

Monark Limited

Caremark (Harrogate)

Inspection report

Claro Court Business Centre
Claro Road
Harrogate
North Yorkshire
HG1 4BA

Tel: 01423521289

Website: www.caremark.co.uk/harrogate

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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

Caremark (Harrogate) is a domiciliary care service providing care and support to people living in their own homes. The provider of the service is Monark Limited. They are registered to support people who need assistance with personal care.

We inspected this service on 21 and 28 July 2017. The inspection was announced. The provider was given 48 hours' notice of our inspection, because the location provides a domiciliary care service and we needed to be sure someone would be in the location's office when we visited. At the time of our inspection, there were 32 predominantly older people using the service. This was our first inspection of this location since the service moved offices in August 2015. The provider's previous location was rated 'Good', when we inspected in May 2015.

The service had a registered manager who was also the sole director of Monark Limited and the provider's nominated individual. 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. We have referred to the registered manager as 'manager' throughout this report.

During the inspection, we found people's care plans and risk assessments had not been consistently updated as their needs changed. Whilst the manager was in the process of addressing these concerns, it showed us that effective systems had not been put in place to ensure people's needs were regularly reviewed and their care plans updated.

We identified some issues with Medication Administration Records (MARs). The provider's audits had not identified and addressed these concerns. People's MARs and daily notes had not been returned to the office and audited in a timely manner to monitor and identify any issues or concerns with staff's practice. Recruitment records did not consistently evidence when Disclosure and Barring Service checks had been completed.

We received mixed feedback about staff's reliability and punctuality. We noted there had been some issues with missed visits and variation in the time that staff arrived to provide people's care and support. We spoke with the manager about the need to more robustly monitor and analyse issues with staff's punctuality and reliability in response to people's feedback about staff arriving late. They agreed to look into these concerns.

We received mixed feedback about the management and organisation of the service. We concluded the issues and concerns we found showed us the service had not been consistently well-led. Whilst improvements were being made, more robust systems of quality assurance were needed to monitor and maintain consistency.

These concerns were a breach of regulation relating to the governance of the service. You can see what action we told the provider to take at the back of the full version of this report.

Despite these concerns, people who used the service told us they felt safe with the care and support staff provided. People were protected from the risk of abuse by staff who were trained to recognise and respond to safeguarding concerns.

Staff completed training and spot checks were completed to monitor their practice. Staff told us they felt supported by management and that additional advice and guidance was available if needed.

Staff sought consent before providing care. Consent to care was documented in people's care plans and capacity assessments and best interest decisions were made where necessary. Staff provided effective care and support to ensure people ate and drank enough. When people were unwell, staff ensured they were supported to access healthcare services.

People told us staff were kind and caring. Feedback showed us people had developed positive caring relationships with the staff that supported them and clearly valued the meaningful interactions they shared. Staff supported people in a way which maintained their privacy and dignity.

People told us staff provided person-centred care. There were systems in place to enable people to raise issues and concerns and to provide feedback about the service.

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.

Risk assessments had not been updated as people's needs changed.

We received mixed feedback about staff's reliability and punctuality. More robust systems were needed to monitor and respond to issues in the scheduling of staff's visits.

People were supported to take their medicines, but more robust systems were needed to check and ensure people's Medication Administration Records were appropriately completed.

Staff understood their responsibility to identify and report safeguarding concerns.

Is the service effective?

Good 

The service was effective.

Staff received training and spot checks were completed to monitor their practice.

Consent to care was sought in line with relevant legislation and guidance on best practice.

Staff supported people with preparing meals and drinks and systems were in place to monitor and identify people at risk of malnutrition or dehydration.

Staff supported people to access healthcare services where necessary.

Is the service caring?

Good 

The service was caring.

People told us staff were kind and caring.

Staff understood the importance of supporting people to make decisions and to have choice and control over their care and

support.

People told us staff maintained their privacy and dignity when supporting them.

Is the service responsive?

Good ●

The service was responsive.

We received positive feedback about the person-centred care that staff provided.

There were systems in place to gather and respond to feedback.

Is the service well-led?

Requires Improvement ●

The service had not always been well-led.

We received mixed feedback about the management and organisation of the service. However, some people told us they had noticed recent improvements.

The provider's quality assurance systems had been ineffective in monitoring and ensuring complete and accurate records were kept in relation to the care and support provided.

Caremark (Harrogate)

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. The inspection was planned to check whether the provider was 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 comprehensive inspection took place on 21 and 28 July 2017. The inspection was announced. The provider was given 48 hours' notice of our inspection, because the location provides a domiciliary care service and we needed to be sure that someone would be in the location office when we visited. The inspection was carried out by one Adult Social Care Inspector and an Expert by Experience. An Expert by Experience is someone who has personal experience of using or caring for someone who uses this type of service. The Expert by Experience supported this inspection by telephoning and speaking with people who used the service and their relatives to understand their experiences and views of the service provided.

Before our inspection, we looked at information we held about the service. This included notifications sent to us since our last inspection. Notifications are when providers send us information about certain changes, events or incidents that occur within the service. We also contacted the local authority's adult safeguarding and commissioning teams to ask if they had any relevant information to share about the service.

We asked the provider to complete a Provider Information Return (PIR) and this was returned to us within the agreed timescale. This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We used this information to plan our inspection.

During the inspection, we spoke with 10 people who used the service and two people's relatives by telephone. We also visited and spoke with another two people who used the service and one person's relative. We spoke with the registered manager, a field care supervisor and five members of staff. We reviewed three people's care records in detail and parts of two other people's care plans. We also looked at three staff recruitment and training records, meeting minutes, medication administration records, audits and a selection of records relating to the running of the service.

Is the service safe?

Our findings

We reviewed the systems in place to ensure staff provided safe care. We found that people's needs were assessed before they started using the service. The information gathered was then used to develop care plans and risk assessments to guide staff on how to safely meet people's needs. At the time of our inspection, the manager was in the process of reviewing and updating the care plans and risk assessments for everyone who used the service. Where this had been completed, we saw care plans and risk assessments contained relevant information about people's needs. Risk assessments identified potential risks or hazards and included appropriate guidance for staff on how to provide care and support in a safe way.

However, the process of updating people's care plans had not yet been completed and we found a number of care plans which contained inaccurate or historic information. We found care plans which included guidance for staff on the level of support people required with prescribed medicines, despite the fact staff no longer supported with this task. Other care plans did not contain accurate information about the number and timings of the visits or the care and support staff were required to provide. It is important that care plans and risk assessments contain accurate and up-to-date information to ensure the support that staff provide has been robustly risk assessed and to enable them to support people in a safe way. We spoke with the manager and identified 20 out of 32 people's care plans and risk assessments had been updated. The manager told us the remaining 12 would be updated and confirmed following our visits that they had completed this process.

We received mixed feedback about staff punctuality and reliability. Four people who used the service raised concerns about missed visits and three people about late calls from staff. Comments included, "They are always late", "They are coming at all different times" and "They have been late in the past few weeks." Another person told us there had been issues and concerns with late and missed visits, but recognised there had been recent improvements with this issue. Other people did not raise concerns and one person told us, "Usually they are on time; if anything they are a bit early, which we don't mind." A member of staff commented, "Some clients have left because of timekeeping."

Staff told us they rang people who used the service to tell them they were running late, but explained their frustration about how staff ringing in sick or not turning up for shifts had impacted on the rotas. Staff explained they completed additional visits to cover staff who were not available, but said this could make them late. One member of staff told us, "Sometimes the rotas are not spaced out due to other people being unreliable."

From our contact with the local authority, we were aware that there had been some issues with missed or late visits, which had been investigated and addressed to prevent similar reoccurrences. The provider used a 'call monitoring system' and staff electronically recorded the time they arrived and left people's houses. This enabled them to remotely monitor and ensure visits were not missed. A member of staff told us, "If you don't log in when you arrive at someone's house, you will get a phone call to ask you where you are."

We reviewed management records from the provider's call monitoring system and saw there was variation

in times that staff arrived to complete people's planned visits. Where data was available, we found 7.5% of visits were more than 30 minutes later or earlier than people's scheduled time in the eight week period before our inspection. However, we also noted the times at which people's visits were scheduled was not consistent. This led to variations in the times that staff arrived, but which management data did not necessarily identify as a 'late visit'. We spoke with the manager about reviewing and analysing this data to identify areas of concerns, ensure action was taken to minimise the risk of late visits occurring and to respond to people's feedback in relation to this. Late visits put people at potential risk, because the care and support is not provided at the times people need and had agreed.

Concerns regarding care plans and risk assessments and the monitoring of missed and late visits showed us the provider had not consistently operated effective systems to assess, monitor and improve the quality and safety of the services provided and to mitigate risks.

This was a breach of Regulation 17 (Good governance) of the Health and Social Care Act (Regulated Activities) Regulations 2014.

Despite these concerns, people who used the service and relatives we spoke with consistently told us they felt safe in staff's company and with the care and support that they provided. Comments included, "I feel very safe, definitely" and "Absolutely I feel safe." The service employed a small team of staff and people told us staff knew what care and support they needed. Whilst feedback showed us these recording issues had not impacted on people's experience of using the service, it put people at increased risk of harm as staff did not have access to up-to-date information about how people's needs should be met.

The provider had a policy and procedure governing how medicines should be managed and administered to people who used the service. Staff completed medicine training and observations of their practice were also documented to evidence they were safe and competent administering people's medicines.

At the time of our inspection, two people who used the service were supported to take prescribed medicines. One person we spoke with said, "I have been on antibiotics and they keep a check to make sure that I am taking them." We saw people's care files contained care plans and risk assessments detailing the level of assistance required from staff to take prescribed medicines.

We reviewed completed Medication Administration Records (MARs) which staff used to document medicines administered or the reason why these had not been taken. We noted these had not been returned and audited at regular intervals. We spoke with the manager about ensuring completed MARs were regularly returned to the office to ensure these could be audited to identify any issues or concerns in a timely manner. They told us they had given instructions to staff regarding this and would address this issue.

Where audits had been completed, we identified gaps on one person's MARs where staff had not recorded whether the person's medicines had been administered. These gaps had not been identified and addressed through the audit of this record. We also noted that a person's medicine allergies were not recorded on the MARs and handwritten prescribing instructions had not been checked and countersigned. It is considered good practice to have robust procedures to ensure entries on MARs are accurate. The manager subsequently sent us amended MARs templates that they planned to implement to address these concerns.

The provider had a safeguarding policy and procedure and staff completed training on how to safeguard adults who may be at risk of abuse. Staff we spoke with demonstrated they understood the signs and symptoms which could indicate someone was being abused and described the action they would take to make sure people were safe. Records evidenced that safeguarding concerns were investigated in

consultation with the local authority's safeguarding adults team.

Recruitment records evidenced staff were required to complete an application form, have an interview and provide references before being employed. We saw evidence that checks were completed with the disclosure and barring service (DBS). DBS checks return information from the police national database about any convictions, cautions, warnings or reprimands. DBS checks help employers make safer decisions and prevent unsuitable people from working with vulnerable client groups. However, we found records did not consistently evidence that DBS checks had been completed before staff started working with clients who may be vulnerable. The manager told us they had seen, but not retained records of completed DBS checks and staff we spoke with confirmed that they did not start work before their DBS checks had been completed. For this reason, we have addressed this recording issue in the Well-Led domain.

The provider had a business continuity plan which detailed how they would continue to meet people's needs in the event of an emergency. For example, if the provider's offices were inaccessible or a fuel shortage impacted on staff's ability to travel to people's homes.

When an accident or incident occurred, a record was kept of what had happened and how staff and the manager had responded. We reviewed completed accident and incident records and saw evidence that concerns were investigated and action taken to address any outstanding issues. For example, where a missed visit had occurred, we saw this had been investigated and addressed with the member of staff involved and additional spot checks were completed to monitor their practice.

Is the service effective?

Our findings

People who used the service and relatives we spoke with provided positive feedback about the skills and knowledge of staff. People commented, "They [staff] definitely understand my needs well" and "I have complete confidence in them." Another person told us, "It is wonderful. They know exactly what to do."

New staff completed one day of theoretical training, which was aligned to the Care Certificate. The Care Certificate is a nationally recognised set of standards that social care workers should adhere to in their daily working life. It is the new minimum standards that should be covered as part of induction training of new care workers. In addition to this training, staff completed a practical moving and handling course as well as practical training in medicine management, infection prevention and control and in the practical skills required to provide personal care. Staff were also required to complete on-line 'e-learning' courses on topics such as safeguarding adults, the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards.

New staff were required to shadow more experienced workers to develop their confidence and practical skills in providing care. A member of staff confirmed this saying, "New staff shadow or work on double-ups and you give them feedback."

Staff we spoke with told us they felt they had received enough training and support during their induction and provided generally positive feedback about the courses and topics covered. Comments included, "They provide a lot of training", "There are a lot of opportunities to improve" and "You are always constantly learning." Other staff told us they felt supported by the manager and field care supervisor and that help, advice and further training was available if they needed it. Feedback included, "You can ask for support if you are unsure", "You're never left on your own" and "If you want to do more training you can ask and they will help you." Another member of staff said, "[Name] is hands on and shows you what you need to do."

Records evidenced spot checks and supervision meetings were held to monitor staff's practice and support continued professional development. Staff we spoke with confirmed that unannounced 'spot checks' were completed and their practice was observed to make sure they provided safe and effective care. One member of staff said, "If you make a mistake, they will pull you up on it and they do random checks."

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The MCA requires that as far as possible people make their own decisions and are helped to do so when needed. Where people lack mental capacity to make particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. Where people live in their own homes, applications to deprive a person of their liberty must be authorised by the Court of Protection. At the time of our inspection, no one who used the service was deprived of their liberty.

People who used the service were asked to sign their care plans to record they consented to the care and support provided. People we spoke with confirmed staff asked for their consent before providing care and

support. People told us they felt involved in planning their care and staff respected their decisions. Records evidenced that mental capacity assessments were completed to explore people's ability to consent to the care and support provided. The provider ensured they obtained copies of any Powers of Attorney (POA) where these were in place. A POA is someone who is legally appointed to make decisions on a person's behalf. By establishing where a POA was in place, the provider could ensure that decisions were made by the person who had legal authority.

Where it was agreed as part of people's care plans, staff supported people with preparing meals and drinks. People who used the service confirmed staff helped or prepared meals on their behalf and gave them choice about what they wanted to eat.

We saw care plans and risk assessments were completed to detail the level of support people required and to identify any risks around choking, food allergies or risk of malnutrition or dehydration. Staff we spoke with knew what support people required to ensure they ate and drank enough and appropriately described how they supported people if there were any concerns. Staff told us, "I try and prompt people to eat and drink and also leave drinks out" and "I put extra drinks and snacks where they are sitting." Staff went on to explain that if they were concerned with the amount people were eating and drinking they documented this in the person's daily notes and rang the office so they could let other staff and the person's family know.

We reviewed daily notes and saw information was recorded about what people ate and drank at each visit. This demonstrated that people received regular support to ensure their nutrition and hydration needs were met.

Care plans contained information about people's health needs and contact details for healthcare professionals, such as people's G.P's or the district nurses, who were involved in supporting them. People who used the service told us they felt staff supported them to promote and maintain their health and acted appropriately when they felt unwell. One person said, "If I am unwell, they inform the office and the doctor does come out. They have stayed with me before as they were concerned about me." Staff we spoke with described how they liaised with people's family, staff in the office or called the emergency services if they were concerned about people or felt they needed medical attention.

Is the service caring?

Our findings

People who used the service spoke positively about the kind and caring nature of the staff that supported them. Feedback included, "They [staff] are very kind", "All the carers seem nice", "I am now very happy with my carer" and "They are nice to talk to; they've all got different personalities." Relatives of people who used the service said, "We know them by name, they are like friends. They are very natural to talk to. For the time they are here, they are part of the family" and "They are all very caring and do exactly what we want." Another person said, "Some of them are a bit more than carers, they are more like friends of family." These comments showed us people who used the service had developed meaningful caring relationships with the staff that supported them and clearly valued the time they spent together.

At the time of our inspection, the provider employed a small team of staff. People who used the service told us the continuity of staff that visited them had improved recently. This meant people who used the service were generally supported by a small group of familiar staff. One member of staff commented, "I get the same people and see them regularly so I know them well." This continuity helped people who used the service to get to know the staff that visited them and to develop positive caring relationships. A person who used the service told us, "If there is a new carer [Name] brings them in."

We reviewed people's care plans and found that they contained basic information about the person to help staff understand the care needs of the people they would be visiting. We asked staff how they got to know people who used the service. One member of staff told us, "The supervisor will introduce you to new clients, you can speak with family or the client and you can read the care plans." Other staff confirmed that they talked with people, got information from staff in the office and read people's care plans to help them get to know and establish a rapport with the people they supported. A person who used the service complimented the staff on how they spoke with them and showed an interest in them. They told us, "We have a joke or serious conversations about what's changed in the world. It's nice to talk to them and they will spend a few minutes talking to me."

People told us they felt staff treated them with respect and dignity and were proactive in maintaining their privacy. They explained that staff did not discuss other clients with them and they were confident that their confidentiality was maintained. Staff we spoke with explained how they provided care and support in a way which maintained people's privacy and dignity. One member of staff told us, "I make sure people are covered and reassure them not to feel embarrassed." Other staff explained the support they provided with personal care, "I cover people with a towel and support them to be independent. I also listen to what people tell me" and "I make sure the curtains are closed and put a towel around them to maintain people's privacy." Another member of staff said, "You treat people how you would like to be treated. You give them respect and you talk to them. You respect their homes and their routines." These comments showed us staff were mindful of how they provided care and were considerate towards the people they supported.

People who used the service and relatives we spoke with told us staff were good at promoting independence. They said staff encouraged and supported them with tasks and did not take over, but patiently gave them time to do things for themselves.

The manager understood the role of advocacy services and we were told the service would contact the local authority or advocacy service directly if they identified people who were in need of this service. An advocate is someone who supports people, particularly those who are most vulnerable in society, to ensure that their voice is heard on issues that are important to them.

Is the service responsive?

Our findings

Although during the course of our inspection we identified a number of care plans which were not up-to-date, we received positive feedback about the person-centred care staff provided. People told us they were supported by staff who were familiar with their needs and how best to support them. People said they felt staff listened to them and understood their preferences. One person who used the service commented, "They [staff] know what I like and how I like it and that matters."

Where care plans had been updated, they contained relevant person-centred information about people's needs, including information about their likes, dislikes and personal preferences. We saw care plans were in place providing guidance for staff about all aspects of people's needs including their mobility, nutrition and hydration needs, skin integrity and personal care. People's care plans also documented what people did for themselves and when staff were required to provide support. We found care plans also contained information about people's social history and important people in their lives. This supported staff to help get to know people. For example, one person told us how staff asked them about their family or talked about the things they were interested in. They explained that they looked forward to staff's visits as they did not 'rush off' and showed an interest in them. This demonstrated a person-centred approach to providing care which made people feel valued.

One person who used the service had a visual impairment and explained how staff were mindful of this and were very sensitive in how they provided their support. We observed a member of staff introduce themselves and explain what they were doing in a way that recognised the impact of the person's visual impairment.

A copy of each person's care plan was kept in the location offices and also in their homes for staff to refer to during the course of their visits. We saw records in people's homes also included medication administration records, where staff supported with medicines, and a 'daily log', which documented the care and support provided. We reviewed completed logs and saw staff recorded the time they arrived and left people's homes along with details of the care and support provided. This evidenced that staff provided ongoing support with personal care, medicines and meals and drinks.

Where there were issues or concerns, this was documented in people's daily notes and staff explained how this enabled them to keep up-to-date with how the person was from one visit to the next. Staff consistently told us that if they were worried about someone, they rang the office for additional advice. They told us this information was then shared with people's families and other staff that were due to visit, so they were aware of any additional support needs. This supported staff to provide person-centred care specific to people's changing needs.

The provider had a policy and procedure in place which provided details about how they managed and responded to complaints. The provider told us there had been no complaints dealt with through their formal complaints procedures in 2017, but information was available to help people raise concerns. We confirmed that a copy of the provider's complaints procedure was given to people who used the service. This included contact information for the provider's office and the Local Government Ombudsmen if people

were unhappy with how a complaint had been handled. The manager spoke with us about how they welcomed any comments or feedback as these provided an opportunity to reflect on the service and identify where improvements could be made.

We received mixed feedback about how minor issues or requests were dealt with. One person told us how the manager had responded constructively to their comments to improve the service provided. Another person told us the manager was "reasonably responsive", whilst two other people told us they had requested visits at different times and this had not been addressed.

The manager kept records of compliments staff had received. We saw a number of compliment cards or emails had been received praising the care and support staff provided.

Is the service well-led?

Our findings

The service had a registered manager who was also the provider's nominated individual. They had been the service's registered manager since August 2015, although another manager had registered and de-registered as manager during this time. At the time of our inspection, the manager was supported by a field care supervisor in the management of the service. The provider also employed a media manager and had an apprentice who supported with office administration.

We received mixed feedback regarding the management of the service. Comments included, "It could be a lot better" and "I am not sure it's well organised. They don't tell me if people are going to be late and they are short of staff." However, other people told us the management was, "A lot, lot, better than it was" and "The people in the office are very organised." A member of staff told us, "It's a lot better than it used to be."

At the time of our inspection, the service had recently finished working with the local authority to address some concerns they had regarding the quality of the care provided. The manager, who was also the provider's nominated individual, explained that changes in management had affected some aspects of the service and they had now taken over day to day responsibility for the running of the service and were in the process of addressing a number of issues they had identified.

During the inspection, we identified that records were not always well maintained. We found gaps on one person's MAR where staff had not recorded whether medicines had been administered as prescribed. This record had been audited, but the concerns had not been identified and addressed. We noted that there was not a robust system in place to ensure people's daily notes and medication administration records were collected and audited in a timely manner. This meant there would be a delay in identifying and addressing issues or concerns with this aspect of the care and support provided. Recruitment records also did not consistently evidence when DBS checks had been completed.

We found that people's care plans and risk assessments had not been kept up-to-date. We found a number of examples where people's care plans did not contain accurate, complete or a contemporaneous account of the care and support that staff were required to provide and document. We concluded that effective systems had not been put in place to ensure care plans were reviewed and updated as people's needs changed.

We received mixed feedback about staffing levels and spoke with the manager about the need to more robustly monitor and analyse issues associated with staff's punctuality and reliability and to respond to people's feedback about staff arriving late.

The manager told us they were aware of the issues we identified and they were in the process of addressing these concerns. Whilst we recognised that significant progress had been made, our findings during the course of the inspection showed us the service had not been consistently well-led. It demonstrated that the provider's quality assurance systems had not always been effective in monitoring the quality of the service and in identifying and addressing areas of concern to maintain a consistent standard of care.

This was a breach of Regulation 17 (Good governance) of the Health and Social Care Act (Regulated Activities) Regulations 2014.

Staff we spoke with described an open culture within the service. Comments included, "It's very easy to contact the office staff if you don't like something", "I know if I came to [manager's name] and I needed to tell them something I could and they would investigate and get it sorted" and "The office staff are helpful. If you've got any problems while you are working, you can get hold of someone for advice" and "I can come to the office and I know they will support me as much as possible."

The manager held staff meetings to share information, discuss any issues and concerns and to communicate changes and improvements they were making. We reviewed minutes from staff meetings held in January, March and May 2017. We saw that topics discussed included record keeping, management of medicines and good practice with regards to infection prevention and control issues.

The manager showed us a suggestions box in the location offices where staff could leave anonymous feedback or ideas about how the service could be improved. This demonstrated they were open to and encouraged feedback.

The provider completed quality assurance surveys to gather feedback from people who used the service. We saw questionnaires had been sent out and these had been returned between January and July 2017. We saw the results from these surveys were collated, analysed and any actions taken were communicated with people who used the service via a newsletter.

The manager told us they were exploring whether a weekly 'drop-in session' or 'client steering group' could be used to provide additional opportunities for people to discuss and feedback on issues or concerns they had and help shape the service provided.

The manager also explained they were actively recruiting for an experienced care coordinator who could support with office administration and be responsible for maintaining and updating care plans and risk assessments. This showed us the provider was committed to developing and improving the service.

We asked the manager how they kept up-to-date with important changes in legislation and guidance on best practice. They told us they received updates from the provider, the local authority, CQC, Skills for Care and were a member of the Independent Care Group - an organisation which provides support, advice and guidance to care providers.

This section is primarily information for the provider

Action we have told the provider to take

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

Regulated activity	Regulation
Personal care	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>The provider had not operated consistently effective systems to assess, monitor and improve the quality and safety of the service provided and mitigate risks. The provider had not ensured consistently accurate, complete and contemporaneous records had been maintained in respect of each person who used the service. Regulation 17(2)(a)(b)(c).</p>