Safe Hands Care & Support Services Limited

Safe Hands Care & Support Services

Inspection report

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Ratings

Overall rating for this service	Requires Improvement

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

Summary of findings

Overall summary

Safe Hands Care and Support Services is a domiciliary care service, providing care and support to people in their own homes. The service provides support with personal care and domestic tasks including bathing, meal preparation, medication assistance and shopping.

We last inspected Safe Hands Care and Support Services in October 2016 where the service was rated as Good overall and for each key question we inspected against.

This latest inspection took place on 12, 14 and 19 September 2018 and was announced. We contacted the service the day before the inspection to let them know of our intentions to visit on this day. The inspection was carried out in response to a recent inspection we had undertaken at another location operated by the same provider, Overton House in Longsight.

During this inspection we found service delivery had declined in areas such as the recording of people's medication (particularly creams), spot checks/observations of moving and handling/medication, the MCA (mental capacity act) and governance arrangements. We have also made a recommendation regarding the further development of satisfaction surveys. You can see what action we have asked the service to take at the end of this report.

The address registered with CQC for this service is in Heald Green, however when we contacted the service to announce the inspection, we were informed the new office premises were at an address in Levenshulme. This hadn't been done through the correct CQC registration procedures and we will follow this issue up outside of this inspection process.

The registered manager had recently left their role, therefore at the time of inspection a registered manager was not in post. However services are given approximately six months to recruit a suitable registered manager before CQC can pursue further action. 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.

The service had recently recruited a new manager, however they had only commenced their employment several days before our inspection.

Medication was handled safely and given to people as described. However records were not being maintained regarding cream charts and staff competency assessments when administering medicines.

We checked to see if the service were working within the requirements of the mental capacity act (MCA). We found information in people's care plans was not always accurate regarding their level of capacity and found this was an area not all staff had received training in.

People told us staff generally communicated well with them, however two people told us they didn't like it when staff spoke in a different language in front of them and couldn't understand what was being said. We raised this concern with management and were informed this was something that been fed back to them in the past as part of their own survey and that they were currently looking to address the issue with staff to improve this area.

Further improvements were required to overall quality monitoring systems to ensure concerns such as a lack of cream charts, inaccurate information about people's capacity and a lack of competency assessments for medication and moving and handling, were identified and acted upon in a timely manner.

Safeguarding policies and procedures were in place and the staff demonstrated a good understanding of safeguarding concerns and the process to follow if they suspected abuse had taken place.

The service had a robust recruitment process to help ensure people employed were suitable to work with vulnerable people.

Risk assessments were in place and support plans devised to mitigate any risks presented to people.

Staff told us they received the appropriate induction, training, supervision and appraisal to support them in their role.

People told us staff always sought their consent before delivering care.

The feedback we received was that staff were kind and caring towards people.

People told us they felt treated with dignity and respect and that staff promoted their independence where possible.

Each person who used the service had an appropriate care plan in place which provided person centred information about how they liked their care to be delivered.

There were systems in place to seek and respond to feedback about people's views of the service, although we have made a recommendation about how these could be developed further.

There was a complaints policy in place, however at the time of the inspection, no complaints had been raised. This was confirmed by people we spoke with.

Team meetings were held so that staff could discuss their work and raise any concerns they may have.

A range of policies and procedures were in place to ensure appropriate guidance could be sought when needed.

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

Not all aspects of the service were safe

Accurate records were not always maintained regarding people's medication such as if prescribed creams were being applied. Spot checks of staff also needed to be developed to ensure they covered medication practices.

There were sufficient numbers of staff to care for people safely.

There were robust recruitment procedures in place and required checks were undertaken before staff began to work for the service.

Is the service effective?

Requires Improvement

Not all aspects of the service were effective.

We found information in people's care plans was not always accurate regarding their level of capacity and found this was an area not all staff had received training in.

People weren't always supported to attend appointments if there were concerns about their health

People told us they received good support to eat and drink.

Is the service caring?

Good

The service was caring.

We received positive comments about the care being provided.

People who used the service and relatives said staff were kind and caring.

People felt treated with dignity and respect.

Is the service responsive?

Good

The service was responsive.

There were systems in place to seek and respond to feedback about people's views of the service, although we have made a recommendation about how these could be developed further.

A complaints policy and procedure was in place.

Care plans provided person centred information about people who used the service.

Is the service well-led?

Requires Improvement

Not all aspects of the service were well-led

Quality assurance systems required further improvement to ensure they appropriately identified the concerns found during this inspection.

The service had moved offices without ensuring it was correctly registered with CQC first.

Spot checks and observations of staff were undertaken, however did not cover several key areas in enough detail such as medication and moving and handling.

The staff we spoke with told us they enjoyed working at the service and were supported to undertake their role by management.

Safe Hands Care & Support Services

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.

The inspection site visit took place on Wednesday 12 September 2018 and was announced. The provider was given notice of the inspection because the location provides a small domiciliary care service and we needed to be sure that someone would be available to facilitate our inspection. The inspection team consisted of two adult social care inspectors from the Care Quality Commission (CQC).

Before the inspection visit we reviewed the information we held about the service, including notifications we had received such as any safeguarding incidents that had taken place. We contacted any commissioners involved with the service to see if they had any information to share with us prior to the inspection.

We did not ask the service to complete the Provider Information Return (PIR), prior to the date of the inspection. The PIR 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.

At the time of our inspection approximately 20 people were using the service, with most in receipt of a regulated activity which was 'Personal care'. We spoke with a range of people during the inspection including the new manager, finance director, nine people who used the service, six relatives and three members of care staff. We also carried out home visits and made telephone calls with people who used the service, relatives and staff between Wednesday 12 and Wednesday 19 September 2018. This was in order to seek feedback about the quality of service being provided.

We looked at a range of documentation during the inspection. This included five care plans, five staff

recruitment records, three medication administration records (MAR)/medication care plan documentation, staff training records, supervision/appraial and induction records and policies and procedures.

Requires Improvement

Is the service safe?

Our findings

People who used the service told us they felt the service was safe, as did the relatives we spoke with during the inspection. One person said, "I feel safe. The staff are trustworthy and are very good." Another person said, "Oh yes, no issues with safety from my point of view." Another person commented, "The care I receive gives me a feeling of safety," A fourth person added, "I have a general feeling of safety when I am with the staff." A relative added, "Oh definitely safe, very much so."

We looked at the systems in place to manage people's medication. At the time of the inspection, the service were only taking responsibility for administering a small number of people's medication and as such, we looked at the MAR (Medication Administration Records) for three people who used the service. We saw the MAR were accurately completed and we did not find any missing signatures where staff had not signed that medicines had been given. Some people administered their own medicines and where this was the case, appropriate risk assessments were in place. Staff had also received medication training and was covered as part of the staff induction process. The people we spoke with during the inspection said they felt their medication was well managed. One person said, "The staff always give me my medication at each visit." Another person said, "Staff do my medicines and I always receive them."

Each of the three people's care plans we reviewed indicated staff needed to help them apply creams to certain areas of their body. We visited these three people at their home as part of the inspection. Although each person told us the staff assisted them with their creams, individual cream charts were not used to record when they were applied and to show staff whereabouts on people's body they needed to be applied to. This meant we could not determine if people were receiving their creams at each care visit due to accurate records not being maintained. There was also a risk new staff may not know whereabouts the cream needed to be applied on people's bodies. Spot checks and reviews were completed for each member of staff. However, the records were brief and contained very little detail about what was checked. The logs recorded the outcome as, "No concerns", or "No problems" and tended to detail that staff turned up on time and wore their uniforms and ID badges. There was no evidence of detailed competency checks for administering medication to ensure this was being done safely.

We have addressed this recording issue within the Effective section of this report.

We looked at the systems in place to recruit new staff and reviewed five staff personnel files as part of the inspection. We found references had been sought from previous employers and application forms were detailed and included previous work history, with records of interview questions and responses from potential candidates maintained. Disclosure and Barring (DBS) applications had been obtained for each staff member and photo identification (ID) had been obtained. A DBS check helps a service to ensure the applicants suitability to work with vulnerable people.

We checked to see if there were sufficient numbers of staff working for the service. At the time of the inspection the service employed 14 members of staff and this was to provide care and support to approximately 20 people. The service did not use a call monitoring system due to the number of people

currently using the service, however we were told this would be considered if the service expanded. Therefore the office staff and managers were reliant on people who used the service, or their relatives contacting them in the event of a late, or missed visit. The people who used the service told us they had never experienced a missed visit however and said if staff were running late, they were contacted so they knew there was going to be a delay. People told us they understood staff could be running late on occasions in the event of heavy traffic, or an emergency.

We asked people who used the service and relatives about staffing levels and call timings. One person said, "Even though I have four visits a day, somebody always arrives and they are generally on time." Another person said, "They are quite prompt usually. I have never had a missed visit either. The traffic around here is bad and I understand they won't always be on time." A relative also said," Not really been an issue. There have been a couple of times when there has been an emergency elsewhere that caused delays. Timings not exact every day but we understand that." Another relative said, "No they are absolutely solid. They are very rarely late, but mum is never left without care as a result."

One home visit stated that visits could be late and on a few occasions they had to phone to ask if the carer was coming when they were late. There were also concerns that the visits put the needs of the service rota before the needs of the person using the service. The person required two staff to support them to the toilet and this was required at 5.30pm. The visit was at 6.30pm to fit in with other visits in the area and could often be late arriving at 6.45pm. By this time family had already facilitated access to the toilet. This has been raised with the service and a 6pm visit has been arranged.

Staff rotas were in place so that staff knew where they needed to be during the week and at what time. The staff we spoke with during the inspection said they felt there were enough staff working for the service and were given sufficient travel time between each call. One member of staff said, "I feel like there are enough staff to care for everybody and they make sure all people are covered. My rotas are well managed and travel time is given between calls, usually about 15 minutes." Another member of staff added, "I feel they are well managed and they always try to make staff comfortable and have the staff going in to see the same service users wherever possible. I am given enough travel time in between calls and there is no rushing around. I do double up calls and always have two members of staff."

We looked at how the service managed risk. We saw people's care plans contained a variety of risk assessments which were individual to each person and covered areas such as the food safety, fire safety, moving and handling, use of hoist, falls, infection control, pressure care and bed rails. Environmental risk assessments had also been undertaken and took into account fire procedures, control of substances hazardous to health (COSHH) and infection control. Where any risks were identified, plans had been developed to minimise the risk of harm and keep people safe.

A log of accidents was available, although none had been recorded. We were told no accidents had occurred and this was confirmed through speaking with people who used the service and their relatives who told us incidents such as falls had not taken place. PEEP (Personal Emergency Evacuation Procedures) were detailed in people's care plans and provided an overview of the assistance people required in an emergency.

We looked at the systems in place to safeguard people from abuse. Staff we spoke with demonstrated a good understanding of safeguarding procedures and how to raise concerns. Additionally, staff told us they had received safeguarding training, with certificates of completed courses held within staff files. One staff member said, "I have done training. Signs of abuse could be scratch marks or bruising for example. Physical, financial and emotional abuse are some of the types of abuse that can occur. I haven't come across

anything like this working with Safehands though. If I had concerns I would report them to my line manager or to the office." Another member of staff added, "I have not come across any safeguarding issues, but would contact line manager. Bruising and scratches could be signs of abuse. If people's money was being mishandled could be financial abuse, also if people's dignity was being compromised."

We looked at the systems in place regarding infection control. Staff told us they received training in this area and were able to describe how they carried out appropriate infection control practices when delivering care. Staff were provided with protective equipment such as disposable gloves, with people telling us these were always worn by staff.

Requires Improvement

Is the service effective?

Our findings

The people that we visited confirmed that they were happy with the support that they received and that their needs were being met as agreed in the assessment. One commented, "The staff are well trained, have good skills and know what they are doing." Another person added, "They seem competent and know what they are doing."

The records we looked at did not demonstrate that the service supported people to access other healthcare professionals. This may have been because they were not required to do so. The service was small and where an intervention was required it may have been carried out by family members. During one home visit the person using the service was profoundly deaf and the noise from their television had caused neighbours to complain. This issue had been discussed with family and family had supported their relative to access a hearing test in June 2018. However, the person is refusing to have a further test and may lack the mental capacity around this issue. The family had also installed sound proof panels within the house to minimise the noise for the neighbours. We found no other evidence that people's needs had not been met. People received input from services such as the local district nursing team regarding their care.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making 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 people lack mental capacity to take decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

We saw in the care files that people, who had capacity to do so, signed to agree to their care and support. The people we spoke with told us that before receiving any care, staff always asked them for their consent. One person said to us, "They always ask me. They check I am okay before using the hoist." Another person added, "Yes they do. In fact sometimes it's too much as they are always asking if they can help me."

The service was not consistently working within the principles of the Mental Capacity Act. Three care files did not accurately describe the presentation of three people that we visited in their homes and in one case the family were very surprised that we expected to speak to the person using the service as the person had a degenerative illness and they had power of attorney for health and finances as the person lacked capacity in these areas. The file stated the person had capacity and did not mention the power of attorney. As such, it was the relative acting as lasting power of attorney communicated on their behalf. The family were keen to point out their needs were being met despite this error and were happy over all with the service.

Not all staff had received training relating to mental capacity and DoLS. The service have agreed to review the policy and to ensure that all staff are trained within six weeks and to include it in the induction in future.

As also mentioned in the safe domain of this report, the recording concerns regarding cream charts, medication competency assessments and mental capacity meant there had been a breach of regulation 17 (2) (c) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 with regards to good governance. This was because there had been a failure to maintain securely an accurate, complete and

contemporaneous record in respect of each service user, including a record of the care and treatment provided to the service user.

Newly appointed staff received an induction to prepare them for the role and were enrolled on the Care Certificate. The Care Certificate is a set of standards that social care and health workers adhere to in their daily working life. It is the minimum standard that should be covered as part of induction training of new care workers. We looked at training records for all staff. The induction covered key areas such as safe handling of medicines, health and safety at work, moving and handling theory and practice, safeguarding of vulnerable adults, food hygiene and dementia training.

New members of staff also shadowed an experienced member of staff once a month over a six-month period where an assessment of their competency to work effectively and safely with people in areas such as personal care, assisting with medication, dealing with money, preparing food and PPE (Personal Protective Equipment). However the training matrix showed that only five staff out of twenty-four had received training in the Mental Capacity Act and Deprivation of Liberty safeguards and only one staff member had received specific training on the Mental Capacity Act.

We looked at three staff supervision records. Supervision provided managers with the opportunity to evaluate the performance of staff. The agenda included a review of work performance, training needs, work targets, personal needs and matters arising. Formal supervision was provided each month for the first three months and four times a year after this. Staff told us they received supervision and found them beneficial to their role. One member of staff said, "We have one to one meetings and they seem to be every three months. They are useful and we can talk about work and any problems we might have."

We looked at four people's care plans. People had received an assessment of their needs before staff commenced their visits. This ensured the service had information about the support needs of people and they could confirm these could be met. Following the assessment, the service, in consultation with the person had produced a support plan for staff to follow.

We looked at how the service supported people to maintain good nutritional intake. Care plans contained risk assessments around food safety hazards. Diet and fluid charts recorded people's nutritional intake and their dietary aims. People who used the service told us they received good support in this area and said staff assisted them with their meals and preparation where this was required.

Good

Is the service caring?

Our findings

We asked people who used the service for their views of the care and support they received. One person said, "I think I would be in an older people's home if it wasn't for the care I have received from Safehands. On the whole they are very good and are very caring." Another person said, "Oh the care is very good actually. The girls are lovely and are very caring." Another person told us, "The staff are very nice and they are looking after me well. It's good care overall," A fourth person added, "It's fantastic. They sit down and talk with me and will get me anything I need."

We also spoke with relatives during the inspection and asked them about the care provided by Safehands Care and Support Services. One relative said, "We are very happy with the service I must say. Mum had Alzheimer's and deteriorated and was unable to manage. We needed more care and support as a result. Safe Hands were recommended to us and we are very happy with care provided." Another relative said, "They seem great and we really couldn't have done this without them. I think mum is receiving good care and they seem very caring. I can leave them to get on with it and have peace of mind." Another relative added, "We are able to go about our daily lives as normal as a result of the care provided. I work away quite a lot, but I feel re-assured my wife is safe and in good hands."

The service maintained a list of any compliments people had made, where people had expressed their satisfaction with the care provided. We read a sample of these during the inspection, one of which read, 'I have found the service to be considerate, friendly, compassionate, professional, caring, punctual, reliable, understanding, patient and responsive.'

Both people who used the service and their relatives described staff who worked for the service as being kind and caring towards them. One person told us, "I feel like they have become good friends. We have never used another agency and Safehands came recommended. They are kind and care about everything." Another person said, "They are great, really smashing." A relative also told us, "They are fine and seem very nice. Mum has never said she doesn't like any of them. I am always told if there is going to be a different member of staff." Another relative added, "They are all very pleasant and helpful. They will run errands for mum if she needs it."

Staff told us they took people's wishes and needs into account and offered them as much choice and control as possible. People felt they were treated with dignity and respect and staff could explain how they would always seek guidance from the person before proceeding with personal care. The feedback we received was that staff never made people feel uncomfortable or embarrassed. A relative said to us, "Very much so and they are very mindful in this area. Any accidents are dealt with in a nice way." A person who used the service also said, "Yes, they are brilliant."

One relative told us there had been an occasion where staff had left the door open when their family member had been on the toilet, potentially compromising their dignity. They commented that the carers were, "Nice people" and that they were "Fantastic, caring but unprofessional". We raised this issue with management who told us they would look into why this had happened and look to address the issue with

staff.

Independence was promoted and staff were clear that it was their role to encourage people to do as much as possible for themselves before providing an intervention. Staff were all able to explain how they supported people to be independent and gave examples about personal care and preparing food.

People also told us staff allowed them to do things for themselves if they were able to which promoted their independence. For example, one person told us how staff encouraged them to walk more, but to also use their zimmer frame to help keep them safe. One person told us, "Yes they do encourage me to things. I can still put myself to bed, but they will help me if I am not feeling too well."

We looked at the systems in place ensure good communication between staff and people who used the service. We saw people's care plans provided an overview of people's communication requirements and if any equipment was needed such as hearing aids or glasses. The Accessible Information Standard (AIS) was introduced by the government in 2016 to make sure that people with a disability or sensory loss are given information in a way they can understand. We found the service had considered this as part of the care planning process and captured if people needed to receive information in a different format such as larger print, or braille.

People told us staff generally communicated well with them, however two people told us they didn't like it when staff spoke in a different language (often Urdu) in front of them and couldn't understand what was being said. We raised this concern with management and were informed this was something that been fed back to them in the past as part of their own survey and that they were currently looking to address the issue with staff to improve this area.

During our inspection we looked to see how the service promoted equality, recognised diversity, and protected people's human rights. We found the service aimed to embed equality and human rights through well-developed person-centred care planning. Support planning documentation used by the service enabled staff to capture information to ensure people from different cultural groups received the appropriate help and support they needed to lead fulfilling lives and meet their individual and cultural needs. We noted care plans took into account people's religion, ethnic origin and preferred first language.

The service did not provide people with information on independent advocacy services. Independent advocacy can support people to participate in meetings about their care and support and can help people to secure their rights. One family that we visited had their care package reduced by the local authority despite the level of need not changing. In this situation they could have benefited from an independent service to help safeguard their rights. We raised this issue with the service and were told they would contact the Local Authorities to get information regarding Independent advocacy services and would provide sufficient information and contact numbers as needed.

Good

Is the service responsive?

Our findings

People told us they received a service that was responsive to their needs. One person said, "Overall they are extremely satisfactory. They are reliable compared to other companies we have used in the past. I feel they are providing good care to me and they do what is necessary if not more. It sounds too good to be true but I really am very satisfied with them."

We looked at the systems in place to ensure people who used the service received person centred care. We noted the service had created 'Pen picture' profiles for each person and this took into account person centred information about people and captured details about their likes, dislikes, where they grew up, work history and family information. This meant staff had access to information of importance about people's preferences and how they liked their care to be delivered.

The staff we spoke with during the inspection displayed an understanding about person centred care and how they ensured people received care that met their needs. One member of staff said, "When delivering care, I would never make decisions for people and would make sure people have things their way to ensure it is what they want, not what I want." Another member of staff said, "I make sure people receive care that is all about them and I try to concentrate on what they want to make sure their needs are met at all times."

During the inspection we visited several people at home and talked with them to see if their care was provided as detailed in their care plan. For example, in one person's care plan staff were required to use the hoist to assist them on and off the commode, empty their catheter bag, assist them to have a wash/shower, help them to get dressed, assist them to brush their teeth and help with food preparation. When speaking with this person they told us staff completed these tasks during each care visit. This meant this person was receiving a service that was responsive to their needs.

We spoke with one family during the inspection who told us about how the service had been responsive and had supported them with a recent trip to London and were also planning to attend a concert with staff support. We were told, "We couldn't have done this on our own, we are very grateful that they made this happen for us."

Care plans were kept in people's homes and a copy held in the office. The care plans we looked at identified each person's individual needs and gave clear information about the support people needed at each visit. There was good paperwork in place that included sections on skin integrity, communication, mental capacity and mobility. Each section had an aim, a goal and an outcome and was written from the persons own perspective.

We looked at how the service handled complaints. A policy and procedure was in place which was in date and clearly explained the process people could follow if they were unhappy with the service they had received. Information about how to raise a complaints was in the service user guide. People who used the service and their relatives told us if they had never made a complaint but felt confident it would be dealt with appropriately if they needed to make one. One relative said, "Not at all, but I would call the office if I

wasn't happy." Another person said, "I've never had to make a complaint. When I ring the office and leave a message someone always get back to me if I have a query." A relative also added, "We have never needed to complain about anything. The first thing I would do would be to contact the managers."

There were systems in place to seek feedback from people who used the service and their relatives through the use of satisfaction surveys. We looked at a sample of these during the inspection where people had been asked about being sufficient information before their care package commenced, staff understanding their needs, things they would like to change and if their comments were listened to and acted upon. We noted the vast majority of feedback from people was positive, with few suggestions made about how the service could be improved. Telephone reviews had also been carried out an extra method to seek people's feedback.

We recommend the satisfaction surveys are developed further to ask people for their opinion of other areas of service delivery such as missed visits, medication, eating and drinking and infection control.

We looked at how the service cared for people receiving end of life care. Due to the nature of the service (end of life was not provided directly and the registered manager told us the main role of staff was to follow advice from district nurses/ GP's and provide support to families at this difficult time.

People who used the service were supported to maintain relationships where possible and we saw family members were able to actively be involved in people's care and support and involved in reviews of care where necessary.

Requires Improvement

Is the service well-led?

Our findings

The registered manager had recently left their role, therefore at the time of inspection a registered manager was not in post. However services are given approximately six months to recruit a suitable registered manager before CQC will take further action. 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.

The address registered with CQC for this service is in Heald Green, however when we contacted the service to announce the inspection, we were informed the new office premises were at an address in Levenshulme. This hadn't been done through the correct CQC registration procedures and we will follow this issue up outside of this inspection process.

We looked at the systems in place to monitor the quality of service to ensure good governance. We looked at three personnel files and could see that spot checks and reviews were completed for each member of staff, by senior staff, each month for the first three months and then four times a year. However, the records were brief and contained very little detail about what was checked. The logs recorded the outcome as, "No concerns", or "No problems" and recorded that staff turned up on time and wore their uniforms and ID badges. There was no evidence of detailed competency checks for administering medication, moving and handling or infection control. This meant there was a risk staff might not be carrying out these tasks safely.

We saw that the service had carried out telephone interviews with sixteen people since January 2018 and had received many positive comments. One person commented, "Very happy with my overall care, staff are polite, caring and friendly, staff are always meeting my needs and requirements. No complaints, happy with the company and care". Whilst this was mostly consistent with the other feedback we received from people and their families it did not record negative comments that people said they had reported during the telephone interviews. Eight satisfaction surveys had been completed by people who used the service in August 2018. There was no negative feedback with either a yes or no answer provided for each question.

Further improvements were required to overall quality monitoring systems to ensure concerns such as a lack of cream charts, inaccurate information about people's capacity and a lack of competency assessments for medication and moving and handling, were identified and acted upon in a timely manner.

This meant there had been a breach of regulation 17 (2) (a) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 with regards to good governance. This was because there had been a failure to assess, monitor and improve the quality and safety of the services provided in the carrying on of the regulated activity.

Policies and procedures were available and up to date, with appropriate communication systems in place. These included regular text, a WhatsApp group and an on-call system that was responsive? and valued by staff. All staff stated that they felt able to raise concerns and would be able to whistle blow if required to do

so. Regular team meetings were held and staff contributed to the agenda. We looked at meeting minutes for the period from February to July 2018 and saw that there were clear agenda items each month that included reminders and updates for staff about their roles and tasks. A member of staff said, "They do take place and we had one in August. We can raise things and things that get brought up, they try their best to address things we raise."

Staff felt supported in their roles and could seek guidance, when they needed it, from senior staff. One staff member stated, "In my opinion staff are well supported, certainly from my point of view. If I have any issues I can go into the office to make sure it gets sorted out so that it doesn't escalate."

Appropriate systems were in place to ensure people's information was kept securely. Staff received training in confidentiality and data protection and all the records we asked to look at were stored securely such as people's care plan and staff recruitment/supervision information.

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 Appropriate systems were not in place to maintain securely an accurate, complete and contemporaneous record in respect of each service user, including a record of the care and treatment provided to the service user and of decisions taken in relation to the care and treatment provided. Appropriate systems were not in place to assess, monitor and improve the quality and safety of the services provided in the carrying on of the regulated activity (including the quality of the experience of service users in receiving those services).