

Delta Care Ltd

# New Care Services & Cornerstone

## Inspection report

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## Ratings

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?

Requires Improvement 

Is the service well-led?

Requires Improvement 

# Summary of findings

## Overall summary

This inspection took place on the 24&25 May 2016 and was unannounced.

We last inspected this service in October 2013. At that inspection we found the service was meeting the legal requirements in place at the time.

New Care Services & Cornerstone [Delta Care] is a privately owned domiciliary care agency. They are situated in Preston near the city centre. The agency provides care staff to support people in their own homes. They provide assistance with tasks such as personal care, food preparation, medication administration and household chores. The service supports people around Preston, South Ribble, and surrounding areas. Services are provided to older adults, adults with physical disabilities, adults with memory loss or dementia, adults with complex needs and adults with specific conditions such as strokes.

At the time of our inspection New Care Services & Cornerstone provided services to two hundred people.

The registered manager of the service was present throughout our 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.

We looked at recruitment processes and found the service had recruitment policies and procedures in place to help ensure safety in the recruitment of staff. People's views on the service's reliability were mixed.

People's medication was not effectively managed. We found a significant number of medication errors. However medication training and audits had been undertaken.

The majority of staff we spoke with told us they were given enough time with people, time for travelling and that visits to people did not overlap. However, some staff told us they had to leave some visits early to get to the next visit in time. This was however not widespread.

We looked at care assessments undertaken for six people. Some risk assessments had been carried out. However, risk assessments for people's personal care needs had not been done. The service followed safeguarding reporting systems as outlined in its policies and procedures. Allegations of unsafe care had been identified and actions had been taken to investigate and safeguard people.

We found the service had promoted staff development but there were significant shortfalls in training. Training records showed some training had been undertaken. However, some essential training had not been undertaken for areas such as, mental capacity, dignity, and nutrition. Significant shortfalls were found in other areas of training such as fire risk awareness, dementia, diabetes, equality and diversity and managing challenging behaviours. Staff told us they felt well supported by management and we saw

evidence that regular supervisions had been undertaken.

We looked at how the service gained people's consent to care and treatment in line with the Mental Capacity Act [MCA]. People's care records had no evidence of mental capacity assessments. This was a breach of regulation.

Feedback about care staff and the care that people received was positive. However, some people raised concerns around reliability of the service due to care staff not turning up, or not following the rota.

We found the way people's needs were being met was not entirely person centred. Some files had no details about people's likes and dislikes. People told us care staff were not always introduced to them before providing care. There were assessment processes in place, which helped to ensure staff had a good understanding of people's needs before they started to support them. However care plans drawn from the assessments were basic and did not always contain detailed information about people's identified care needs and the risk assessments around the identified needs. We made a recommendation about this.

Staff and people who used the service told us that the management team were approachable. However, they found office staff [care coordinators] difficult to deal with. We found the registered manager was familiar with people who used the service and their needs. When we discussed people's needs the registered manager showed good knowledge about the people in their care.

We looked at staff meeting minutes; they showed staff were involved in discussions about improving the service. Management encouraged the staff team to provide good standards of care and support. There was a staff incentive and rewards system to encourage staff to improve and stay motivated.

The service had a complaints procedure which was made available to people they supported. People we spoke with told us they knew how to make a complaint if they had any concerns and the service had sent information on how to make a complaint to all people.

The registered manager used a variety of methods to assess and monitor the quality of the service. These included satisfaction surveys, audits, spot checks and care reviews. Surveys done showed people were satisfied with the service they received. However when we spoke to people some raised concerns regarding consistency, reliability and punctuality of carers.

We made a recommendation about quality assurance for medication.

The registered manager and the leadership team were receptive to feedback and keen to improve the service. They showed us various pieces of work that they were undertaking to improve the service. These included a new log in system to monitor care visits, a new care plan and new policy documents that they had purchased and were ready to introduce. Management worked with us in a positive manner providing all the information we requested.

We found a number of breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. These included Regulation 12 – Safe care and treatment, Regulation 11 –Consent and Regulation 18- Staffing. You can see what action we have taken at the end 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** 

This service was not consistently safe

People's safety was compromised due to lack of robust risk assessments.

Management of medications had put people at risk because medicines were not always given as prescribed. There were a significant number of medication errors within the service.

People we spoke with said they felt safe using the service and records showed that staff had received training in safeguarding adults. There were processes for recording accidents and incidents. We saw that appropriate action had been taken in response to incidents to maintain the safety of people who used the service.

### Is the service effective?

**Requires Improvement** 

The service was not consistently effective.

People's mental capacity had not been considered before care was provided. Care plans did not contain assessments of mental capacity.

Training had been provided in some areas of people's care. However, we found significant short falls in key areas such as the mental capacity act, dignity, nutrition dementia, diabetes, equality and diversity, food and hygiene and challenging behaviour.

There was evidence of staff supervisions, appraisals and observations of staff competence on the staff files we reviewed. People received the care and support they needed.

### Is the service caring?

**Good** 

The service was caring.

We spoke with staff members about the support they provided for people they visited regularly and we found they were able to discuss the needs of those they knew well. They were aware of

the importance of promoting independence and respecting privacy and dignity.

Some people and their relatives were very pleased with the staff who supported them and the care they received.

Staff engaged with people in a person centred way and had developed warm, engaging relationships. People were supported by staff who treated them with dignity and respect.

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

The service was not consistently responsive to people's needs.

People raised concerns about consistency and reliability of the service due to issues around punctuality, missed visits and the rotas.

Care files had not been organised in way that ensured information was secure and easy to find. People told us their care had been reviewed and plans had been amended to show people's changing needs. We however found this was not consistent throughout the people we reviewed and spoke to.

There was evidence of clear lines of communication. However people did not find front office staff [care coordinators] easy to communicate with. They were however positive about the management team and felt they were responsive and listened. Complaint procedures were in place and people were aware of how to raise concerns. We saw examples of how complaints had been dealt with.

**Requires Improvement** ●

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

The service was not consistently well-led.

There was a positive staff culture. We found the management structure had in depth awareness of people's needs and evidence of management oversight. Staff felt supported by management.

Staff enjoyed their work and told us the management were always available for guidance and support. Staff meetings had been held and actions had been taken on suggestions made by staff.

There were formal audits and monitoring systems in place. Policies had been updated to reflect current practice. The service was sending statutory notifications to CQC.

**Requires Improvement** ●

We made a recommendation about quality assurance for medication management.

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# New Care Services & Cornerstone

## **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 visit took place on 24 and 25 May 2016 and was unannounced.

The inspection was carried out by the lead adult social care inspector for the service. Before the inspection, we reviewed information from our own systems, which included notifications from the provider and safeguarding alerts from the local authority.

We gained feedback from external health and social care professionals who had made contact with the service. We had received safeguarding alerts from Lancashire County Council Safeguarding Enquiries Team and regular updates from other associated professionals at the local authority. Comments about this service are included throughout the report.

Before the inspection, the provider completed a Provider Information Return (PIR). 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.

During our inspection we went to New Care Services and Cornerstone [Delta] office and spoke with a range of people about the service. They included the registered manager, the nominated person, the operations manager, care coordinators, and eight care staff members. We visited three people who used the service and spoke to twelve including people and their relatives. This enabled us to determine if people received the care and support they needed and if any identified risks to people's health and wellbeing were appropriately managed.

We also looked at a wide range of records. These included; six people's care records, four staff personnel records, visit logs, a variety of policies and procedures, training records, medicines records and quality monitoring systems.



# Is the service safe?

## Our findings

We asked people who used the service whether they felt safe. People told us they felt safe using the service. One person told us, "Yes I feel safe using Delta." Another person told us, "We trust [name removed] very much". And: "If I wasn't here I know I could trust [name removed] to look after [name removed]." We spoke to relatives and they told us, "Well, it's very nice, we cannot fault them at all." And: "They are very good."

We spoke to professionals who told us, "The care and support they provide is good and I have had no complaints from service users or their families in regard to the care and support they provide."

Risks to people were not sufficiently managed to avoid harm. Risk assessments had been undertaken for moving and handling and general environmental risks. However, risk assessments for people's care such as nutrition, skin integrity, behaviour, falls and self-neglect had not been undertaken. For example, we found one person's records showed they were resistive to support with personal care and had attempted to harm care staff during personal care interventions. We however found no risk assessments had been carried out to identify the risks and how they would be managed. In another example, one person had been known to self-neglect resulting in skin infections and hospital admission. We could not find risk assessments around this person's identified care needs. This meant people's risks had not been adequately identified and managed, which left people at risk of receiving poor care.

This was a breach of regulation 12 (2) (a) of the Health and Social Care Act 2008 (Regulated Activities) Regulations, 2014.

People's medicines were not managed robustly. Information we had before the inspection showed a significant number of medication errors from care staff. We looked at the records on inspection and found medication errors continued to be a concern within the service. Medication care plans we saw did not provide care staff with clear guidance. For example one person's record showed the person required to be prompted to take their medication however daily records indicated staff were administering the medication. This meant that if care staff had followed the written plans they would not support this person assuming that they could manage their own medication independently. This meant that people had been exposed to the risk of not receiving their medication as prescribed.

This was a breach of regulation 12 (2) (b) of the Health and Social Care Act 2008 (Regulated Activities) Regulations, 2014.

Medication audits had been undertaken on a regular basis and issues and concerns were highlighted. Although the service had supported staff with medication training and competency training, we found people continued to be at risk of not receiving their medication as prescribed. We spoke to the registered manager and the nominated person about medication management and they advised they were aware of the issues and had put measure in place to reduce the incidents, which included improved medication recording systems and additional staff training.

We looked at how the service minimised the risk of infections. We found staff had undertaken training in infection control and were able to demonstrate ways in which infections could be spread. People told us staff wore gloves and aprons when they visited and when providing personal care. However, we found used gloves and aprons were not disposed of appropriately to prevent the spread of infections. We observed this on our home visits and we had information relating to this before the inspection. This however was not a wide spread issue and the provider had identified the issue and had measures in place to address this.

We looked at how people were protected from bullying, harassment, avoidable harm and abuse. The service had procedures in place to minimise the potential risk of abuse or unsafe care. Records seen confirmed staff had received safeguarding adults training. The staff members we spoke with understood what types of abuse and examples of poor care people might experience. The service had dealt with safeguarding allegations against their staff in a transparent manner. Full investigations had been undertaken and disciplinary procedures followed in line with the company's own policies.

The service had a whistleblowing procedure. Staff spoken with told us they were aware of the procedure. They said they would not hesitate to use this if they had any concerns about their colleagues' care practice or conduct. We saw evidence of cases where care staff had reported their own colleagues when they felt their approach was not acceptable. We felt reassured by the level of staff understanding regarding abuse and their confidence in reporting concerns.

The service had followed safeguarding reporting systems as outlined in its policies and procedures. We looked at information that we had received from people regarding care staff who it had been alleged, had acted unprofessionally. We found the registered manager had responded to people, reported to the police and local authority's safeguarding enquiries team and staff had been supported with supervision and training and in some instances, dismissed. We saw a performance monitoring procedure had been put in place for staff that required additional support to ensure they delivered safe care.

Recruitment processes, policies and procedures were in place to help ensure safety in the recruitment of staff. Prospective employees were asked to undertake checks before employment to help ensure they were not a risk to vulnerable people. We reviewed recruitment records of five staff members and found that robust recruitment procedures had been followed. Risk assessments had been carried out on staff before they started working.

A business continuity plan had been developed, which helped to ensure continued service in the event of a variety of emergency situations, such as flood, severe weather conditions, flu pandemic or power failure. Staff we spoke with were aware of action they needed to take in the event of a medical emergency, such as a person collapsing or if there was no response when they visited someone in the community, who would have been expected to be at home.

We asked staff if they felt they had enough time to provide care and travel to their next visits. The responses were mixed. Some staff told us they were given enough time with people, were given time for travelling and that visits to people did not overlap. However some staff informed us they were not given enough time and as a result they would cut short some visits to allow them to travel. People we spoke to told us that staff stayed for the allocated time. We looked at the visit monitoring tools that the provider used to check if carers were staying the allocated time. These identified some issues, which the provider had resolved with a more robust system.

People told us there had been a high turnover of staff within the last twelve months. Records we saw indicated that thirty seven care workers had left employment within the last year, which is considered to be

excessive. We also saw evidence of some care staff had been employed with the service for a long time. We spoke to the nominated person who informed us that finding staff who could provide safe care remained their biggest challenge.

## Is the service effective?

### Our findings

People were supported by care staff who had the necessary skills and knew the people they cared for well. One person told us, "Well, it's very nice, we cannot fault them good." Other people who used the service told us: "The staff are fantastic, absolutely brilliant." And: "Three of them help me with my exercises from the physiotherapist, because I cannot walk much now." Another person told us; "I prefer the mature carers they know their job, I have no concerns there." And: "The staff are the best and good at what they do."

Staff members spoken with confirmed they had completed an induction programme, which was recorded and which included safeguarding adults. After induction staff had been supported through shadowing other staff members for up to four days before they could work on their own. Staff were provided with training at the office first before going out for their first shift. We found there was a training room, which was set up to simulate people's bedrooms. This had moving and handling equipment which staff could practice on.

We looked at the provider's training matrix, which covered multiple courses including moving and handling, safeguarding, health and safety, fire awareness, and infection control. We found that the service promoted staff development to ensure that staff received training appropriate to their role and responsibilities. However, we found shortfalls in training around key areas of people's care. We found no evidence of mental capacity training, consent, managing challenging behaviours and nutrition. There were significant training shortfalls in other areas such as dementia, dignity, equality and diversity, diabetes and fire safety awareness.

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

The service had not sufficiently demonstrated how they had assessed and managed people's nutrition and hydration. Regulations and the service's own policy states that people's care plans should identify nutritional needs, associated risk, action plans and people's preferences. We however saw staff had documented in people's daily records the meals provided, confirming the person's dietary needs had been met. Staff spoken with during our inspection visit confirmed they had received training in food safety and were aware of safe food handling practices. We spoke to the registered manager who informed us they were in the process of changing their care plans and the new care plans would incorporate people's nutritional assessments. We saw evidence of the care plans that they had started changing.

Staff told us they felt well supported by management and we saw evidence that regular supervisions had been held. Supervision notes confirmed that people had the opportunity to discuss their work performance, achievements, strengths, weaknesses and training needs. We saw the frequency of supervisions was increased when staff required this.

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 Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to

take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

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. We checked whether the service was working within the principles of the MCA.

We found no evidence of mental capacity assessments or best interests' decisions in people's records. We spoke to the registered manager and they admitted that mental capacity had not been considered, this was supported by our findings of lack of training in mental capacity. This meant that people's rights were not always protected, because consent had not been obtained through best interest decision making processes before the provision of specific areas of care.

This was a breach of regulation 11(1) (2) of the Health and Social Care Act 2008 (Regulated Activities) Regulations, 2014. Need for consent

Records seen and staff spoken with confirmed staff had received regular supervision and annual appraisals. These were one to one meetings held on a formal basis with their line manager. Staff told us they could discuss their development, training needs and their thoughts on improving the service. They told us they were also given feedback about their performance. They said they felt supported by the management team who encouraged them to discuss their training needs and be open about anything that may be causing them concern.

Staff spoken with told us meetings were held, the staff team could get together and discuss any areas of interest in an open forum. This had allowed for any relevant information to be shared with staff. Records seen confirmed meetings had taken place. We saw during one of the meetings, staff were reminded about attending visits as planned and safe managing medication.

Care records held details of joint working with health and social care professionals involved with people who accessed the service.

# Is the service caring?

## Our findings

Feedback we received about the care staff and about the care that people received was consistently positive. People we spoke with told us they were treated with kindness and the staff were caring towards them. Comments received included, "The carers are kind and caring and it is generally the same ones." And: "They always respect my privacy and dignity." Another person told us: "The girls who come here are faultless." And: "They are clean and tidy and are courteous all the time; they help me and are respectful."

One person said: "I really am more than happy with the care agency. I get my shower and the carers offer to take me out." Some people however told us they could benefit from having regular staff.

We saw a number of compliments from people and professionals who had worked with the agency. We also found cards that relatives had sent to the service. One person gave special thanks to staff who had supported their loved one. They wrote "Mum loved the Delta [New Care Services & Cornerstone] girls." People were satisfied with staff who supported them and staff had up to date information about their needs. People's care was delivered in the way they wanted. People told us they felt there was a caring ethos within the staff team.

During our visits in one person's home we observed a care staff member attending to a service user. We observed genuine and caring interaction. The member of staff took time to speak this person and they explained what they were doing. One person told us she felt safe and described her current care staff as kind, inviting and helpful. Another person told us, "The carers are genuine they stay for the hour." And: "They ask me if I want a drink or if there is anything else I want and they sit and have a chat with me too, which I like."

Staff were clear about their roles in providing people with caring and compassionate care and support. Staff were knowledgeable about people's individual needs, backgrounds and personalities. They explained how they involved people in making decisions and supported their opinions on matters such as personal care and choice of meals. One staff member said to us, "We find out by talking to people on an ongoing basis." And: "We persuade people who refuse care but we cannot force them."

Staff had an appreciation of people's individual needs around privacy and dignity. They told us they understood the importance of respecting people's privacy and this was a high priority for the service. People supported by the service told us staff spoke with them in a respectful way and respected their privacy. One person we spoke with said, "I have no issues with the staff who visit me. They are professional and patient when providing my personal care." Staff told us: "I treat people with dignity; I ensure they are covered and decent."

We saw instances where things had not worked well between care staff and people they supported. In these instances we saw evidence to show how the registered manager had attempted to resolve the issues ensuring carer staff and people were both listened to. For example, there was an instance where people had requested for a member of care staff to be changed, although this took longer than the person would have

wanted, we found the member of staff was eventually changed.

Care plans we checked showed people had been involved in planning for their care. We found this had been documented. We asked people if they felt they were involved in how their care was planned and we received positive responses from them. One person said: "I'm fully involved in care planning and can make any changes." Another person told us, "They come and talk to me every month and I sign a report after our chat." A lot of people we spoke to informed us they had their care reviewed.

## Is the service responsive?

### Our findings

We asked people and their relatives whether the service was responsive to their needs, whether they were listened to and if they had confidence in the way staff responded to concerns and complaints. One person we spoke to said, "Someone from the agency does ask how things are." And: "It doesn't happen very often, but it does happen." And: "I sometimes get a questionnaire to fill in too."

Some people told us staff arrived as arranged, stayed for their allocated time and were reliable. However some people told us this was not consistent and carers had not turned up at all on a number of occasions. One person said, "They always let me know if they are delayed." Another person said, "The weekday carers are the same ones and they come at the same time, the problem is at weekend, when my regular girls are days off." And: "They are always different ones and they don't come at the right times, but all the ones that do come are lovely."

People we spoke to expressed concerns regarding front office staff [care coordinators]. People told us management were responsive and listened. They however expressed front office staff who answered phones did not always respond in a helpful manner. One person said "The office staff on the other hand are not that good, I can ring them and they say someone will ring back, but they never do". This had been reported to us before the inspection, and also in the records completed by people during surveys. This meant that people could not be assured they could get reliable response from the service at all times. We discussed our findings with the registered manager and the operations manager and they assured us they would address this.

We found assessments had been undertaken to identify people's support needs. However, the care plans were not consistently person centred. The assessment forms were basic and the majority involved tick boxes. Some information had not been completed including people's likes, dislikes, sections on what worked for people and goals and outcomes had not been completed for some people. The care files were disorganised and had not been presented in a methodical manner to ensure information on people's needs could be located with ease. The quality of recording was not consistent between different people's care records and did not provide clear information about each individual.

We spoke to the nominated person who informed us they had changed the care plans over recent years to include more tick box format and reduce the time it took to complete forms. These however did not have room to allow care staff to complete more person centred records. At the time of inspection the service had purchased new policies which included new care plans. We saw the new care plans that had started to be developed.

We recommended that the service follow their own policies and best practice in care planning.

We saw people had expressed when, how and by whom they wanted their support provided however this had not happened in all cases we looked at. For example, two people we spoke to expressed they had asked to have male staff only and one had requested not to have female carers. However, they had been provided



with female or male carers against their wishes. One person told us, "Female staff have sometimes covered when [name removed] is on holiday, but my husband doesn't like that and won't have a shower then." Another person said, "There was just one instance at the beginning when they sent a male carer. I felt embarrassed and didn't like it. I told the office and they didn't send him again."

People had expressed their choices and preferences about their visit times. , Although there was evidence the service had attempted to act on these preferences, people told us they did not always feel they had been listened to as they did not get feedback. We discussed this with the registered manager and the operations manager.

People told us in some instances, carers had not followed the rota by attempting to visit soon after the previous visit, in order to finish all visits early. This had resulted in some people not having adequate gaps between their scheduled visits. We discussed this with the registered manager and they informed us they had raised this in team meetings and staff had been made aware it was against the organisation's policy to do so. We saw minutes of meetings regarding this.

There were assessment processes in place. However, the assessments had not been turned into robust care plans which included detailed care plans, risk assessments and review. We noted that the assessment process always involved a visit to the service user's home and included the views of other professionals involved in their care, as well as input from their relatives.

We found the service had provided each carer with a weekly rota. This meant staff had information their work schedule in advance which allowed them to plan ahead. At the time of the inspection the agency was in the process of rolling out a new system to monitor visits and ensure people's visits were carried out as planned. This would also inform the office if carers were running late for their next visits or if there had been unforeseen circumstances that could affect the next visit. This was monitored and management could look at the information any time to check if people were receiving care as agreed.

We saw the service had a system in place for recording incidents and complaints. This included recording the nature of the complaint and the action taken by the service. We saw complaints received had been responded to and the outcome had been recorded. People who used the service and their relatives told us they knew how to make a complaint if they were unhappy about anything. One person said, "We are quite happy with the service but know how to complain if we need to. I know if I rang the manager any concerns I raised would be dealt with quickly." Another person said, "I am able to speak with the care staff who come here, so any concerns are dealt with then, but I would be able to make a complaint, if I needed to." And: "I have never had a situation that has not been resolved by the manager. She is very responsive."

Contact details for external organisations including, advocacy services, social services and the Care Quality Commission (CQC) had been provided should people wish to refer their concerns to those organisations.

People told us care staff were considerate and gave them options and respected their right to choose how they wanted to be cared for. People's views about the service had been considered regularly using surveys. This meant the service had sought people's views and experiences about the service.

A member of staff told us management always responded well to people's needs. "If we ask for more training to improve our confidence they always get it for us." And: "They respond to our concerns however there are some that they cannot help and I understand."

## Is the service well-led?

### Our findings

A positive staff culture was reported by staff members that we spoke with. People who used the service also spoke highly of the management. They told us: "The manager listens and will try her best." And: "I know if I manage to speak to her she will sort things out for me." And: "The other one, [name removed] is very helpful however we cannot always get access to them."

People told us they felt their concerns were listened to and that the operations manager was actively involved to ensure people's concerns were resolved.

Staff told us: "I enjoy the work." and: "There is work life balance here." Another staff member said "Management are responsive, they listen and let you know what they are doing, they understand that we know people better." Staff spoke highly of the provider. They told us: "The managers are fantastic, if you want additional training they will offer you and you get time off to do the course work." And: "The company knows how to prepare staff, the induction is brilliant."

We found the service had clear lines of responsibility and accountability with a structured management team in place. The management team were experienced, knowledgeable and familiar with the needs of the people they supported. The nominated person had delegated individual responsibilities to members of the management team. This included a registered manager, care coordinators, training coordinator and care assessor.

We looked at policies and procedures relating to the running of the service. These were in place and the service had acquired new policies and procedures that were more up to date in line with current regulation and best practice. This ensured staff had access to up to date information and guidance. Staff were made aware of the policies at the time of their induction and had full access to them.

We found the registered manager was familiar with people who used the service and their needs. When we discussed people's needs the manager showed good knowledge about the people in their care. For example, the registered manager was able to identify people with very complex needs and the risks associated to these individuals. This showed the registered manager took time to understand people as individuals and ensured their needs were met in a person centred way.

We looked at how staff worked as a team and how effective communication between staff members was maintained. Communication about people's needs and about the service was robust. Staff were kept informed in a variety of ways including staff meetings, memos and supervision. There was a staff incentives and rewards system in place to encourage staff to improve and motivate them. An employee of the month scheme was operational. This is where the service would choose one care staff per month and reward them for providing outstanding service.

The service shared information about the service and any developments. They distributed information with staff payslips. We looked at staff meeting minutes, they showed staff were involved in discussions about

improving the service and management input was motivating, to encourage the staff team to provide good standards of care and support.

Staff told us: "We are listened to during meetings." and: "Staff meetings are really helpful to get together, gain information and share best practice. This benefits the clients."

We found that the service had a quality auditing system in place. The provider carried out audits to monitor the quality of the service regularly. This included, staff files audits, visit records audits, complaints and compliments, care file audits and medicine administration records. Management carried out checks to see if staff had delivered care and recorded in line with regulations and the organisation's own policies. Where medication errors had been identified during the audits, an investigation had been done using the 'medication incident tree' This is a tool that the organisation used to analyse the impact of the medication error and how staff could be supported, so as to minimise the risk of errors happening again.

We recommend the provider to consider best practice in quality assurance for medication management and administration.

Spot checks to observe staff's competence had been carried out on a regular basis. These were in place to check care staff's time keeping, whether they were staying at visits for the correct amount of time allocated and if people supported were happy with the service. We saw a report on the outcome of the checks. An audit of care records was completed every three months and findings were analysed in detail, before actions plans were drawn to resolve issues.

The most recent annual staff survey had been completed in May 2015. In the survey staff expressed they were very satisfied with management support and felt listened to. However, they some felt they didn't always see evidence that something had been done after they had shared their views with management. We also did not see the outcome of the survey completed. We discussed this with management and they informed us they would consider sending a report on the findings of each survey.

The service had a business continuity plan. This meant the service had considered how they wanted to develop and improve the service, as well as how they would respond in case of emergencies that could impact on the delivery of care. We were shown plans and examples of developments that the service had introduced and were ready to roll out. This included a new computer system to manage the delivery of care, including a live care visit monitoring system and electronic care plans. The manager informed us this would improve the service's delivery and better outcomes to people who used the service. We also found a new training coordinator had been recruited to deliver in house training.

The organisation had maintained links with other organisations to enhance the services they delivered, this included affiliations with organisations such as ISO 9001, 'Investors in People' and 'United Kingdom Homecare Association'.

We found the registered manager receptive to feedback and keen to improve the service. All management worked with us in a positive manner and provided all the information we requested.

We checked to see if the provider was meeting CQC registration requirements, including the submission of notifications and any other legal obligations. We found the registered provider had fulfilled their regulatory responsibilities and submitted notifications to CQC. This meant that CQC received information about the service in a timely manner, to exercise our regulatory role effectively. The CQC registration certificate was on display, along with a copy of the most recent inspection report. The service worked in a transparent way and showed commitment to improving outcomes for people.

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	<p>Regulation 11 HSCA RA Regulations 2014 Need for consent</p> <p>The provider did not have suitable arrangements in place to protect service users from abuse and improper treatment. This is because there were no arrangements to assess people's mental capacity. Regulation 11 (1) (2) Need for Consent</p>
Regulated activity	Regulation
Personal care	<p>Regulation 12 HSCA RA Regulations 2014 Safe care and treatment</p> <p>The provider did not have suitable arrangements in place to make sure that people's risks of receiving poor care were managed. This was because there was no risk assessments for people's care needs. Regulation 12 (1) (2) (a) (b)</p> <p>The provider did not have suitable arrangements in place to make sure that people's risks of receiving poor care were managed. This was because people had been exposed to the risk of not receiving their medication as prescribed. Regulation 12 (2) (b)</p>
Regulated activity	Regulation
Personal care	<p>Regulation 18 HSCA RA Regulations 2014 Staffing</p> <p>Suitable arrangements were not in place in order to ensure that persons employed were able to deliver care to people safely and to an</p>

appropriate standard. This was because staff had not received training in key areas of people's care.

Regulation 18 - Staffing