H.G. Care Services Limited

HG Care Services Limited

Inspection report

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Ratings

Overall rating for this service	Requires Improvement

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

Summary of findings

Overall summary

This was an announced inspection which took place on 11 and 12 October and 15 November 2017. The inspection was announced to ensure that the registered manager or another responsible person would be available to assist with the inspection visit.

We last inspected the service on 7 October 2016 when we rated the service as Good overall and we did not identify any breach of the regulations of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection we found the provider was not meeting the legal requirements. We identified breaches of 2 of the regulations of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 which were in relation to, safe management of medicines and the effectiveness of governance systems in place. We also identified a breach of Regulation 18 of the Care Quality Commission (Registration) Regulations 2009 Notifications of other incidents.

We made a recommendation that the service further considers their staff supervision and appraisal policy to ensure that standards of work are communicated and maintained to people working a high number of hours.

You can see what action we have told the provider to take at the back of this report. We are currently considering our options in relation to enforcement in relation to some breaches of regulations identified. We will update the section at the back of the inspection report once any enforcement work has concluded.

H G Care Services Limited provides twenty four hour domiciliary care and support to approximately 170 adults and children in their own home and who live in Greater Manchester and Stockport. The service's office is located in Levenshulme in Manchester. The provider was given 24 hours-notice of our inspection.

A registered manager was in place but was not present during the first two days of inspection due to being on leave. The registered manager was present on the third day of inspection. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

Prior to this inspection the Care Quality Commission (CQC) received some information of concern which was sent to us from the provider and we raised a safeguarding alert about this with the local authority adult safeguarding team. At that time we asked the provider for additional information in relation this. However this was not sent to us. The provider advised us that a similar incident involving the same service user had occurred previously which the provider had not notified us about at the time. During the inspection we gathered more information about the incident which would help our investigation.

Systems in place to ensure the quality of services provided were not always robust and effective.

From the seven care workers files we looked at we saw that these care workers received supervision, training and work monitoring checks during the course of their employment. However these systems were not robust and effective enough to make sure that two care workers who worked a high number of hours received sufficient supervision to ensure they were carrying out their role safely.

During the first two days of inspection we reviewed the care records of six people. We found that accurate and complete records in respect of risk assessments and the care provided to two people who were identified as being at risk of choking, did not clearly identify the factors which might increase the likelihood of the risk occurring. On the third day of inspection day we found that these records had been reviewed and updated to highlight risks, how to mitigate the risk and where the specific needs of both people were being met.

People's care records showed that their needs assessments had been completed prior to the service commencing. Once agreed a person centred plan was implemented providing good information about people's wishes and preferences and clearly guided staff in the support people wanted and needed.

Appropriate staff training and development was provided enabling staff to develop their knowledge and skills to help ensure people were supported safely and effectively so their individual needs were met.

Arrangements were in place to help protect people from the risk of abuse. The service had an up- to-date safeguarding policy and procedure in place and care workers spoken with were able to describe how they would recognise and report abuse.

Recruitment and induction procedures were in place to ensure only those applicants suitable to work with vulnerable people were appointed. Sufficient numbers of staff were available to support the individual needs of people. Care workers we spoke with told us following their employee induction, training appropriate to the work they carried out was available to them and this was on going.

Where necessary people were supported in meeting their nutritional and hydration needs. Advice and support was sought from the speech and language therapists (SALT) or dieticians where potential risks had been identified.

Care workers spoke caringly about people who used the service. They told us they had developed a good rapport and understanding of the people who used the service and treated people with respect.

Care workers had access to personal protective equipment (PPE) to help reduce the risk of cross infection.

Systems were in place for the reporting and responding to any complaints brought to the attention of the service. Most of the people we spoke with said they had no issues or concerns and felt they could discuss anything with the management team or care workers if they needed to. People were confident they were listened to.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement

The service was not always safe.

Medicines were not being managed safely and this presented a risk to people who used the service.

Where risks were identified care records included information to clearly identify the factors which might increase the likelihood of a risk occurring, how the risk should be managed and the impact should a risk occur.

The service had an up- to-date safeguarding policy and procedure in place to help protect people from the risk of abuse.

Is the service effective?

Good

The service was effective.

Care workers received supervision and appraisal at regular intervals. However these systems were not used robustly to ensure two staff who worked a high number of hours were supported to carry out their role effectively.

Training and support was provided for staff enabling them to develop the knowledge and skills needed to meet people's specific needs.

Peoples nutritional and hydration needs were being monitored, recorded and met.

Is the service caring?

Good

The service was caring

Care workers spoke caringly about people and told us they had developed a good rapport and understanding of the people who used the service.

People told us they felt that care workers knew them well and treated them with respect.

People we spoke with told us their care was mostly provided by a

consistent staff team and they had built good relationships with them.

Is the service responsive?

Good

The service was responsive

Needs assessments were completed prior to any care being agreed. Where appropriate people and their relatives were given the opportunity to be involved in planning their care and support.

People's care records included adequate information to guide staff about their individual likes, dislikes, preferences and risks.

People told us they had no issues or concern about the service. They knew who to speak with if they had any concerns and were confident they were listened to.

Is the service well-led?

Requires Improvement

The service was not always well led.

Systems in place to help monitor the quality and safety of the service had not been fully utilised and implemented effectively to identify the concerns we found during our inspection.

There were systems in place to consult with people who used the service however the results of these systems were not recorded.

Care workers and people using the service spoke positively about the management of the service and felt appropriately supported.

HG Care Services Limited

Detailed findings

Background to this inspection

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

This inspection was carried out over three days on the 11 and 12 October and 15 November 2017. In line with our current methodology for inspecting domiciliary care agencies this inspection was announced 24 hours prior to our visit to ensure the registered manager or other responsible persons would be available to assist with the inspection.

The inspection was carried out by one adult social care inspector and an expert-by-experience. This is a person who has personal experience of supporting someone who uses this type of care service.

Before the inspection we reviewed the previous Care Quality Commission (CQC) inspection report about the service. We also considered information we held about the service, such as statutory notifications in relation to safeguarding and incidents which the provider had told us about.

We contacted the local authority commissioning team to seek their views about the service. They told us that they had some concerns about the provider's low compliance in utilising the commissioner's workforce management quality assurance system. This system allows the provider to manage the complete commissioning cycle to deliver quality assured services to people.

During our inspection we spoke with the registered manager, deputy manager, general manager, three care workers, safeguarding lead, care assessor and compliance officer. Following our inspection visit to the services office we spoke on the telephone with thirteen people who were receiving a service and four relatives of people receiving a service in order to obtain their opinions about the service HG Care Services Limited provided.

Part of our information gathering included a request to the provider to complete and return to us a Provider Information Return (PIR). This is a document that asks the provider to give us some key information about

the service, what the service does well and any improvements they plan to make.

We reviewed six people's care records including four medicine administration records, the recruitment files for seven staff members, records of staff training and supervision and records relating to the management of the service such as audits and a sample of the services operational policies and procedures.

Requires Improvement

Is the service safe?

Our findings

Prior to this inspection CQC received a statutory notification from the provider which contained some information of concern. The notification informed us about a medicines incident that had occurred in a person's home. This notification also highlighted that a similar incident involving the same service user had occurred in June which the provider had not notified us about at the time.

Prior to the inspection we had asked the provider for additional information in relation to the notification but this was not sent to us. We gathered more information about the details of the notification during the inspection.

The service had a medication administration policy in place which included how to report any adverse incidents. A copy of the policy was also included in the staff handbook and all staff had received a copy. During our inspection we reviewed the medication policy and procedure and reviewed four medication administration records (MAR) including the MAR records relating to the notification that had been sent to us.

From the four care records we looked at we saw that one MAR had missing signatures and the medicines incident we were notified about had not been recorded on the persons MAR. In addition to this we saw that a medicines risk assessment for the person was not in place and the provider had not followed their medicines policy and procedure to address the incident and concerns following the incident. This meant people were at risk of potential harm associated with the unsafe management of medicines because a medicines risk monitoring and assessment was not carried out and actioned following the incident.

The deputy manager told us that where possible people's medication was stored in a 'dosette box', which was filled and delivered by the chemist and kept in a safe place in the persons home. This system helped to ensure the person had received their medication as prescribed. A dosette box is an individualised box containing medication organised into compartments by day and time to simplify taking the medicines. They told us that any medication administered by staff was recorded on the person's MAR which was kept in their home and completed MAR's were brought to the office on a monthly basis to be checked by a care coordinator. The deputy manager told us the care coordinator reviewed the returned MAR's and any issues identified would be recorded, addressed with the responsible care worker and the registered manager notified. However we were told that auditing records to support this system were not in place.

We reviewed seven staff training records which showed that staff had received mandatory training in medication administration and awareness prior to being allowed to administer medicines to people. Records showed that medicine's competency assessments were also carried out to ensure care workers were competent in this topic. However a staff medicines competency check had not been carried out immediately following the notifiable incident.

The above examples demonstrate a breach of regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 the proper and safe management of medicines.

Arrangements were in place to help protect people from the risk of abuse. The service had an up- to-date safeguarding policy and procedure in place and staff members spoken with were able to give a good account of the risks associated to vulnerable adults, the safeguards in place to minimise these risks and explain how they would recognise and report abuse. Staff we spoke with told us they had received safeguarding and whistleblowing training and understood their responsibility in relation to keeping people safe from harm. The staff learning and development records confirmed this. They shared with us their understanding of the service's whistleblowing policy (the reporting of unsafe and or poor practice by staff) and told us they would contact the general manager or senior care worker to inform them about any risk concerns.

The deputy manager told us that the out of office emergency contact number was also recorded in the persons care files in people's homes for them or their relative to contact the agency if needed.

People we spoke with told us they felt safe when receiving care and support from their carer in their own home. They said, "Yes of course I feel safe", "I have no concerns whatsoever" and "I feel fine with them; they help me to have a bath and I feel safe, no complaints."

A persons relative said, "Yes I do actually feel safe, that is the feedback I am getting from my father he seems happy. I am not there. My father would be quick to show his disapproval I have seen a big improvement in his condition since HG took over as he has a high risk of falls nearly every week. Since the new system has been set up with HG in May he has only had one minor fall. He had one fall and he went to hospital but it wasn't serious but he did get an infection and he is being monitored. Since the carers have been going round his wellbeing has improved significantly."

During the first two days of inspection we reviewed the care records of six people. We found that accurate and complete records in respect of risk assessments and the care provided to two people who were identified as being at risk of choking, did not clearly identify the factors which might increase the likelihood of the risk occurring. On the third day of inspection day we found that the two care records had been reviewed and updated to highlight the risk, how to mitigate the risk and where the specific needs of both people were being met.

We also examined people's risk assessments for moving and handling, the use of the hoist and environmental risk assessments. These assessments helped reduce risks to the health and safety of people using the service and care workers.

The registered provider employed an external company to undertake checks and maintain the fire extinguishers, fire alarm system, emergency lighting and smoke detectors to ensure the safety of the office based staff. Records showed that the office electrical equipment had undergone a portable appliance test at regular intervals to ensure equipment was safe for staff to use.

Records of accidents and incidents held in the office were up to date. The deputy manager was able to describe the procedure for informing the appropriate authorities of any accidents or incidents.

A recruitment and selection procedure was in place. We looked at six staff recruitment files and found that all of the staff members had been recruited in line with the regulations including the completion of a disclosure and barring service (DBS) pre-employment check and at least two recent references from previous employers. Such checks help the registered provider to make informed decisions about a person's suitability to be employed in any role working with vulnerable adults. All staff members were issued with an employee handbook which contained information about the services policies and procedures. The DBS is a

national agency that holds information about criminal records. DBS checks aim to help employers make safer recruitment decisions and minimise the risk of unsuitable people being employed to work with vulnerable groups of people.
The deputy manager told us that during the interview process they looked for people who demonstrated a kind and caring attitude towards people and who wanted to deliver a high standard of care to people.

Excluding the registered manager the service employed 13 office based staff and 115 care workers. The deputy manager told us that the agency covered areas within Greater Manchester/ Stockport and as far as possible staff worked within the same area to minimise travelling time, maintain continuity of care and reduce the risk of late visits. Care workers we spoke with confirmed this.

The registered manager told us that the number of staff employed were sufficient to meet the needs of the people receiving a service. We observed care coordinators taking calls and organising visits throughout the inspection. We heard telephone conversations between care coordinators and care workers to discuss the visits care workers should attend to carry out their role. We also heard telephone discussions between the care coordinators and people using the service to advise the staff of cancelled visits or hospital appointments. Care workers were contacted by the care coordinators, advised and instructed on their next visit. It was clear that there were sufficient staff to support people's needs and surplus staff hours available which allowed holidays and sickness to be covered. The registered manager told us they always tried to make sure there were enough care workers to cover unexpected circumstances or short notice staff sickness to ensure that visits were not late or missed.

When we spoke with people using the service we received a mixed response in relation to their care worker arriving on time. They said, "Yes they usually arrive on time depending on the traffic but usually they're alright" and "My care worker was late and they are usually late. It could be up to an hour late and they don't let me know. They don't let me know to expect a different carer."

Relatives of people using the services we spoke with said, "My mum is happy. When they come I am not there. The communication is good they let her know if they are going to be late" and "Yes, if he [care worker] is going to be off or late he lets him know."

When we spoke with the registered manager about the service user responses they told us that call times were being monitored and recorded on a live, computerised system so that action could be taken as needed. However due to the recent move to a new office location, the system had not been used efficiently to measure the call times. They told us they were working on improving their use of the system now that they were established in their new offices.

The general manager and care workers we spoke with told us that personal protective equipment (PPE) such as disposable aprons and gloves were available for staff to use which helped to protect them and people using the service from the risk of cross infection whilst delivering care. Care workers were aware of the need to make sure they used the PPE available and told us there was always enough equipment in place.

The use of such equipment when carrying out personal care tasks ensures that people who use the service and staff are protected from the risk of cross infection. Records showed that infection control training for staff was covered as part of the induction process and was included in the staff handbook which included good hand washing techniques.

Good

Is the service effective?

Our findings

Staff supervision provides staff with the opportunity to talk about their personal development, review future training and development needs, promote good practice and improve the quality of service. A policy/procedure and system of staff supervision and appraisal was in place. When we reviewed a sample of staff records we saw that two care workers who had worked up to 90 hours in one week had not received sufficient formal supervision to ensure the support and guidance provided was sufficient for them to carry out their role effectively. This meant the registered provider had not used the staff monitoring systems robustly to make sure both care workers were carrying out their role effectively.

We recommend that the service further considers their staff supervision and appraisal policy to ensuring that standards of work are communicated and maintained to people working a high number of hours.

Care workers we spoke with told us that they had the opportunity to talk about their work with the general manager and training officer both individually and at team meetings, however attendance at team meetings were infrequent because it was difficult for them to access the office. They told us that the registered manager and wider management team were "approachable and supportive" and they understood that spot checks were carried out to make sure they were doing their job properly. This showed that care workers knew the importance of delivering a good standard of care and support to people using the service.

The deputy manager told us that individual staff training was recorded on an electronic database system. We looked at what training and development opportunities were offered to staff. We reviewed training records and spoke with the deputy manager and staff about the programme in place.

Records we reviewed showed that an induction programme was in place for new care workers. We saw the induction also included the completion of all mandatory health and safety training such as; food hygiene, moving and handling, safeguarding people from abuse, health and safety, fire safety, medication, first aid and nutrition. Records also showed that care workers had received recent up to date training appropriate to their role and this helped to make sure people received safe and effective care.

Whilst there is no statutory requirement for providers to implement the Care Certificate consideration had been given to the relevant modules and for existing staff to access appropriate individual modules to further develop their knowledge. The registered manager told us that the newly appointed training officer was looking to implement this training once fully established in their new role. The Care Certificate, developed by Skills for Care and Skills for Health is a set of minimum standards that social care and health workers should apply to their daily working life and must be covered as part of the induction training of new care workers. This helps to prepare people who are new to care work in carrying out their role and responsibilities effectively.

In addition to this training we were told that care workers completed shadowing sessions (working under the supervision of an experienced care worker). Shadowing periods varied for new staff depending on the advice of the general manager before being approved to work unsupervised with people. Staff we spoke

with confirmed that they had undertaken induction training and found this helpful. One staff member told us, "Before I could work on my own I had to shadow a senior carer for a few weeks until they [management] were satisfied with my work. I have been trained in moving and handling and infection control so that I can do the job. I think I get good support from the general manager."

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decision and are helped to do so when needed. When they lack mental capacity to make particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. All of the people we spoke with and their relatives confirmed that care workers always consulted them to obtain their consent before providing care/support or domestic tasks.

Staff spoken with confirmed they had undertaken MCA training and demonstrated an awareness of the MCA and the need for consent to be obtained. Care workers we spoke with were able to explain how they obtained consent from people they supported on a day to day basis. One care worker said, "I always ask people what they want me to do to make sure the care is provided how they want."

The services care assessor told us that before a care plan is put in place they visit the person at home to go through the plan with them and their relative where appropriate to ensure they were satisfied with the content. People we spoke with confirmed this.

We reviewed six people's care records that showed people receiving a service had signed to consent and agree to the care being provided. These records indicated that people had been consulted and involved in making decisions about their care package and they were happy to confirm their agreement to the support being offered or provided. The registered manager and management team were aware that only people who had power of attorney for health and welfare decisions were legally able to sign on the person's behalf.

Records showed that consideration was given to people's nutritional needs where this support was being provided. Advice and support was sought from the speech and language therapist (SALT) and dieticians where potential risks, such as choking had been identified. People's records showed that food and fluid monitoring records were completed to help monitor people's nutritional intake. SALT provides treatment support and care for people who have difficulties with communication or with eating, drinking and swallowing. We saw appropriate and up to date records were in place where there was a need for this document to be included in people's care records.

Staff had received food hygiene training and records were being kept of people's dietary and fluid intake if there was an identified problem with nutrition and hydration. This meant peoples nutritional and hydration needs were being monitored, recorded and met.

Good

Is the service caring?

Our findings

People we spoke with and their relatives told us they felt the service was caring. They told us that their care worker had built a positive relationship with them and their relatives. We were unable to observe care being carried out directly however people we spoke with commented by saying, "No concerns whatsoever they are very good", "I have no worries, the carers are good" and "We usually get the same care worker so we know them. Sometimes we aren't informed if it is someone different coming" and "They [care workers] are doing their best, they are very supportive and try very hard."

Relatives of people using the service said, "They are really nice carers, they take him [person] out and he hugs them when they come, all the carers that come are very nice", "We have called the office with queries, they and the carer have been helpful. I would raise any concerns if I had any" and "The carer even rang us when he was on holiday. They still have contact and give emotional support. They answer their phone in the evening and ring us during the day to make sure [person] is ok."

People we spoke with all told us that their privacy and dignity was respected at all times. Care workers we spoke with described the importance of respecting people's privacy and dignity and were able to explain how they did this. For example we were told personal care was provided in the privacy of the person's bedroom making sure curtains and doors were closed prior to any care being delivered. They described how they spoke with people in a dignified and respectful manner. We saw that privacy and dignity was included during the staff induction process and staff had access to up-to-date policies and procedures for maintaining people's dignity, equality and diversity.

All of the staff we spoke with demonstrated a caring and positive attitude about people receiving a service. Staff told us they thought the agency delivered a good standard of care to people and they got to know people very well and over time and had developed good relationships. One care worker said "We must always put the service user first." Care workers we spoke with were able to tell us about the people who used the service. They knew their likes, dislikes, support needs and things that were important to them. Care workers worked individually or in small teams with each person, which enabled people and care workers to know each other well and provide continuity of care.

Care workers we spoke with understood the importance of offering choice to people and told us that where possible people were encouraged to make choices around how they wanted their care to be delivered on a daily basis. The general manager told us they visited people in their homes to ensure they were satisfied with the support plans and to ensure they were built around the person's individual needs and personal preferences. People we spoke with, their relatives and care records we examined confirmed this. Care records also included details of people's personal preferences.

The general manager told us that regular staff spot checks were carried out by senior care workers. These checks included working alongside care workers and ensuring that staff respected people's privacy and dignity and promoted people's independence. Staff spoken with and a review of the staff spot check records confirmed this.

Good

Is the service responsive?

Our findings

People we spoke with were aware of their initial needs assessment and felt that their needs had been recorded accurately saying. "The carer helps me to eat healthily as I am diabetic and need to keep my weight down; he comes to any medical check-ups with me. He has the right skills and he provides consistent support as I can become unsettled if they change care workers. The current one has been with me for a year" and "I can speak to the carers anytime, they text me to check if I need anything such as toiletries and clothing". This meant care workers could respond appropriately to help make sure people's health and wellbeing were being appropriately responded to and maintained.

The services care assessor had recently reviewed people's needs assessment to reflect any identified changes. For example, we examined an initial local authority commissioner's assessment form for a person who was identified as having swallowing difficulties. We saw that a traffic light risk assessment had been introduced by the services care assessor to identify the level and impact of the risk concerns. For example green indicated a low risk, amber, a medium risk and red indicated a high risk. Where risks were identified as amber or red, the care assessor would be alerted to contact a person's GP, health care professional or the emergency services. This system had identified the person as being at risk of choking.

As a result of these findings the care assessor had arranged for the person to be assessed by a speech and language therapist (SALT) to help to mitigate the risk of the person choking. The care assessor had used National Patient Safety Agency (NPSA) best practice guidance to ensure the person's safety and wellbeing whilst care was being delivered by care workers. NPSA monitor patient safety incidents and lead and contribute to improved safe patient care by informing, supporting and influencing healthcare organisations and individuals working in the health care sector.

Where people's relatives were not involved in their care the provider acted as the point of contact to be responsible for arranging any meetings to review their care and care plans. Additional support included liaising with agencies about people's housing and environmental needs, such as adaptations or equipment required.

Environmental and personal risk assessment forms had been reviewed and updated to reflect people's current circumstances and a daily living care plan described any further risks or difficulties in relation to their health and general medical history. Information about people's mobility, personal safety, cultural and faith needs were also included and this helped to establish people's wishes and preferences when care/support was provided.

People we spoke with mostly confirmed they received a well-coordinated package of care and were fully involved and consulted in planning their care and/or support. We saw that people's support plans had been reviewed when their needs changed. In addition to supporting people to meet their health care needs the service explored people's social and emotional needs so that they were helped to live a lifestyle of their choosing. For example, a person we spoke with told us how the care worker supported them to participate in external activities they enjoyed. They said, "The carer is very good with me and I am happy with them. He

takes me to the gym and to hospital appointments; he takes me shopping or for a ride out. He encourages me to maintain good hygiene. He also helps me with paying my bills."

We saw information about how to make a complaint was included in the documents people were given when they started to receive a service from HG Care Services Limited. People we spoke with told us they had received a copy of the procedure and felt confident in raising any concerns they might have with either their care worker or registered manager. People told us: "They listen" and "I can call them anytime if I have a problem."

A complaints policy was in place which allowed for a full investigation into the complaint and for all complaints to be taken seriously. The policy signposted the complainant to be escalated to the Local Government Ombudsman if the complainant remained dissatisfied with the outcome and wished to escalate their complaint. We saw actions to most of the complaints/comments had been recorded and resolved to the person's satisfaction.

The registered manager said, "We are always trying to get it right. Sometimes we don't and fail to please some people. Where there are significant issues, we advise the local authority commissioners and we try to address matters together to resolve things for the sake of the service user."

Requires Improvement

Is the service well-led?

Our findings

Prior to this inspection the Care Quality Commission (CQC) the provider had notified us about an incident that occurred in September and we raised a safeguarding alert about this with the local authority adult safeguarding team. The information advised us about an incident that had occurred in a person's home and also highlighted that a similar incident involving the same service user had occurred previously which the provider had not notified us about at the time. We gathered more information about the incident during this inspection.

By not notifying us of incidents such as this, there was a risk that we are unable to assess if the appropriate action has been taken and the relevant people alerted.

This was in breach of Regulation 18 of the Care Quality Commission (Registration) Regulations 2009 Notifications of other incidents.

The service had a manager who was registered with the Care Quality Commission (CQC). They were present at the third day of inspection. The registered manager is also the registered provider for H.G. Care Services Limited. The deputy manager was present during each day of the inspection.

A registered manager is a person who has registered with the Care Quality Commission (CQC) to manage the service. Like registered providers, they are 'registered persons'. Registered persons have a legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

Discussions with staff members and people who used the service confirmed a manager was always available at the service if they wished to speak to one. People told us that the management team were approachable and listened to them.

The managerial oversight of medicines management within the service had been poor. Although risk checks and audits were in place for medicines management and staff supervision we found these had not always been consistently completed and had not been effective at ensuring timely action was taken to address concerns.

The services regulation and compliance audits were undertaken by the compliance officer and action required to help reduce identified shortfalls in service provision had not been effective. In addition to this the provider was unable to provide us with copies of the most recent compliance audit to examine their findings in relation to shortfalls in good practice.

Information gathered from people and their relatives to identify the quality and standard of the care and support and of people's care records was not available for us to examine. Following the inspection the provider gave us copies of the provider quality self-assessment tool, however these records had not been completed and were blank.

The service had a system in place to monitor the times and lengths of visits made by staff to people's homes if they were funded by a local authority. This system allowed the service to monitor if visits were late, missed or otherwise not as scheduled. The system also allows the provider to manage the complete commissioning cycle to deliver quality assured services to people. Therefore swift action could be taken if a problem had been identified with visit times or length of visits.

However there was no auditing system of this in order to identify any trends or patterns to missed or late calls. This meant that the provider was not able to identify where quality and/ or safety were being compromised and could not respond appropriately. In addition to this the local authority advised us that the provider had a low compliance in utilising the commissioner's workforce management quality assurance system.

The above examples demonstrate a breach of regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 Good governance

The registered manager told us they had already started to address the quality of the audits and concerns in relation to medicines management and staff supervision. Their training officer had provided refresher training to staff where concerns had been identified. Care plan assessment audits and reviews were also taking place following National Patient Safety Agency best practice guidance.

We saw recent reporting systems such as accident and incident reporting and environmental risk assessments were in place. These showed where improvements were needed and what action had been taken to address any identified issues. Safeguarding alerts were recorded, checked and shared with the local authority for any patterns which might emerge.

When we checked our records before the inspection we saw that other accidents and incidents that the Care Quality Commission needed to be informed about had been notified to us by the registered provider.

Accidents and incidents were monitored by the registered manager to ensure any trends were identified and addressed. This meant we were able to see if appropriate action had been taken by the provider to ensure people were being kept safe.

Staff meetings were held in the office on a quarterly basis. Copies of the minutes were sent to all staff with their wage slips to ensure they were included in the meeting and for those unable to attend received up to date service information. All staff had been provided with an employee handbook, which included the aims of the service and employee code of conduct. This was confirmed by the care workers we spoke with.

Copies of the services policies and procedures such as, complaints and suggestions, safeguarding adults, accidents and incidents, medicines, staff recruitment and whistle blowing were shared with us, were accessible to staff and were kept under review.

This section is primarily information for the provider

Action we have told the provider to take

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

Regulated activity	Regulation
Personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment The proper and safe management of medicines The provider had not taken all reasonably practicable steps to reduce risks to people using the service. Regulation 12(2)(g)

Regulated activity	Regulation
Personal care	Regulation 17 HSCA RA Regulations 2014 Good governance Good governance The provider was not able to identify where quality and/ or safety were being compromised and could not respond appropriately.