's risk level met a certain threshold a further assessment was required to enable staff to manage that risk. However we found that in three of the four support plans, this additional assessment had not been completed and therefore the risk was not being managed effectively and could have placed people at risk of harm.

The provider told us staff had received training in moving and handling. The Provider told us that they provided this training. However we found that the provider had not updated their training skills in respect of delivering this training for more than six years and therefore could not demonstrate they were competent to train staff effectively and to use safe practices. We found that the evidence they provided was a 'train the trainer' certificate which was dated 9 March 2011 and not specific to moving and handling. The provider told us that no 'practical moving and handling training was provided but that staff watched videos. We requested evidence of how staff competencies were checked. The provider told us that they did not have any records to demonstrate this. They told us "I work with staff in client's homes and observe their practice". We could not be assured that this practical assessment had been completed or that staff had the necessary skills to undertake moving and handling manoeuvres safely. This meant that people were placed at risk of harm.

We reviewed three current staff files and found that the services recruitment process had not been followed. In all three files we found that the application forms were incomplete. There was no evidence that gaps in employment history had been explored. We found in one staff file there was only one reference and in another file the one reference had been provided by another care worker rather than a manager or supervisor. We also found that references had not been 'validated'.

We requested a further two staff files. Initially recruitment files for these staff members could not be located. We were then given the two files and found that application forms were incomplete; references were not always obtained; disclosure and barring checks had not been received until after the staff member had commenced working at the service and where a staff member had received a caution for an offence this had not been explored and no risk assessment had been completed to assess if the offence posed a risk to people who were being supported. This was contrary to the provider's recruitment policy and meant that the provider could not be assured that staff were safe and suitable to work with people who used the service.

The day following our office visit the provider contacted us and informed us that they had stopped two people working until that had completed all the pre-employment checks and were satisfied that they were suited to work with vulnerable people.

The provider was unable to provide us with any assurances that staff had been appropriately assessed as



suitable to provide care to people before they commenced employment with the service. This was a breach of Regulation 19 (1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014

Staff did not fully understand their responsibility to protect people from harm. Staff could not demonstrate that they understood the process for reporting any potential safeguarding concerns. One staff member told us that safeguarding meant not neglecting people. They could not remember the safeguarding training they had attended and could not describe how they identified potential abuse. This meant that staff did not have the understanding or knowledge required to keep people safe.

A recent safeguarding incident had been reported by commissioners of the service. The provider was unable to demonstrate the actions they had taken to safeguard people following this incident. The provider's lack of understanding on how to safeguard people from abuse and the lack of records relating to safeguarding concerns placed people at risk. This safeguarding concern had not been reported to CQC by the provider.

The provider did not have systems and processes in place to effectively manage and prevent abuse of service users. This was a breach of Regulation 13 (1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014

People and their relatives told us they did not always get their visits at the planned time. One person told us "There were a couple of times when my carer did not turn up last month because they were off sick". Another person told us "The biggest problem is they never come at the time you expect them, sometimes I get on and do what I can myself, some things I cannot do for myself so I just have to do without". Another person told us "I have to be ready at a certain time because I get collected by the transport. If they don't arrive by a certain time I have to get a family member to help me. If they then arrive there is nothing for them to do". A relative told us "We have complained about the variation of times repeatedly and were told it was due to staff shortages, traffic, a mix up on the rota but that is of no use to us, it's just excuses all the time and we are fed up of it". The person's relative told us "We have cancelled the service now and are getting support from another provider; we just could not accept their help anymore it was too stressful for the entire family, we ended up doing the care half the time".

The provider was unable to demonstrate that people received their visits at the agreed times. For example the rota did not get amended to reflect any changes and the diary log sheets we reviewed just recorded the planned visit time not the time the visits actually occurred. This meant that there was no record of the actual visit time or duration of any of the visits. There was no call monitoring system in place at the time of our inspection for the provider to check whether visits had taken place. The provider was unable to demonstrate that people received their visits in accordance with their assessed needs. The provider told us they called people to check that their visit has been provided however there were no records available to support this. We could not be assured people received visits at the expected times. Three out of five people told us staff were regularly late for visits and two people told us they had recently had missed visits. The provider told us that there had been no missed visits but was unable to provide any evidence to confirm this was the case.

The insufficient arrangements to deploy staff was a breach of Regulation 18 (1)(2) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014

The process for the safe administration of medicines was inadequate. The provider told us "We mainly just prompt them". We found that a recent safeguarding had been raised which included concerns about the safe administration of the persons medicines, how the medicines were managed and that the person had not received their medicines in accordance with the prescriber's instructions. We requested the daily diary log for this person to enable us to check their records. These were not provided. Staff told us they had

received training in the administration of medicines. There were no records available for inspectors to review to confirm that staff competency had been checked. There were no medicine audits in place and no monitoring to check that people were receiving their medicines correctly or safely.

There were insufficient arrangements in place for proper and safe management of medicines. This was a breach of Regulation 12 (2) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014

## Is the service effective?

### Our findings

We could not be assured that staff were competent to deliver care to people. Induction training was not recorded to demonstrate what had been covered or how staff learning or understanding had been assessed. The provider was unable to produce evidence of any competency checks which ensured staff were competent to carry out their roles safely and effectively. The provider told us that staff had not had practical moving and handling training and was unable to provide details to demonstrate that staff had any competency checks. Staff told us they were asked questions in order to test their knowledge, but there were no records provided to confirm this. The provider told us that none of the people they supported required specialist equipment, for example a mechanical hoist. However one person we spoke with confirmed that they were wheelchair dependent and required staff to assist them with transfers. This task would have required staff to have had some practical training and also to understand how to complete this task safely and effectively.

The provider did not have a staff training matrix in place and was unable to provide us with specific dates that staff members had undertaken training. This meant that we could not be assured that staff had the necessary skills and experience required to carry out their roles effectively. Staff told us they had received some training but were vague about what the training covered. One staff member told us "I watched something on the iPad at the job centre". We requested individual records in order to be assured that staff had been provided with opportunities to discuss their development needs but the provider was unable to provide these records to the inspectors.

People who used the service were unable to say if the staff that supported them had the necessary skills and abilities as they told us they had been supported by several staff members and one told us "that some were better than others". One person told us "I had one person who did not have a clue what to do, I contacted [name] and told them never to send them to me again, and it was a total waste of time". The person went on to say "I know we all have to learn but you can't just send someone without explaining what is involved".

Staff did not receive supervision. The provider told us that all the staff had received supervision but it had not always been recorded. We asked to see records to demonstrate that staff had received this support but the provider was unable to evidence these. In addition, staff spoken with could not remember having supervision with their line manager.

There was no evidence that people had consented to the care being delivered or that people's capacity had been assessed. This placed people at risk of receiving care that they had not consented to. We asked the provider why consent was not recorded and they told us "We just get consent from 'self-funders'. This meant that people who had their care commissioned by the local authority were not asked for their consent and may not have been in agreement with the support provided.

The provider was not aware of their responsibilities under the Mental Capacity Act 2005. People's consent was not always obtained before staff supported them. The provider and care staff were unable to demonstrate an understanding of consent in relation to people who may have fluctuating capacity or in

relation to the Mental Capacity Act (MCA) 2005. Staff spoken to did not understand when asked about the process for obtaining consent. We noted that consent was not always recorded in people's care records. The provider told us they did obtain people's consent but it was not always recorded in the office copy of their support plan. However people spoken with told us they could not remember being asked to provide either written or verbal consent.

The Mental Capacity Act (2005) provides a legal framework for making particular decisions on behalf of people who may lack 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. Where they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. We checked whether the service was working in line with the principles of the MCA and found that they were not aware of MCA requirements.

People or their relatives had not always been involved with making decisions about their care. The provider told us that they had only been supporting people for a short period of time which was why the care had not been reviewed. We found that there was no evidence of people's involvement in their plan of care. The assessment consisted of a series of generic questions and lacked personalisation.

We asked the provider about the MCA but they were unable to demonstrate that they had any understanding of their responsibilities. We could not be assured that people's rights in relation to making decisions and giving consent were being protected.

This was a breach of: Regulation 11 (1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014

## Is the service caring?

### Our findings

People told us they felt that staff did not always treat them with dignity and respect. For example one person told us "Sometimes they are so rushed they hardly have time to say hello to you". Another person said "One of them is quite chatty but the other one mumbles, so I now don't bother to respond". A relative told us "They are in [name] home but they don't always respect our privacy, it feels like they are just there to get the job done as quickly as possible. However one person told us "I have [name] they do turn up regularly, not always at the same time, but they do have a lot to organise, I am just happy that I get the help". We saw through the review of people's care and support plans that people's preferences, and choices were not always taken into account. People were not consulted about the times of their visits. Rotas had planned times recorded but people told us they rarely if ever, had their visit at the agreed times and were not contacted to let them know when staff were going to be late.

People told us when they had raised concerns about the times of the visits and they were told by the provider "Visits cannot always be at the exact time people require and cannot always be time specific". People told us they did not remember being involved in a discussion about their care and support. We saw from the care plans we reviewed that there was no evidence of people or their families involvement.

People's care plans contained assessment information. However this did not translate into a care plan with specific instructions about how staff were to support people in their care. For example in one care plan it stated that [name] needs 'help with washing and dressing' but gave no detail about how this would be done. This meant that staff did not always have the information they required to provide care in line with people's preferences.

People told us the biggest issue for them was the lack of consistency of both the time care staff would arrive and the lack of consistency of care staff. One person told us "I am lucky if I have seen the same person a handful of times, you just never know who is going to turn up". We asked people if they were asked about their cultural preferences or the gender of the care staff who were supported them but they told us this was not discussed. We saw from care plans that this was not recorded. Care plans lacked detail such as information about people's life histories and people who were involved in their lives and who were important to them. Care plans were written about the person rather than by the person for example in one person's care plan it recorded 'uses Zimmer frame, falls occasionally' but without stating the person's name.

One person told us "They told me I would get a service user guide so that I could understand more about what I could expect, and eventually I did after several requests, but the service I received was nothing like what was described in the booklet". They went on to say, it said all the right things but did not deliver what it said it would."

Staff were unable to describe how they maintained people's dignity and could not demonstrate that they had a comprehensive understanding of people's needs. One staff member told us they supported three people and when asked to describe their support needs and routine the staff member told us "The manager [name] tells us what to do, so I know what to do". People told us that when they had regular staff they felt

they understood their needs and knew how to support them. However the main concern from people we spoke with was about the lack of continuity of staff and the continuous changes of staff which resulted in people receiving care from people who were not familiar with their needs and routines.

People told us they did not feel they had always had an opportunity to develop meaningful relationships with the care staff that supported them because they were always 'rushed' in and out as quickly as they could. However staff spoke kindly about people when we talked to them. We found the way in which some staff described people was not always respectful or dignified, for example they referred to the person's gender rather than using their preferred name or title. The provider told us they undertook checks to ensure staff had a basic understanding of the English language. Improvements were also required in relation to the recording of the daily notes which required regular monitoring to make sure staff were consistent in what was recorded and used language that was appropriate and respectful.

## Is the service responsive?

### Our findings

Care support plans and risk assessments did not provide staff with sufficient information to provide the appropriate care and were not personalised. There was no evidence that care plans were kept under regular review, and we therefore could not be assured people received the care and support they needed or when their care needs changed. Documents were not always dated so we could not be assured that they were current and up to date. The service user guide stated that 'care is kept under regular review as people's needs can change on a daily basis'. However we could not see evidence of any care plans that had been reviewed. The provider told us that this was because they were all relatively 'new' care packages. However there was no system or process in place to undertake reviews and to be able to respond to people's changing needs.

We found that staff did not always elevate concerns appropriately. For example one family member told us [name] that the person had pain and asked the relative 'should we seek medical advice' instead of them following their procedure. However this was not elevated to the office staff and there was no follow up and the incident was not documented. This meant the family had to follow this up themselves. The provider was not able to show us any evidence to demonstrate that people's requests were considered or that anything changed as a result of them raising a concern. People told us they were not supported or offered the opportunity to share their views.

People's complaints and concerns were not recorded, investigated and outcomes were not recorded. We saw that there was a complaints policy and procedure in place. However the provider had not recorded any of the concerns raised by people. They told us "I speak to people on the phone; they are not really formal complaints". We asked to see the complaints folder but this was not available. Three of the people we spoke to told us they were not aware of the complaints process. Two further people told us they had made complaints but nothing changed. One person told us "I have spoken with [name] many times, too many, I have lost count" but told us nothing had been done to address their concerns. Another relative told us that their family member had no care plan for ten days despite this being requested several times., They went on to say "We became more and more disillusioned with their lack of professionalism, attitude and disorganisation each day. We began to dread them turning up and answering the phone as more and more problems had arisen". However we saw no evidence that this complaint had been investigated, recorded or addressed and there was no evidence of any learning or reflective practice to improve things in the future.

This was a breach of Regulation 16 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

## Is the service well-led?

### Our findings

People gave us mixed feedback in relation to the overall management of the service. One person told us "The manager just makes excuses all the time; it has been so stressful dealing with this agency". Another person told us "I have not had too much contact with them other than [name] contacted us frequently to say they would have to come to us because of staffing problems". The person went on to say "They can't seem to get the staffing right". Another told us "I tried to call them a couple of times, no one answered the phone but someone called me back eventually".

People told us they had not been asked to give feedback on the service. However three people who had contacted the provider because of concerns told us that they felt they were not listened to because nothing had improved or changed.

The provider told us they did not have any quality monitoring systems or processes in place. This was confirmed during the course of our inspection that quality monitoring was not in place for any aspect of the service provided.

The provider told us they planned to introduce quality assurance systems the week of our inspection. The lack of quality monitoring meant that the provider had not identified and addressed areas of concern we identified during our inspection and there were no actions taken when people had raised concerns. The provider failed to make the required improvements and the poor and inadequate practices across all aspects of the service continued.

Staff told us they usually received information at least a day before the visits were due to take place. However three of the staff we spoke with told us they were regularly contacted by the provider to add additional visits to their programme. We also found that the provider was regularly providing the care themselves; they acknowledged that this meant that they had not had time to effectively manage the service. The provider told us "I have to cover the visits as we do not have enough staff". The provider also told us they provided the staff training, recruited staff and supported staff. There was little evidence of any staff support or supervision and staff spoken with confirmed that they had not received supervision.

We found that records were inconsistent and not updated. We requested copies of daily log records, timesheets and rotas in order to check that visits had been provided at the planned times. These records were not available. We were offered the daily log notes for two people but the specific logs requested were not available. The provider told us "They have not been collected from the client's home yet". The timesheets we requested were also not available and the provider told us the staff members concerned had not worked even though they were recorded on the rota as working.

We asked the provider to confirm who had covered the visits if the staff assigned had not worked due to sickness. The provider was only able to say "Other staff had covered the visits", but could not say who the staff were or the times at which the visits were provided. The provider was not able to demonstrate how staff rotas were planned or how peoples preferred times were considered when they planned the visits. Staff



were not 'matched' to people with similar interests or geographically to help reduce travel times.

Staff were not able to demonstrate they fully understood their roles and responsibilities. For example one staff member told us "It's my job to help people, [name] tells me what help they need and I go there and do it whatever they need". We asked staff if they had an opportunity to read care plans or meet people before they were sent to support the person, or if they understood what risk assessments were. One staff member told us "I don't have any risks with the people I go to". When asked to elaborate on some examples of personalised care they were unable to tell us how they considered people's individual needs, or how they knew when people's needs had changed.

We asked the provider to show us any documents that would demonstrate how they monitored compliance with regulations. For example there was no system in place in relation to the monitoring of missed or late visits. The provider was unable to show us how these were monitored. The provider told us they were considering purchasing a call monitoring system. However this was not in place at the time of the inspection and the provider anticipated it would take a few months before this could be in use. Without appropriate systems to identify missed calls the provider was unable to take the necessary action to make sure people received their care.

We found that staffing arrangements were not managed in a way that ensured sufficient staff were deployed to meet people's needs. Despite this the provider continued to accept new care packages which resulted in staff being deployed to 'fire fight' and on occasions only providing very basic care to people.

There was no information available to demonstrate how the organisation obtained the views of the people who used the service. None of the people we spoke with had been asked if they were satisfied with the service. This showed a lack of commitment by the provider to obtain feedback in order to put action plans in place to improve the standards of care and improvements across all aspects of the service.

We found that the provider failed to follow their own procedures with regard to the recruitment and support of staff, and staff training. For example not all staff had received up to date safeguarding training, or end of life training and they had little knowledge regarding the Mental Capacity Act. There was no training matrix in place, or concise records of what training staff had completed or when their refreshers were due. Records kept in people's homes were not checked, collected or monitored. The provider told us when they provided support they did not always complete the daily records which meant that staff who carried out the next visit would not have a record of what care or support had been provided. The provider had failed to identify this or take any actions to address this shortfall. There were no audits or work based observations to ensure that people received care in accordance with their assessment of need or that staff had the required competence to provide care to people.

The lack of management oversight, governance of the organisation and lack of systems and processes was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

This section is primarily information for the provider

## Enforcement actions

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

Regulated activity	Regulation
Personal care	Regulation 11 HSCA RA Regulations 2014 Need for consent  The provider did not always obtain peoples consent before supporting them.

### The enforcement action we took:

Impose a condition.

Regulated activity	Regulation
Personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment  People did not always receive safe care and treatment.

### The enforcement action we took:

Impose a condition.

Regulated activity	Regulation
Personal care	Regulation 13 HSCA RA Regulations 2014 Safeguarding service users from abuse and improper treatment  The provider did not ensure people were protected from abuse or improper treatment.

### The enforcement action we took:

Impose a condition.

Regulated activity	Regulation
Personal care	Regulation 16 HSCA RA Regulations 2014 Receiving and acting on complaints  Complaints were not investigated and recorded, or outcomes concluded.

### The enforcement action we took:

Impose a condition.

Regulated activity	Regulation
Personal care	Regulation 17 HSCA RA Regulations 2014 Good

governance

There were no governance systems or processes in place to manage the overall safety and quality of the service.

**The enforcement action we took:**

Impose a condition.

**Regulated activity**

Personal care

**Regulation**

Regulation 19 HSCA RA Regulations 2014 Fit and proper persons employed

Fit and proper staff were not consistently employed at the service.

**The enforcement action we took:**

Impose a condition.

**Regulated activity**

Personal care

**Regulation**

Regulation 18 HSCA RA Regulations 2014 Staffing

The recruitment process was inadequate,

**The enforcement action we took:**

Impose a condition.