Dee's Domiciliary Care Services Limited

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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

Overall summary

This inspection visit took place on 13, 15 and 22 July 2015 and was announced. The provider was given 48 hours' notice because the location provides a domiciliary care service; we needed to be sure that someone would be available in the office.

Dee's Domiciliary Care Services Limited provides personal care and support to people in their own homes. There were 86 people using the service at the time of this inspection. 74 people received assistance with personal care and 12 people were provided with support for domestic tasks and shopping.

The service has a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like

Summary of findings

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.

The feedback we received from people who had used the service before March 2015 was mixed. The feedback from those who had started using the service since March 2015 was positive. This reflected improvements the agency had been making to the service, particularly in the area of office communications.

There was limited evidence to show that care workers had received and put into practice all the appropriate training. The system of supervision did not currently promote the further development of staff. Not all staff understood the key requirements of the Mental Capacity Act 2005.

While assessments were carried out, people did not always receive a clear and personalised care plan in a timely manner to inform care workers how to meet their needs.

There was a clear complaints procedure. However, people gave mixed feedback about the effectiveness of the complaint process and how the agency responded to concerns.

There were systems and processes in place to protect people from harm, including handling medicines and infection prevention and control. Care workers knew how to recognise and respond to abuse and understood their responsibility to report any concerns.

Safe recruitment practices were followed and appropriate checks were undertaken, which made sure only suitable staff were employed to care for people in their own homes. There were sufficient numbers of care workers to maintain the schedule of care visits.

Care workers understood the importance of protecting people from the risk of poor nutrition and dehydration and the service supported people to receive appropriate healthcare when required.

Overall, care workers developed positive caring relationships with people and worked in a manner that upheld people's privacy and dignity. People and their families were involved in making decisions about their care and support.

Changes had been made to the quality assurance processes and were being embedded in the way the service was provided.

We found two breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. You can see what action we told the providers to take at the back of the full version of the report.

Summary of findings

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.

Care workers had a clear understanding of what constituted potential abuse and of their responsibilities for reporting suspected abuse.

Risks associated with the provision of care were assessed and care workers were aware of the procedures to follow in the event of an emergency.

Staffing levels were sufficient and organised to take account of people's needs and where they lived.

Care workers were aware of their responsibilities in relation to assisting people with medicines.

Is the service effective?

Requires improvement

The service was not always effective.

There were limited records to show that all the appropriate training had been received, fully understood and put into practice. This included training about the key requirements of the Mental Capacity Act 2005.

The system of supervision did not currently promote the further development of staff.

Care workers understood the importance of protecting people from the risk of poor nutrition and dehydration.

The service supported people to receive appropriate healthcare when required.

Is the service caring?

Good

The service was caring.

Overall, care workers had developed positive caring relationships with people using the service.

People and their families were supported to express their views and be involved in making decisions about their care and support.

Care staff worked in a manner that respected people's privacy and protected their dignity.

Is the service responsive?

Requires improvement

The service was not always responsive.

Care plans did not always contain clear information. Not everyone received a personalised plan of their care in a timely manner to inform care workers how to meet their individual needs.

Summary of findings

The service had a clear complaints procedure. However, we received mixed feedback about the effectiveness of the complaint process and how the agency responded to concerns.

Is the service well-led?

Requires improvement 

The service was not always well led.

There were mixed views about communication between the service and people. Some people had experienced missed or late calls without any communication.

The quality assurance system was being revised and updated to provide a more comprehensive way of assessing the quality of the service.

People's views were sought on the quality of the service.

The service worked in partnership with other agencies and staff felt supported in their roles.

Dee's Domiciliary Care Services 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 was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 13, 15 and 22 July 2015. The provider was given 48 hours' notice because the location provides a domiciliary care service; we needed to be sure that someone would be in.

The inspection was carried out by two inspectors.

Before the inspection, 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. We also checked other information that we held about the service and the service provider, including notifications we received from the service. A notification is information about important events which the provider is required to tell us about by law.

During the inspection we met and spoke with three people who used the service and one of their relatives. We spoke with five other people who used the service, or their relatives, by telephone. We spoke with both of the directors, one of whom was the registered manager, two other members of the management team and five care workers. We looked at care records for 10 people. We also reviewed records about how the service was managed, including staff training and recruitment records and a customer satisfaction survey.

Following the inspection we contacted three health and social care professionals and asked for their views about the service. We received one response and their feedback is reflected in this report.

Good

Is the service safe?

Our findings

People and their relatives told us they felt the service was safe. One person said the service they received "Feels safe, very safe good help". A relative told us they felt their relative was cared for in a safe way and said "They're wonderful with him". Another person's relative informed us the person "Feels very safe in their care, because (they) know and trust the carers really well".

Care workers told us they had received training in safeguarding adults from abuse. They spoke clearly about the possible signs to look for as well as who to report it to; and they informed us that they would report it straight away to management. One care worker said "If I saw something, I would report it straight away; and then it would be reported to social services". Another care worker said "If I had any concerns I would report it to the on-call person and they would take over. Always report it straight away".

Staff knew and followed procedures to help keep people safe. These included procedures for making sure that access arrangements to people's homes remained confidential and protected people. People confirmed that care workers all wore identity badges when visiting people in their homes. Where care workers undertook shopping tasks for people, expenditure records were kept in the person's file in their home.

Care workers informed us about an on call system the agency had in place. The person on call had a folder containing people's information, so the agency could respond to any issues or concerns . A care worker told us "I have never had a problem with the on call system, it has always been helpful". Another care worker said "I had an emergency where a service user had fallen on the floor. I called 999 straight away and then called the on call to let them know I was going to be running late due to the emergency. The on call person will then either call the next service user to say that I am running late, or if I am running very late will arrange for my next call to be covered".

Care workers told us that if a member of staff became too unwell to work, the on call person was called and they arranged for the care visits to be covered. One care worker told us "If I'm on call and someone goes off sick, it is never not covered. If I can't get it covered I would go myself and then get back up to cover the on call".

The agency employed 48 staff including office staff. A range of visits took place including personal care, domestic and shopping tasks, with some visits requiring two staff. The provider told us the service matched the more experienced staff to people with the most complex needs. There was flexibility in the staffing rota, in the form of 'spare' visit times that could be used in the event of additional calls being needed. A colour coded 'vulnerability matrix' listed all the people receiving a service in relation to their level of need. The provider told us how during a recent motorway incident that resulted in local roads becoming gridlocked for several hours, this system had been used effectively to cover 97% of calls, using staff local knowledge. The remaining 3% of calls had been cancelled by clients with low level needs who the agency had telephoned to offer re-arranged visits.

We looked at recruitment records for nine staff. The majority of staff files showed that relevant checks had been completed. The records included evidence of Disclosure and Barring Service (DBS) checks; confirmation that the staff were not on the list of people barred from working in care services, references from previous employers and employment histories. These measures helped to ensure that only suitable staff were employed to support people who used the service.

However, for one member of staff who had started in early June no references were on file. Whilst the administrator was aware of the lack of references as they had asked for another referee, they had not followed this up. We brought this to the attention of the provider who took action by completing a risk assessment in relation to the care workers' suitability and fitness. Two character references were also obtained via the telephone.

People's needs had been assessed prior to the commencement of a service, to help ensure the service could meet those needs. The assessments included risks associated with the provision of personal care in people's own homes. For example, risks related to the home environment. We observed health and safety risk assessments were monitored as part of people's care reviews. Also, subsequent risks or concerns identified by care workers would be reported to the office for inclusion in the assessment and care plan. Care workers told us they would contact the office in the event of an accident or emergency and that contact details of people's GPs were included in their care plans.

Good

Is the service safe?

A person's care plan for medicines did not include details as to what the medicine was for, how the person liked to take it and how the care workers should provide assistance. Care workers told us all medicines must be in blister packs, or pre-prescribed. If they had any concerns with medicines they would contact the on call person. Body charts were used to show which areas of the body topical creams and ointments should be applied to and all such creams were marked with the date they were opened. A care worker told us the agency provided training and made sure staff were competent at checking people had the right blister pack for the time of day.

Care workers told us they were provided with tunics and personal protective equipment including hand sanitisers. A relative told us that the care workers always used protective gloves and aprons when providing personal care. A person who received care also said care workers always wore gloves, washed their hands and left the home tidy. Another person told us care workers "Always wear gloves and the regular girls look immaculate, very clean and tidy and nicely turned out". During a review of a person's care, we observed that the infection prevention and control arrangements were checked. For example, that different coloured flannels and hot water were available and being used for various personal care tasks.

Requires improvement

Is the service effective?

Our findings

Where people were unable to consent to their care and treatment, we found the service did not always respond appropriately in line with the Mental Capacity Act. Care plans we looked at in the office were not signed to say if people had given consent to their care. A member of the management team informed us that all the paper work was signed in people's homes including consent forms, permission to share forms and service user guides. Staff confirmed that care plans and risk assessments were signed in the person's home. However, one person's care records contained a social services assessment stating the person did not have the mental capacity to participate in the assessment. The provider's care plan also stated the person was not able to sign or give informed consent to it, but staff had obtained the person's signature on the plan. This showed a lack of understanding of the legal framework around consent and mental capacity. Another person's records contained a mental capacity assessment form that had not been completed by staff yet had been signed by the person.

Two care workers we spoke with not aware of the Mental Capacity Act or any related training. However, one of them demonstrated an understanding of some of the principles of the Act. For example, they said they would not assume that someone lacked capacity just because of their condition.

A social care professional said mental capacity training for staff was an area the service could improve and were working on, which would inform care workers about best practice relating to consent matters.

The failure to implement the Mental Capacity Act 2005 was a breach of Regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

A person told us "The staff always ask what I would like and what I would like to wear". A relative told us the care workers always asked the person first before providing care. When we asked care workers about consent they informed us that they always asked the person before carrying out care. One said "If someone wasn't up to a full wash due to pain, or just not feeling like it, I would never force them". They also said they would inform the person's GP if needed or a family member.

A member of the management team said the agency would refer people to social services if there were any issues identified relating to mental capacity and consent. They said they would also involve the person's family representatives where appropriate. They told us the principles of the Mental Capacity Act would be discussed with new staff as part of the Care Certificate induction. They said it had been discussed during induction with staff who had worked for the agency for a longer period and would be followed up as part of refresher training. The registered manager had undertaken training in the Mental Capacity Act 2005 and was aware of the Deprivation of Liberty Safeguards (DoLS) procedures.

We received mixed feedback from people and their relatives about how well care workers understood their needs and how effective the service was in meeting them. There were limited records to show that training had been received, fully understood and put into practice.

One person said about the care workers: "Some are extremely good and we get on well with them". They told us care workers "Are variable" and "Sometimes I don't think they have a clue about anything". They added "I don't feel I'm a particularly difficult patient. I am adaptable". A relative said they thought care workers "Had no training whatsoever in dealing with someone who is ill. They don't know how to talk to them. They ought to have some knowledge of the client". They also said if care workers had training it "Doesn't seem to relate to what is needed by the client".

Another person said "Some care workers don't seem to have knowledge and understanding of my needs. I thought they would be told before they came".

A relative spoke highly of the care workers for their understanding of the person's needs and their friendliness. The relative said the care was provided in a consistent way by a group of care workers, which was important for the person. Another person told us they received the care and support they wanted. They had consistent support from the same care workers and said "They're great".

Staff told us they had completed training in the safe handling of medicines, first aid, moving and handling, and supporting people to eat via a percutaneous gastrostomy (PEG), which meant all of their food and fluid were administered in a liquid form through a tube directly into the their stomach. One care worker said they had training

Is the service effective?

in dementia awareness. A training schedule displayed on the office notice board showed training dates were scheduled in July 2015 for medicines, moving and handling, dignity, and dementia awareness.

However, the provider did not have an effective system in place for monitoring staff training. We looked at training records for staff. The only training records available were for moving and handling, medicines and infection control. A member of the management team said they would try to obtain copies of other training records and certificates. They were subsequently able to recover certificates of first aid training for staff. They told us they were waiting for the training provider to respond to their request for copies of other training certificates. They said they would be planning refresher training to update staff certificates.

Initial assessments of staff in relation to undertaking diplomas in health and social care were scheduled for August, with the first intake at a local college in September 2015.

Staff informed us that they had completed an induction in the office that took three or four days, which included practical and theoretical aspects of the work. They said they had shadowed

an experienced care worker before going out on their own, when they felt confident. They said new staff were always teamed with an experienced member of staff. A recently recruited care worker told us they were working on obtaining the Care Certificate for their induction. The Care Certificate came into effect in April 2015 and sets out 15 standards that new staff in health and social care services should work to. There were detailed induction checklists for new staff, which included shadowing experienced care workers, emptying bins correctly, how to use a key safe, and washing someone's hair.

There were records showing that team leaders carried out spot checks as a way of supervising care workers and providing feedback afterwards. Care workers did not have any other formal supervision. The provider had identified that the system of spot checks did not currently promote the further development of staff, as no actions were raised following the checks, and told us they planned to make changes to improve the system to encourage development more.

Records of annual staff appraisals that had taken place were held on file. The appraisal process included discussion about training needs, any concerns and any obstacles to the member of staff's development.

The service supported people to receive appropriate health care when required. A person's relative told us "The care workers are very good at noticing things". The care workers had noticed a red area on the person's skin, informed the person's family and notified the community nurse who came out and treated it. The relative said following this, care workers "Advice was really good, they kept an eye on it, and made sure (the person) wasn't resting on it." The relative said the care workers "Had done a wonderful job". Care workers told us if a person is unwell they will call out a GP and pass the information on to the agency, so the next care worker is aware of what is happening. The care workers said they felt they worked really well as a team. A social care professional told us the service worked well to help people maintain good health, including those with complex care needs.

Where people required support in relation to food and drink this was recorded. Care workers understood the importance of protecting people from the risk of poor nutrition and dehydration. In some cases, they told us they would remind and encourage people to eat and drink and we saw records showing this. The majority of people were able to eat independently or received support from family members. Care workers said some people had ready prepared or frozen meals delivered or in their freezers at home; and the care workers would ask the person what they would like.

Good

Is the service caring?

Our findings

Overall, people told us the service was caring, they felt involved in how care was planned and that their privacy and dignity was respected.

One person said "They care. I can't find any fault with them". A relative said they were "Very happy with the service" and the agency were "Now getting the visit times right". They told us they were involved in care planning and reviews and that the care workers and office staff were respectful. They said the same care workers provided consistent care and the person was "Used to all of them. They're a lovely crowd".

Asked if they were comfortable with how the care workers supported them, one person said "Yes they're all very good" and the care they received was "wonderful". We asked if the care workers treated them with respect and protected their dignity and this was confirmed. They added that they felt at ease with the care workers and "can chat with them". Another person told us they were "Getting on alright with the gang" and would let the agency know if there was anything else they needed.

A person's relative said they "Can't fault the regular care workers. They all know mum very well, very kind and caring." They told us the care workers were "Very good at listening and try to do what we ask". They added that they felt there was a "Very nice relationship, two way partnership" with the care agency.

The relative also told us the person "Is more relaxed now than she has been with any other domiciliary company" and that they were "Very much involved in decisions". They told us care workers were "Very good at talking to mum, they talk normally to her. They always tell mum what's happening as they go along. They seem to understand her dementia really well". They said they "Can't praise the morning girls enough, really caring. They go the extra mile and leave the home tidy". They told us the care workers were very respectful when providing care and "Always close the door and adjust the blinds for privacy".

Another person told us they were "Happy with the care, it's very good" and they "Really like the girls, who are really helpful". They said they had "No concerns with staff, always cheerful" and they "Feel respected and cared for in privacy".

Care workers told us the agency provided guidance to staff about working in ways that respected people's privacy and dignity. Further training relating to protecting people's dignity was scheduled in five groups in September and October 2015. The care workers gave examples, such as keeping a person covered as much as possible while assisting them to wash. They demonstrated their awareness of the importance of protecting people's confidentiality, for example keeping personal information safe and not talking about other clients or care workers in front of people.

Care records showed that care workers supported people in ways that upheld and promoted their independence, for example when washing and dressing or managing their medicines. More detailed care plans had been introduced for some people and these supported a more personalised approach by including things that mattered to them, however small.

Requires improvement

Is the service responsive?

Our findings

We received mixed feedback from people and their relatives about how responsive the service was to their needs and concerns. For example, one relative told us some care workers "didn't listen" and "some have no idea about things like pad changes". Feedback from people who had recently started to use the service was overall more positive.

While assessments were carried out, people did not always have a care plan, which was person centred and informed care workers how to meet their needs. One person said they had to tell the care workers what to do. We asked if they had a care plan and they replied "Not really". Another person was concerned that they had not got a care plan yet. They told us care workers just recorded what they did at each visit. We advised them to pass on their concerns to the agency. A relative told us their only concern was that they had not yet had a care plan. They had been using the service for more than six months and said they could understand at first, but it had now been a long time. We asked the service for one of these care plans and they were unable to provide it.

We saw for some people care plans that were personalised and contained a lot of detail, including people's likes and dislikes. However, The assessments could be confusing in places as the format used a true or false system, where more information could be added. For example, on one plan it said the person could not follow simple instructions, but there was no other information about how to care for them, as they could not follow instructions. We spoke to a member of the management team about this, who told us they were working with the software provider to change the system and a new system should be in place in about 13 weeks.

Another person's records contained an initial risk assessment and care plan from social services, which stated 'to ensure (the person) has her care line pendant in reach during all calls'. The assessment also stated 'to be vigilant around issues of pressure care and report any concerns', as the person had previously had pressure sores. Neither of these matters were mentioned in the providers care plan for the person.

The failure to design and make available a plan of care for all people using the service was a breach of Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The service had recently introduced a new care plan format. We saw these for four people and they included step by step instructions for providing personalised care. For example, care workers to check and record that a person was wearing a lifeline and that they had a particular meal on a given day of the week. For another person, the record stipulated that care workers should not use a certain product because the person had a skin condition. The record also gave care workers clear instruction about preparing in advance to carry out a repositioning move, so as to minimise any discomfort for the person. For another person care workers were instructed to make them a cup of tea at the beginning of the care visit, to make sure the person had time to drink it before the care worker left.

Care reviews were carried out by members of the management team. These involved the person receiving care and, where appropriate, their representatives including family members and external health and social care professionals. Regular reviews were carried out on a four to six monthly basis or sooner in response to people's changing needs.

We accompanied a member of the management team on care review visits to three people in their own homes. People were asked about their care and support needs and whether these were still being met by their current care plan and care workers. A checklist was used to cover each aspect of the service being provided; and to identify if there were any additional areas or times when the person may require assistance. For example, one person managed their own medicines but their varying degree of mobility meant they may at times find taking medicines difficult. The person agreed to their plan being updated to include care workers checking if they had taken their medicines. The person said their mobility and dexterity was reduced during colder weather, and the agency person responded telling them the agency would review their care plan again in the winter. The person spoke positively about their experience of contacting the agency office by telephone: "They're very good, like old friends".

The member of the management team informed us that any updates for care plans were sent to the care workers via a text message and the office staff would phone the

Requires improvement

Is the service responsive?

care workers that visited the person regularly. Care workers confirmed this and said they liked this system as they could check their phone regularly. They also told us that the care plans explained what they needed to do and were easy to read. They said if any changes were needed they would inform the office and the care plans were monitored and reviewed regularly. However, one care worker told us they "Can sometimes read care plans; other times it's more difficult". Daily records showed that the personal care people received was in line with the assessment and care plan.

An audit carried out on another person's care record book showed that attention was paid to what was recorded, how it was recorded, and whether the care workers notes matched the care plan. Care workers told us they were able to give people the full time as recorded in the care agreement. They said if they were not needed for the full hour they would record the actual time on entering and leaving the person's home. For example, some people liked to be independent and did not always require the full care.

People we spoke with told us they knew how to make a complaint and would feel comfortable about raising any issues with the agency. However, we received mixed feedback about the effectiveness of the complaint process and how the agency responded to concerns. One relative told us they had asked not to have one care person but they were now back. Another relative told us they had informed the agency of a lack of a care plan but the agency had not got one out to them when they said they would. Another person told us they knew about the complaints procedure and had the contact details of the office. They said "If I had any concerns I would soon be in touch, no doubt about it". Where one person had raised a concern about confidentiality with the agency. The person's care plan now instructed care workers not to talk about other clients or care workers problems while in the person's property.

The service had a complaints procedure that contained details of each stage of a complaint with timescales and names of people to contact. People were given information packs that included how to make a complaint. The complaints log contained records of three formal complaints the service had received in the last 12 months. The records showed that each complaint had been dealt with in accordance with the company's written procedure. The service contacted the person within 24 hours to acknowledge receipt of the complaint, which was then investigated by a member of the management team. People had been informed about what was happening and of the outcome of the investigation and the proposed resolution. Actions taken as a result of the investigations were also recorded. For example, a procedure for staff recording all tasks they had undertaken had been reviewed and improved.

Requires improvement

Is the service well-led?

Our findings

The feedback we received from people who had used the service before March 2015 was mixed. The feedback from those who had started using the service since March 2015 was positive. This reflected improvements the agency had been making to the service, particularly in the area of office communications.

People and their relatives told us that there were missed care visits and they had little or no contact from the agency regarding the missed calls. One person told us during one weekend a care worker did not show up for a morning visit. The person rang the office four times and was told a care worker should have been there by now. A care worker eventually came in the late afternoon instead of the morning. On another occasion, when a care worker had not turned up for a morning visit, someone had phoned the office for them and "They couldn't care less". The person told us "It's not so much the fault of the care workers, it's the management". However another person told us "The carers can sometimes be a bit late, nothing to complain about, not their fault, usually not long after". We asked if they knew which staff are coming to visit. They said they had two care workers and did not know which one was coming unless one of them said on leaving that they would be back in the evening.

A relative told us there were three missed visits in one week. The relative of another person told us the service had never cancelled any calls. "They were really late once, about an hour and a half late and didn't let us know. But they are usually very consistent with calls and on the whole if they're going to be late they will let us know". Another relative told us the care workers "Always let us know the reason if ever they are going to be late". A relative told us "When you phone the company if a care worker is late, they are very open and honest about it and won't just fob you off like other companies, and they will get back to you".

Safeguarding issues had been raised by social services in February and March 2015. The agency had worked with the social services and developed an improvement plan. The main focus of the plan had been on communication, particularly with regard to how the agency office functioned. As a result of this and related issues identified by the provider, office staffing levels and monitoring of working practices had increased.

The provider had identified that previous quality assurance processes had not always been effective in monitoring and addressing issues, such as lack of communication and updating of records. As a result of this, changes had been made to the quality assurance processes and were being embedded in the way the service was provided. The provider had recently employed a Performance and Quality Assurance Manager to co-ordinate the administration of audits and any necessary follow up actions. A quality improvement plan was in the process of being written, with a view to this being done by August 2015. Following the inspection visit, the provider sent us a copy of the framework of the plan.

Care staff were given a staff handbook, understood their roles and responsibilities and were aware of the whistle blowing policy. They told us that staff meetings took place every month or two, or were arranged if there was something the staff team needed to know. They said the management of the agency was good and managers were supportive, very friendly and easy to talk to. They felt comfortable about going to the office at any time and raising any concerns or matters they felt were important. For example, staff had raised an issue about the on call responses and this was dealt with by making changes relating to personnel.

We asked a care worker if the agency had improved in any way recently and they replied "There is more communication now". They said "We are all a team" and they felt they could make suggestions at staff meetings about ways to improve the service. We saw the minutes of a staff meeting held in February 2015. The provider told us the minutes of another meeting held in June were being written up. They told us staff meetings were held at two times during the day to take account of staff working shifts. The minutes of the February meeting showed that a safeguarding issue was referred to and infection prevention and control standards were discussed as a result of this, to help ensure the standards were understood and adhered to.

The service carried out service user satisfaction surveys. The last survey had been conducted in November 2014. Fifty-one people had responded to the questionnaire, with 48 indicating they were satisfied overall with the service they had received. A key performance indicator report had been produced following this survey to analyse the results

Requires improvement

Is the service well-led?

and start to look at actions needed. There were plans in place to roll out the quality assurance questionnaire on a quarterly basis and for it to be available in a number of formats, to help ensure that all people had access to it.

The service looked for ways to improve and drive forward standards. The Performance and Quality Assurance Manager planned to deliver short courses in Leadership and Management to all relevant staff including office staff, team leaders and coordinators. A social care professional told us the service worked well in partnership with them and were very open in their dealings with them. They said the agency welcomed their input and support.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where legal requirements 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 Not all people who used the service had a clear and personalised plan of care designed to meet all their needs, which was available and understood by all staff. Regulation 9 (3) (b).

Regulated activity	Regulation
Personal care	Regulation 11 HSCA (RA) Regulations 2014 Need for consent The provider had not made sure that all staff who obtain the consent of people who use the service are familiar with the principles and codes of conduct associated with the Mental capacity Act 2005, and are able to apply those when appropriate, for any of the people they are caring for. Regulation 11 (2).