Ace Homecare Limited

Ace Homecare Grimsby

Inspection report

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Ratings

Overall rating for this service	Requires Improvement

Is the service safe?	Good
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

Ace Homecare Grimsby is a domiciliary care agency that provides personal care and domestic services to people in their own homes. The office is situated in a central area of the town. At the time of the inspection the service was providing support to 75 people.

The service had a registered manager in post. 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.

This was the first inspection of this service since they had moved the office location. It is an established agency in the area and under the previous registration was compliant at the last inspection in 2013.

We found there was no clear system in place to monitor how the service was operating. For example, although the registered manager said they checked care records, time sheets and medicine administration records when they were returned to the office, there was no system in place to record their findings and what action had been taken to address shortfalls.

The registered provider had used annual surveys, care reviews and direct observation of staff to enable people to share their opinion of the service provided and check staff were following company polices. However, although we found the survey information had been reviewed and the outcome shared with people who used the service, not all shortfalls or concerns had been followed up and addressed.

Also we found some people's care plans were not written in a person-centred style, some had not been updated to reflect changes in needs and not everyone who used the service had plans of care and assessments to support all their needs. This meant staff may not have guidance in how to meet people's needs, staff may not support people in the way they preferred and there was a risk important care could be missed.

These issues meant the registered provider was not meeting the requirements of the law regarding monitoring the quality of the service and assessing and planning care for people. You can see what action we told the registered provider to take at the back of the full version of the report.

In recent months, there had been organisational restructuring within the senior management team and changes in service provision. Staff had been informed of the changes and told us they were supported through this time. Staff felt comfortable about sharing their views and talking to the registered manager if they had any concerns or ideas to improve the service provided. Staff demonstrated a good understanding of their role.

We found staff were recruited safely and in sufficient numbers to meet the needs of people who used the

service. People told us they received their care from the same care workers who generally arrived on time and supported them in a caring and unrushed manner. People made positive comments about the staff team. They told us, "Staff are reliable and helpful" and "I get the same carers and they are all lovely and kind."

Staff demonstrated a good understanding of the Mental Capacity Act 2005 and consent was sought for care support, although formal systems to assess people's capacity needed to be put in place.

The staff had received an induction and essential training at the beginning of their employment and we saw this had been followed by periodic refresher training to update their knowledge and skills. Although we found some gaps in refresher training and appraisals, following the inspection the registered manager confirmed these had all been scheduled for completion in February 2016.

People told us they were happy with the quality of their care and told us their workers were kind and caring. Relatives also praised the care staff's friendliness and the respect they showed to people. People's dignity and privacy were upheld, and they were helped to keep as independent as possible.

The service worked well to help ensure people received effective health care support from other agencies and action was taken when there were changes. People who required assistance to take their medicines were provided with safe support. People told us they got the support they needed with their meals and drinks.

We found people who used the service were protected from the risk of harm and abuse because staff had received safeguarding training and they knew what to do should they have any concerns.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good

The service was safe.

Staff were trained and knowledgeable about safeguarding people from harm and abuse.

There were sufficient staff to support people's assessed needs and provide consistent care. Staff were recruited in a safe way.

The service had policies and procedures in place which helped ensure people's medicines were managed properly and safely.

Is the service effective?

Requires Improvement

The service was not always effective.

Staff training, supervision and support equipped staff with the knowledge and skills to support people safely. However, some refresher training was overdue and gaps in the appraisal programme were being addressed.

The registered manager and staff had completed training in respect of the Mental Capacity Act 2005 and understood their responsibilities under the Act. People consented to their care and support although systems needed to be in place to support formal assessments of people's capacity to consent.

People's health was monitored and they were supported with their meals and drinks as appropriate.

Is the service caring?

Good

The service was caring.

People were supported and cared for in a way which promoted their involvement, safety and independence.

People who used the service were very pleased with the consistency of care and had developed positive relationships with the staff. They valued the care, support and companionship offered to them.

The service treated people with kindness, dignity and respect.

Is the service responsive?

Requires Improvement

The service was not always responsive.

People were involved with planning and reviewing their care and support. However, people's care plans did not always include sufficient information to guide staff with meeting their individual needs. There were gaps in the assessment processes.

People indicated the service was flexible. Arrangements were in place to respond to people's changing needs and preferences in a timely manner.

The people who used the service were able to make suggestions and raise concerns or complaints about the service they received. These were listened to and action was taken to address them.

Is the service well-led?

Requires Improvement

The service was not always well-led.

There were no formal, recorded auditing processes in place to effectively monitor the quality of the service. The registered provider consulted with people who used the service and staff to enable them to express views about the service. However, where shortfalls were identified, there were no formal systems developed to address these.

Ace Homecare had undergone planned changes in recent months; these changes to the organisational structure and service direction were being embedded.
The management team were open and honest about the need to consolidate the service and introduce new management and recording systems.

Ace Homecare Grimsby

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 registered 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 19 and 20 January 2016 and was announced. The registered provider was given 48 hours' notice of the visit to the office in line with our current methodology for inspecting domiciliary care agencies.

The inspection was carried out by an adult social care inspector. We telephoned fifteen people who used the service or their representatives to gain their views of the service. Two other people who used the service were contacted but did not wish to speak with us. At the office we spoke with the registered manager, a director of the organisation, the rota manager and four care workers.

To help us to plan and identify areas to focus on in the inspection, we considered all the information we held about the service, such as notifications. Before the inspection, the registered provider completed a Provider Information Return (PIR). This is a form that asks the registered provider to give some key information about the service, what the service does well, and improvements they plan to make. We also had comments about the service from two healthcare professionals.

We looked at documentation relating to six people who used the service, recruitment and training files and records relating to the management of the service.

Good

Is the service safe?

Our findings

People who used the service and their relatives told us they felt safe when staff were in their homes providing care. One person said, "I trust all the staff and have always felt safe with them." Another person said, "Very safe indeed, I wouldn't have them back if I didn't feel safe." Other comments included, "I have got to know all the staff and have a lot of confidence in them" and "Mum has always spoken very highly of the staff, she's much safer now with the support she gets, it's a big relief." One person we spoke with told us the care worker did not always use the key safe when leaving which they were supposed to do. They said, "I have had to remind them a couple of times to lock up properly and not just drop the latch. I feel safer when the door is locked properly." We passed this concern to the registered manager to look into.

Overall, we saw care and support was planned and delivered in a way that ensured people's safety and welfare. As part of the service's initial assessment process, a senior worker assessed the environment at each person's home. This helped them to identify any potential risks that may affect the person who used the service or the staff supporting them. Staff we spoke with demonstrated a good understanding of people's needs and how to keep them safe. They also described the arrangements in place for them to access people's homes while maintaining a good level of security. One care worker told us, "The office staff are very careful about people's safety and ensuring key-safe numbers are held securely."

Some people required the use of mobility equipment such as mobile hoists for transferring them in and out of their bed or chair. We found there were no systems in place for the agency to check with the person who used the service or their representative that this type of equipment, where it was in use, was serviced regularly to keep it in good working order to ensure people's safety. The registered manager confirmed she would address this.

The service had a policy and procedure for the safe handling of medicines. Records showed that staff involved in the administration of medication had been trained and had undergone a competency assessment of their practice to ensure they were safe. People's risk assessments and care plans generally included information about the support they required with medication.

The medication administration records (MARs) were used to record the medicines staff had either administered or prompted people to take. We found these were generally well completed. The registered manager told us they randomly checked completed MARs when they were returned to the office. They said if any shortfalls were found they discussed them with the member of staff concerned.

Policies and procedures were available regarding keeping people safe from abuse and reporting any incidents appropriately. The registered manager was aware of the local authority's safeguarding adult's procedures which aimed to make sure incidents were reported and investigated appropriately. Records showed that safeguarding concerns had been reported to the local authority safeguarding team and the Care Quality Commission (CQC) in a timely manner.

Staff we spoke with demonstrated a good knowledge of safeguarding people. They could identify the types

and signs of abuse, as well as knowing what to do if they had any concerns. They told us they had received initial training in this subject during their induction, followed by periodic updates. This was confirmed in the training records we sampled. There was a whistleblowing policy which told staff how they could raise concerns about any unsafe practice and staff confirmed they understood these procedures.

The registered manager informed us they had sufficient numbers of staff to provide care and support to people in their own homes. They advised us they were in the process of recruiting more staff to support any new referrals they received. We saw calls to people were arranged in geographic locations to cut down on travelling time. This decreased the risk of care staff not being able to make the agreed call time. Staff told us this wasn't usually a problem as they were given travelling time between the calls. People who used the service told us the staff generally arrived on time and they received a reliable service. They informed us that in several cases, the staff arrived early and at times stayed later. Two people told us staff only arrived late if there was an emergency and the office staff were generally good at letting them know.

The staff we spoke with told us they all visited the office each week to collect their rota which gave them the opportunity to discuss any queries, changes or concerns with the office staff. Staff lists were provided to each person every week so people knew which carer would be visiting to support them. Checks on the rotas showed people were provided with a consistent service from a small group of staff.

There were policies and procedures to ensure care workers were safe when lone working out of usual office hours. There was a system for them to ring into the office when logging off work. Following the inspection, the registered manager confirmed they were introducing a Freephone staff monitoring system which they could monitor more effectively. There was an on-call system for staff support out of usual working hours. Staff confirmed they felt safe when working early or late evening hours; they had been issued with personal alarms. There was a business continuity plan and procedure which gave instructions to staff in how to deal with emergency situations such as a disruption to the delivery of the service due to adverse weather conditions or flu pandemic.

We looked at the recruitment checks the service had carried out for new staff. These showed robust measures were in place to ensure staff were suitable to work with vulnerable people. New staff had completed an application with a detailed employment record and references had been sought. Disclosure and Barring Service (DBS) checks had also been carried out prior to new members of staff starting work. The DBS helps employers to make safer recruitment decisions by providing information about a person's criminal record and whether they are barred from working with vulnerable adults.Interview records were maintained and contracts and terms and conditions for employment were in place. All care workers were issued with identification badges and instructed to wear these when at work.

Requires Improvement

Is the service effective?

Our findings

People who used the service and their relatives said staff were kind, efficient and were competent in providing care and support. Comments included, "They are all marvellous, can't fault them", "My carers have been coming to me for a long time and they are very capable and efficient, they all know what they are doing", "We always know the staff and they do everything they have to do, they look after us very well" and "I've been impressed with the way the carers have encouraged mum to accept the support she now needs; she's so very independent and they really respect that."

The Mental Capacity Act 2005 (MCA) is legislation designed to protect people who are unable to make decisions for themselves and to ensure that any decisions are made in people's best interests. The Deprivation of Liberty Safeguards (DoLS) are part of this legislation and ensure that, where someone may be deprived of their liberty, the least restrictive option is taken. The CQC is required by law to monitor the operation of the MCA and DoLS, and to report on what we find. We checked whether people had given consent to their care, and where people did not have the capacity to consent, whether the requirements of the Act had been followed. We saw policies and procedures on these subjects were in place and staff had received training in this topic.

Records showed people who used the service or those acting on their behalf had signed a 'care agreement' to confirm they had agreed to the care and support outlined in their individual care plans and risk assessments. The registered manager said that most people they supported had some capacity to say how they wanted their care delivered in their own homes. Where people had limited capacity we found they were generally living with a spouse or relatives who shared caring responsibilities with the care workers. However, we found that people's capacity to make decisions was not considered and recorded within the assessment and care planning process which the registered manager confirmed they would address.

People said they were treated well by staff and asked about their care needs and what support they required. Staff we spoke with understood their obligations with respect to people's choices and the need to ask for consent prior to carrying out any care tasks. Staff showed a good understanding of protecting people's rights to refuse care and support. They said they would always explain the risks from refusing care or support and try to discuss alternative options to give people more choice and control over their decisions

We saw staff completed an induction that consisted of shadowing more experienced staff, observations of practice, information, for example about codes of conduct, and a probationary period which included meetings to check progress. All staff were issued with a set of policies and procedures which provided them with information about how they were expected to carry out their role and their conditions of employment. We discussed with the registered manager how some of the information could be condensed and provided in a more user- friendly staff handbook.

Records showed all newly employed staff were registered to complete the 'Care Certificate' introduced by Skills for Care, a national training organisation. The Care Certificate looks to improve the consistency and portability of the fundamental skills, knowledge, values and behaviours of staff, and to help raise the status

and profile of staff working in care settings. Records showed staff had also either completed a nationally recognised qualification in care or were currently being registered to undertake the course or a higher level award.

All the staff we spoke with felt they received the correct level of training they needed for their job roles. One care worker told us, "My induction training was good; I got a lot of opportunities to work alongside experienced staff. I've had a lot of training since working here - a really good range." Another care worker said, "I feel well supported and we get the right training to do our jobs. The manager is really good at sorting out courses we need."

There was a rolling programme of training and refresher training available to staff which included courses the registered provider considered essential and other service specific training. These included courses on end of life care, nutrition, dementia, pressure damage prevention, catheter care, Parkinson's disease, diabetes and Huntingdon's disease. The training record showed most staff were up to date with their required training but that a small number of refresher training courses were needed. Following the inspection, the registered manager confirmed the training had been arranged.

Staff told us they felt well supported by the registered manager and senior staff at the office. Staff told us they could speak to the registered manager at any time to ask questions or gain additional support, whether it was a personal issue or connected with work. The registered manager confirmed the appraisal programme had not been maintained in 2015 but appraisal meetings with all the staff had been scheduled in the next few weeks. Records showed staff had received only occasional formal one to one support sessions since the service was registered, although every member of staff had met with the registered manager in August and September 2015 to discuss the organisational changes and their future work. We also found senior staff had undertaken frequent staff observation assessments to make sure they were following company policies and people's care plans. The registered manager confirmed the new supervision programme would commence after the appraisal meetings. Records showed regular staff meetings had been provided over the last 12 months and staff were provided with information, new guidance and opportunities to discuss their role and the service.

People were supported to eat and drink and maintain a balanced diet based on their needs and preferences. People told us care workers supported them with meals, shopping and checked food to ensure it was safe to eat. Some people we spoke with said care workers were involved with food preparation while other people did not require any assistance. We found that where staff were involved in preparing and serving food, people were happy with how this took place. They also said staff left drinks and snacks for them if they could not make their own. Staff told us when there were concerns about someone's food or fluid intake, they would raise issues with the office staff or the person's family if they needed to. They confirmed they maintained records of how much some people ate and drank.

People were supported to maintain good health. Care workers we spoke with gave examples of how they had supported people with their health needs. Several told us how they had reported concerns to the office to alert healthcare professionals of a change to a person's health. They also told us of the action they had taken themselves when the concerns were more serious or life threatening and involved calling the emergency services for assistance. Care workers told us about the communication systems in place where they recorded information about people's health to alert the next care worker of information that was important. This enabled care workers to monitor people's health effectively. We looked at examples of the daily records care workers made at every visit. These were on the whole detailed and included reference to people's health when concerns had been identified.

Good

Is the service caring?

Our findings

All of the people we spoke with were happy with the care they received. They told us staff were polite, kind, caring, patient and compassionate. They also told us staff treated them with respect and protected their dignity. We received many complimentary comments including, "Lovely group of staff, [name of worker] comes mostly and she's brilliant, knows how I like things done, my routines and is just lovely", "Yes, they are all very nice and kind", "Very obliging indeed, they always ask if I need help with anything else" and "The ladies are all very cheerful and friendly. Very respectful at all times. They genuinely care and it shows."

Relatives told us staff treated their members of family with kindness and consideration. Comments included, "The carers are all smashing, so lovely and kind" and "Mum thinks the world of her regular ones, they have developed a positive and caring relationship with her. No complaints whatsoever."

The staff we spoke with demonstrated a good knowledge of the people they supported, their care needs and their wishes. They were able to tell us about people's preferences as well as details of their personal histories. The staff confirmed they had access to people's care plans and time to read them.

Staff told us privacy, dignity and confidentiality were discussed on induction and that this formed an integral part of the organisation's training programme. A member of staff said, "Our focus is to deliver high standards of individualised care and we do this well. People are satisfied with the care we provide."

Staff responses to our questions showed they understood the importance of respecting people's dignity, privacy and independence. They gave clear examples of how they would promote these values. One care worker told us, "I would always close the door and curtains and use a towel to cover the person so they are exposed as little as possible." They added, "We give people time on their own in the bathroom and toilet if it's safe and that's what they prefer, these things are important."

Discussions with staff showed a genuine interest and a very caring attitude towards the people they supported. Staff told us, "We get regular spot checks to make sure the care we give is good" and "You develop close and positive relationships with people that you see every day. I look after them like they were my family." Staff told us they were always introduced to people where possible before providing care and support and had time to get to the know the person. We were given examples of how staff had been matched with people who used the service who had the same interests or personalities and how small teams of staff were allocated to each person. The office manager for rotas and staff allocation told us how information from assessments was used to inform the matching process. For example, the gender preference of the carer, whether they were younger or mature and quiet or outgoing. This was seen as an important element of building positive relationships based on trust, respect and compatibility.

Staff spoke of the importance of maintaining independence for people who used the service. They described the way they did this through gentle encouragement. Staff said they felt it was important for people to have as much independence as they could to increase and maintain their confidence and self-esteem.

People who used the service had information available that advised them of what they could expect from the service. Each person we spoke with confirmed they had an information booklet which contained all the contact details for the office and out of hours service. The registered manager was aware of how to contact local advocacy services should a person who used the service require this support. Records showed how one person had been offered this support recently and declined.

We found information was held securely; people's care files and other personal information were locked away. Information was held on computers which were password protected and the registered provider had completed registration with the Information Commissioners Office (ICO) in line with requirements when maintaining computerised records. In discussions staff confirmed they knew not to discuss people they cared for outside of work.

Requires Improvement

Is the service responsive?

Our findings

People who used the service and their representatives told us the service was person-centred and flexible to meet their needs. Comments included, "When I started with the agency they came and spoke with me about my care needs. They took all my information down, they listened to me and the carers do what I want them to, it works well", "You do feel reassured that what you want really matters and I haven't found otherwise; they are very helpful", "Yes, they [the staff] are flexible. I've had the odd accident and they have stayed to help and sort things out. They never seem to mind" and "When we go on holiday we increase the calls from the agency for them [person receiving the service], it's never a problem and very reassuring; we haven't been let down yet."

People told us they felt involved in discussions and decisions about how their care should be managed. People confirmed their needs were assessed at the start of using the service. One person described how the timings of their morning calls weren't completely right at first but they spoke with the registered manager and sorted this out. Comments included, "They were coming too late in the morning but now it's earlier to suit me", "Yes, I've got a copy of my care plan, it looks up to date" and "You just need to ask if you want changes. If you've got an appointment they [staff] will try and work round it."

Everyone we spoke with confirmed they had received information on how to make a complaint and told us they would have no hesitation in contacting the registered manager or other senior staff to discuss their concerns. One person told us, "I've no complaints, everyone is very helpful and friendly" and another person said, "I did phone them once when the carer was late, they apologised and it hasn't happened since." A relative said, "Everything has been great so far but I would phone the manager if I had any concerns."

During the inspection, we looked at the way the service assessed and planned for people's individual care needs. Initial assessments were undertaken by a senior manager to identify people's support needs, but we found records of the assessments were not retained and held in the care files for reference. We looked at six people's care files and found limited records in place to monitor specific areas where people were more at risk. Each person's mobility was assessed but we found there were no specific nutritional risk assessments completed when the service commenced or if there were any concerns about a person's nutritional intake. The care records for one person who was at risk of developing pressure damage did not identify the risks or tell staff how to minimise them. Therefore staff did not have clear written guidance about this subject. However, daily care records demonstrated the person was being supported correctly, appropriate equipment such as a specialist cushion was in place, and staff were providing support with personal care and positional change to minimise any risks.

Overview care plans were developed outlining how people's assessed needs were to be met; staff had also developed more specific task sheet records to supplement these. In the care files we checked, we found the standard of recording was inconsistent. For example, some of the care plans and task sheets contained minimal directions for staff to provide support in areas such as personal care, catheter care, meals and mobility whereas other care plans were much more detailed.

We found some people's needs had not been fully planned or updated when they had changed. This meant there was a risk people may not receive all the support they needed and in the way they preferred. For example, one person was reluctant to accept personal care and staff had been directed by the community nursing team to encourage the person to accept regular showers as their skin integrity was at risk. We found the person's care plan had not been updated to reflect these changes or detail any of the strategies staff were to use. This meant there was a risk they may not receive all the support they needed. During the inspection the registered manager told us they would be replacing the care plan format and all care records would be reviewed.

People were not always protected from unsafe care because accurate and up-to-date records were not maintained. This was a breach of Regulation 17(2) (b) (c) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We found some of the care plans did not include person-centred information about what was important to the person, how best to support them, and what their likes, dislikes and preferences were such as gender of care worker or times of calls. This meant there was a risk people would not receive their care how they preferred. Despite the gaps in information in the care plans, we found staff were very knowledgeable about people's needs and could describe the support required to meet them, which allowed them to provide a person-centred approach to each person's care.

Records of the care and support provided to people were completed at each visit and included any personal care provided, assistance with medicines, meals prepared or housekeeping tasks. This enabled staff to monitor and respond to any changes in a person's well-being. The care records were returned to the office on completion and the registered manager confirmed the records were regularly checked. We looked at a sample of the records and noted people's care support was detailed and they were referred to in a respectful way.

We discussed the review process with the registered manager. People had more frequent reviews at the start of their care package. This included a meeting with the person and their relative or representative if appropriate and telephone calls. People told us they had been involved with discussions about their care and with the review process. We saw some people's care packages had been reviewed and changes made to the support they required and the times and frequency of visits as needed. Staff told us they were kept informed about any changes in visits and the support people required. This was either by face to face discussion with the office staff or via phone conversation or text.

We looked at the way the registered provider managed and responded to concerns and complaints. Information about how to complain had been shared with people and included the expected time-scales for the investigation and response. Reference was made to other agencies that may provide support with complaints. We found the registered manager held all information of concern or queries received in one large folder and discussed how this information could be filed more effectively in separate folders for auditing purposes. The registered manager confirmed they had not received any formal complaints since they had changed the registration of the service.

Records showed people's concerns had been recorded and appropriately responded to. Staff had been informed about issues and any changes or improvements needed with their practice through supervision, memos and staff meetings. For example, some recent issues the registered manager had addressed included staff not providing a person with the updated staff list and another person needing longer time between the morning and lunchtime calls.

Requires Improvement

Is the service well-led?

Our findings

People who used the service said they were, overall, satisfied with the service and the contact and communication they had with the office. The office staff were described as professional, polite and helpful. Comments we received included, "The service is managed very well, I've nothing but praise", "The office staff are very helpful and seem very nice", "The office staff ring me if there is a problem with my carer" and "I've only phoned the office a couple of times and the staff have always been helpful and sorted things out for me."

There were systems in place to seek people's views and opinions about the running of the service. These were sought through meetings or telephone conversations, during review meetings and through surveys. We looked at the results from the annual customer survey in October 2015. We saw 24 people had provided mainly positive responses. The registered manager had analysed the findings and fed these back to people. However, where shortfalls had been identified, there were no action plans developed and people were requested to contact the office if they wanted to follow issues up. We found similar findings from the staff survey; action plans had not been developed to address any shortfalls identified. Some of the questions which prompted some negative responses from staff included, feeling valued, communication, sensible working patterns, enough time for calls, security about the future, pay and team work.

Accidents and incidents were recorded in care records in people's homes. However, we found there was no centralised system for recording and analysing such events. The records in the office focused on accidents to staff.

Although the registered manager confirmed they carried out checks of time sheets, medication administration records and daily care records when these were returned to the office, they had not completed any documentation of the checks and had not developed action plans to support any shortfalls they had identified. We found there were no formal audits of people's care plans, staff supervision, appraisals, spot checks or staff training carried out. The registered manager confirmed they needed to obtain and implement a quality monitoring system to support the ongoing development of the service.

The provider did not have effective quality monitoring arrangements in place. This was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We saw records were stored appropriately. Locked cabinets were available to ensure people's personal information was stored securely. Records stored electronically were password protected. This meant that only authorised staff had access to information contained on computers. The office was situated in a business centre in a central area of the town which was well-maintained and accessible.

The registered manager was open and transparent about the difficulties experienced by the service in the past year and the decision they had reached to focus on providing services for self- funding clients only. This had resulted in some planned changes with people who received commissioned services moving to other local agencies and in some cases their regular care staff moving with them. There was evidence that staff

and people who used the service had been informed of the changes and supported through this process.

The impact of the changes has meant the service was much smaller and there has been restructuring within senior roles. The registered manager confirmed this will allow them to streamline the management of the organisation whilst allowing them to develop and improve their current management and administration systems, with a view to obtaining new recording and auditing processes. The senior management team and staff were confident about the future and development of the service.

There was a supportive and open culture in the service. Staff we spoke with said they were supported by the management team. There were regular meetings for staff. The agenda and minutes of the meetings showed that safeguarding and person-centred care were regularly discussed. Agenda items at a recent meetings included recruitment, holidays, records, medicines administration, the business continuity plan and staff allocation. In discussions, staff told us how they had been given flowers and thanked by the management at the staff meeting in November 2015 for their hard work and loyalty to the service. Comments from staff included, "I love my job, we have a great staff team." Other comments from staff included, "Management are happy to listen to ideas and are all approachable", "We all visit the office regularly and the manager and office staff are always available when we need them. They try hard to run things smoothly."

The registered manager told us one of the care workers had been nominated and was runner up for a care award at a ceremony held by North East Lincolnshire Clinical Commissioning Group in March 2015.

The registered provider's values and philosophy of care were reflected within the guide to the service. New staff were made aware of the aims and objectives of the service during their induction training.

This section is primarily information for the provider

Action we have told the provider to take

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

Regulated activity	Regulation
Personal care	Regulation 17 HSCA RA Regulations 2014 Good governance The registered provider did not have effective recording and monitoring systems and processes to ensure the service provided was safe, effective, caring, responsive or well-led. Regulation 17 (1) (2) (a)(b)(c)(e)(f)