

Majestic Care Northwest Ltd

Majestic Care North West Limited

Inspection report

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

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

We carried out an inspection of Majestic Care North West Ltd on 27 and 28 July 2016.

Majestic Care is registered to provide personal care. The agency provides domiciliary care services for adults in the Burnley and Pendle area. The range of services provided includes personal care, domestic support, meal preparation and shopping. The agency office is located in the centre of Burnley and is staffed during the hours of 9:00 am to 5:00 pm.

The service was managed by a registered manager. 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.

At our last inspection on 23 July 2014, the provider was compliant with all of the standards that were reviewed at the time.

During this inspection we found the provider was in breach of four regulations of the Health and Social Care Act (Regulated Activities) Regulations 2014. The breaches related to systems for checking and improving the service, staff recruitment checks, staff training and complaints processes. You can see what action we told the provider to take at the back of the full version of this report.

We have also made recommendations about ensuring risks to people's individual well-being and safety are properly considered and improving practices on safely supporting people with their medicines.

People we spoke with told us they were satisfied with the service provided by Majestic Care, their comments included, "It's a very good service, "It's alright" and "I am quite happy with things."

People we spoke with indicated they felt safe with the service. Staff spoken with were aware of the signs and indicators of abuse. They knew what to do if they had any concerns and were confident in reporting matters. We found safeguarding matters were not been properly recorded and managed, however the registered manager took steps to make improvements.

Arrangements were in place to maintain staffing levels to make sure people received their agreed care and support.

We found the service was working within the principles of the MCA (Mental Capacity Act 2005).

Processes were in place to support and encourage people to make their own decisions and choices. However some staff were not aware of the MCA and had not had training on this topic.

People made positive comments about the staff team including their caring approach and attitude. They told us, "They are caring and really helpful" and "They are friendly, I have made friends with them."

Staff expressed a practical awareness of responding to people as individuals and promoting their rights, privacy and choices.

People spoken with appreciated the support provided by staff. We received the following comments, "They are very helpful, they do what they have to do" and "They always ask if I am satisfied with what they do."

Arrangements were in place to gather information on people's backgrounds, their needs and abilities, before they used the service. People had an awareness of their care plans and said they had been involved with them and reviews.

Processes were in place to monitor and respond to people's health care needs. Staff spoken with described the action they would take if someone was not well, or if they needed medical attention. People were supported as appropriate with food and drink.

There was written information for people who used the service. This provided details on the service's contact details, aims and objectives, the range of services available and compliments and complaints procedures.

We found there were management and leadership arrangements in place to support the day to day running of the service. Staff indicated the management team were supportive and approachable.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was not always safe.

We found a robust recruitment procedure for new staff had not always been followed. Processes were not in place to record and manage safeguarding matters. There were enough staff available to provide people with safe care and support. Staff were aware of abuse and protection matters and how to report any concerns.

We found there were some safe processes in place to support people with their medicines. However, some medicine management practices could be improved.

Some risks to people's wellbeing and safety were being assessed and managed. However some risk assessments were lacking in detail and risks associated with diet, falls and pressure ulcers could be improved.

Requires Improvement 

Is the service effective?

The service was not always effective.

People told us they experienced good care and support. However, we found some staff had not received suitable training to enable them to deliver care effectively to people.

People were encouraged and supported to make their own choices and decisions. The service was meeting the requirements of the Mental Capacity Act 2005 (MCA) However staff spoken with indicated a lack of awareness of the MCA.

People were supported as appropriate to eat and drink. Their health and wellbeing was monitored and responded to as necessary.

Requires Improvement 

Is the service caring?

The service was caring.

People made positive comments about the caring attitude and approaches of staff.

Good 

People were supported and cared for in a way which promoted their privacy, dignity and independence.

People had a small team of carers providing their support. Staff expressed an awareness of people's individual needs and preferences, which helped them provide personalised care.

Is the service responsive?

The service was not always responsive.

We found concerns and complaints were not properly, received, recorded, managed and responded to.

People indicated the service responded to their needs and preferences. Processes were in place to find out about people's individual needs, abilities and preferences.

People were involved with planning and reviewing their care and support. They were aware of their care plans and had agreed with them. Processes were in place to monitor and review people's changing needs and preferences.

Requires Improvement 

Is the service well-led?

The service was not always well-led.

There were some systems in place for checking the service and consulting with people. However, the provider had not ensured the quality monitoring arrangements were sufficient in ensuring the service was safe, effective, responsive and well led.

There was a registered manager in post who expressed a commitment to develop the service. Staff were enthusiastic and positive about their work and were of their responsibilities.

Requires Improvement 

Majestic Care North West Limited

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection checked 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 27 and 28 July 2016. We contacted the service before the visit to let them know we were inspecting. We did this because they provide a domiciliary care service and we needed to be sure that someone would be available. The inspection was carried out by one adult social care inspector.

Before the inspection we reviewed the information we held about the service, including notifications and previous inspection reports. A notification is information about important events which the service is required to send us by law. We also contacted the local authority contract monitoring team and a commissioning manager. We used all this information to decide which areas to focus on during the inspection.

We used a number of different methods to help us understand the experiences of people who used the service. During the inspection we spoke with five people who used the service and two relatives. We talked with five support workers, four office based staff and the registered manager. We looked at a sample of records, including four care plans and other related documentation, three staff recruitment records, policies and procedures and quality assurance records.

During the inspection we asked for further information to be forwarded to the Commission by 5 August 2016. We received most of the information. However we were still awaiting the outcome of one safeguarding matter relating to an alleged missed visit.

Is the service safe?

Our findings

The people we spoke with indicated they felt safe using the service. They told us: "Oh yes I feel safe," "They are keeping me safe I will vouch for that," and "I feel very safe with them." None of the people spoken with had any concerns about the way they were treated or supported. Their comments included: "They treat me as a friend," "The don't boss me about," "No shouting or anything like that" and "I feel comfortable about them coming in to my home."

We looked at how the recruitment procedures protected people who used the service and ensured staff had the necessary skills and experience. We looked at the recruitment records of three members of staff.

The recruitment process included applicants completing a written application form and attending a face to face interview. Some of the required checks had been completed before staff worked at the services and these were recorded. The checks included, full employment histories, health screening, an identification check and a DBS (Disclosure and Barring Service) check. The DBS carry out a criminal record and barring check on individuals who intend to work with children and vulnerable adults, to help employers make safer recruitment decisions.

However we found one person's application form was missing which meant there was a lack of evidence to confirm all the appropriate checks had been completed. Another recruitment record did not show that gaps in previous employment and the reasons for leaving had been checked and clarified. We found a reference from a previous employer had not been obtained, which meant evidence of the staff members conduct in a previous care setting had not been assessed. We noted satisfactory documentation had not always been obtained to confirm applicants had previously achieved qualifications in care. This meant the appropriate background checks, including employee's integrity, had not been completed for the well-being and safety of people who used the service.

We noted there was a lack of recruitment and selection procedures to direct an appropriate recruitment process in accordance with the current regulations.

The provider had not ensured robust recruitment procedures were carried prior to staff working at the service. This was a breach of Regulation 19 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We looked at how the service protected people from abuse and the risk of abuse. We discussed some of the previous safeguarding concerns with the registered manager. We were told of the action taken to ensure safeguarding and protection matters were dealt with and alerted to the local authority. Prior to the inspection, we had been made aware of a safeguarding matter relating to a missed visit. The registered manager considered this was in connection with a lack of up to date information on the transfer of a care package from another agency. We asked the registered manager to pursue this matter and forward their findings to the Commission. At the time of writing the report we had not received a response. We had also been made aware of another safeguarding investigation at the service. We found there were no records kept

of the matters raised, however during the inspection the registered manager introduced a process to support the recording, managing and responding to safeguarding incidents.

We discussed the safeguarding procedures with staff. They expressed an understanding of safeguarding and protection matters. They were aware of the various signs and indicators of abuse. They were clear about what action they would take if they witnessed or suspected any abusive practice. Staff spoken with said they had previously received training and guidance on safeguarding and protecting adults. We noted from the staff training records, that arrangements were in place for staff to complete safeguarding training; however some staff were yet to complete this. The service had policies and procedures to support an appropriate approach to safeguarding and protecting people. We noted the procedures did not include the up to date contact details of the local authority safeguarding hub, which would help ensure a timely alert is made. The registered manager agreed to update this information.

We reviewed how the service maintained appropriate staffing levels. We found there were enough staff deployed at the service to provide care and support and keep people safe. Most of the people we spoke with told us staff always attended. Their comments included, "They have never missed coming," "Never missed" and "There was one missed call, but it's not a regular thing, they said sorry." We asked people who used the service about late visits and they said they were always informed if the carer was to be late due to unexpected circumstances. They said, "They are mostly on time," "They are always at the agreed time," "They were late once but they let me know from the office" and "If they are going to be late, they always ring and apologise." One care coordinator said, the registered manager "Is fastidious about the timings of visits."

We found staffing arrangements were influenced by people's assessed needs, individual support package and contracted arrangements. The rota planning system grouped staff into teams to cover in designated regions and took into consideration staff availability. Staff spoken with told us they had not missed any calls. They said they were given sufficient travelling time between visits and had enough time to carry out the required tasks. There was an on-call system in place during the times when staff were on duty, which meant someone senior could always be contacted for support and advice.

We looked at the way the service managed risks. Health and safety risk screening assessments had been completed on environmental matters in people's homes. Staff spoken with had an awareness of people's risk assessments. They described the action they would take in the event of accidents, emergency situations and on reporting any matters of concern. There were policies and procedures providing instructions staff on responding to accidents, emergencies and untoward events. Staff also described the action they took to ensure people's homes were safe and secure.

We found risks to individuals had been assessed and recorded in people's care records. There was information defining the risks, with an indication of the action to be taken to minimise these risks for people's wellbeing and safety. We found some of the risk assessments were lacking in detail. There were some processes in place to screen and monitor people who may be at risk of poor mobility, pressure sores and poor nutrition. However, there was a lack of routine assessing of risks associated with skin integrity, malnutrition and falls, in accordance with current recognised guidance. This meant processes were not in place to proactively identify, monitor and respond to these risks for the wellbeing and safety of people who used the service. We discussed this with the registered manager who agreed to take action to rectify this matter.

- We recommend that the service seek advice on nationally recognised evidence-based guidance on assessing the risks, including: risks of pressure ulcers, malnutrition and falls and take action to review and update their practice accordingly.

We looked at the way the service supported people with their medicines. People who received assistance with medicines, indicated their support was appropriately provided. Two of the people spoken with said, "They always remind me with my meds" and "They keep a record of the meds." The service encouraged people to use a MDS (monitored dosage system) for medicines. This is a storage device designed to simplify the administration of medicines by placing them in separate compartments according to the time of day. People's ability and preferences to manage their medicines was considered as part of their initial assessment. A process was in place to assess the risks associated with people managing their own medicines. However these had not routinely completed with each person which meant risks or the lack of risks had not been identified and proactively responded to. We found individual care records included lists of prescribed medicines and instructions where necessary, for staff to follow on prompting or administering the medicines.

Medication administration records (MAR) were completed as appropriate to support the assistance given. We looked at a selection of completed (MAR) we found they were mostly appropriately completed. However we noted hand written entries on the MAR charts had not been counter signed as correct, which would help verify the appropriate instructions had been recorded. We also found gaps on one MAR chart which meant it was not clear if the person had been supported with their medicines. We discussed these findings with the registered manager who agreed to ensure the matters were pursued and rectified.

The service had medicine management policies and procedures which were available for staff reference. There were guidelines describing the different types of support which may be provided, but that people were only to be assisted in line with the instructions in their agreed care plan.

- We recommend that the service consider current recognised guidance on safely supporting people in their own homes with their medicines and take action to review and update their practice accordingly.

Is the service effective?

Our findings

People we spoke with indicated they were very satisfied with Majestic Care. People's comments included: "It's a very good service, I am right pleased with them," "I am quite happy with things" and "Generally very pleased with Majestic Care."

We looked at how the service trained and supported their staff. Arrangements were in place for new staff to complete an induction training programme. This included an introduction to the service's policies and procedures, 'shadowing' experienced staff in the community and the completion of the provider's mandatory training. The registered manager told us the induction training met the requirements of the Care Certificate. The Care Certificate is a nationally recognised set of standards that health and social care workers adhere to in their daily working life.

New employees were provided with a welcome pack of information. This included some of the service's policies and procedures. We found there was a lack of information to guide the induction process and show that staff had completed and understood the training. The registered manager introduce an induction checklist system at the time of the inspection. We noted the 'shadowing' arrangements for new staff did not include a structured assessment of their competence in their role prior to working unsupervised. This meant it was not clear the provider had satisfied themselves that new employees were sufficiently competent to carry out their duties prior to working in the community.

Staff spoken with told us about the training they had received at the service. We noted certificates confirming the training were in the staff files we looked at. We observed a training session taking place during the inspection. The providers' mandatory training programme included: health and safety, infection control, food hygiene and safety, first aid, safeguarding, safe handling of medicines, moving and handling and MCA 2005.

We asked the registered manager for an up to date record to demonstrate staff had completed the training which we received following the inspection visit. We reviewed the information and noted there were gaps in the records which indicated staff had not completed the provider's mandatory training programme. The gaps included a lack of training in manual handling, safeguarding people, medicines management and MCA 2005. We also noted there was lack of evidence to confirm care workers who had been at the service for more than a year had been supported to attain recognised qualifications in health and social care. There were no processes in place to assess staff's practical competence in providing safe effective support with medicines.

The registered manager was aware some training had not been completed and was able to demonstrate progress was being made. We noted four staff had enrolled on the level 2 QCF (Quality and Credit Framework) diploma in health and social care.

However we would expect the provider to have suitable arrangements in place to ensure all staff receive appropriate development and training. This was a breach of Regulation 18 of the Health and Social Care Act

Staff spoken with said they received one to one supervisions and they had ongoing support from the management team. This provided staff with the opportunity to discuss their responsibilities and the support of people who used the service. We saw records of the supervisions held and noted there were plans to schedule appointments for future meetings.

People who used the service had agreed to the support and care provided by Majestic Care. The registered manager told us people either had individual contract agreements with the service, or contract arrangements arranged by the local authority, which outlined the terms and conditions of care package. These had been signed by the person using the service or a representative acting on their behalf. Similarly, we found people had also signed in consent with their care plans. People spoken with indicated they were always involved with decisions about their care and support. One staff member told us, "I defiantly consult them; I one hundred percent get their consent for everything."

We looked at the way the service provided people with support with their healthcare needs. People spoken with were satisfied with how staff monitored their general well-being, one person commented, "They always ask, how are you today," another said, "They ask how I am all the time." We found staff were made aware of people's medical conditions and medical histories within their care plans. One staff member said, "Health needs are all in the care plan and when we get to know people we can pick up on things." The plans also contained important telephone contact details for people's GP and next of kin. This helped staff to liaise with people's relatives and health and social care professionals if they had concerns about people's health or well-being. We found 'hospital/health passports' had been introduced, which included details of people's medical condition, known allergies and prescribed medicines. These were to be used when people accessed health care services, to help ensure they received safe coordinated care. Staff spoken with described the action they would take if someone was not well, or if they needed medical attention.

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 the 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. Any applications to deprive someone of their liberty for this service must be made through the Court of Protection.

We checked whether the service was working within the principles of the MCA. We noted the service's new care assessment process included a mental capacity screening assessment. The service had policy and procedures which aimed to underpin an appropriate response to the MCA 2005. We noted the policy made reference to Deprivation of Liberty Safeguards (DoLS) which are not applicable to people living in her own homes. Staff spoken with had an awareness of their role to monitor people's capacity to make their own decisions and choices. They said they would report any concerns or changes in people's ability to make safe decisions to the managers. Records showed that some staff had received training on the MCA. However staff spoken with indicated a lack of awareness of the MCA and said they had not yet accessed the training. Records showed that some staff had received training on the MCA.

People were supported at mealtimes in line with their plan of care. Most people spoken with received no or minimal support with eating and drinking, they either prepared and cooked their own meals or were supported by family members. However, people receiving this support told us staff asked them what they preferred to eat and cooked their food to a good standard. One person said, "They make my dinner and

breakfast, they ask me what I want." Staff spoken with described the range of support they provided with food, including pre-prepared meals, snacks, food preparation and cooking. Records were kept of people's dietary needs and food and drink preferences. The registered manager showed us a food and fluid intake chart was to be used as necessary if a person was at risk of malnutrition or dehydration.

Is the service caring?

Our findings

All people spoken with made positive comments about the staff team and the care and support they received. They told us, "I trust them, they are alright," "They are caring and really helpful," "They are friendly, I have made friends with them," "They are lovely people "and "They are always cheerful."

People told us they were happy with the approach and attitude of staff at the service. They made the following comments about the way they were treated: "Some staff are better than others, they have different personalities, still they are all definitely respectful," "They are respectful and caring," "They are respectful to me, they don't rush me to do things" and "They are very pleasant, they make me feel at ease." One relative told us, "They always involve [my family member] with things. Staff spoken with gave examples of how they maintained people's dignity and respect when providing support with personal care. One told us, "I treat people how I would wish to be treated." All staff said they had sufficient time during visits to provide care in a way which respected people's dignity and choices.

People indicated their privacy needs were upheld and that staff were respectful of their homes and property. Two comments were, "They always knock on both doors, I've told them to come in" and "Oh yes they knock and shout." Staff explained how they promoted people's individual privacy when they visited them. They expressed a practical awareness of maintaining confidentiality. One person who used the service commented, "They never talk about others." The provider had recently introduced a 'digital app' care planning and recording system. The provider had satisfied themselves that the care planning processes promoted confidentiality of information. The service had policies relating to maintaining confidentiality and was registered under the Data Protection Act 1998.

Staff were knowledgeable about the needs and preferences of the people they cared for. They said they were aware of the content of people's care plans, risk assessments and care records. Staff described their understanding of person centred care and equality and diversity. They explained how they aimed to promote independence in response to people's individual needs and choices. One staff member said, "I definitely promote independence, by encouraging people to things for themselves." One person who used the service said, "I can do things for myself and they have supported me with this" a relative said, "They have enabled [my family member] to be self-sufficient and long may it continue."

We noted the service's care assessment process provided scope for details to be obtained and recorded on key matters that were important to the person. This included their preferences on male or female staff, their background histories and interests. We discussed and reviewed the rota planning process with a care coordinator. We found the aim was to provide people with a small team of staff who they were familiar with. One person told us, "I mostly have the same carers," another said, "I have requested fewer different people and they have sorted it for me."

People had been provided with written information about Majestic Care prior to the service being delivered. One person explained, "We have an information brochure about the service; I think it tells what we need to know." The brochure was in the form of a service user guide/statement of purpose. Details included were:

the service's mission statement, aims and objectives, telephone contact numbers for the agency, the range of services provided, the rights of people receiving care and value statements on dignity and confidentiality. The service also had an intent website providing further information.

There were several cards and letters on display in the agency office, from people and their relatives expressing an appreciation of the care and support provided by the service. We also noted within a case review meeting record, the service had received very positive comments from other agencies.

Is the service responsive?

Our findings

People spoken with indicated the service was responsive to their needs and they appreciated the support provided by staff. We received the following comments, "They are very helpful, they do what they have to do," "They do whatever I ask" and "They always ask if I am satisfied with what they do."

We looked at the way the service managed and responded to concerns and complaints. The people we spoke with had an awareness of the service's complaints procedure. They said, "I would just ring the office if I had a complaint" and "I would speak to them if I was not happy."

People had been given information about the service's complaints and compliments processes in the guide to the service. The procedure described the approach and assurances around encouraging people to voice their concerns in order to make improvements. There were details on how complaints would be managed and the expected time-scales for the investigation and response to complaints. There were contact details of other agencies that may provide support with complaints. We noted there were systems in place for the management of minor concerns, grumbles and general dissatisfaction. People were provided with complaints and compliments forms should they wish to use them.

We reviewed the service's complaints file. There were three complaints forms, which had been sent in by people expressing dissatisfaction with the service. We discussed these concerns with the registered manager who described the action taken in response to the concerns. However there was no information to demonstrate how the complaints had been investigated, followed up and responded to. There were no records of acknowledging receipt of the complaints, or copies of correspondence to the complainant of the outcome and action taken. Prior to the inspection, we were made aware of specific situation whereby a relative had contacted the service to express concerns; however there was no record of this complaint available. This indicated the provider's complaints procedures had not been appropriately followed. This meant people's concerns may not always be effectively identified, taken seriously and responded to proactively. We noted there were no policies and procedures for managers and staff, to provide direction on receiving, managing, investigating and responding to complaints or concerns. This would mean the management of complaints may not be consistently responded to ensure appropriate action is taken.

The provider did not have suitable arrangements in place for receiving and acting on complaints, to ensure they are effectively investigated and any necessary action taken. This was a breach of Regulation 16 of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We looked at the way the service assessed and planned for people's needs, choices and abilities. Arrangements were then made to meet with people to carry out an assessment and discuss their care requirements. People spoken with confirmed they had been involved with this process. Their comments included: "They came and asked what I wanted them to do," "We had an assessment with the manager. She went through what I would like them to do" and "They came from Majestic, they went through things." Where appropriate, information was also gained from the local authority, relatives and relevant health care professionals. We spoke with the assessment coordinator, who explained all the assessments were being

carried out using a 'digital app' system. This meant the information could be more easily recorded and shared. The range of needs considered included: security arrangements, domestic duties, personal care, communication, finances, nutrition and hydration and medicines.

The registered manager said each person had an individual care plan which was developed from their assessment. This information provided guidance for staff on how to respond to people's individual needs. At the time of the inspection the service was in the process of transferring care plans to the 'digital app' system, which were backed up on the office based computer system. All the people we spoke indicated an awareness of their care plan. Most people said they had been involved with agreeing the care and support to be provided. One person explained, "They went through everything, they wrote it all down." The care plans we looked at identified people's needs and provided specific guidance and tasks for staff on how to respond to them. The care plans also included information about what was important to each person, such as their living arrangements, relationships, routines, hobbies and cultural and religious needs. Staff spoken with expressed a practical awareness of responding to people as individuals and promoting their rights and choices. They told us the care plans were useful and informative, they said they had access to them during the course of their work.

Records and discussions showed people's needs and circumstances were kept under review. One person's told us, "I had a review when I came back from hospital." We were told reviews were carried out annually or more often if people's needs and preferences changed. Staff confirmed there were systems in place to alert the management team of any changes in people's needs. A review of the care package would then be carried out in consultation with the person using the service, their relative and/or social worker. The system could be updated immediately. This meant processes were in place to respond to people's needs in a timely way. The 'digital app' enabled a 'real time' record of the care provided to be completed during each visit, with information being updated on the office based computer systems. This enabled staff to monitor and respond to any changes in a person's well-being. There was scope for relatives to access this information remotely as appropriate.

Is the service well-led?

Our findings

Our findings

People spoken with were aware of the management structure at Majestic Care. They did not express any concerns about the how the service was managed or the leadership arrangements. Their comments included, "The organisation is very good "and "They are really good with everything."

This inspection showed there was a lack of the quality monitoring and auditing processes to ensure the service is operated safely and effectively. We found recruitment practices did not ensure the proper checks were carried out before staff worked at the service. Systems were not in place to sufficiently check appropriate recruitment processes had been followed and there were no written procedures to direct staff recruitment for the safety and well- being of people using the service.

There were no processes in place to support the recording, managing and response to safeguarding incidents. This meant allegations and incidents had not been assessed and monitored, to mitigate risks to the health safety and welfare of people using the service.

Effective arrangements were not in place to ensure all staff received appropriate development and training. The service's training programme had not been monitored to ensure appropriate training and development is provided in a timely way. This meant staff had not been supported to have the up to date skills and knowledge to deliver safe effective care.

Systems for receiving and managing complaints were insufficient. Information was lacking to show complaint's had been received, acknowledged, investigated and responded to. Processes were not in place to monitor and assess complaints, the action taken and lessons learned to make improvements. There were no written procedures to direct staff on how to respond when receiving a complaint.

We found some improvements were needed with medicines management. There was no information to show the service's overall medicines management processes had been audited and any action taken to make improvements. There was no audit to demonstrate service had assessed monitored their processes for identifying risks to Individuals and the action taken to minimize risks. We noted some of these matters had been highlighted for the provider's attention in our last inspection report.

There no records of management meetings being held. However we were told management discussion meetings were due to be introduced. There were no staff team meetings being held to gather feedback and support the direction and leadership of the service. We noted some of the service's policies and procedures were not readily available for staff to refer to. We found some had not been appropriately updated to include current information and some referred to previous legislation.

There was no overall development plan available from the provider, to demonstrate the service had been evaluated in response to the findings of audit systems and consultation surveys.

The provider did not have suitable systems or processes in place, to ensure the service is operated effectively. This was a breach of Regulation 17 of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

There was a manager in post who had been registered with the commission at this location since 2014. The registered manager had responsibility for the day to day operation of the service. Throughout the inspection she expressed commitment to the ongoing improvements at the service. The registered manager described the most recent challenge had been a request to expand the service swiftly to take on additional service users and staff. Staff spoken with described the registered manager as supportive and approachable. Their comments the management arrangements included: "They care about the service users and the staff," "They are good to work for," "It's a smooth running service" and "It's mostly well organised, better now with more care coordinators and office staff."

The management team in place included the registered manager, care coordinators, a business development manager, human resources officer, administrator and compliance officer. Members of the management team were based at the agency office between 9:00 and 17:00 each day during the week. There was a 24 hour on-call system for management support when staff were on duty.

Processes were in place to seek people's views on their experience of the care and support they received. We found a survey for people who used the service had been completed in October 2015. The results had been shared with people in a letter/memo and included positive responses. At the time of the inspection a staff consultation survey was being carried out.

Arrangements were in place to carry out unannounced observational checks on staff when they were providing care and support. The checks also included a review of the care records kept at the person's home, to ensure they were appropriately completed. One person told us, "I think it's a good thing they check all the paperwork." Systems were also in place to check care records on their return to the agency office. Staff confirmed 'spot checks' were carried out and we reviewed a selection of records confirming this practice.

The service had previously achieved the Investors In People award. This is an external accreditation scheme that focuses on the provider's commitment to good business and excellence in people management. The registered manager said the accreditation was due for renewal. We found staff were enthusiastic and positive about their work. They expressed an understanding of their role and responsibilities. They were aware of the management structure and lines of accountability at the service. Staff had been provided with job descriptions and contracts of employment which outlined their roles, responsibilities and duty of care. The service's vision and philosophy of care was reflected within their written material including, the statement of purpose, aims and objectives and policies and procedures. There was a whistleblowing (reporting poor practice) policy in place which encouraged staff to raise concerns. Staff spoken with were aware of the policy and expressed confidence in reporting any concerns.

Our records indicated that the provider had not always appropriately submitted notifications to CQC about incidents that affected people who used services. We discussed this matter with registered manager and provider prior to the inspection. During the inspection we reviewed the service's systems and processes for submitting notifications in compliance with the legislation. We were unable to fully establish if all notifications had been sent and appropriately received at the Commission. The registered manager therefore agreed to improve systems and processes to ensure notifications were appropriately recorded and sent. Following the inspection visit we received notifications in a timely way.

This section is primarily information for the provider

Action we have told the provider to take

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

Regulated activity	Regulation
Personal care	Regulation 16 HSCA RA Regulations 2014 Receiving and acting on complaints The provider had failed to have suitable arrangements in place for receiving and acting on complaints to ensure they are effectively investigated and any necessary action taken. This was a breach of (Regulation 16 (1)(2))
Regulated activity	Regulation
Personal care	Regulation 17 HSCA RA Regulations 2014 Good governance The provider had failed to ensure there were effective systems in place to assess, monitor and improve the quality and safety of the service. (Regulation 17 (1) (2))
Regulated activity	Regulation
Personal care	Regulation 19 HSCA RA Regulations 2014 Fit and proper persons employed The provider had failed to operate robust recruitment procedures to ensure applicants were of good character and had the necessary skills and qualifications. (Regulation 19 (1)(2)(3))
Regulated activity	Regulation
Personal care	Regulation 18 HSCA RA Regulations 2014 Staffing The provider had failed to ensure staff received appropriate training to enable them to carry out their duties. (Regulation 18 (2)(a))

