Nurse Plus and Carer Plus (UK) Limited

Nurse Plus and Carer Plus (UK) 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?	**Good**
Is the service caring?	**Good**
Is the service responsive?	**Requires Improvement**
Is the service well-led?	**Requires Improvement**

Summary of findings

Overall summary

The inspection took place on 18 and 20 April 2016, and was an announced inspection. The registered manager was given 48 hours' notice of the inspection. This was the first inspection since the service had moved to new offices.

Nurse Plus and Carer Plus (UK) Limited provide care and support to people in their own homes. The service is provided to mainly older people and some younger adults and people who have a learning disability. At the time of the inspection there were approximately 25 people receiving support with their personal care. The service undertakes visits to provide care and support to people in Canterbury, Faversham, Herne Bay, Whitstable and surrounding areas.

The service is run 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.

People told us they received their medicines when they should and felt their medicines were handled safely. However there were shortfalls in some medicine records and a lack of guidance about some areas of medicine management.

Risks associated with people's care had been identified, but there was not always sufficient guidance in place for staff to ensure people remained safe.

People were involved in the initial assessment and the planning of their care and support and some had chosen to involve their relatives as well. However care plans varied in the level of detail and all required further information to ensure people received care and support consistently and according to their wishes. People told us their independence was encouraged wherever possible, but this was not always supported by the care plan.

Quality monitoring systems were in place. However the audits and systems in place to monitor the quality of service people received were not totally effective in identifying where improvements could be made.

People felt safe using the service and when staff were in their homes. The service had safeguarding procedures in place and staff had received training in these. Staff demonstrated an understanding of what constituted abuse and how to report any concerns in order to keep people safe.

People had their needs met by sufficient numbers of staff. People received a service from a team of regular staff. Staffing numbers were kept under constant review. New staff underwent an induction programme, which included relevant training courses and shadowing experienced staff, until they were competent to work on their own. Staff received training appropriate to their role and some staff had gained qualifications

in health and social care.

People told us their consent was gained at each visit. People were supported to make their own decisions and choices. No one was subject to an order of the Court of Protection. Some people chose to be supported by family members when making decisions. Staff had received training on the Mental Capacity Act (MCA) 2005. The MCA provides the legal framework to assess people's capacity to make certain decisions, at a certain time. When people are assessed as not having the capacity to make a decision, a best interest decision is made involving people who know the person well and other professionals, where relevant. The registered manager understood this process.

People were supported to maintain good health. People told us staff were observant in spotting any concerns with their health. The service worked jointly with health care professionals, such as community nurses and an occupational therapist.

People felt staff were very caring. People said they were relaxed in staffs company and staff listened and acted on what they said. People were treated with dignity and respect and their privacy was respected. Staff were kind and caring in their approach and knew people and their support needs well.

People told us they received person centred care that was individual to them. They felt staff understood their specific needs relating to their age and physical disabilities. Staff had built up relationships with people and were familiar with their personal histories and preferences.

The majority of people told us that communication with the office was good and if there were any concerns they called the office who responded. People felt confident in complaining, but did not have any concerns. People had opportunities to provide feedback about the service provided. Any negative feedback was used to drive improvements to the service. People felt the service was well-led and well organised.

The provider had a set of values. This included providing and maintaining a high quality of care and support to each person based on person centred care and individual needs. Staff were aware of these and felt they were followed through into their practice.

We found two breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. You can see what action we have asked the provider to take at the end of this report.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement

The service was not always safe.

There were shortfalls in medicine records and a lack of guidance about some areas of medicine management.

Risks associated with people's care had been identified, but there was not always sufficient guidance about how to keep people safe.

People were protected by robust recruitment processes.

Is the service effective?

Good

The service was effective.

People received care and support from trained and supported staff.

People received care and support from a regular team of staff who knew people well. Staff encouraged people to make their own decisions and choices.

People were supported to maintain good health. Staff worked with health care professionals, such as community nurses to resolve and improve any health concerns.

Is the service caring?

Good

The service was caring.

People were treated with dignity and respect and staff adopted a very kind and caring approach.

Staff supported people to maintain their independence where possible.

Staff took the time to listen and interact with people so that they received the care and support they needed.

Is the service responsive?

Requires Improvement

The service was not always responsive.

People's care plans varied in detail and did not reflect all the detail of their personal care routines, their wishes and preferences or what they could do for themselves, to ensure consistent care and support.

People felt comfortable if they needed to complain, but did not have any concerns. People had opportunities to provide feedback about the service they received.

People were not socially isolated and some felt staff helped to ensure they were not lonely.

Is the service well-led?

Requires Improvement

The service was not consistently well-led.

The audits and systems in place to monitor the quality of care people received were not totally effective.

There was an open and positive culture within the service, which was focussed on people. Staff were aware of the provider's values and this was followed through into their practice.

There was an established registered manager who was supported by a team of senior staff team who worked hard to drive improvements.

Nurse Plus and Carer Plus (UK) 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 18 and 20 April 2016 and was announced with 48 hours' notice. The inspection carried out by two inspectors.

The provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. Prior to the inspection we reviewed this and other information we held about the service, we looked at any notifications received by the Care Quality Commission. A notification is information about important events, which the provider is required to tell us about by law.

During the inspection we reviewed people's records and a variety of documents. These included six people's care plans and risk assessments, three staff recruitment files, staff training, supervision and appraisal records, visit and rota schedules, medicine and quality assurance records and surveys results.

We spoke with eight people who were using the service, three of which we visited in their own homes, we spoke to four relatives/representatives, the registered manager, a member of the organisations compliance team and 11 members of staff.

After the inspection we contacted three health and social care professionals who had had recent contact with the service and at the time of writing this report had not received any feedback.

We sent out 39 surveys to people who were using the service and relatives, three to community professionals

involved with the service and 27 to staff. We received surveys feedback from 16 people, two relatives, two professionals and four staff.

Requires Improvement

Is the service safe?

Our findings

People and relatives told us they felt safe when staff were in their homes and when they provided care and support. One person told us, "Very much so. I was a bit nervous at first". People and relatives surveyed indicated that they or their family member felt safe from abuse or harm from staff. One person commented that they were "Safe when they (staff) are with me". People were asked about the safety of the care provided during review visits made by senior staff and comments had included "(I feel) very safe" and "It's good". Community professionals surveyed also indicated that people who used this service were safe from abuse or harm.

People told us they felt they received their medicines when they should and staff handled them safely. However people were not fully protected against the risks associated with medicine management.

There was a clear medicines policy in place. Staff had received training in the management of medicines and their competency was checked by senior staff. A senior manager told us that the training was in the process of being changed to include practical examples and experience of administration and recording to increase staffs competency and confidence.

Where people were prescribed medicines on a 'when required' or 'as directed' basis, for example, to manage constipation or skin conditions, there was a lack of clear individual guidance for staff on the circumstances in which these medicines were to be used safely and when they should seek professional advice on their continued use. For example, people were prescribed different creams/sprays, but there was not always guidance about where these should be applied and when and in one case there was conflicting information. This could result in people not receiving the medicine consistently or safely. Some people had body maps to show where creams/sprays should be applied, but not all and there were no copies of these within the office care plan folder.

Medication Administration Records (MAR) charts were in place where staff administered people's medicines. However not in all cases did these reflect the prescription label. For example, creams that were prescribed 'as required' were recorded as twice daily, although no action had been taken to change the prescriber's instructions. Handwritten entries on MAR charts, which were pre-printed by a chemist were not dated or signed when changes had been made, so were unable to ascertain exactly when these changes took place. This could be important when monitoring people's health in relation to the changes and their effectiveness. Medication Administration Records charts did not always reflected that medicines had been administered or a code entered as to the reason they were not, so we were unable to ascertain whether people had received their medicines. In some cases daily reports made by staff showed that medicines or creams had been administered, but the MAR chart had not been signed. In some cases a code 'X' was used, but there was no description of what this meant.

Risks associated with people's care and support had in most cases been identified. For example, risks in relation to people's environment, falls and moving and handling people. People told us that they felt risks associated with their support were managed safely and they felt safe when staff used equipment to transfer

them. However there was not always sufficient guidance in place to reduce these risks. For example, moving and handling risk assessments only stated the equipment to be used and the numbers of staff required, there was no guidance about how this person preferred to be moved or how it should be done safely, such as detailing what hoist sling hooks should be used so that the person would be moved in the right position. People told us equipment was serviced regularly and they organised this. However risk assessments did not always detail service details, but staff told us they visually checked equipment before they used it to ensure it was safe. Some people that were at risk of poor hydration had their fluids monitored. However there was no detail about what the recommended daily fluid intake was for that person or what action staff should take if this was not met. Not all risk assessments detail how staff should dispose of continence waste to ensure it was done safely.

The provider had failed to do all that was reasonably possible to mitigate risks to people's health and safety. The provider had failed to have proper and safe management of medicines. This is a breach of Regulation 12 of the Health & Social Care Act 2008 (Regulated Activities) Regulations 2014.

The registered manager told us they had a risk assessment in place in the event of bad weather. These included measures, such as access to 4x4 vehicles, using apps and text messaging to update staff and staff working locally to where they lived, to ensure people would still be visited and kept safe.

People were protected by robust recruitment procedures. We looked at three recruitment files of staff that had been recruited since the last inspection. Recruitment records included the required pre-employment checks to make sure staff were suitable and of good character.

People had their needs met by sufficient numbers of staff. People surveyed indicated that staff turned up on time, stayed the full time or did all the tasks required. One relative indicated that staff did not stay the full time or do all the tasks required. The registered manager told us and records confirmed that no one had raised this directly with the service through the complaints procedure or feedback routes. Daily report records made by staff and timesheets show the timing of all visits and these were audited when returned to the office. The registered manager told us previously any incidents of unsuitable practices by staff that had been reported or identified had been investigated and disciplinary procedures had been followed by the registered manager. Records showed that spot checks were used by senior staff to check staffs arrival times and ask people if there were any concerns. People we spoke with told us staff did "generally" arrive when they were expected, stayed the full time or did all the tasks required, although one person had had a recent missed call due to mix up in office communication. One person told us on most occasions if the staff were running late they let them know. Records showed that when a person wanted to change the time of a visit this was accommodated and staff negotiated with people if they needed to change the time of a visit. A social care professional surveyed said that the feedback they had received from people was that staff arrived on time, stayed the full time and did all the required tasks.

People's visits were allocated permanently to staff rotas where possible and these were only then changed when staff were on leave. Staff usually worked in a geographical area and the registered manager kept staffing numbers under constant review. There was an on-call system covered by senior staff and the registered manager.

There was a safeguarding policy in place. Staff had received training in safeguarding adults; they were able to describe different types of abuse and knew the procedures in place to report any suspicions or allegations. There had been no safeguarding alerts in the last 12months although the registered manager was familiar with the process to follow if any abuse was suspected; and knew the local Kent and Medway safeguarding protocols and how to contact the Kent County Council's safeguarding team.

People were protected against the risk of infections. Most people surveyed felt staff did all they could to prevent infections by using hand gel, disposable gloves and aprons, although one person and a relative surveyed did not. People told us staff were well equipped with gloves and aprons and used them routinely during personal care. Staff had received training in infection control and clear policies and procedures were in place, to ensure good practice guidance. Staff wore uniforms when supporting people. Staff had access to supplies of disposable gloves and aprons to ensure good hygiene and in some cases stocks were left in people's homes to ensure sufficient supplies. The correct use of personal protective equipment, such as gloves and aprons was checked during observational spot checks of staff undertaken by senior staff.

Good

Is the service effective?

Our findings

People and relatives were satisfied with the overall care and support received. In a recent spot check one relative had commented, "(Person) is very happy with all the care received. He is confident with his carers and all his needs are met". One person wrote in a compliment, "I have been impressed and reassured by the efforts of most carers, particularly (staff members) and especially (staff member) to remain adaptable and still carry out calls with the same standard of skill, compassion and professionalism I am use to – I am truly thankful for that". One person told us, "Overall quite pleased with the service received".

Care plans contained information about how a person communicated and what support was required to enable good communication, such as 'Carers to speak clearly to (person) and give her time to respond'.

People, most relatives and a social care professional told us staff had the right skills and knowledge to provide care and support that met people's needs. A social care professional surveyed felt staff were competent to provide the care and support to people to meet their needs.

People told us they received their care and support from a team of regular staff and were happy with the number of staff that visited them. The registered manager told us that following an initial phone call where they discussed people's needs they match members of staff to cover the visits. The matching process was based on gaps within staff schedules, staff working in the geographical area, people's preferences and staff skills and experience. During the initial assessment people were asked about their preference in the gender of staff that visited them. People told us when they had not been happy with a particular staff member there had been no problem with changing. People said they knew who was coming because they received a schedule of visits in advance. One person told us they were only told the staff member's first name and surnames would be helpful especially as some staff have the same name. Social care professional's surveyed felt people received care and support from familiar and consistent staff.

Staff understood their roles and responsibilities. Staff had completed an induction programme, which included reading policies, attending training courses and staff also received a staff handbook. In addition staff also undertook shadowing of experienced staff until they were signed off as competent in a variety of tasks. The induction was based on Skills for Care Care Certificate, which was introduced in April 2015. These are an identified set of 15 standards that social care workers complete during their induction and adhere to in their daily working life. The registered manager told us there was a six month probation period to assess staff skills and performance in the role.

The registered manager said staff received induction training and then this was refreshed every year with a further two days of training. Training included enablement, stoma and catheter care, nutrition and hydration, health and safety, moving and handling, fire safety awareness, emergency first aid, infection control and basic food hygiene. Staff received some specialist training, such as dementia care including dealing with challenging behaviour.

The service had 31staff and 12 had achieved or were undertaking a Diploma in Health and Social Care

(formerly National Vocational Qualification (NVQ)) level 2 or above. Diplomas are work based awards that are achieved through assessment and training. To achieve a Diploma, candidates must prove that they have the ability (competence) to carry out their job to the required standard. Staff felt the training they received was adequate for their role and enabled them to meet people's needs.

People were supported by staff that had opportunities to discuss their learning and development through team meetings, unannounced spot checks and an annual appraisal. Unannounced spot checks were undertaken by the senior staff, these were unannounced, whilst staff were undertaking visits to people. During these observations staff practice was checked against good practice. Team meetings for staff were held. Staff were able to discuss any issues and policies and procedures were reiterated. Most staff said they felt well supported.

People said consent was achieved by staff discussing and asking about the tasks they were about to undertake and made choices available including to refuse. One person told us, "My decisions are respected". People said staff offered them choices, such as what to have to eat or drink or what to wear. People were asked whether staff respect their choices during review visits and comments had included, "Yes always", "Yes they do" and "Yes, choices are always give to me". People we surveyed indicated that they were involved in decision making about their care and support.

Staff were trained in Mental Capacity Act (MCA) 2005. The registered manager told us that no one was subject to an order of the Court of Protection and none had any Lasting Powers of Attorney arrangements in place although some had a Do Not Attempt Resuscitation (DNAR) in place. The Mental Capacity Act 2005 (MCA) provides the legal framework to assess people's capacity to make certain decisions, at a certain time. When people are assessed as not having the capacity to make a decision, a best interest decision is made involving people who know the person well and other professionals, where relevant. The registered manager told us they had not been involved in any best interest meetings to date, but demonstrated they understood the process to be followed and would be supported by other managers within the organisation.

People's needs in relation to support with eating and drinking had been assessed during the initial assessment and recorded. Most people required minimal support with their meals and drinks if any. The registered manager told us no one was at risk of poor nutrition and no one had needed input from a dietician. Staff usually prepared a meal from what people had in their home. One person used a straw and had their food cut into small pieces, which enabled them to eat and drink independently. People said staff encouraged them to drink enough and would leave a drink or drinks for later. One person told us, "They (staff) always make sure there are plenty of snacks and fresh water". Another person said staff encouraged them "to eat well". Care plans showed that staff left food and drinks to promote a healthy diet and sufficient fluid intake.

People were supported to maintain good health. People told us staff were observant in spotting any concerns with their health and we also observed this during the inspection. Records and discussions showed that when staff were concerned they took appropriate action including informing the office and family member's that there was a concern and calling health professionals where appropriate, such as the community nurse. Appropriate referrals were made to health professionals. For example, the occupational therapist to assess or reassess for equipment. Information about people's health conditions, such as strokes was included in people's care plans to inform staff about people's health needs.

Good

Is the service caring?

Our findings

People told us staff were caring and listened to them and acted on what they said. One person told us this had not always been the case in the past, but was "all sorted out now". People and their relatives told us and we observed this sometimes included the use of good humour. People were relaxed in the company of staff. People and most relatives were entirely complimentary about the staff. Comments included, "They're all pretty good". "All carers are brilliant". "I enjoy their (staffs) company and have a good rapport". "They are exceptionally caring". "Polite and cheerful at all times". "Staff are friendly and cheerful. I welcome their visits".

People, relatives and a social care professional we surveyed indicated that they felt people were always treated with respect and dignity and that the staff were kind and caring. Comments included, "All the of the care staff that look after my needs are excellent and I feel totally at ease". "They are all brilliant and a credit to Nurse Plus". "The service has very nice carers always helpful".

Some people talked about staff that "Went that extra mile". One person told us that "Two or three of the carers that visited me are very caring and attentive and I really enjoyed their visits". Another person talked about one staff member who "Does things automatically, they know me very well and she's very nice". Another person said, "Couldn't single one of them out. They are all very good. I have a good relationship with them all".

The service had received several compliments letters about the care and support provided. One person said, "The care received was excellent and in particular would like to thank (staff members)". A relative commented, "…. have been greatly impressed by the care and dedication of (staff member) who visits (family member) each day. She has often 'gone the extra mile' to contact us whenever problems have arisen, or even if she has had any concerns, and we wished to inform you that we are very grateful for this". A social care professional said, "I have found that the workers have been very supportive and sensitive while working with (person). When I have had to speak to them too they have always been very polite and professional. They are a credit to themselves and your organisation". Another person wrote, "….she (staff member) has proved invaluable in terms of her dedication to work and reliability. …in addition she has a genuine duty of care and warmth… as well as a respect and understanding".

During the inspection staff took the time to listen to feedback and answer people's questions. One person was not feeling particularly well and staff were patient and took the time to quietly ascertain what the problems were and ensure that nothing further could be done to help them. They discuss with the person calling a relative to let them know they were unwell and gained their consent to do this.

People told us they received person centred care that was individual to them. One person said, "It's about me, not a schedule". People felt staff understood their specific needs relating to their age and physical disabilities. Staff demonstrating a person centred approach was checked during spot checks. Staff had built up relationships with people and were familiar with their life histories and preferences. Care plans contained some details of people's preferences, such as their preferred name and some information about their

personal histories. During the inspection staff talked about people in a caring and meaningful way.

People told us their independence was encouraged wherever possible. One person said, "They (staff) encourage me to do as much as I possibly can for myself. I shaved myself for the first time in two years last week". Other people gave us examples of how staff encouraged them to be independent. One person talked about how they were able to manage to wash some parts of themselves in the shower and staff always encouraged them to do this. Another person talked about how staff gave them "a flannel to the bits I can when I can". People, relatives and a social care professional surveyed felt the care and support provided by staff helped people to be as independent as they could be.

People told us they were involved in the initial assessments of their care and support needs and planning their care. Some people had also involved their relatives. People told us that senior staff visited periodically to talk about their care and support and discuss any changes required or review their care plan. People felt care plans reflected how they wanted the care and support to be delivered. The registered manager told us at the time of the inspection people did not require support to help them with decisions about their care and support, but if they chose were supported by their families or their care manager, and no one had needed to access any advocacy services. Details about how to contact an advocate were available within the service.

People told us they were treated with dignity and respect and had their privacy respected. Staff had received training in treating people with dignity and respect as part of their induction and had their practice observed during spot checks. Information given to people confirmed that information about them would be treated confidentially. People told us staff did not speak about other people they visited and they trusted that staff did not speak about them outside of their home.

Requires Improvement

Is the service responsive?

Our findings

People told us they were involved in the initial assessment of their care and support needs and in planning their care. Some people told us their relatives had also been involved in these discussions. Senior staff undertook these initial assessments, which included details of other health and social care professionals involved in the person's care and support. People or their representative had signed the assessments as a sign of their agreement with the content.

Care plans were developed from discussions with people, observations and the assessments. Care plans should have contained a step by step guide to supporting people on each visit, including their preferences, what they could do for themselves and what support they required from staff. However they varied in detail and all required further detail to ensure that people received care and support consistently, according to their wishes and staff promoted people's independence. For example, daily notes made by staff showed that one person was able to clean their own teeth, another person liked deodorant and perfume on each day and staff shaved another person, but this detail was not included in their care plans.

Other care plans stated the tasks to be undertaken, such as 'assist to wash and dry' or 'assist with full body wash' or 'assist with undressing', but had little or no detail about people preferences or what they could do for themselves. One person had said during their review that the service could improve by staff being "familiar with routine" and this would be aided by better detail in the care plans. Some care plans did contain information about what a person could do for parts of their personal care routine, such as washing, but nothing about what they could do for themselves when dressing or undressing.

This meant that people would have to explain their preferred routine to any new staff that visited or would not receive consistent and safe care particularly when their regular staff member did not visit.

The provider had failed to ensure that information within the care plan reflected people's assessed needs and preferences. The above is a breach of Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulation 2014.

People had their care plans reviewed regularly and felt they reflected their care needs. Senior staff carried out a review visits every six months, where any changes were discussed and care plan and risk assessments were reviewed and updated.

At care plan review visits senior staff discussed involvement in the local community and whether the service could do anything to aid this. People said they looked forward to the staff visits each day and told us this in itself sometimes ensured they were not lonely. One person talked about one staff member, "She's always very positive. We get on really well".

People told us they felt confident in complaining, but did not have any concerns. Most people knew how to make a complaint and most people indicated the service had responded well to any concerns raised. However one relative felt they had not. The complaints procedure was contained within people's service

user guide, which was located within their care folders in their home along with their care plan. Records showed there had been one formal complaint in the last 12 months, which had been investigated and responded to appropriately. The registered manager told us any complaints would be used to learn from and improve the service. One person told us they had complained once about an individual staff member and this was dealt with "very swiftly" and appropriately.

People had opportunities to provide feedback about the service provided. People were asked informally for their feedback during their care plan review visit and also during staff spot check visits. Quality assurance questionnaires were sent out annually. The latest results available were from November 2015 and showed most people rated the service adequate to good in all areas.

Requires Improvement

Is the service well-led?

Our findings

The service was run by a registered manager. They worked Monday to Friday in the office and attending meetings as well as taking their turn to cover the on-call telephone out of office hours. The registered manager was supported by three coordinators, a field supervisor and senior care workers. It was evident during the inspection that the office staff all worked hard as a team to ensure the service ran smoothly. People and relatives that knew the registered manager spoke well of them. They felt comfortable in approaching and speaking with them. Comments included, "They are very good". "Very pleasant". "Brilliant". "I think they do an excellent job". Staff felt the registered manager and office team were open and approachable and motivated them.

People felt the service was well-led and well organised. Comments included, "Certainly, very professional". "Just fantastic really. Professional, friendly and empathetic. Very caring and the office staff are understanding". "Wonderful service. Would not hesitate to recommend". It's a good service".

Senior staff adopted an open door policy regarding communication and most people felt communication with the office was good. People told us staff were polite and courteous and responded to their requests. In a recent provider quality assurance survey people and a social care professional we surveyed indicated the office staff were easy to contact. Staff had commented "The staff in Canterbury office are very supportive and I could not ask for better".

A social care professional and most people and relatives felt the service was well-led and well-organised. Comments included, "It is very good indeed". "It is very good and reliable".

Senior management received reports from the registered manager regarding accidents, incidents, assessments, spot checks, care plan reviews, recruitment, training, supervisions, team meetings and appraisals. The managers undertook quarterly visits to the service to carry out audits on files and their contents. A report was then produced based on a traffic light system, when the service had not reached green, action was required and an action plan put together, which was monitored until the next audit. The provider had already identified shortfalls in medicine management and was implementing improved training with more practical learning for staff to increase their competence and confidence in handling and recording of medicines. However the shortfalls within risk assessments and care plans had not been identified through quality monitoring systems. The auditing system for ensuring people received their full time each visit was not totally effective, they were reliant on records made by staff, as the person does not sign any document to confirm the time and this put the responsibility on the person to raise any concerns. These are areas that require improvement.

In addition the service had to submit a quarterly return to the local authority that they contract with to enable them to measure the service quality. The return dated December to February 2016 showed the service was operating within the measures set by the local authority.

The service were members of the Kent Community Care Association, Contractors Health & Safety Scheme

(CHAS), Recruitment and Employment Confederation (REC). These memberships, the internet and attending managers' meeting within the service and meetings with other stakeholders, such as social services was how the registered manager remained up-to-date with changes and best practice.

The provider's values were included in the service user guide and staff handbook. Staff were aware of the values of the service through team meetings and training. They told us the service promoted person centred care, independence, privacy and dignity and respect.

Staff felt the service listened to their opinions and that managers were accessible and approachable and dealt effectively with any concerns. Staff said they understood their role and responsibilities and most felt they were well supported. There were systems in place to monitor that staff received up to date training, had regular team meetings, spot checks, supervision meetings and appraisals, when they could raise any concerns and were kept informed about the service, people's changing needs and any risks or concerns.

People and/or their relatives completed quality assurance questionnaires to give feedback about the services provided. During November 2015 18 people responded to surveys sent out by the provider. A high majority of those showed people were satisfied with the service received. An overview of positive and negative comments including what action the service was taking had been fed back to people. The registered manager told us they used any negative feedback to drive improvements required to the service.

Staff had access to policies and procedures via the office or their staff handbook. These were reviewed and kept up to date. Records were stored securely and there were minutes of meetings held so that staff would be aware of up to date issues within the service.

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 9 HSCA RA Regulations 2014 Person-centred care The provider had failed to do all that was reasonably possible to mitigate risks to people's health and safety. The provider had failed to have proper and safe management of medicines.

Regulated activity	Regulation
Personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment The provider had failed to do all that was reasonably possible to mitigate risks to people's health and safety. The provider had failed to have proper and safe management of medicines.