Trafford Housing Trust Limited

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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?	**Good**
Is the service well-led?	**Requires Improvement**

Summary of findings

Overall summary

This inspection took place on 24 and 31 May 2017 and was announced.

Trafford Housing Trust (TrustCare) was registered with the Care Quality Commission (CQC) to provide personal care in February 2015. This was the first inspection of this service we have conducted.

TrustCare is a domiciliary care agency that provided care and support to people living in their own homes within the areas of Trafford and Manchester. At the time of our inspection the service was supporting 74 people. The service supported a number of additional people with a service that did not include personal care.

There was a registered manager who had been in post since December 2015. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

At this inspection we identified two breaches of the regulations of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. These were in relation to procedures followed in the recruitment of staff, and systems in place to check and improve the quality and safety of the service. You can see what action we have told the provider to take at the back of the full version of this report.

The provider had not always recruited staff following robust procedures to ensure they were of suitable character for the roles in which they were employed. Where checks highlighted potential concerns in relation to staff member's suitability for the job role, there was no evidence the provider had carried out any assessment or further checks to reassure themselves that the staff member was suitable. The provider had recognised the shortfalls in their recruitment procedures, which they had revised. We saw the provider was in the process of checking that all staff had the required checks in place, although this had not been completed at the time of our inspection.

People who used the service were consistently positive about the kind and caring support they received from staff. People were supported by small teams of consistent staff members, which had helped staff and people using the service to develop relationships and get to know one another.

People's preferences, likes, dislikes and social histories were recorded in their care plans, although the level of detail recorded varied. The registered manager showed us a new format of care plan that was due to be introduced that would help ensure this information was captured consistently.

People told us the service worked flexibly to meet their needs. Staff spoke positively about the electronic care management system used by the provider, which allowed staff to quickly and easily record and share

information with other staff. They told us this helped them provide a person-centred and consistent service by being able to quickly update other staff on things that had worked well with people's support, or noting any change in their preferences.

The service tracked staff recruitment and had given consideration to staffing requirements to enable them to undertake the calls they were committed to undertake. People told us staff were generally on time, and would contact them if running late. The provider monitored staff attendance at calls using remote electronic monitoring.

People told us they had been involved in developing and reviewing their care plans. We saw people had signed to show they agreed with the proposed plan of care. However, information in relation to a person's capacity to provide their consent was not always clear. The registered manager showed us the new format care plan helped ensure this information was recorded.

Risks to people's health and well-being were assessed. Whilst there was information in the care plans on how staff should reduce any potential risks, such as falls, this information was not always clearly presented.

People felt the staff that visited them were competent in their jobs. Staff undertook a range of training relevant to their job roles, and there were spot checks to assess their performance. Newly recruited staff told us they had received an adequate induction, and had been given opportunity to shadow more experienced staff until they felt confident to lone work.

The registered manager told us concerns were generally dealt with prior to formal complaints being raised. People we spoke with confirmed this, and told us they had been satisfied with the way any 'niggles' had been handled. We saw the provider was undertaking a project to improve the way they identified, recorded and acted upon customer feedback.

The provider had commissioned external reviews of the service. The most recent review had identified some of the issues we also found, such as in relation to safe recruitment procedures. The provider was taking action to make improvements as a result of these reviews.

Internal audit procedures were still in the process of being developed. At the time of our inspection we found checks of care records such as medication administration records (MARs) and daily care records were not robust. This would increase the risk that any shortfalls would not be identified promptly. The registered manager took action during the inspection and introduced a new medicines and care record audit.

Staff and people using the service felt the service was well-run and was organised. People told us there was good communication with staff in the office, and they felt comfortable approaching any staff member to discuss their care or any concerns they might have.

Staff we spoke with told us they felt valued for the work they did. The registered manager was visible within the service, and staff felt well supported by them. The provider had considered, and was undertaking further work to try to minimise staff turnover.

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 consistently safe.

Robust procedures had not been followed to ensure only staff of suitable character were employed.

People received support to take their medicines as required. However, processes for checking medicines were managed safely were not robust.

Staff were aware of how to identify and report any potential safeguarding concerns.

Is the service effective?

Good

The service was effective.

Staff told us they received sufficient training and support to feel confident and competent at the end of their induction. Staff competence was checked before the started to lone work.

Staff received regular supervision, although senior carers only received an annual appraisal.

People told us they were confident staff would support them to access their GP or other health services as required. Records showed staff had contacted health professionals to discuss any concerns.

Is the service caring?

Good

The service was caring.

People using the service were consistently positive in their feedback about staff, who they told us were kind and caring.

People were supported by small teams of staff on a consistent basis. This helped both parties get to know each other well.

Staff told us they felt the organisation genuinely cared about the people they supported.

Is the service responsive?

Good

The service was responsive.

People had care plans that detailed their likes, dislikes, preferences and routines.

Staff told us the electronic care management system helped them deliver person-centred care by allowing relevant information on people's changing preferences and things that worked well quickly and easily.

People told us they would feel confident to raise a complaint if required. People we spoke with were satisfied with the way any concerns they had raised had been addressed.

Is the service well-led?

Requires Improvement

The service was not consistently well-led.

Records including daily care notes and medication administration records had not been returned to the office on a consistent basis. There was no formal check of these records in place.

Staff and people using the service felt the service was well-organised. Staff felt well supported and motivated in their job roles.

Checks on the quality of the service had been completed by services external to Trafford Housing Trust. The provider was in the process of taking action to address some of the shortfalls we identified in this inspection.

Trafford Housing Trust 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 24 and 31 May 2017 and was announced. The provider was given two days' notice of the inspection because the location provides a domiciliary care service and we needed to be sure that someone would available to assist with the inspection.

The inspection team consisted of an adult social care inspector and an expert by experience. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service. The expert by experienced made phone calls to people using the service and relatives of people using the service.

Prior to the inspection we reviewed information we held about the service. This included any statutory notifications submitted to us by the service, the report written when we registered the service, and any feedback provided to us via phone, email or 'share your experience' web-forms. Statutory notifications are notifications providers are required to send to us about safeguarding incidents, serious injuries and other significant events that occur whilst they are providing a service.

On this occasion we had not asked the provider to complete 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. We took this into account when we inspected the service and made the judgements in this report. We contacted Trafford Healthwatch and Trafford's local authority quality and commissioning team for feedback prior to the inspection. Healthwatch informed us of positive feedback that had been left about the service on their website.

During the inspection we visited and spoke with three people and one relative in their homes. We spoke with a further 10 people using the service by phone. We spoke with four staff members during the visit to the service's office, including the registered manager, the nominated individual and two senior care staff. We spoke with a further four care staff by phone shortly after the inspection.

We reviewed records related to the care people were receiving, including: Five care files, five people's medication administration records (MARs) and daily records of care. We also looked at records related to the running of a domiciliary care service. This included six staff personnel files, records of training and supervision, records of complaints and records of any accidents or incidents.

Requires Improvement

Is the service safe?

Our findings

Prior to our inspection we received information that indicated the service may not have been following safe procedures in relation to the recruitment of staff. We reviewed an audit that the service had commissioned from a third party in March 2017 that identified safe recruitment of staff as an area where there were shortfalls. The registered manager acknowledged that requirements in relation to the safe recruitment of staff had not been met previously, which was due to a lack of experience in this area.

Records showed 23 staff had been employed prior to a disclosure and barring service (DBS) check being in place. DBS checks are required when recruiting new staff within care services, and show whether the applicant has any convictions or is barred from working with vulnerable people. In some instances, there had been a short delay in obtaining a DBS check. However, in other cases the delay was up to two to three months. We also found some staff only had one reference on file, did not have a full record of their employment history, or had received unsatisfactory references from previous employers. In these cases, we saw no evidence that further checks had been carried out to reassure the provider of the suitability of the applicant to work in the role they were applying for. We also found one staff member had disclosed that they had received a police caution, and there was no risk assessment or other evidence to show the provider had considered whether this affected that staff member's suitability for the role.

The registered manager told us the recruitment procedures had been changed, and we saw evidence that a revised, suitably robust recruitment procedure was now being followed. The provider was also in the process of auditing all staff recruitment records to ensure the legal standards had been met. This included checking a full employment history, identification and suitable references were in place, and taking actions to address any identified shortfalls. At the time of our inspection, the provider had completed this work 21 of the 42 staff employed.

The provider had failed to ensure information required to demonstrate staff employed were of suitable character was in place. This was a breach of Regulation 19 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

People we spoke with told us staff attended their calls as planned, and they did not experience any significant delays. The provider used electronic call monitoring, which helped ensure action could be taken any instances where care staff had not attended calls, or were late to Staff told us they felt sufficient numbers of staff were employed to cover all calls, including any calls requiring two staff members to attend. We saw the provider had a system to help calculate how many staff were required in order to be able to cover all commissioned calls. This system considered the time staff might be 'off-rota', such as when attending training or on annual leave.

People told us they felt comfortable and safe with the staff who provided support to them. One person told us staff always provided receipts for any purchases made on their behalf, another person said; "I feel very safe that they [the staff] come and see me." One person told us they had raised a concern in relation to the professional boundaries of a member of staff who visited them, but said the issue had been dealt with

promptly by the registered manager. Records showed the registered manager had addressed the issue with the staff member, and they had briefed the whole staff team to ensure staff were aware of their responsibilities and expectations in relation to professional boundaries and confidentiality.

Staff we spoke with were aware of their responsibilities in relation to safeguarding and could tell us how they would identify possible signs of abuse or neglect and report their concerns. The provider had notified us of one safeguarding incident in the past year in relation to a medicines error. The provider had appropriately investigated the incident at the request of the safeguarding authority, and had taken reasonable steps to prevent a similar incident occurring again. We saw a high level review of safeguarding was provided in a 'compliance report' that the provider produced, and that covered a range of services the provider ran. This would help the organisation maintain an awareness of any trends or significant incidents that might require further scrutiny or changes in procedure.

People we spoke with told us staff supported them as required with any medicines they took. Staff had received training in medicines administration, although at the time of our inspection there was no annual assessment of staff competence that specifically related to medicines. The registered manager informed us the majority of staff had not worked for the service for a year at that time, and said they were in the process of developing a competency check that would be rolled out in the near future.

We saw there were frequent communications between staff, health professionals and managers at the service in relation to any changes in medicines or any issues that arose in relation to people's medicines. We found there were repeated gaps on the MARs and it was not always possible to tell from the records whether people had been administered their medicines as prescribed. There was also no formal documented check of medicines records to provide assurances that any gaps or discrepancies on the MARs had been considered and accounted for. We asked the registered manager to look into this, and on the second day of our inspection, they showed us evidence that people had been administered their medicines as required. Gaps in the records had been due to records being made on different sheets, or occurred when people had been in hospital or supported by their family for example. We have discussed issues in relation to the safe management of medicines further in the well-led section of this report.

Risk assessments had been completed in relation to environmental risks within peoples' own homes and risk of falls. Where staff had identified people as being at risk of falls, the steps that should be taken to reduce these risks were not always clearly presented in the care plans. However, we also saw evidence that the service identified potential risks to peoples' safety and wellbeing, and planned to reduce the likelihood of harm occurring. For example, we saw risks such as medicines, pressure sores, moving and handling or choking risks had been identified, and plans detailed the support and any equipment people required that would help reduce these risks.

The registered manager maintained a record of any accidents and incidents that occurred. We saw these mainly related to falls that people had sustained prior to staff arriving at their home. Staff completed accident records, and detailed any immediate and follow-up actions taken to ensure people were kept safe. For example, staff had contacted emergency services when required, had checked that people's homes were as clear of trip hazards as was possible, and had made referrals to other health professionals, such as occupational therapists who could provide advice in relation to reducing the risk of falls.

Good

Is the service effective?

Our findings

People we spoke with told us they felt staff were competent and able to meet any care needs they had. Staff told us they received adequate training, and were able to ask for assistance and support if they didn't feel confident in delivering any required care. For example, one staff member told us they had received moving and handling training, but didn't feel confident supporting a person using a hoist as they had not used this equipment recently. They told us another competent member of staff accompanied them to provide any advice needed and to check they were competent. We saw senior staff completed regular spot checks of staff competence and practice and provided feedback to the staff member. This would help staff develop their competence and improve the quality of the service they provided to people.

Training records showed staff completed a variety of face to face and e-learning training courses that were relevant to their role. This included first aid, moving and handling, communication, confidentiality, infection control and safeguarding. Staff told us they were happy with the induction they received when joining Trafford Housing Trust. They said they were able to shadow more experienced staff for as long as they felt was necessary to feel confident enough to lone work, and that they had completed a range of training to equip them with the skills required to support the people they visited. People using the service we spoke with confirmed new staff shadowed other experienced care staff when being introduced to them. Records showed a senior carer checked newly recruited staff's competence at the end of the induction period prior to them being allowed to work without supervision.

Care staff received regular supervision with a manager or senior member of staff. Records of supervisions showed discussions took place with staff in relation to topics including the care and support of people using the service, training, safeguarding and complaints. Senior carers who worked in the office and provided some direct support to people using the service did not receive regular formal supervision, and instead received an annual appraisal. However, the registered manager and senior carers we spoke with told us they felt this arrangement worked as there was regular contact with the registered manager, and frequent informal supervision.

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 so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. We checked whether the service was working within the principles of the MCA.

Staff completed training in the MCA and were able to explain key principles of this legislation. People we spoke with using the service told us staff always asked for their permission before providing any care or support, and staff talked about observing for non-verbal signs that a person was happy to receive support if they were not able to provide consent verbally. One staff member told us; "Every day is different for a person. It can depend on a person's mood and how they are feeling whether they will be happy to receive

support."

The registered manager told us they were not providing support to anyone who was subject to restrictive practices, such as preventing a person from leaving their home. There had therefore been no applications to the Court of Protection as would be required to authorise such restrictive practice. Where they were able, people had signed their care plans to indicate they were happy with the planned care. The provider had a system to clearly identify people who had a relative or other representative who had legal rights to make certain decisions about that person's care, such as a valid lasting power of attorney for health and welfare. However, there was limited information in the care plans about any impairments people had, their capacity to make certain decisions, or the support they might require to make decisions. The provider had recognised this shortfall and we saw a new format of care plan that prompted consideration of these areas was in the process of being introduced. The registered manager had a good understanding in relation to the MCA and discussed instances where other professionals had been involved in best-interests meetings in relation to more significant decisions affecting a person's care.

Staff received training in dementia awareness, and the registered manager showed us a dementia action plan for the service. This included aims to appoint dementia champions to promote dementia awareness within the service as well as taking steps to make housing and people's communities more 'dementia friendly'. For example, Trafford Housing Trust also provided housing to a large proportion of people they provided care to, and there were plans to provide reminiscence areas in the provider's extra-care schemes. To promote dementia friendly communities we saw there were plans to develop 'memory cafes' and to provide training to volunteers to run reminiscence sessions. The registered manager told us such activities were also available to people living in their own homes using the service.

Care records showed staff contacted health professionals such as district nurses, occupational therapists and GP's in relation to any concerns they might have, or to seek advice or pass on information as required. People we spoke with told us they were confident staff would support them to contact their GP or gain further advice in relation to any health concerns they had. We saw people's preferences in relation to food and drink were recorded in their care plans, along with any dietary requirements. People told us staff would always offer them a choice of what to eat and drink.

Good

Is the service caring?

Our findings

People told us small consistent staff teams provided their support. This had helped people develop positive and trusting relationships with the staff who visited them. People told us they got on well with care staff and felt comfortable with them. One person told us; "I have the same care staff, which is great." We saw the provider's electronic rota management system supported the allocation of the same staff on a consistent basis, and also allowed for people's preferences in relation to their care staff to be taken into consideration.

It was apparent from our conversations care staff, the registered manager, and people using the service, that staff knew people and their routines and preferences well. People spoke positively about regular members of staff that visited them, and they told us staff understood how to provide their care and support the way they wanted it. People told us there was good communication with care staff and staff in the office, and they felt they were listened to. One person said; "Staff and the office listen to me and try and help me." People using the service, and where relevant, relatives told us they had been involved in developing their care plans, and in reviews of their care. We saw people had signed to show their involvement in the care planning process.

Systems and procedures in place supported and enabled staff to be caring in their approach. The registered manager told us the minimum duration of care calls was half an hour, and a number of people paid for scheduled social calls in addition to care calls. One staff member who had recently worked for a different care service told us the time they were able to spend with people was something that had 'really stood out' when they had changed jobs. They spoke about the positive impact this had on being able to get to know people and provide the social support they needed. Another member of care staff told us; "I genuinely think it's lovely to work for a company who care about the people they are supporting." Staff also spoke positively about the electronic care management system, which enabled them to send messages via their smartphones to other member of care staff. Staff told us, and we saw examples of the system being used to communicate information that would be useful to any staff on subsequent calls, including any requests the person had made. This helped ensure staff provided well co-ordinated and consistent care.

People were consistent in their positive reports in relation to the kind, caring and respectful nature of staff. People told us staff always asked how they were feeling and whether there was anything they would like help with. People told us; "The staff are a credit to the company;" "All staff are very caring and understanding," and "I have one very good one [care staff]. For example, she left a cardigan nearby for me the other day as it was getting cooler."

We saw the registered manager had briefed staff in relation to maintaining required standards in relation to confidentiality, such as not discussing other people's care with others using the service. People we spoke with told us staff respected their privacy as far as was possible. People told us staff always announced their presence when arriving at their home. Staff said they would help maintain people's dignity by giving them choices about how they received their care, and providing towels to keep people covered during personal care. One person using the service we spoke with said; "Staff do everything really well. I don't feel uncomfortable with the staff supporting me with personal care." Another person told us; "The staff respect

me and my home."

People told us they were supported to retain as much independence as possible. One person told us; "The staff encourage me to make choices," and another person spoke about how they had been able to reduce the number of calls they received as their support needs decreased. Staff told us they would encourage people to continue doing things for themselves as far as they were able. One staff member told us they would encourage people to pick the clothes out that they wanted to wear. Another member of staff told us some of the social calls enabled them to spend extra time with people, and to support them to do things such as make their own drinks.

Good

Is the service responsive?

Our findings

The registered manager told us they, or a senior carer would visit people prior to taking on a package of care to carry out an assessment of people's needs, and to develop the initial care plan. People we spoke with confirmed this. One person told us; "[Staff member] came and visited me and let me know what to expect." Another person said; "The care plan was very good. I was involved in all the planning." Care plans had been reviewed at regular intervals, including when there was any indication a person's needs may have changed. The registered manager told us they would involve the person and other relevant people and professionals involved in that person's care to review meetings.

Care plans were personalised and provided information on people's care and support needs. They also detailed the desired outcome of any support that staff provided, as well as detailing what a person was able to do for themselves. Normal routines staff followed on each call were recorded, although they also stressed that staff should offer people choices, for example, in relation to meals in case they wanted to change from their standard routine.

Staff told us care plans contained sufficient information to allow them to understand what support people required. Staff and people we spoke with both told us staff would spend time reviewing the care plan if they had not visited that person for some time, to help ensure they were familiar with that person's needs. We saw care plans contained information on people's social history, interests and likes and dislikes. For example, one person's care plan stated they liked to have fresh flowers in their dining room, and another person's care plan recorded that they liked to read the newspaper in the morning. This information would help enable staff to work in a person centred way to meet people's needs and preferences. We saw a new format of care plan was being introduced, which would help increase the amount of information captured about people's needs and preferences.

Staff told us the electronic care management system helped them deliver care in a person centred way. They told us it facilitated the easy sharing of information between care staff on things that had worked well, or any changes in people's preferences or the way they liked to receive their support. One staff member told us it was important to listen to people and get to know them in order to deliver personalised support, which they felt they were able to do. People told us the service worked flexibly to meet their needs, such as re-arranging call times to enable staff to support them to appointments. People also said they were able to indicate their preference in relation to the care staff that visited them, and told us staff were well 'matched' to be able to provide them with effective support. One person told us; "The service works well because they work hard to match people to my needs."

The service had a complaints policy and procedure that set out how people should expect any complaints they raised to be handled. This included information on how people could escalate their complaint outside the organisation if required. The registered manager told us there were no current complaints about the service, and that minor concerns had been dealt with before they escalated to a formal complaint. People we spoke with confirmed they had been satisfied with the provider's response to any issues or suggestions they raised. People told us they would feel comfortable raising a complaint if required. One person told us; "I

would speak with [senior carer] or [registered manager] if I was unhappy about anything." Another person said; "I've not had complaints, but if I did, I'm confident the office would help me." The registered manager sent us information on a project underway to improve the way Trafford Housing Trust gathered, recorded and responded to feedback about the service. This showed the service was committed to improving how used feedback to improve the quality of the service.

The registered manager told us Trafford Housing Trust also facilitated a social group run by residents called 'Be Social'. The group provided opportunities to members to participate in arranged activities including coffee mornings and exercise groups. Some people using the service received social calls or were supported to access activities as part of their commissioned care. During the inspection we heard a senior carer arranging for a person to attend a singing group, which they told us a number of the people they supported attended. This would help ensure people's social support needs were met and would help reduce risks of social isolation.

Requires Improvement

Is the service well-led?

Our findings

Trafford Housing Trust's TrustCare service was registered with CQC in February 2015, and was the first CQC regulated service the run by the provider. The service had a registered manager who had been in post since December 2015. The registered manager was supported by three senior carers. The senior carers had responsibilities in relation to carrying out assessments, care planning and providing staff supervision, as well as providing some direct support to people using the service. Trafford Housing Trust was primarily a housing company. Being part of a larger organisation meant the registered manager also received support from shared functions such as human resources and provider level quality and compliance monitoring.

The provider had commissioned external reviews of the service, which were carried out in September 2015 and March 2017. The March 2017 review had highlighted a number of areas for improvement, including in relation to staff recruitment procedures, risk assessment and recording consent. The provider had produced an action plan to address the areas identified as needing attention. Some of these actions had been completed, although others, such as ensuring recruitment checks were up to standard were still in progress. We found internal audit and quality assurance processes were still under development at the time of our inspection. The registered manager told us they were still considering and developing the most appropriate measures for measuring and monitoring the quality of the service.

We found daily records of care had not been returned to the office on a regular basis, and there was no evidence to show they had been reviewed. The registered manager told us staff returned medication administration records (MARs) to the office on an approximately three monthly basis. However, we found two people's MARs had not been returned for around five months and one person's MARs had not been returned for around 10 months. There was no formal check of the MARs in place once records were returned to the office in order to provide reassurances that people had received the support they required with their medicines. The registered manager told us she was confident staff would report any discrepancies in the records, and said senior staff carrying out competency checks would also review how staff were managing medicines. By the second day of our inspection the registered manager had produced a new system of audits they intended to put in place to check medicines and the return of records to the office. This would help ensure the registered manager could identify any shortfalls in the procedures and take appropriate actions to address any issues.

These issues in relation to ensuring there were robust processes to monitor and improve the quality and safety of the service were a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The registered manager discussed work that was underway to help improve staff retention at the service. This included analysis and monitoring of the reasons why staff left their jobs. The provider paid staff the 'real living wage' as set by the living wage foundation, and provided other benefits including fixed hours contracts and paid mileage for travel between calls. We also saw minutes from a staff forum meeting in April 2017, which provided staff with the opportunity to provide feedback and raise any concerns they had. The minutes set out the actions taken by the provider in response to staff comments. Staff we spoke with told us they felt

valued and well supported. One person using the service we spoke with said; "I feel staff are happy and motivated."

Staff and people using the service told us they felt the service was well run and well organised. The registered manager was visible within the service, and staff told us they felt comfortable approaching them, or one of the senior carers at any time to seek advice or discuss any concerns they might have. One staff member told us; "I think it's super [Trafford Housing Trust]. The management style really suits me. You can walk into the office and talk to [registered manager]. She provides supervision on 'the fly' or gives you a one minute pep talk."

We saw an electronic care management system was used to assist senior carers with putting together staff rotas, and they also used the system to remotely monitor staff attendance at calls. We saw senior care staff used the system to run reports on staff time-keeping, and used this as a point for discussion in supervision sessions. This would help ensure any potential issues with call timings or rotas could be discussed and resolved. Staff spoke positively of the benefits of the electronic care management system in place and how this supported quick and effective communication between staff and with managers.

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 17 HSCA RA Regulations 2014 Good governance The provider had failed to ensure there were robust processes in place to monitor and improve the quality and safety of the service. Regulation 17(1)

Regulated activity	Regulation
Personal care	Regulation 19 HSCA RA Regulations 2014 Fit and proper persons employed The provider had failed to ensure information in relation to staff recruitment required under schedule 3 of the regulations was available. Robust procedures to ensure staff employed were of suitable character had not been followed consistently. Regulation 19(1)(2)(3)