Complete Professional Care Medway Ltd

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## Inspection report

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## Ratings

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|---|---|
| Overall rating for this service | Requires Improvement |

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

# Summary of findings

## Overall summary

We inspected the service on 23 and 26 February 2016. The inspection was announced.

Complete Professional Care Medway Ltd is a domiciliary care agency which provides personal care to people, including people with dementia and physical disabilities, in their own home. The agency provides care for people in the Medway area and the office is situated in Hempstead, Rainham. There were 32 people receiving support to meet their personal care needs on the day we inspected.

There was a registered manager employed at the service. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run. The manager had recently been appointed and had been through the CQC registration process. Their application had been successful and they were awaiting their certificate of registration.

The service did not have robust recruitment practices in place to keep people safe from receiving care from unsuitable staff.

Ongoing supervision and appraisal of the manager was not maintained to enable them to carry out their role effectively. Staff did not have adequate one to one supervisions to support them in their role and ensure their personal development needs were taken care of. Observational assessments of staff had not taken place to ensure they were performing well in their role while supporting people in their own home.

People had not had the opportunity to give their views of the service provided either through visits by the manager or provider, or by questionnaires. The provider did not have systems and processes in place to monitor the quality and safety of the service and therefore make improvements.

People were kept safe from abuse by staff who had received the correct training and had access to guidance and advice through an up to date safeguarding procedure. Staff understood their responsibilities in safeguarding vulnerable adults and could give good examples of when they would report concerns.

Staff received regular training in all the mandatory areas with regular updates. Training in more specialist areas such as dementia awareness and sensory impairment were also provided as necessary.

Staff had a good understanding of the basic principles of the Mental capacity Act 2005 (MCA ). However only a minority of staff had received training in the subject. We made a recommendation about this.

Individual risk assessments were person centred and thorough. Staff had the information necessary to make sure they were able to give people safe support that helped to maintain their independence. Environmental risk assessments considered the risks that may be encountered in people's individual homes and within the

local area. These measures helped to keep people and staff safe from potential risks that may be encountered.

There were sufficient staff available to provide the support necessary to people living in their own homes. People and their family members reported that missed calls rarely happened. The manager strived to ensure people had support from the staff they knew and liked best. Most people reported that this was the case.

The provider had a medicines procedure in place and staff received training in order to administer people's medicines safely. Many people preferred to administer their own medicines. People were supported to remain as independent as possible taking their own medication, with support in place to help them to do this safely.

People were supported to maintain their health and wellbeing and staff were proactive in supporting people to make appointments or referring people themselves to health care professionals.

The staff had a good approach to their role, telling us that they loved their job. We had good feedback from people and their family members saying that they found all staff to be kind and caring. They said they couldn't think of any staff they didn't get on with.

Assessments were completed with people before any support commenced so that the correct support could be planned for. People and their family members were involved in developing a care plan that was person centred to them as an individual. This enabled any staff to be able to support people in the way they had chosen.

People were given a service user guide during the assessment stage with all the information they needed to know and what to expect from the service. Guidance in how to make a complaint was included within the guide.

The manager and management team were approachable and staff said they would raise concerns when they had them and they were confident these would be listened to.

We found three breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

You can see what action we told the provider to take at the back of the full version of this report.

## 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.

Effective recruitment processes were not always in place to keep people safe from receiving care from unsuitable staff.

People were protected from abuse and harm which was supported by a safeguarding procedure.

Individual and environmental risks were identified and managed well.

A medicines procedure was in place and staff were trained to administer medicines to people in their homes.

### Is the service effective?

**Requires Improvement**

The service was not always effective.

One to one staff supervisions and observational assessments were not held on a regular basis. The management team had no opportunity for one to one supervision or annual appraisal.

Staff had access to the relevant training to be able to carry out their role. Most training was flexible and easily available due to the arrangements the provider had in place.

Staff had a good understanding of the basic principles of the mental Capacity Act 2005. People were supported to make their own choices and decisions.

### Is the service caring?

**Good**

The service was caring

People and their family members thought the staff were kind and caring in their approach.

People were treated with dignity and respect and supported to maintain their independence. Staff knew people well.

People's confidential information was respected and locked

away to prevent unauthorised access.

## Is the service responsive?

Good

The service was responsive.

People received care that was based on their needs and wishes. They were involved in all aspects of their care and were supported to lead their lives in the way they wanted to.

The service had a complaints policy, people were aware of how to make a complaint. The manager had responded to complaints appropriately.

The service was flexible and responded to people's changing needs or wishes.

## Is the service well-led?

Requires Improvement

The service was not always well led.

The provider did not carry out quality assurance audits to ensure a safe and good quality service was being provided.

The manager was present on a daily basis and was approachable so staff felt confident to raise concerns if necessary.

Staff were aware of the whistleblowing procedures and were confident that poor practice would be reported appropriately.

# Complete Professional Care Medway Ltd

**Detailed findings**

## Background to this inspection

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

This inspection took place on 23 and 26 February 2016 and was announced. The provider was given 48 hours' notice because the location provides a domiciliary care service and we needed to be sure that someone would be available.

The inspection was carried out by one inspector as this was a small domiciliary care agency.
Before the inspection we asked the provider to complete a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the home, what the home does well and improvements they plan to make.

We also looked at notifications about important events that had taken place at the service. A notification is information about important events which the home is required to send us by law.

We spoke with the manager, the nominated individual and two staff members at the time of inspection. We also spoke to three people who used the service and two relatives of people who used the service after the inspection.

We spent time looking at six people's care records and five staff records together with their training plans and records. We also looked at policies and procedures, complaints, accident and incident recordings and quality assurance audits.

This was the first comprehensive ratings inspection for this service since it was registered in July 2015

Requires Improvement

# Is the service safe?

## Our findings

People told us they had regular staff that provided their care and support. Four out of the five people or their relatives we spoke to told us that their regular staff turned up on time but when their regular care staff were not working this changed. Sometimes staff were late and people were not always kept informed so were kept waiting. This was particularly difficult if people or their family members had commitments to attend to. One person told us, "That's where it goes wrong".

People told us they felt safe. We were told by people that they felt staff used safe practices and they did not feel at risk of harm. One person said, "Yes. I do feel safe, definitely". A family member told us, "Yes I do think he is safe".

Recruitment practices were not always safe. All staff were checked before they started work at the service through the Disclosure and Barring Service (DBS) and records were kept of these checks in staff files. The DBS helps employers make safer recruitment decisions and helps prevent unsuitable people from working with people who use care and support services. Of the five staff records we looked at, only one had all the full recruitment records required to ensure the provider was employing people of a good character. For instance, only two staff had a full employment record with no gaps and only two staff had two references checked. This showed that the provider had not carried out robust checks to evidence that staff were suitable to work with people.

The failure to carry out safe recruitment practices was a breach of Regulation 19 (1)(a)(2)(a)(3) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

There were sufficient numbers of staff available to meet the needs of the people the agency was supporting in the community. The provider had an on call system in place. In the case of staff calling in sick early in the morning, the manager told us the on call lead would ring all the people that staff member was due to support first thing. They would let people know that it would not be their usual support that day and that the replacement staff may be late. If the on call lead could not get another member of staff to cover, they would carry out the support themselves. Staff told us it was key that the on call person knew people well, as they would be able to gauge those people who would have the most difficulty with the change or having a later visit. The manager had a plan to manage staff absences to ensure people still got the support needed.

Some of the people and their families we spoke to found that when staff were running late they were often not kept informed which was frustrating and inconvenient.

We recommend that the service communicates more effectively with people and their families when staff are running late.

The agency had an up to date safeguarding procedure in place that had all the information and guidance staff needed to follow to keep people safe. Safeguarding vulnerable adults from abuse training had been

delivered to the staff team. Staff had a good understanding of what types of situations would be cause for concern about a person's safety and welfare. Staff could describe circumstances when they had raised concerns themselves in the past. Examples were given of situations that had been suspicious and they had raised it with their manager immediately. Staff said they would always report concerns without hesitation. One staff member told us, "It is not for me to judge, but to report". People were kept safe by staff who had the skills and training to safeguard people from abuse.

Individual risk assessments were person centred and gave clear and detailed guidance to staff in how to support people with their care needs in a safe, controlled way. Risk management plans were in place highlighting the level of risk. For instance, the high risk of people choking while eating due to a health condition. Clear guidance was in place for staff to manage this on an individual basis. For example, exactly how to cut people's food and not leave them to eat alone.

Staff could describe how to assess and control risks. One staff member gave us an example of what they thought was a risk they often came across when working in people's own homes in the community. This was the risk of trips and falls caused by rugs and coffee tables. They said this was a risk that staff needed to be aware of for themselves and also for the person they were supporting. An emergency procedure gave detailed guidance to staff what to do if they came across an emergency situation while visiting people in their homes. Circumstances such as finding someone who had fallen on the floor, or someone who displayed disorientated or aggressive behaviour when they arrived. The manager had clear risk assessments in place to make sure staff knew what to do when faced with situations of potential risk with an individual.

Environmental risks were assessed at the initial assessment stage prior to staff going in to people's homes to support them. Locations of things such as fire exits, electricity trip switches and water stop cocks were listed. The assessment of the environment included checking if there were pets living at the premises or if people living there smoked cigarettes. These measures enabled staff to work in a safe environment and to be able to keep people safe while they were in their home. A lone working policy for staff giving practical advice and guidance helped to keep staff safe when they were working on their own in the community.

Staff told us that they always checked and inspected equipment used in people's homes such as hoists and bath chairs to make sure they were safe and secure. Staff told us that they supported people to get the equipment within their home serviced. For example, hoists and bath chairs. This made sure that the equipment was safe for the person themselves and also for the staff when using the equipment. A member of staff gave an example of the label on a hoist sling having faded so much through washing that it couldn't be read so the serial number was illegible. The staff member contacted the manufacturer and got a replacement. Staff were aware of their responsibilities and the importance of checking and maintaining any equipment they were using.

The provider had an emergency plan which set out what the organisation would do in the event of an emergency, for instance inclement weather such as snow. The plan explained how the organisation would prioritise and distribute staff to the most vulnerable people in this situation.

An accident and incident procedure covered who to contact and how to report such incidents. An accident book recorded any accidents including the outcome. One incident was recorded regarding a microwave oven that had been faulty and filled the person's flat with smoke. The emergency services were called by staff, no injuries were reported and the fire brigade declared the flat safe after checking it. The manager reviewed risk assessments following the incident. Recording procedures were in place to help to keep people safe and to be able to learn from incidents that happened.

When and how people had their medicines was discussed at the initial assessment. Staff supported people to order their medicines in blister packs from the pharmacist so they were able to manage their medicines more easily. This would be the case for people who self medicated and those who staff supported to take their medicines. A medicines administration recording sheet (MAR) was used by staff to sign for all medicines. This was the case when reminding people to take their medicines as well as when staff were actually administering medicines. Staff described the potential risks involved in people taking their own medication. Although staff would remind or prompt people, they said it would often be hard to know if they had taken their medication correctly. Staff would be vigilant in checking with people and helping them to set up a system to suit individual people that would be as safe as possible. People were supported to remain as independent as possible taking their own medication, with support in place to help them to do this safely.

Requires Improvement

# Is the service effective?

## Our findings

People felt the staff had the knowledge to carry out their role well. One relative told us that some staff were really good at researching people's conditions to learn more about signs and symptoms. Another relative said, "They are knowledgeable, they know his requirements".

Staff had not had one to one supervisions or observational assessments to support their personal development and ensure they were using safe working practices when out in the community. No staff had received either one to one supervisions or had observational assessments of their work in the community since the end of 2014. The supervision policy stated staff should have one to one supervision every three months. The provider had not given staff the opportunities for personal development or to gain constructive feedback about their work. The provider would not have been able to ensure staff had the ability to carry out their role in a safe and proficient manner. There was no formal arrangement in place for either the manager or the training manager to have one to one supervision meetings or an annual appraisal. This meant that the personal development and support needs of staff were not being consistently met.

This is a breach of Regulation 18(2)(a) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

There were procedures in place and guidance was clear in relation to Mental Capacity Act 2005 (MCA) that included steps that staff should take to comply with legal requirements. Staff had a good understanding of the MCA 2005. They could describe how and when to assess a person's capacity. Relevant information regarding people's capacity and decisions made on their behalf were recorded in the care plan. For instance, the recording of advance decisions made, or where family members had power of attorney to manage people's affairs on their behalf. Staff were encouraged through care plans to support people to continue to maintain their independence whatever their circumstances were around their ability to make decisions. However, only seven out of nineteen staff had received MCA 2005 training.

We recommend the provider ensures all staff receive training in the Mental Capacity Act 2005.

Staff had received training and guidance relevant to their roles. Staff demonstrated that they had a good understanding and awareness of their job roles. Training records showed that attendance at training was adequate. For instance, fifteen out of nineteen staff had attended health and safety training, fifteen out of nineteen staff had attended infection control training and fifteen out of nineteen staff had attended first aid training. The training manager had planned dates for the remaining staff who needed updates.

New staff had an induction which included training before going out to meet people and shadowing experienced staff. Induction training included all of the most important training required before going into people's homes to support them. For example, moving and handling was seen as having significant importance as staff would need to know how to support people safely if they were not mobile. They would also need to know how to be competent in using equipment such as mobile hoists. Staff commented, "It's about looking after the service user, your colleagues and yourself".

The provider had introduced the care certificate for new staff as part of the induction programme. Staff felt the training given was sufficient to be able to carry out their role well. The provider employed an in house trainer with many years' experience in the care sector. They had acquired the training necessary to provide much of the training required by staff. This meant most training needs could be met when required. The training manager would also send out relevant information leaflets to staff such as stroke and mental capacity act material. A training plan was in place so the manager was able to keep a record of what training had been provided and what training required further dates to be booked. People were supported to have their care and support needs met by trained staff.

Staff were provided with their own copies of the organisations policies and procedures when they commenced employment. They could also access copies from the office whenever they needed to. This ensured staff had easy access to the information and guidance they needed to carry out their duties.

There was effective communication within the team and between the staff and the management team in the office. A diary was used to record messages and communications such as cancelled visits. People who had other plans or when they wanted to rearrange a visit were clearly recorded. The manager told us that visits missed by staff would also be recorded in this way. However this rarely happened and we could see that no missed calls by staff had been recorded over the last two months.

The agency supported people with meal preparation and cooking within their home. Some people needed to have their whole meal cooked for them by staff. We were told by staff that they tried to cook meals from scratch but sometimes people preferred to have a microwave meal. Some people had meals delivered to their home that were ready prepared and just needed to be put into the oven. Preferences of food were very clear within the care planning process, what people's likes and dislikes were. It was clear what day's people liked to eat certain meals and certain foods. For example, if they preferred to eat meat on particular days or which cereals they liked on which days. Care plans were very specific about leaving snacks and drinks available for people within easy reach before leaving their home. The manager told us they had identified some staff who were not skilled at cooking so they were looking at cookery courses that may be available to develop their skills further.

Staff were aware of the need to be observant about changes in people's health care. Some people required specialist care, for example if their mobility was poor and they were therefore at risk of developing pressure areas. Staff told us this would always be in the person's care plan and a risk assessment would detail the care they required. Individual plans were in place to safely monitor the pressure areas of people at risk. For example, guidance for staff to be observant in checking the skin on the inside of people's knees when people were lying on their side in bed. The risk assessment would also guide staff who to contact and when if they had a concern about any deterioration. Staff told us they would regularly liaise with health care professionals such as district nurses and GP's. Staff said it was crucial to liaise with health care professionals. One staff member gave an example of changes in advice about the barrier creams that were now considered best practice to use. We were also given examples from staff of instances where they had called an ambulance when people had been ill when they had arrived at their home. In these cases, they would always prioritise staying with the person, making sure their other visits were reorganised by the office staff.

Staff would routinely contact health care professionals on behalf of the people they were supporting. People said, "They are pretty good like that". The manager and staff team worked closely with many health care professionals. For instance, if new equipment had been introduced into people's home, they would liaise with the occupational therapists (OT). The manager and team leader would learn how to use the new equipment with the OT, then cascade the learning to the staff team. People's health care needs were

supported by the manager and staff team to ensure they received the appropriate health care at the right time.

Good

# Is the service caring?

## Our findings

People told us they usually had regular care staff who knew them well. Care staff were kind and caring in their approach according to what people and their family members told us. One person told us, "The regular girls know me well". And, "They are pretty good really". One relative said, "They are all very caring and talk to him when they are supporting him". Another told us, "(staff member name) is really excellent. My relative gets on really well with them".

Staff told us they enjoyed listening to people's stories and life histories. One member of staff told us about people they supported who had fought in world war two. They said, "People's histories are great, especially that generation". Another staff member said, "I don't mind talking about my job as I love it".

Staff spent time chatting to people about their life, their likes and dislikes and getting to know them. A staff member said, "I ask people, 'what can we do better' ". Staff said they were not discouraged by the manager from spending this quality time with people. Staff knew people well, giving examples of contacting the GP when they had noticed a subtle change in a person. One staff member told us, "I love the autonomy of working in the community".

The records showed very detailed life histories within people's care plans. People had been fully involved in providing the information to help staff to understand them and their circumstances well. Care plans were detailed, so that new staff would be able to give people really good care by following the care plan. For example, where people would be particularly anxious if staff were running late, this would be detailed in their care plan. All staff would be aware of what to do in these circumstances to lessen the person's anxiety. Family members, including their names and if they lived nearby and their relationship and involvement were included. A staff member told us they were, "Very passionate about having good quality standards".

People's cultural needs and wishes were identified within the care plan. For instance, people who were not able to get out and attend their place of worship any more. The importance of how people were able to practice their religion in other ways was acknowledged. For example, through what they choose to eat and drink and when. This enabled staff to have a good understanding of the cultural needs of people, making sure they understood what was important in a person's life.

Privacy and dignity were considered throughout the care planning process. Guiding staff to leave people in privacy whenever possible and to support people to maintain their independence throughout the care activity.

The emphasis of support was to maintain people's independence. Staff told us of people who were determined to get back to full strength after having an illness. Staff were keen to support and encourage this and gave examples of people who had made great progress. Examples included people who had started driving again following a difficult battle with illness, therefore regaining their independence.

The manager said that staff were paid travel time in between visits. This made sure that people got their full

support time, it was not cut short so that staff could travel to their next visit. People and their relatives confirmed that they always got their full support time and staff did not leave early to get to their next visit. Staff also confirmed that this was the case. Staff rotas showed that a small amount of travel time was allowed for in between visits. If staff were running late to get to a support visit on time they were expected to make sure the person was contacted to keep them fully informed so they knew when to expect their support. One staff member said, "They can also often worry that the carer has been in an accident". The manager said they stressed to staff they must keep people informed of changes as, "It is about respect for people".

The manager made sure that people had the care workers who they had got to know well and they liked best to support them. At times of staff sickness or annual leave they would strive to send a staff member people knew well as a replacement to ensure the person felt comfortable.

People had expressed their preference for male or female support when receiving care. Some people conveyed a gender preference for some tasks and that they didn't have a preference for other tasks. This was clearly recorded for the staff to be able to follow people's wishes.

We heard the office staff answering the telephones throughout the day. Many of the calls were from people who used the services of the agency. These were answered with friendliness and respect and the office staff and managers clearly knew people well, able to answer their queries without delay. The conversations were full of banter and laughter as well as making sure people were happy with the information they had been given. The manager spoke to a person who rang to ask about care for their relative for a short period of time while they went on holiday. The manager spent time describing the process and answering all the questions the person had. The manager then passed the person on to the finance manager to advise the way forward regarding the funding of the support discussed.

A comprehensive service user guide was in place providing information to people about the services provided by the agency. Including such things as the insurances the agency had in place and useful telephone numbers and addresses.

Staff had a good understanding of the need to maintain confidentiality. People's information was treated confidentially. Personal records were stored securely. People's individual care records were stored in lockable filing cabinets in the office.

Staff told us communication was good between the team. They got on well together and would keep each other updated. Staff said that they would often contact each other after a visit to pass information or concerns on about a person. The contact would make sure staff supporting the person would have up to date information and people had consistent, good support. We were told this would happen if people had received upsetting news for example, or the staff member thought they weren't quite themselves. Staff respected the need to keep each other informed in order to provide people with good support.

Good

# Is the service responsive?

## Our findings

People and their family members told us they had been involved in writing their care plans, making decisions about how they wanted things done. One person said, "Yes, I was involved, I said what I preferred and what I didn't". A relative told us, "We were involved in the care plan. We had a meeting with the manager. We were all able to say how he wants things done".

All relevant information about people was collected by the manager or team leader during an initial assessment. This fully involved people and their families to ensure the assessment captured people's needs and wishes. Other important information was gathered, for example if a family member or friend had power of attorney giving them responsibility for managing the person's financial affairs. Time was taken to discuss the information people would need to know, such as how to make contact with the office and who their regular care staff would be. People were also informed that all staff would wear an id badge and they must not let anyone in without it.
Service agreements were signed either by people themselves or their relatives. Staff said that people were involved in planning their own care. They described how a referral may be made by a health and social care professional with some detail about what the person's care needs were. When the manager went out to do the assessment with the person, the detail of this would sometimes change. The person themselves would describe their care needs and how they wanted things done and when. If people were not able to be involved then family members would be. The manager was responsive in making sure the care being planned was the care that people wanted and was individual to them.

The manager would identify which staff members would be the most suitable match to support the person. The manager gave examples of this in practice. Examples given were people who were hearing impaired and it was crucial they had someone who could use sign language to support them. Or people whose first language was not English, it was important to identify a staff member who spoke their first language.

Care plans were person centred and very clearly documented who the person was and how they wanted their support to be carried out. The manager had spent time with people and their families to gather the important small detail about the person. Staff had all the guidance necessary within the care plan to be able to give people the best possible support. They also had the information available about people and their family to be able to have meaningful and pleasant conversations about the things that were most important to them. Many people had more than one visit by staff throughout the day to support them with personal care needs or domestic tasks. The care plan for each visit was thorough and individual, each task was detailed specifically as the person wanted. Identified risks were highlighted throughout the plan to draw the attention of staff. Staff confirmed they had all the information they required to support people well. Care plans ensured that people were at the centre of their support and the support given was therefore the support they wanted.

People were fully involved in developing their care plans and where this was not possible, due to their capacity to understand the process, their family members were involved. Sometimes this was by email, for example if family members were at work through the day. Care plans were reviewed regularly ensuring up to

date information regarding changes to people's needs and wishes were recorded.

People were given information during their assessment about how to make a complaint if they needed to. Complaints and compliments forms were included within the folder in people's homes that held their care plan. Staff told us they would often ask people and their family members if they had any concerns or complaints. They found that people were generally very happy with the service provided. Where complaints had been made, these had been investigated and responded to as described within the provider's complaints procedure.

Requires Improvement

# Is the service well-led?

## Our findings

People and their relatives told us that the management team in the office were approachable. One person told us, "They are polite in the office". A relative said, "They are very approachable in the office". Another said, "I think they have a good approach".

We were told by all the people and relatives we spoke with that they had not been asked by the provider for feedback about the service. Neither in the form of visits, telephone calls or by questionnaire.

A quality policy was in place outlining how the provider would assess the quality of the service provided. The monitoring processes as specified in the policy included sending out annual questionnaires to people, visits to people by the manager and the observational assessments of staff. We were told questionnaires had been sent out in early 2015, however these had been archived. Neither the questionnaires nor an analysis of the answers given to enable the manager to improve the services provided were seen. Visits to people's homes by the manager to ask people about the quality of the services provided had not taken place since the end of 2014. According to the providers quality policy they should have been undertaken every six months. This meant the manager nor the provider could be sure that people were happy with the quality of support provided. Observational assessments of staff when working in people's homes had not been carried out since the end of 2014. According to the providers quality policy they should have been undertaken every three months. This meant that the manager could not be sure that staff were performing well and providing safe and good quality support to people within their home.

No audits had been undertaken to check that processes and procedures in place were actually being carried out. For instance to check that the recording in people's care files was up to date and of sufficient content and quality to support people well, or that medicines were being supported safely. The provider had not undertaken sufficient audits and quality monitoring to ensure the safety and quality of the services provided and to make improvements when necessary.

The examples above were a breach of Regulation 17(1)(2)(a)(b)(e)(f) of the health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The provider had aims and objectives that included supporting people to be safe but not over protected and to be able to live an independent life. Care plans were written with these aims in mind and staff spoke of their role in supporting people in this way.

A service user expectations policy set out what standards people could expect from the organisation and staff. Within this, a service user guide detailed everything people needed to know about what to expect from the agency and what their rights and responsibilities were. This ensured people had the right information and knew what to expect from the provider, the management team and the staff.

A manager was in post who had recently been through the CQC registration process. They had been successful and were awaiting their certificate. As they were new in post, they were familiarising themselves

with their role and the responsibilities expected of them as registered manager. They had worked for the service for many years and had previously been a team leader.

Team meetings were usually held every three months. The previous manager had left and the present manager had held one team meeting since taking up post. Items discussed included updating staff on developments within the organisation, training opportunities, confidentiality and updates on surveys. Further team meetings were planned to make sure all staff were kept up to date with relevant information and developments in the organisation.

Staff felt communication was good within the service. One staff member said, "99% of the time communication is good". Staff contacted each other if they had concerns about a person they had visited and also informed the managers or the person on call. The management team in the office kept staff informed of changes to support times or activities throughout the day so people and staff were kept up to date.

Staff said they thought the organisation was good. They also thought the managers were approachable and they would not have any problem in raising concerns with any of the management team. Staff told us the manager had an open door policy. One staff member said, "We would definitely be listened to". Another staff member told us, "I have always found them  to be very approachable"

Staff told us they felt they provided a good quality service. One member of staff told us, "I personally think we provide a good quality service". Staff said that they would raise it with managers if they thought a situation was impacting on the quality of support being given. For example, a person or their family not being able to manage their medicines well. This could have an impact on the support being given and therefore the safety and quality. Staff told us this was an example of a situation they would raise with the management team in order to plan a better approach with the person and their family.

One staff member told us, "I couldn't work for the company if it wasn't a standard I would be happy with". The manager said, "We provide person centred care. It is paramount to me. It is key. Quality of care is what I am proud of".

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 did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

| Regulated activity | Regulation |
|---|---|
| Personal care | Regulation 17 HSCA RA Regulations 2014 Good governance<br><br>The provider did not carry out quality assurance audits to ensure a safe and good quality service was being provided. |

| Regulated activity | Regulation |
|---|---|
| Personal care | Regulation 19 HSCA RA Regulations 2014 Fit and proper persons employed<br><br>The provider had not operated effective recruitment procedures. |

| Regulated activity | Regulation |
|---|---|
| Personal care | Regulation 18 HSCA RA Regulations 2014 Staffing<br><br>One to one staff supervisions were not held on a regular basis. Observational assessments of staff had not been carried out. The management team had no opportunity for one to one supervision or annual appraisal. |