

*We are the regulator: Our job is to check whether hospitals, care homes and care services are meeting essential standards.*

## Caremark (East Riding)

East Riding, 2 Owen Avenue, Priory Park, West,  
Hessle, HU13 9PD

Tel: 01482579579

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2014

We inspected the following standards to check that action had been taken to meet them. This is what we found:

<b>Care and welfare of people who use services</b>	✘	Action needed
<b>Safeguarding people who use services from abuse</b>	✔	Met this standard
<b>Supporting workers</b>	✔	Met this standard
<b>Assessing and monitoring the quality of service provision</b>	✔	Met this standard
<b>Records</b>	✘	Action needed

## Details about this location

Registered Provider	Care Precious Limited
Registered Manager	Mr. Daniel Malcolm Rhodes
Overview of the service	Caremark is a domiciliary care service operating from offices on a business park in Hessle. It provides care and support to adults of all ages with a wide range of care needs, including memory impairment, old age, learning disability and physical disability, as well as some needs associated with medical conditions. There are over 600 clients receiving care and support, and around 200 staff working for the service.
Type of service	Domiciliary care service
Regulated activity	Personal care

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## Summary of this inspection

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### Why we carried out this inspection

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We carried out this inspection to check whether Caremark (East Riding) had taken action to meet the following essential standards:

- Care and welfare of people who use services
- Safeguarding people who use services from abuse
- Supporting workers
- Assessing and monitoring the quality of service provision
- Records

This was an unannounced inspection.

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### How we carried out this inspection

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We looked at the personal care or treatment records of people who use the service, carried out a visit on 17 December 2013, checked how people were cared for at each stage of their treatment and care and sent a questionnaire to people who use the service. We talked with people who use the service, talked with carers and / or family members, talked with staff and received feedback from people using comment cards. We reviewed information given to us by the provider, reviewed information sent to us by other authorities, talked with commissioners of services and talked with other authorities.

We were supported on this inspection by an expert-by-experience. This is a person who has personal experience of using or caring for someone who uses this type of care service.

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### What people told us and what we found

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At the previous inspection in October 2013 non-compliance had been found in several areas of the service. The provider submitted information to the Care Quality Commission including an action plan and updates on a two weekly basis regarding the work completed.

We carried out a further inspection to assess the providers progress with achieving compliance. We sent questionnaires to people who used the service, interviewed people over the telephone and looked at the results of a large survey the provider had completed. We found people were generally satisfied with the support they received although common issues were raised through all the information gathered regarding call times, capability of staff and contact with office based staff. A large amount of reviews had been undertaken but the quality of these was inconsistent.

We found staff had undergone safeguarding training. Procedures followed when escalating issues had greatly improved. The management were recording, investigating and reporting any issues to the correct authorities when required.

There had been improvements in supervision and performance based monitoring with staff. All overdue training had been completed and a system was in place to ensure these

areas continued to improve.

Work around quality assurance included implementation of new systems to improve monitoring and auditing. There were gaps in recording and some documentation required further improvement to ensure it was fit for purpose.

You can see our judgements on the front page of this report.

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### **What we have told the provider to do**

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We have asked the provider to send us a report by 07 February 2014, setting out the action they will take to meet the standards. We will check to make sure that this action is taken.

Where providers are not meeting essential standards, we have a range of enforcement powers we can use to protect the health, safety and welfare of people who use this service (and others, where appropriate). When we propose to take enforcement action, our decision is open to challenge by the provider through a variety of internal and external appeal processes. We will publish a further report on any action we take.

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### **More information about the provider**

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Please see our website [www.cqc.org.uk](http://www.cqc.org.uk) for more information, including our most recent judgements against the essential standards. You can contact us using the telephone number on the back of the report if you have additional questions.

There is a glossary at the back of this report which has definitions for words and phrases we use in the report.

## Our judgements for each standard inspected

### Care and welfare of people who use services

✘ Action needed

People should get safe and appropriate care that meets their needs and supports their rights

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#### Our judgement

The provider was not meeting this standard.

Care and treatment was not always planned and delivered in a way that was intended to ensure people's safety and welfare.

We have judged that this has a minor impact on people who use the service, and have told the provider to take action. Please see the 'Action' section within this report.

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#### Reasons for our judgement

People's needs were assessed regularly but care and treatment was not always planned and delivered in line with their individual care plan. Care and treatment was not always delivered in a way that was intended to ensure people's safety and welfare.

In October 2013 the scheduled inspection of Caremark was bought forward as a result of concerns raised with us. As part of the inspection we visited people that used the service and relatives. People told us they were happy with some elements of the service they received but dissatisfaction was expressed with areas such as arrival times, length of visits, amount of staff attending and capability of staff. This meant overall people felt there could be improvements made. As a result of the inspection findings in October 2013 we asked the provider to make some improvements to the service. The provider submitted an action plan describing the action they were going to take. They also submitted information to us every two weeks regarding the work that was being undertaken. We visited again in December 2013 to see if improvements had been made and whether this had an impact on the delivery of support to people.

As part of the follow up visit in December 2013 we sent a satisfaction questionnaire to 60 people who used the service and 60 relatives of people who used the service. An expert by experience contacted 20 people that used the service by telephone. An expert by experience is a person who has experience of using this type of service either themselves or with a family member. The provider also sent questionnaires to over 400 people and 130 were received back. The results of this were shared with us. We also spoke with management and staff and we looked at records.

The results from the questionnaire that the Care Quality Commission (CQC) sent out showed that overall people were satisfied with the support they received. However, issues

were raised regarding carers who were late for appointments; people having a number of different carers; feeling unsafe with certain care workers; rotas not being supplied or shared with people; difficulties getting in touch with the right contact at the office; and people feeling they were being billed for care they were not getting. As part of the telephone interviews general satisfaction was communicated and the issues raised were of a similar nature. The questionnaire completed by the provider did not ask any questions about overall satisfaction with the service provided.

When we had visited in October 2013 there had been general feedback from the people we spoke with that the quality of care could be dependent on the particular carer that had visited and this could be inconsistent. In December 2013 during telephone interviews with an expert by experience from CQC comments included "In the last 2 weeks I had new carers who were inquisitive about why I required care services as I look normal, I had to explain my illness every time and feel they are not trained. I would like the office to tell them of my illness, as it is nice if they are aware.", "I am not sure if the carers are trained, on two occasions I was given wrong medication and it was a month ago only", "The new carers who come, I feel that they are not sure what to do. I feel sorry for them. I do not get any information. The office seems to be weak and is not doing a good job, and when I contact them the staff make excuses". The CQC questionnaire asked people if they felt that staff had the right skills needed to give them care and support. Of the responses, 60% felt that 'all' the workers did and the rest felt that 'most' of the workers did. The questionnaire carried out by the provider asked if staff were professional and helpful and less than 3% of people disagreed with this. They did not ask any direct questions about whether staff were well trained and knew how to support them appropriately. The comments received showed that the majority of people were satisfied with the skills of staff but that there were still some improvements to be made regarding the skills of new carers in particular.

When we spoke with staff during the inspection in December 2013, they felt that they were suitably trained to support people appropriately. They said they were only expected to provide care they had been trained to give. The provider had been carrying out work to reassess people who used the service to ensure that staff then had the appropriate training to support them effectively. There had been a large amount of work completed to ensure that carers had accessed the appropriate training and this was still ongoing at the time of our visit.

The October 2013 inspection highlighted issues with missed calls, late calls and shortened visits. The provider had installed a new system to address this through telephone log in monitoring. This ensured that there were no frequently missed visits occurring.

During the December telephone interviews with the expert by experience peoples comments were mixed and included "The new ones are not that good, and there has been 3 times in 2 months the calls have been missed", "It has been a perfect service, however there was a missed call yesterday and I rang the office and they could not locate the carer. No explanation was given by the office at the time.", "The carers have not missed any visits", "There has been no missed calls by carers, though they could be late by five odd minutes due to traffic", "They are on time and there has been no missed calls".

The questionnaire the provider carried out asked people if the carers arrived on time. 14% disagreed or strongly disagreed with this. The CQC questionnaire asked a similar question and all the respondents said that staff usually or always did arrive on time. The system the provider had installed to monitor all calls was intended to address these issues. However,

at the time of our visit the system was still new and not yet being utilised to its full potential. The long term impact of the monitoring system was not yet evident but short term improvements were clear.

One of the issues raised in October had been the lack of travel time allocated between visits. Both staff and people who used the service had raised this. The director explained at the December 2013 inspection that this had been addressed with care co-ordinators who were responsible for allocating calls to carers. We saw evidence of memos and meetings where the issue was discussed. However, when we spoke with carers they told us that there had been no changes to the way calls were allocated which meant that this was still a potential area of concern. The director stated that this would be addressed again with staff following our visit.

Since our last inspection some improvements had been made to the business continuity policy which now contained some detail about contingency planning. It contained detail about what would be done and how, if there was an event that affected the delivery of services.

Overall the provider had made improvements in the delivery of support to people. Progress had been made with regard to reviews of people using the service. The monitoring system in place was starting to enable the provider to closely monitor late and missed calls. However, some of the system improvements had not yet had an impact on the wider delivery of service. Some of the retraining and work with staff had not had the desired effect at the time of our follow up visit and some further improvements were required to ensure that the quality of the service delivered improved.

**People should be protected from abuse and staff should respect their human rights**

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## **Our judgement**

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The provider was meeting this standard.

People who used the service were protected from the risk of abuse because the provider had taken reasonable steps to identify the possibility of abuse and prevent abuse from happening.

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## **Reasons for our judgement**

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People who used the service were protected from the risk of abuse because the provider had taken reasonable steps to identify the possibility of abuse and prevent abuse from happening. There was evidence that the provider had responded appropriately to any allegation of abuse.

We looked at the ways the service ensured people were safeguarded against abuse, neglect and discrimination. When we spoke with people who used the service they told us they usually felt safe when being supported by the care staff.

There were a significant number of people supported by the service who had dementia or related conditions, mental health issues and learning disabilities. We identified during the inspection in October 2013 that there was a lack of evidence that care and support being delivered by the service was in line with current good practice guidelines such as the Dementia Strategy. We spoke with staff who were not confident about their knowledge around areas such as dementia or mental health care. There was also little evidence that staff had received training in these areas.

When we visited in December 2013 we saw that some staff had requested specialist training in areas such as dementia and challenging behaviour and this had been delivered. This was recorded within supervision meetings held with staff. The training manager was able to show us records of which staff had completed this type of training.

Safeguarding training was included as part of the induction of new staff and as annual training and it was delivered in-house. At the inspection in October 2013 we identified that 41 staff were overdue for refresher training. We looked at training records during the inspection in December 2013. This evidenced that almost all staff had completed full safeguarding training. Those staff who were still outstanding were identified and were unable to continue working until they had completed their outstanding training.

During the October 2013 inspection the provider was unable to provide us with evidence of the number of staff that had completed training in the Mental Capacity Act 2005 and

Deprivation of Liberty Safeguards. In December 2013 the training manager had updated the training matrix and this now recorded all training completed by staff. Mental Capacity Act 2005 and Deprivation of Liberty training were delivered as specialist training to those staff who had requested it as part of their supervision. This training was not included in the training matrix but we saw evidence within supervision meeting notes that some staff had requested this training. The training manager explained they were in the process of delivering this where required. The training manager also explained that mental capacity training was now incorporated into the safeguarding refresher training that was being delivered to all staff.

During the inspection in October 2013 we found that risk assessments within the care files were not robust. We found that these were either missing or did not accurately describe the risks and how they were to be managed. When we visited in December 2013 we found that risk assessments had been updated in most of the files we looked at. The director explained that the review process included consideration of whether the risk assessments were up to date and detailed enough. This meant that many had been updated as a result of the review. The provider may wish to note that the level of detail was inconsistent and was dependent on which Field Care Supervisor (FCS) had completed it. This meant that further improvement was needed to ensure that risk assessments were fit for purpose.

The service had a safeguarding policy in place and this had been reviewed in September 2013. The policy was robust and included a flow chart of the actions that should be taken if there was a safeguarding concern. There was also a whistle blowing policy in place and copies were included in the staff handbook for staff to refer to.

We spoke with staff about safeguarding and abuse. They showed a good understanding of safeguarding and were able to give examples of signs and indicators of concerns. All the staff we spoke with told us they would usually raise any concerns with their supervisor and staff were able to give us examples of what had been done in response to concerns being raised. We spoke with two supervisors who were able to tell us how they would escalate concerns to the manager or the local authority and they gave us examples of what action had been taken by management when concerns had been raised. They were aware of how the safeguarding process worked.

During the inspection in October 2013 there was evidence that staff were not following the provider's policy and procedure with regard to the reporting of accidents and injuries. We saw evidence in several care files of incidents and accidents recorded in the daily notes. There was no evidence these had been reported to or acted upon by the supervisors and no separate record was kept anywhere of the incidents that had occurred.

Prior to the follow up inspection in December 2013 the manager submitted a number of safeguarding alerts to the CQC. Several of these were regarding accidents or incidents that had happened and had not been reported to senior staff appropriately or recorded by care staff in an appropriate manner. We discussed these with the manager who explained what action had been taken to address both the situation itself and the lack of appropriate reporting by care staff of incidents occurring. We saw minutes of team meetings where this had been discussed with staff. The director also showed us a memo that had been sent to all staff reminding them of their responsibility to report any issues to senior staff such as FCS staff as soon as possible. The director and manager felt that there had been an improvement since the last visit and that staff were now more aware of their responsibility to report any incidents or accidents immediately to senior staff in the office.

As part of the December 2013 inspection we looked at records of accidents and incidents that had occurred since our last visit. We saw that staff were now completing forms appropriately and FCS staff were being informed when there were any issues. Records showed that responses to accidents were appropriate. There had been an improvement in staff following the provider's procedure for reporting accidents and injuries. This also meant that individual files were more accurate with regard to any incident that had occurred and the impact that this might have on the care being delivered.

The questionnaires that CQC sent out asked a specific question about whether people felt safe when being supported by care staff. Both people who used the service and relatives who responded confirmed that they did. During telephone interviews the expert by experience also asked a specific question about feeling safe when being supported. Comments made included "I feel safe with the carers", "The job they do is good and without risk".

**Staff should be properly trained and supervised, and have the chance to develop and improve their skills**

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## **Our judgement**

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The provider was meeting this standard.

People were cared for by staff who were supported to deliver care and treatment safely and to an appropriate standard.

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## **Reasons for our judgement**

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People were cared for by staff who were supported to deliver care and treatment safely and to an appropriate standard.

We looked at support systems in place to enable staff to carry out their roles effectively. An organisational structure was in place. The registered manager was responsible for the overall service which operated over eight geographical areas, each managed by a field care supervisor (FCS). A senior field care supervisor line-managed these eight FCS staff, who in turn supervised over 200 care staff. There were also four care co-ordinators each with responsibility for two geographical areas whose responsibility it was to co-ordinate the care people received. A training manager was responsible for the training and induction of staff. Most training was delivered 'in-house'. The directors and the manager were in the process of employing a compliance manager at the time of our visit in December 2013.

FCS staff were responsible for carrying out supervision and monitoring of care staff. Prior to our visit in October 2013 we had received information about the frequency, effectiveness, and confidentiality of supervisions as well as lack of space available for them to be carried out. When we spoke with staff during the October 2013 inspection they confirmed supervisions were not held regularly. Supervisors confirmed with us there were no dedicated available spaces for them to carry out supervision and this made it difficult to ensure these were effective or regular. Staff also spoke about supervision and support and they told us it felt inconsistent and was sometimes dependent on the supervisor. There was a general feeling among staff that support was inconsistent and that morale was low. We had also looked at staff files and records and found that some files had no records of supervision and some had very few. None of the supervision records we saw identified any actions or areas for development.

During the inspection in December 2013 we looked at a sample of eight staff files. We also spoke with care staff, FCS staff and the senior field care supervisor about the frequency and quality of supervision meetings. As part of the regular submission of information to the CQC the provider had confirmed the ongoing supervision programme between the two inspections.

The senior field care supervisor explained that as part of the monitoring system she had implemented, supervision of care staff was allocated on a weekly basis with each FCS having an amount of supervisions to complete with care staff each week. This would then enter into a rolling programme to ensure that supervision frequency was appropriate. The senior field care supervisor showed us how the system worked and how she recorded what had been completed and what was outstanding. As a result of the systematic approach to supervision meetings the FCS staff had been able to carry out supervision meetings with the majority of care staff in the period between our last inspection and the inspection in December 2013.

The director confirmed that there had been issues relating to locations available for supervision meetings and dedicated time to be able to carry these out. As a result of this the provider had provided FCS staff with access to rooms either within the agency office base or in community based buildings local to the FCS staff's area of work. This was because the agency covered a large geographical area and access to the office was not practical for some staff. When we spoke with two FCS staff they confirmed that they had been able to access a space that was appropriate for carrying out supervision confidentially and in a meaningful manner.

We looked at the supervision records for care staff and FCS staff. It had been highlighted in the inspection in October 2013 that there had been a lack of development and training discussions in supervision meetings and that staff were not encouraged to consider their professional development as part of this process. We saw that the paperwork used had been reviewed and FCS staff had received training around effective supervision and development of the work force. We saw in the records we looked at that all staff had received a supervision session within the last two months. All of these supervision records showed that training and development had been discussed. The training manager confirmed that when it was identified that a staff member wished to complete specific training the FCS staff were communicating that clearly to her and she was then able to organise this. The provider may wish to note that the quality of discussions and notes in supervision meetings was still inconsistent and was dependant on the FCS staff that had completed the supervision.

When we discussed this with the training manager she explained that there had been an improvement in the communication between herself and the FCS staff regarding staff's training and development needs. This had resulted in a programme of training being planned and executed which meant the needs of people using the service had been met more effectively.

We had identified during the inspection in October 2013 that staff also had 'spot checks' carried out by FCS staff which looked at areas such as arrival time, dress code, greeting, referral to plans, interaction with the person and any identified actions. Although records showed that most staff had been subject to a spot check we highlighted that these had been inconsistent and none of them identified any actions. There was no evidence of any feedback being given to the staff member.

During the follow up inspection in December 2013 we looked at records of 'spot checks'. The senior field care supervisor explained that 'spot checks' were now being carefully co-ordinated. They were allocated and monitored through a weekly meeting with FCS staff and most staff had either been 'spot checked' or were due to be in the next few weeks. The senior field care supervisor and FCS staff confirmed that at the end of each 'spot check' the form was discussed with the member of staff who then signed the document.

This was classed as immediate feedback. The FCS staff confirmed that if there were any issues arising from the 'spot check' these would then be discussed at the next supervision meeting. FCS staff confirmed that supervision meetings could be bought forward if any immediate concerns were highlighted as part of the 'spot check'. This ensured that the quality of work being undertaken by care staff was monitored. Staff were updated on their performance and any areas of development or training required, as a result of the 'spot checks'.

An electronic system was used to allocate training which showed when training was due although not when training had last been completed. At the time of our inspection in October 2013 the training manager was unable to produce a training matrix that showed all training and all staff. After the inspection the training manager confirmed numbers of staff overdue for training included 41 for safeguarding, 37 for moving and handling and 17 for medication.

As part of the inspection in December 2013 the training manager was able to show us a full and completed training matrix that was now up to date with all mandatory training and induction. This meant that it was possible to identify which staff required refresher training and to organise this appropriately. The system was now being utilised properly to ensure that staff training was closely monitored.

At the previous inspection some of the staff we spoke with felt morale was low and some mentioned situations where they had not felt valued. When we discussed this with care staff at the inspection in December 2013 staff told us that they had not noticed many changes since our last visit and that they had not been made aware of any problems as a result of our last inspection. Although they noted that there had been more frequent supervisions and mandatory training that had been made available, they did not feel that there had been changes made in allocating calls or any improvement in consultation and discussion with staff about how the agency worked. However, the FCS staff and the senior field care supervisor felt that structure and clear lines of responsibility had been developed and this had made their roles much more effective. This required further testing and work but the changes in role and the specification of the different levels of management had started to have a positive effect on the management of delivery of support. The provider may wish to note that these positive changes had not however filtered down to any improvements for care staff and so required further work for this to happen.

## Assessing and monitoring the quality of service provision

✓ Met this standard

The service should have quality checking systems to manage risks and assure the health, welfare and safety of people who receive care

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### Our judgement

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The provider was meeting this standard.

The provider had an effective system to regularly assess and monitor the quality of service that people received.

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### Reasons for our judgement

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The provider had a system to regularly assess and monitor the quality of service that people received, or to identify, assess and manage risks to the health, safety and welfare of people using the service and others. People who used the service, their representatives and staff were asked for their views about their care and treatment and where feedback had been received it was being acted on.

The provider had a system in place where field care supervisor (FCS) staff carried out visits to people who used the service every six weeks to check files and every three months to carry out a review of the service. The senior field care supervisor was responsible for monitoring when these visits had been carried out. During the inspection in October 2013 the FCS staff, care staff and the senior field care supervisor confirmed to us these visits did not always happen and that some visits were overdue. We saw evidence of this in files.

During the inspection in December 2013 we looked at six care plan files and records of reviews that had been carried out since our last visit. The provider also submitted information to us on a two weekly basis between October and December 2013 regarding the reviews completed. We saw that a large amount of reviews had been carried out and there were now only 9 reviews overdue. The senior field care supervisor had implemented a system where each FCS was allocated a number of reviews that required completing each week. The FCS then met with them on a weekly basis to discuss the reviews that had been completed.

As part of the questionnaire undertaken by the provider a set of questions were asked regarding the FCS staff. The results of the questionnaire showed that 15% of respondents did not know who their FCS was or how to contact them, 35% stated that the FCS did not introduce new care staff to them, 13% stated that they were not regularly visited for a review, and 42% were not informed when the FCS staff would be visiting. This showed that there were some improvements needed in this specific area. The questionnaire had only been completed and analysed at the time of our inspection and no action plan was yet in place. The director stated that the action plan developed would focus on the high

scoring areas such as these.

The provider's questionnaire also highlighted that 21% of respondents did not know who the manager was, 55% had not ever been contacted by the manager and 32% felt they were not made aware of changes to be made to Caremark's service. These were the other areas where the most action was needed.

As part of the questionnaire sent out by CQC, a question was asked regarding feedback. 50% of respondents stated that they had never been asked for any feedback about the service they received or any other areas of concern. As part of the action the provider had taken following the inspection in October 2013, the director had chosen to send questionnaires to more than 400 people using the service. Feedback gained at reviews was also being recorded and this feedback was being collated and analysed fully at the time of our visit. This meant that the provider would be able to develop an action plan in direct response to the areas highlighted from this feedback. The director advised that the questionnaires would now be sent out periodically in order to ensure wide feedback was collected and acted upon.

During the interviews carried out by the expert by experience most people told us that they were reasonably satisfied with the support they received. However, several comments were made regarding irregular visits from FCS staff, lack of contact from senior staff, issues with office staff being unhelpful when contacted and lack of communication especially regarding things like regular rotas being sent out in a timely manner. These areas were all also highlighted within the providers own questionnaire which meant that they would be included in the developing action plan.

The manager told us it was the FCS staff's responsibility to audit medication records, financial transaction records and daily notes. We saw a blank audit sheet used by the FCS staff which covered all of these areas. The senior field care supervisor explained that when these audits were completed the FCS staff brought them to their weekly meetings to discuss any issues. These were then addressed by FCS staff with the care staff. There were no completed records available of these checks being carried out but we were able to view the notes the senior field care supervisor had made regarding the discussions held following the audits being carried out. The provider may wish to note that the notes were not detailed and did not record findings or actions taken/needed. Therefore an audit trail of changes and issues was not available.

During the inspection in October 2013 we looked at complaints received by the service. The evidence we looked at and the conversations we had with staff and people who used the service indicated that the provider's policy and procedure with regard to complaints was not being followed by the management team. Although staff stated that they understood how to make a complaint or support a person who used the service to make a complaint, staff and people who used the service were less clear about whether action would be taken and if issues would be kept confidential.

We found during the October 2013 inspection that some complaints had been dealt with appropriately but records were incomplete regarding these. We found a lack of evidence of investigations carried out or any action taken as a result of other complaints received. The action plan submitted by the provider stated that the complaints procedure would be followed effectively and records of investigations, outcomes and actions would be fully completed. As part of the information submitted to the CQC between October 2013 and December 2013 the details of all complaints received were included. This showed

evidence of the investigations that had been undertaken and the actions taken as a result of the complaint.

During the inspection in December 2013 we looked at all the complaints that had been received since our last visit. All the records we looked at showed that there had been timely responses and where appropriate investigations had been undertaken. The records did not always show if there had been any action with regards to staff such as disciplinary or retraining. The director explained that these records would be present in the individual staff files for confidentiality. We discussed ensuring that an outline of any action taken was recorded within the complaints paperwork and reference made to further details being available within staff files if needed.

Responses from the CQC questionnaire and the expert by experience interviews showed that most people were aware of the complaints procedure and would feel able to complain or raise any issues. 17% of the respondents to the provider's questionnaire stated that they were not aware of the complaints policy which demonstrated that there may be further work needed to ensure that people were made fully aware of the complaints procedure available to them.

We identified in October 2013 that there was no monitoring of missed, late or shortened visits. When we visited in December 2013 a system had been installed which required the carer to call a Freephone number on arrival at the call, and when leaving. This then registered on a live system in the office which was monitored by office based staff. This allowed office based staff to follow up if a carer had not arrived for a visit. It also allowed management to follow up if visits were being cut short. At the time of our visit this system had been running for approximately four weeks. The system collected data which could then be analysed by senior staff to look at the prevalence of missed and late calls.

The director explained that since the system had been installed this had cut the amount of calls being missed and more recently there had been no missed calls for a period of two weeks. At the time of our inspection senior staff were looking at how the data would be extracted, analysed and monitored.

In October 2013 we identified that the audits that were being completed as part of the quality assurance system by the manager were not always accurate, did not include an action plan and there was no evidence of any action taken as a result of these. As a result of the inspection findings the directors and the manager were in the process of developing a more robust quality assurance system which would designate responsibility for certain areas and confirm reporting structures. There had not been a final decision made on all areas, as the directors were in the process of employing a compliance manager who would be taking on responsibility for the structure of quality assurance systems. Once this person was in post this would mean that there would be clarity about who was dealing with different issues and an ability to ensure that procedures were being followed and issues were being followed up appropriately. This person was not in post at the time of our visit and the impact of this role was unknown.

We had found at the October 2013 visit that there was little evidence of how staff views were being captured and how the provider was monitoring support given to staff. Staff meetings were infrequent. We were not able to view any minutes from these meetings. When we spoke with staff they felt meetings were not effective. The senior field care supervisor explained at the December 2013 inspection that work had been carried out with FCS staff around the frequency and focus of team meetings. All teams had attended at

least one team meeting since our last inspection. The minutes from these showed that a range of issues were discussed. The senior field care supervisor also attended these meetings and then fed back any issues directly to the manager. No actions had resulted from this at the time of our inspection but the senior field care supervisor explained that this would make up part of the quality assurance reporting system once it was up and running.

When we spoke with staff they confirmed that they had attended a team meeting although they were still unclear on the effectiveness of these and stated that they did not feel informed about what was happening in the organisation overall because information was communicated to them rather than raised as discussion topics. This meant that staff involvement was still limited and the focus and outcomes of these meetings needed to be further developed to be fully effective. The provider may wish to note that there was no other evidence of staff involvement in decision making or feedback gathered from staff regarding the agency and how it worked.

**People's personal records, including medical records, should be accurate and kept safe and confidential**

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## Our judgement

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The provider was not meeting this standard.

People were not protected from the risks of unsafe or inappropriate care and treatment because accurate and appropriate records were not maintained.

We have judged that this has a minor impact on people who use the service, and have told the provider to take action. Please see the 'Action' section within this report.

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## Reasons for our judgement

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People were not protected from the risks of unsafe or inappropriate care and treatment because accurate and appropriate records had not been maintained.

We had found during the inspection in October 2013 that care related documentation was not always detailed. One of the files we looked at did not contain a care plan. There were discrepancies in some of the files we looked at. Some plans had been written in 2011 and had not been altered since. There were many sections of notes missing from the files we looked at.

During the inspection in December 2013 we looked at six care plan files and records of reviews that had been carried out since our last visit. The provider also submitted information on a two weekly basis between October and December 2013 regarding the reviews completed.

All the files we looked at showed that the person had a review of their care plan within the last two months and where changes in care or needs had been identified these had been transferred into people's care plans in all but one of the files. The senior field care supervisor explained that when changes were needed, the subsequent update to the plan was then monitored and reported to her through the weekly meetings with the field care supervisor (FCS) staff. This work was ongoing and the system of monitoring implemented by the senior field care supervisor meant that further improvements would be evident over a longer period of time.

We looked at the reviews that had been carried out for six people. We found that the amount of detail recorded in the review paperwork was inconsistent. The quality of the information gathered at these care plan reviews appeared to be dependent on the individual FCS. We discussed this with the director who showed us evidence of team discussions and retraining that had been provided for FCS staff regarding reviews, care plans and recording information. The director agreed that there was a need for further training and support for FCS staff to ensure that the way information was collected and

reviewed was consistent and high quality.

As part of the inspection in October 2013 it had been highlighted that plans were task orientated and did not give details about how the person wanted to be supported. There were statements such as "Requires personal care" without any confirmation of what kind of personal care support was required. When we looked at plans in December 2013 we found that the level of detail and information regarding personal preferences was dependent on the FCS that had written the plan.

Some of the plans we looked at had a good level of detail and were personalised to the individual. Others still contained generic statements without any guidance for staff on how the person wished to be supported. This was linked to the quality of the review that had been undertaken. This meant there were still plans that were not fit for purpose or that accurately reflected the person's needs and how they wished to be supported.

We identified when looking at records that there was still a lack of information in people's files about conditions such as dementia. We looked at one file for a person who had a dementia related condition and there was no mention anywhere in the file of the condition or the impact it might have on staff delivering that person's care appropriately. This may have meant that people's individual needs and conditions were not known by staff and were not considered in the way support was delivered.

As part of the inspection in October 2013 we saw examples of where records of arrival times and departures had been altered or showed that the visit time allocated was not being adhered to. The new system that had been implemented for monitoring calls meant that these records were no longer made manually which eliminated the issues of accurate recording of call times. The manager was in the process of developing a system for monitoring this using the data the new system provided. This would then result in action being taken to address shortened visits. The way this would be recorded had not yet been decided and at the time of our inspection in December 2013 each occurrence of shortened visits was being addressed individually by FCS staff with care staff. A more robust analysis of data and subsequent procedures to be followed were yet to be developed.

We found in October 2013 that there was a lack of records relating to action taken following complaints, concerns, safeguarding events, accidents and incidents. As part of our visit in December 2013 we found that this had improved and records were now more robust. However, there were still examples of gaps in recording and a lack of detailed notes showing what had been discussed or what action was being taken in some areas. This included care plan reviews, supervision meetings, complaints and some audits. These all required further improvement as the improvements made were not consistent across all FCS staff. The director stated that further work would be undertaken with staff to ensure that records were fit for purpose.

This section is primarily information for the provider

✘ **Action we have told the provider to take**

## Compliance actions

The table below shows the essential standards of quality and safety that **were not being met**. The provider must send CQC a report that says what action they are going to take to meet these essential standards.

Regulated activity	Regulation
Personal care	<b>Regulation 9 HSCA 2008 (Regulated Activities) Regulations 2010</b>
	<b>Care and welfare of people who use services</b>
	<p><b>How the regulation was not being met:</b></p> <p>Regulation 9 (1) The registered person had not taken proper steps to ensure that service users were protected against the risks of inappropriate care or treatment by means of planning and delivery of care to meet individual needs and ensure the safety and welfare of the service user.</p>
Regulated activity	Regulation
Personal care	<b>Regulation 20 HSCA 2008 (Regulated Activities) Regulations 2010</b>
	<b>Records</b>
	<p><b>How the regulation was not being met:</b></p> <p>Regulation 20 (1) The registered person had not ensured that service users were protected from the risks of inappropriate care arising from a lack of proper information about them by means of maintenance of accurate records in respect of each service user and such other records as appropriate in relation to persons employed and management of the regulated activity.</p>

This report is requested under regulation 10(3) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010.

**This section is primarily information for the provider**

The provider's report should be sent to us by 07 February 2014.

CQC should be informed when compliance actions are complete.

We will check to make sure that action has been taken to meet the standards and will report on our judgements.

## About CQC inspections

We are the regulator of health and social care in England.

All providers of regulated health and social care services have a legal responsibility to make sure they are meeting essential standards of quality and safety. These are the standards everyone should be able to expect when they receive care.

The essential standards are described in the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009. We regulate against these standards, which we sometimes describe as "government standards".

We carry out unannounced inspections of all care homes, acute hospitals and domiciliary care services in England at least once a year to judge whether or not the essential standards are being met. We carry out inspections of other services less often. All of our inspections are unannounced unless there is a good reason to let the provider know we are coming.

There are 16 essential standards that relate most directly to the quality and safety of care and these are grouped into five key areas. When we inspect we could check all or part of any of the 16 standards at any time depending on the individual circumstances of the service. Because of this we often check different standards at different times.

When we inspect, we always visit and we do things like observe how people are cared for, and we talk to people who use the service, to their carers and to staff. We also review information we have gathered about the provider, check the service's records and check whether the right systems and processes are in place.

We focus on whether or not the provider is meeting the standards and we are guided by whether people are experiencing the outcomes they should be able to expect when the standards are being met. By outcomes we mean the impact care has on the health, safety and welfare of people who use the service, and the experience they have whilst receiving it.

Our inspectors judge if any action is required by the provider of the service to improve the standard of care being provided. Where providers are non-compliant with the regulations, we take enforcement action against them. If we require a service to take action, or if we take enforcement action, we re-inspect it before its next routine inspection was due. This could mean we re-inspect a service several times in one year. We also might decide to re-inspect a service if new concerns emerge about it before the next routine inspection.

In between inspections we continually monitor information we have about providers. The information comes from the public, the provider, other organisations, and from care workers.

You can tell us about your experience of this provider on our website.

## How we define our judgements

The following pages show our findings and regulatory judgement for each essential standard or part of the standard that we inspected. Our judgements are based on the ongoing review and analysis of the information gathered by CQC about this provider and the evidence collected during this inspection.

We reach one of the following judgements for each essential standard inspected.

**✓ Met this standard** This means that the standard was being met in that the provider was compliant with the regulation. If we find that standards were met, we take no regulatory action but we may make comments that may be useful to the provider and to the public about minor improvements that could be made.

**✗ Action needed** This means that the standard was not being met in that the provider was non-compliant with the regulation. We may have set a compliance action requiring the provider to produce a report setting out how and by when changes will be made to make sure they comply with the standard. We monitor the implementation of action plans in these reports and, if necessary, take further action. We may have identified a breach of a regulation which is more serious, and we will make sure action is taken. We will report on this when it is complete.

**✗ Enforcement action taken** If the breach of the regulation was more serious, or there have been several or continual breaches, we have a range of actions we take using the criminal and/or civil procedures in the Health and Social Care Act 2008 and relevant regulations. These enforcement powers include issuing a warning notice; restricting or suspending the services a provider can offer, or the number of people it can care for; issuing fines and formal cautions; in extreme cases, cancelling a provider or managers registration or prosecuting a manager or provider. These enforcement powers are set out in law and mean that we can take swift, targeted action where services are failing people.

## How we define our judgements (continued)

Where we find non-compliance with a regulation (or part of a regulation), we state which part of the regulation has been breached. Only where there is non compliance with one or more of Regulations 9-24 of the Regulated Activity Regulations, will our report include a judgement about the level of impact on people who use the service (and others, if appropriate to the regulation). This could be a minor, moderate or major impact.

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**Minor impact** - people who use the service experienced poor care that had an impact on their health, safety or welfare or there was a risk of this happening. The impact was not significant and the matter could be managed or resolved quickly.

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**Moderate impact** - people who use the service experienced poor care that had a significant effect on their health, safety or welfare or there was a risk of this happening. The matter may need to be resolved quickly.

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**Major impact** - people who use the service experienced poor care that had a serious current or long term impact on their health, safety and welfare, or there was a risk of this happening. The matter needs to be resolved quickly

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We decide the most appropriate action to take to ensure that the necessary changes are made. We always follow up to check whether action has been taken to meet the standards.

## Glossary of terms we use in this report

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### Essential standard

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The essential standards of quality and safety are described in our *Guidance about compliance: Essential standards of quality and safety*. They consist of a significant number of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009. These regulations describe the essential standards of quality and safety that people who use health and adult social care services have a right to expect. A full list of the standards can be found within the *Guidance about compliance*. The 16 essential standards are:

Respecting and involving people who use services - Outcome 1 (Regulation 17)

Consent to care and treatment - Outcome 2 (Regulation 18)

Care and welfare of people who use services - Outcome 4 (Regulation 9)

Meeting Nutritional Needs - Outcome 5 (Regulation 14)

Cooperating with other providers - Outcome 6 (Regulation 24)

Safeguarding people who use services from abuse - Outcome 7 (Regulation 11)

Cleanliness and infection control - Outcome 8 (Regulation 12)

Management of medicines - Outcome 9 (Regulation 13)

Safety and suitability of premises - Outcome 10 (Regulation 15)

Safety, availability and suitability of equipment - Outcome 11 (Regulation 16)

Requirements relating to workers - Outcome 12 (Regulation 21)

Staffing - Outcome 13 (Regulation 22)

Supporting Staff - Outcome 14 (Regulation 23)

Assessing and monitoring the quality of service provision - Outcome 16 (Regulation 10)

Complaints - Outcome 17 (Regulation 19)

Records - Outcome 21 (Regulation 20)

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### Regulated activity

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These are prescribed activities related to care and treatment that require registration with CQC. These are set out in legislation, and reflect the services provided.

## Glossary of terms we use in this report (continued)

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### **(Registered) Provider**

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There are several legal terms relating to the providers of services. These include registered person, service provider and registered manager. The term 'provider' means anyone with a legal responsibility for ensuring that the requirements of the law are carried out. On our website we often refer to providers as a 'service'.

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### **Regulations**

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We regulate against the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009.

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### **Responsive inspection**

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This is carried out at any time in relation to identified concerns.

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### **Routine inspection**

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This is planned and could occur at any time. We sometimes describe this as a scheduled inspection.

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### **Themed inspection**

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This is targeted to look at specific standards, sectors or types of care.

## Contact us

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