Sipi Care Agency Limited

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Inspection report

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Date of inspection visit:
10 January 2019

Date of publication:
12 March 2019

Ratings

Overall rating for this service	Requires Improvement

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

Summary of findings

Overall summary

This comprehensive inspection took place on 10 January 2019. We gave the provider three working days' notice because the location provides a domiciliary care service for people in their own homes and we needed to confirm someone would be available when we inspected.

The last comprehensive inspection took place on 18 May 2017. At that inspection we rated the service requires improvement for the key questions, 'is the service safe?' and 'is the service well-led?' We found two breaches of the Health and Social Care Act 2008 (Registration) Regulations 2009 because the provider had not always followed effective recruitment procedures and the systems to monitor the quality of the service that people received and to make improvements were not always effective. We carried out a focused inspection on 18 January 2018. At that inspection we found that the provider had made improvements but we did not see evidence that the registered manager had enabled people to give their views independently or evidence of other checks and audits that enabled them to monitor quality in the service and make improvements. The overall rating of the service was 'good' but the rating for the well-led key question was maintained at requires improvement because we wanted to see sustained improvements at the service.

Sipi Care Agency Ltd is the only location for the provider Sipi Care Agency Limited. This service is a domiciliary care agency. It provides personal care to people living in their own homes in the community. It provides a service to older adults some of whom might be living with dementia
and adults who have physical or learning disabilities. The provider has moved to a different address at the Crown Business Centre since the last inspection. At the time of the inspection, 18 people were using the service. They lived in the London Boroughs of Harrow and Brent and their care was commissioned by these local authorities.

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

During the inspection we found arrangements in place for the management and recording of medicines support were not always safe.

The risks to people's safety and wellbeing had been identified, but the provider had not always developed processes to mitigate these risks. For example, care plans were not detailed enough for them to provide safe care and treatment.

The service was not always working in line with the principles of the Mental Capacity Act 2005 which meant people were not appropriately supported to have their views taken into account when decisions about their care were being made.

Staff had not received the appropriate training to ensure that staff always had the skills and knowledge to deliver care safely and effectively.

The provider's quality assurance systems had improved but were not always effective at identifying where improvements were needed.

People told us that they were happy with their care and felt safe with the staff who supported them, but their needs were not always considered in person centred care plans.

People felt that the service was responsive and that their care needs were being met.

There were systems and processes in place to protect people from the risk of harm. The provider recruited staff using safe recruitment processes.

The provider had systems for handling complaints and responding to incidents and accidents.

Staff were positive about the management of the service and felt supported by the registered manager and other senior staff.

The provider displayed their CQC ratings for this service on its website as required by law.

We found the service to be in breach of five regulations of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 regarding safe care and treatment, need for consent, person centred care, staffing and good governance.

Full information about CQC's regulatory response to the more serious concerns found during inspections is added to reports after any representations and appeals have been concluded.

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

Some aspects of the service were not safe.

People were not receiving care and support in a way that protected them from avoidable risks of harm.

Risk assessments and management plans were not always robust to help minimise the risk of harm to people.

Care workers were not always recording correctly when they were supporting people with medicines and therefore we could not be sure medicines were being managed safely.
People were protected by the prevention and control of infection.

Safe staff recruitment procedures were in place and being followed. The provider ensured that staff had enough time to travel to and meet people's care needs.

There were systems, training and practices designed to safeguard people from abuse.

Is the service effective?

Requires Improvement

Some aspects of the service were not effective.

Staff told us they received training and support to carry out their role. However, the provider did not ensure that the staff had the skills, knowledge and experience to deliver effective care and support.

People were not always supported in line with the principles of the Mental Capacity Act (2005).

People's needs and choices were assessed and people were happy with the care that they received.

People were supported to have enough to eat and drink.

Is the service caring?

Requires Improvement

The service was not always caring.

Staff individually treated people with kindness, compassion and respect.

While individually staff knew people's care and support needs there was a risk that people might not receive the care they needed because their needs had not been considered in person centred care plans.

People were not fully supported to be involved in decisions around their care because the provider had not always ascertained if they were able to make these kinds of decisions and what support they needed.

Staff respected people's privacy and maintained their dignity.

Is the service responsive?

Requires Improvement

Some aspects of the service were not responsive.

People's care plans were not always up to date and did not include person-centred information about how to meet their needs and how they wanted their care to be provided.

The care plans did not record information around people's wishes, views and thoughts about end of life care.

People were happy with the care they received.

People were able to raise concerns or make a complaint about their care and felt that these would be responded to appropriately.

Is the service well-led?

Requires Improvement

Some aspects of the service were not well-led.

Quality assurance systems had improved but were not always effective at identifying where improvements were needed.

People's and their relatives' views were sought through regular monitoring visits and surveys to assess the quality of their service.

People and staff found the provider and senior staff approachable, supportive and responsive to their calls and queries.

Sipi Care Agency Ltd

Detailed findings

Background to this inspection

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

The announced inspection took place on 10 January 2019. This was a comprehensive inspection conducted by two inspectors. We gave the provider three working days' notice before our visit that we would be coming because the location provides a domiciliary care service for people in their own homes and we needed to confirm someone would be available when we inspected.

Before the inspection visit we looked at all the information we held about the service. This included the last inspection report, information received from the provider about the service, notifications from the provider and information from members of the public. Notifications are for certain changes, events and incidents affecting the service or the people who use it that providers are required to notify us about.

During the visit we met the registered manager, who is also the nominated individual, and two care coordinators. We looked at the care records for four people who use the service and the personnel files for four members of staff. We looked at other records used by the provider for managing the service. These included records of complaints, information around medicines management, policies and procedures, staff training and quality assurance records.

At the end of the inspection visit we gave feedback to the registered manager. They also sent us additional documents.

Following the inspection visit, we spoke with three people who use the service, three relatives of people who use the service, four care staff and two local authority representatives who have worked with the service.

Requires Improvement

Is the service safe?

Our findings

Medicines were not always managed safely. Care plans and medicines administration records (MARs) did not provide a clear record of the medicines that people required or received and the support they needed with their medicines. This meant staff did not have the information they needed so that they could support people safely with their prescribed medicines.

At our inspection visit the registered manager told us that care staff did not support people with administering their prescribed medicines and only verbally prompted people to take these. However, care plan and medicines support records indicated that this was not always the case. For example, one person's medicines support assessment stated that eye drops were to be administered by care workers as part of their planned care and care records indicated that staff were providing this support. However, there was no record on the person's MARs of the support being provided or of the prescribed eye drops and no record in the person's care plan as to why they needed the eye drops. Another person's care plan stated that the person or family were responsible for administering medicines, but the person's 'personalised plan of scheduled visits' stated for the care staff attending in the morning to assist with medicines if required. This meant that the medicines support that people received was not always consistent with the arrangements documented in their care plan.

The care plan for one person listed their prescribed medicines and dosages, but there was no record of why the person was taking the medicines. There were also no details about potential side effects of the medicines to help staff monitor the effectiveness of the medicines and the person's health and well-being. There was general guidance for care staff to be aware of signs of allergic reactions.

One person's MARs for the eight weeks prior to our inspection had only been ticked instead of initialled by visiting care staff. This meant there were no clear up-to-date records on who had supported the person with their medicines. The administration records also showed no ticks for some administration times during the day which suggested that the person might not have been supported to take their medicines as prescribed. The registered manager told us that the person's family were providing medicines support at these times, but this was not recorded on the MARs. There was no agreement in the person's care plan about how this shared support should be recorded so that people could be assured that they always received their medicines as prescribed.

Another person's MARs for the two months prior to our inspection visit had also only been ticked by visiting care staff but the administration record did not contain any information about what medicines the person had been supported to take, how much they had taken, or when during the day they had been supported to take them. This indicated that there was a risk that staff would not be able to know important information about people's prescribed medicines, their dosage or when the person needed to take them.

The provider had conducted periodic audits of medicines support and record keeping. However, these were not always effective at ensuring the proper and safe use of medicines as they had not identified and corrected the inappropriate use of medicines administration records for some people, as described above.

Risk management plans did not always clearly identify risks to people's safety and wellbeing or provide care staff with the information to enable them to reasonably mitigate these risks when providing care. For example, one person's care plan noted that they were living with a risk of aspiration and that care staff should feed the person slowly due to their swallowing difficulties. There was no information in the individual's personalised nutrition plan regarding the type and consistency of food and drinks the person required and how the person should be positioned when being supported with meals.

The care plan also stated that the person had a history of falls, that staff needed to use mobility equipment to help the person to mobilise in their home and that two staff were required to support the person to safely transfer. However, the care plan's moving and handling risk assessment section had not been completed which meant there was no guidance for staff on how to provide the person with safe support to mobilise or use the equipment appropriately.

Two people's care plans identified that they were living with diabetes. However, there was no information for care staff on how this condition affected the person or what signs or symptoms staff should look out for should the person's diabetic health deteriorate.

The above issues meant that risks to people's safety and wellbeing were not always being identified and where these were identified these were not always being reasonably mitigated.

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

At the time of our visit the provider was in the process of introducing printed MARs provided by a pharmacist. These provided more information about people's medicines and how they were to be taken, but this had not been implemented for all people being supported with their prescribed medicines.

There were enough staff deployed to meet people's needs and keep them safe. People told us that care staff "are punctual, they arrive on time." People also told us that staff let them know if they were running late for their care visit. The provider monitored care staff arriving at people's homes on time, late or missing people's scheduled care visits. The monitoring system was reliant on care staff informing the office team and people using the service when staff were running late. Staff also completed handwritten time sheets. We saw evidence that the provider informed the relevant local authority if a care visit was attended late or if an alternative carer needed to be provided. There were no recorded missed care visits for the last year. The registered manager told us that they were looking to introduce an electronic call monitoring system within the two months following our inspection visit.

People told us that staff have enough time to support them with their care needs and that staff do not rush their care visits. Comments included that care staff "take plenty of time" and "They don't rush. They always make sure they complete what they need to do before they leave." Staff confirmed that they have enough allocated time during care visits to meet people's needs effectively. During our inspection we saw weekly staff rotas that indicated that staff were given enough time to travel between their scheduled care visits so that they could arrive on time, which care staff also confirmed to us.

The provider had safe procedures in place to ensure suitable staff were recruited. There was evidence that the provider interviewed prospective staff, that staff completed an application form that detailed their employment history, that the provider obtained references, checked staff member's identity and eligibility to work in the United Kingdom, and obtained up to date criminal records checks for care workers.

Staff we spoke with confirmed that they had received training in adult safeguarding and they knew how to raise safeguarding concerns to the provider or statutory agencies. There had not been any reported safeguarding concerns at the service over the last 12 months. The provider had procedures for safeguarding people from the risk of abuse.

Some care staff had received infection control and food hygiene training to support them to understand the importance of infection control. People's care plans set out clear infection control steps for staff to follow, including wearing appropriate personal protective equipment such as gloves, aprons and shoe covers. Staff told us that the provider always ensured that they had access to enough supplies of such equipment. Senior staff undertook spot-checks of care staff during care visits to check that they were using equipment in an appropriate manner in people's homes.

The registered manager had business continuity and emergency planning procedures in place for providing care in the event of emergency situations.

Requires Improvement

Is the service effective?

Our findings

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. The application procedures for this for people living in their own homes are through the Court of Protection. We checked whether the service was working within the principles of the MCA.

People using the service and their representatives told us they were involved in making decisions about their care. In some cases, the provider had sought to gain people's consent to their care arrangements. Where people were considered to have the mental capacity to make decisions about their care they had signed their consent in their care planning documents. For other people, there was evidence that the provider had discussed this with their families. In some cases, people's relatives had signed sections of the care plan on behalf of the person to give consent to the planned care. However, we did not see a mental capacity assessment to confirm the person did not have the capacity to make specific decisions about their care, nor did we see evidence of a Lasting Power of Attorney in place for the relative to consent on behalf of the person. Additionally, the provider was not clear on who had the legal authority to consent to care. A lasting power of attorney is a legal document that lets a person (the 'donor') appoint one or more people (known as 'attorneys') to help them make decisions or to make decisions on their behalf.

Some care plan documents had not been signed to indicate whether the person had or had not agreed and consented to their planned care arrangements. However, there was indication that people were given day to day choices or opportunities to consent to their care. Staff we spoke to were able to describe how they worked appropriately with people who may initially refuse their planned care during a care visit.

Some people's care plans included a personalised best interests plan section for when a person lacked the mental capacity for a particular decision. These sections of the plans did not state what decisions were being considered that the individuals may lack the mental capacity to make and did not contain assessments of the individuals' mental capacity. For example, in one person's plan these sections only recorded information regarding the person's diagnosis, that they required support of relatives to make decisions and some basic care tasks information. Their plan did not detail any mental capacity assessment and did not record decisions taken in the person's best interests in line with the statutory guidance to the MCA. This meant people were not appropriately supported to have their views taken into account when decisions about their care were being made.

The provider's staff training matrix showed that some staff had received mental capacity awareness training in the last year. Staff we spoke with could not give us accurate information about understanding and working within the framework of the MCA.

These issues indicated that the service was not always working in line with the principles of the MCA.

This was a breach of Regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The provider's training systems indicated that some staff had not received the training they required in order to provide safe and effective care. The provider maintained an annual training matrix that identified the training that staff needed to complete in order to be competent to provide care. The training records for four care workers indicated that they had completed assorted training sessions as required by the provider, including adult safeguarding, health and safety, moving and handling, dementia awareness, medicines awareness and equality and diversity. Some staff, though, were over-due training sessions that the provider had identified that they required so as to remain competent in their roles. This included training in communication and record keeping, confidentiality, first aid and infection control.

The care coordinators told us that they were in the process of re-engaging independent training providers to address this and it was a business priority for 2019 to ensure that all care staff completed the elements of the Care Certificate within three months. The Care Certificate is a nationally recognised set of standards that gives staff an introduction to their roles and responsibilities within a care setting.

Care staff had received medicines awareness training and the provider's training records showed that staff were required to complete this training every three years. However, the provider could not provide evidence that they formally assessed and reviewed staff competencies in relation to the management of medicines.

Care staff were not always given training regarding people's specific needs or health conditions. Two people's care plans identified that they were living with diabetes but there was no evidence that staff had received awareness training on this. An officer from a commissioning local authority told us that they had highlighted this as a concern to the provider in the month prior to our inspection visit but the provider had not taken sufficient action to address this.

This meant that the provider did not consistently ensure that staff had the skills and knowledge to deliver care safely and effectively.

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

People we spoke with told us that they received care from competent staff who had the skills and experience to carry out their roles. One person's relative told us, "There is nothing negative I can say about them" and that care staff were "absolutely spot on." They said that it was their experience of the provider that "they seem to be a specialist with dementia."

New staff completed an induction when they started at the service, which included shadowing existing staff and observing how staff worked with people before providing care directly. Staff records indicated that a recently recruited member of staff was shadowing other staff earlier in the week of our inspection. Staff we spoke with also confirmed that they were supervised when they first worked with people.

One person told us that before their regular care worker went on holiday, another member of staff shadowed them and was inducted by the regular worker in how to support the person. This meant that the person knew who would be supporting them and was assured that the replacement worker would know how to support them. New staff were only allowed to work alone when their supervisors determined that it

was safe for them to do so.

Staff we spoke with told us that they felt supported and supervised by the registered manager and care coordinators. Staff were invited to attend periodic one-to-one supervisions and annual appraisals. Records showed that these were taking place throughout the year.

The care coordinators told us that they conducted an initial needs assessment with people before a service was provided to them. This was so that care could be planned to meet people's needs. One person confirmed this. We saw evidence that this assessment was being recorded in one of the care plan formats that the provider was currently using. These assessments provided basic information about a person's health diagnoses and care needs. There was information about people's nutritional and hydration needs. Sampled communication records indicated that people were supported to eat and drink appropriately.

Requires Improvement

Is the service caring?

Our findings

People who use the service told us that staff provided care that was kind, caring and respectful. One person said the staff were "considerate and kind" and "I can't speak highly enough of them." Other people told us, "nothing is too much trouble - I wouldn't have anyone else for the world" and "She's polite, she knows everything about me, [the staff member] is a very caring lady, I like her."

The provider had recorded several compliments and comments from surveys from people about the service as well. These included, "The care worker is very efficient in her work, working with a smile at all times" and "[The carers are] very compassionate, flexible, hard-working and caring".

Staff demonstrated kind, caring attitudes when they spoke about the people they supported. One staff member told us, "You have to be very understanding" and another said, "You have to come from the bottom of your heart, to be sincere". Staff had a good understanding of people's care needs and how they liked to be supported. The care coordinators told us that where possible they matched people who use the service with care staff who speak the person's first language, such as Somali or Gujarati.

Whilst staff were individually caring, the service was not always caring to people. The provider had not been caring enough to ensure that risks to people were identified and appropriately mitigated so people do not experience harm as a result. They had also not ensured that people's mental capacity was appropriately assessed and recorded so they were enabled to make decisions whenever possible and their rights upheld. We also saw that the lack of person centred care planning was not conducive to making sure people received care individualised to their needs.

People told us that their privacy and dignity was promoted. Staff were able to explain how they respected people's privacy and dignity when providing personal care. This included listening to what a person says they want to happen, supporting a person in a manner that they preferred by being suitably covered while being supported to wash and dress, and safely leaving the room when asked to by the person.

People and their relatives who we spoke with told us that they were asked for their views regularly about their care and were involved in making decisions about their care. One person told us, "Yes, they come to us. They discuss diet and things with us, how to improve [personal care support]. Things like that."

People told us that they appreciated having continuity of care from the same carers over a long period of time. The relative of one person told us, "[The person] has the same carers coming morning and evening so she is comfortable with them." This meant they were supported by staff who they trusted and who knew their needs and how they wanted to be supported.

Requires Improvement

Is the service responsive?

Our findings

People told us that their care needs were being met, but we found that people's care and risk management plans were not always accurate or complete or were inconsistent. Plans did not contain sufficient detail about how to meet people's needs and therefore there was a risk that their needs might not be met appropriately.

For example, one person's care plan recorded that they had difficulties with their speech, but also recorded that there were no concerns with the person's speech. Another person's care plan stated that they had difficulties with their speech but there was no information about what this meant or how care staff should promote effective communication with person. However, the person's relative told us that they had seen staff interacting positively with the person.

The person's plan also stated in different places that they required personal care support from one care worker, that they required support from two care staff in the mornings, and that two care staff were scheduled for all of the person's care visits throughout the day.

One person's care plan stated that they required support with eating and drinking. There was no information about what support the person needed for this or what their food and drink likes and dislikes were. Another person's care plan recorded that staff were to support them with eating meals but not with meal preparation, but the list of scheduled care tasks for staff included preparing lunch for the person as well as breakfast and dinner if the person's relative was not present. This meant staff did not have clear guidelines for supporting people and effectively meeting their needs.

People did not have up to date care plans that were personalised to fully reflect their physical, mental, emotional and social needs. For example, while the personal profile areas in some plans provided information about the person's family or relatives, there was no background information about people using the service, such as their previous work or social interests, hobbies, or cultural or religious beliefs so that all staff could understand the person and deliver care tailored and centred on them.

Additionally, care plans did not reflect people's preferences for how they would like to receive their personal care. One person's plan stated that they required assistance with washing and dressing and support to 'cream their body'. There was no record of whether the person preferred male or female care workers, what toiletries they liked to use, or what cream was to be used.

This meant that care staff were not provided with accurate information in relation to how to provide safe and person-centred care based on an assessment of their needs and preferences.

Care plans were not always kept up to date. The registered manager told us that people's planned care was reviewed with them every six months. We saw records of reviews that had taken place with people and their relatives, where this was appropriate. However, there was no evidence that these reviews then led to people's care plans being updated. For example, records showed that one person's care was reviewed with

them in August 2018 and noted that there were significant changes in both their living and care arrangements. Their care plan was still dated from 2017 and should have been amended to reflect their new care arrangements. This meant that care plans did not always reflect people's physical, mental, emotional and social needs.

This was a breach of Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Notwithstanding the above people and their relatives told us that the care they received from care staff was personalised and responsive to their individual needs. People's comments included, "They're good at what I require", "The care is fine … you just tell them what you want" and "They go out of their way for my [relative]."

People found that they could adjust their scheduled care arrangements when they needed to. One person told us, "If I ask them to come a bit earlier if I have an appointment, they are very cooperative. They always find time." A recorded compliment of the service thanked care staff for coming earlier on the mornings when the person needed support to get ready in time for attending their day services. Another person said, "Even when we were asking about [care on] Christmas day, not a problem at all." The registered manager had also helped a person liaise with the local commissioning authority to increase their funded care to support their increasing needs.

At the time of our inspection the service was not providing end of life care to anyone and the care plans did not contain any information around people's wishes, views and thoughts about end of life care as this had not been considered as part of the care planning process. The registered manager agreed to add this information.

People we spoke with said that they have not had to make a complaint about their care service. One person told us, "No, I don't need to". Another person said, "They haven't done anything wrong. It's running smooth." People said that they felt confident in calling the agency's office with any issues or concerns and that these would be responded to.

People said that they were told how to make a complaint when their care service first started. We saw information about making complaints in the provider's service user guide. The provider also conducted periodic telephone surveys with people who used the service and used this opportunity to ask if people had any complaints or concerns. The provider had procedures for investigating and responding to complaints. There was one formal recorded complaint at the service over the last 12 months. The registered manager had responded to this issue in a timely and appropriate manner to ensure the concern was not repeated.

Requires Improvement

Is the service well-led?

Our findings

The provider had moved the office from which they managed the regulated activity to a different address since the last inspection. However, the registered person had not appropriately informed the CQC of this change to the provider's registration details and was managing the regulated activity from a different address to the one registered with the CQC. The registered person had not appropriately informed the CQC of this change to the provider's registration details as required by law. We are reviewing the information we have about this matter and monitoring the situation to make sure the provider is appropriately registered.

At our focused inspection on 18 January 2018 we found that the registered person needed to improve their systems to monitor and improve the quality and safety of the services. During this comprehensive inspection we found that the systems now enabled people to give their views about the service independently or supported by a family member.

However, we found that the quality assurance systems still needed improvement. During the inspection we identified areas where improvements were required to ensure that risks to people's health, safety and wellbeing were always being identified and reasonably mitigated. For example, the assurance processes for ensuring the proper and safe use of medicines was not effective as it had not identified and corrected the inappropriate recording of medicines support for some people.

The systems for monitoring the quality and safety of the service were not operated effectively because they had not identified and addressed that people's care and risk management plans were not always robust enough to identify and minimise risks to people using the service. Care plans did not always reflect people's physical, mental, emotional and social needs, or how to meet people's care needs safely and people's end of life care wishes were not recorded.

The provider's and staff's understanding of the MCA was not adequate and some staff required training to deliver effective care and support. This meant that systems for monitoring the quality and safety of the service were not operated effectively because they had not identified and reasonably addressed the risk of staff not always having the skills and knowledge to deliver care safely and effectively.

These issues were a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The registered person had some systems in place for assessing the quality of the service. These included quality monitoring visits and telephone calls to people and their relatives and periodic surveys people were invited to complete. People's responses indicated that they were happy with the service and their comments included, "I am very happy about the care that I get from the lovely carers" and "I'm happy with them."

Senior staff conducted unannounced spot-checks on care staff during their care visits to assess staff

performance and get feedback from people. People and staff we spoke with confirmed that these visits took place. One member of staff told us that they appreciated this scrutiny, "I think [senior staff] wanted to see how I work and communicate with the client. It's good to see without just asking the person."

People told us that they thought that the service was managed well and that their inquiries were dealt with "without hesitation". One person said, "I'm happy with the agency and with the carer." Another person stated, "I don't think there is a better care agency out there."

Staff told us that the registered manager was approachable, supportive and encouraged them to develop professionally. Staff also said that the care coordinators were approachable and always on hand to provide support and advice. One member of staff told us, "They [the care coordinators] bring supplies to the client's homes, which is amazing. I appreciate that."

Staff told us there were team meetings and we saw records of two team meetings held in 2018. These included discussions about the previous CQC report, staffing and payment and online training.

The service was working in partnership with commissioning local authorities. One community professional told us that when recently working with the care coordinators that their "communication and professionalism has been really good".

The provider displayed the ratings from their previous inspection at their registered location and on their website.

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 9 HSCA RA Regulations 2014 Person-centred care The registered person did not ensure that the planned care and treatment of service users was appropriate, met their needs, and reflected their preferences. Regulation 9(1)

Regulated activity	Regulation
Personal care	Regulation 11 HSCA RA Regulations 2014 Need for consent The registered person did not ensure that care was always provided with the consent of the relevant person and that procedures for obtaining consent to care and treatment reflect current legislation and guidance. Regulation 11(1)

Regulated activity	Regulation
Personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment The registered person did not ensure care and treatment was provided in a safe way for service users because they did not always: - Assess the risks to the health and safety of service users receiving care. - Do all that was reasonably practicable to mitigate such risks. - Ensure the safe and proper management of medicines.

Regulation 12(1)

Regulated activity	Regulation
Personal care	Regulation 17 HSCA RA Regulations 2014 Good governance The registered person was not always operating effective systems and processes to assess, monitor and improve the quality and safety of the services provided in carrying on the regulated activity. Regulation17(1)

Regulated activity	Regulation
Personal care	Regulation 18 HSCA RA Regulations 2014 Staffing The registered person did not ensure that staff had received appropriate training to enable them to carry out the duties they were employed to perform. Regulation 18(2)