

Mrs Ann Mills

S10 Homecare

Inspection report

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Tel: 07869607771

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Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?

Inadequate ●

Is the service effective?

Requires Improvement ●

Is the service caring?

Good ●

Is the service responsive?

Requires Improvement ●

Is the service well-led?

Requires Improvement ●

Summary of findings

Overall summary

S10 Homecare registered with the Care Quality Commission in April 2014. S10 Homecare is registered as a domiciliary care agency to provide personal care to people living in their own houses and flats in the community [and specialist housing]. It provides a service to older people who may also be living with dementia, have mental health needs, a physical disability or sensory impairment. Not everyone using S10 Homecare receives the regulated activity, personal care. CQC only inspects the service being received by people provided with personal care; help with tasks related to personal hygiene and eating. Where they do we also take into account any wider social care provided.

At the last inspection on 21 September 2016 the service's overall rating was Requires improvement. We asked the registered provider to take action to make improvements relating to their governance processes and staff training, supervision and appraisal. Whilst there had been some improvement, this had been insufficient to meet the requirements in regard to those regulations. The inspection found a further two breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. You can see what action we told the provider to take at the back of the full version of this report.

Full information about CQC's regulatory response to the more serious concerns found during inspections is added to reports after any representations and appeals have been concluded.

This is the second time the service has been rated Requires improvement. We will meet with the registered provider to discuss our concerns and their plans for improving their service to good.

This inspection was undertaken on 6 February 2018 and was announced. We gave the service 48 hours' notice of the inspection because the service is small and we wanted to ensure the registered person would be available.

The service did not require a registered manager as the service was operated by the registered person. 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.

There was no planned programme of a system that continuously assessed and monitored the service to ensure it was safe, effective, responsive and well led and met regulations associated with those key question areas.

We found the service's recruitment process required improvement to ensure that information and documents were obtained in accordance with the regulations to demonstrate staff were suitable to work with vulnerable adults.

People told us where necessary they were supported by staff to take their medicines. Staff had received formal training in this task since the last inspection. However, we found this was ineffective in ensuring staff

had sufficient knowledge and competence to deal with medicines in a safe way.

Records and documentation did not provide assurance that staff were provided with relevant training to help them maintain and develop their knowledge in regard to their role. Staff had not received an annual appraisal.

Records did not show a thorough assessment of people's needs had taken place containing information about people's preferences, backgrounds and interests. This meant a detailed plan of care, with associated risk assessments were insufficient to fully inform staff of the care and support to be delivered.

There was a lack of documentation and liaison with other organisations to support that people consented to their care in line with legislation and guidance so that they had maximum choice and control of their lives.

S10 Homecare needed to demonstrate that information in relation to people's care delivery was in a format that was accessible to them.

Safeguarding procedures were robust and staff understood how to safeguard people they supported.

We found there were enough staff to make sure people received the care they had requested and at the agreed times. People told us staff were generally on time and if they were likely to be late for any reason, they would telephone to let them know.

Systems to control the spread of infection were in place.

Staff had regular meetings in order to share information about the service.

Staff were provided with regular supervision for development and support.

People were supported to eat and drink in accordance with their assessed needs and plan of care.

When needed, staff supported people to attend healthcare appointments and liaised with GPs and other health and social care professionals.

People receiving support and their relatives told us staff were caring, understanding and professional in their approach and treated them with dignity and respect.

Support staff were positive about the registered person and the way in which they led the service. Staff told us they were supportive and listened to suggestions and ideas about how to improve the service.

People were aware of the complaints procedure, but had not used this as they were happy with the service they were provided with.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Inadequate ●

The service was not safe.

Improvements were required with staff recruitment, risk and medicine management, and learning and improving when things go wrong so that staff adhered to safe practices.

There were sufficient numbers of support staff to meet people's needs.

Systems, processes and practices safeguarded people from abuse.

People were protected by the prevention and control of infection.

Is the service effective?

Requires Improvement ●

The service was not always effective.

Staff were not appropriately trained and appraised to provide care and support to people who used the service.

The service need to improve their practice and compliance with the MCA in regard to decision making where people lack capacity, including liaison with other organisations.

People's needs and choices had been assessed, but limited written information was provided to staff to ensure these were met.

People were supported to eat and drink and access healthcare services and support where required.

Is the service caring?

Good ●

The service was caring.

People who used the service were very fond of care staff and looked forward to the time they spent with them providing care and support.

Staff were skilled in making sure people's privacy and dignity was maintained.

Maintaining people's confidentiality was important to staff.

Is the service responsive?

The service was not always responsive.

Care provided to people was person centred and tailored to meet their specific care requirements, but records to support this required improvement.

There was a complaints procedure made available to people should they wish to raise any concerns about the service.

Requires Improvement ●

Is the service well-led?

The service was not always well led.

There was a lack of formalised and recorded audit processes.

The registered manager was well thought of by people who used the service, their relatives and staff.

Requires Improvement ●

S10 Homecare

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 6 February 2018 and was unannounced. We gave the service 48 hours' notice of the inspection visit because it is small and the registered person is often out of the office supporting staff or providing care. We needed to be sure that they would be in. The inspection was undertaken by two adult social care inspectors.

During our inspection we used different methods to help us understand the experiences of people who used the service. At the time of the inspection the service was supporting 13 people who received the regulated activity, personal care. The hours equated to approximately 55 hours of care per week. This varied dependent on the care required. We spoke with 10 people who used the service and two of their relatives.

The service employed five staff who supported people receiving the regulated activity, personal care. We spoke with two of those staff to ask them about their experience of working for S10 Homecare.

At the office visit on 6 February 2018 we also spoke with the registered person. We reviewed four people's care records, looked at two staff files and reviewed records relating to the management of the service such as complaints, training and how the registered person monitored the quality of the service.

Before our inspection, we reviewed the information we held about the service. This included any correspondence we had received and notifications submitted by the service. A notification must be sent to the Care Quality Commission every time a significant incident has taken place, for example, where a person who uses the service experiences a serious injury.

Before the inspection visit we reviewed the information we held about the service, including the Provider Information Return (PIR) which the registered person had completed before the inspection. The PIR is a form that asks the registered provider to give some key information about the service, what the service does well

and improvements they plan to make.

We contacted Healthwatch, an independent consumer champion that gathers and represents the views of the public about health and social care services in England. They did not hold any intelligence about the service.

We also contacted members of Sheffield City Council contracts and commissioning department. We were told S10 Homecare were not one of their contracted providers so do not receive regular monitoring or feedback from us. They had not received any complaints or incident reports in relation to them.

Is the service safe?

Our findings

We found systems and processes in place to manage risks for people, to have their safety monitored and their freedom respected required improvement.

The PIR stated risk assessments were reviewed six monthly or as care needs changed. The purpose of a risk assessment is to identify any potential risks and then put measures in place to reduce and manage the risks to the person. We found this did not always happen in practice. We also found some potential risks had not been assessed. For example, some people were assisted with meal preparation and meals. There was no assessment of any risk in relation to that task, for example, potential risks associated with specific medical conditions and diet. There were no assessments to show whether the person understood these risks. We saw and were told of examples by staff when risk assessments were updated or created following accidents or incidents and changes in need. For example, one person had an injury whilst using some equipment. The injury was recorded and monitored for any further intervention that may be required. This showed that lessons were learnt and improvements made when incidents happened that placed people at risk of harm.

This was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, Safe care and treatment.

As people were being cared for at home there were also risk assessments detailing environmental concerns which could potentially put the person or staff member at risk. For example cooking appliances and access to the property.

The systems and processes in place for the proper and safe use of medicines required improvement.

The PIR stated to keep people safe, medicine boxes were checked as was the correct completion of Medication Administration Records (MAR). At the office we were able to view people's medicine plans and Medication Administration Record (MAR) sheets. We found these were insufficient to keep people safe and did not demonstrate the MAR was completed correctly and evidence that medicines administered were in accordance with those identified on the medicine plan. For example, one person was identified as having medicines support. A list of medicines was identified on their plan. When we looked at the corresponding MAR, one medicine on the medicines plan had been crossed off and another medicine prescribed 'as required'. In addition, a cream that was identified on the list was not on the MAR. We spoke with a member of staff who told us it would have been a relative who had crossed off the medicine.

Staff had received medicine training from a recognised training provider. However, this had been ineffective as the practices were not sufficient to ensure people were safe.

This was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, Safe care and treatment

In our discussions with people and relatives we found they were satisfied with the arrangements for making

sure they received their medicines at the right time. Comments included, "I self-medicate, but every time they [staff] come they check that this remains the same" and "Medicines are delivered by the pharmacy and the pharmacy provided a sheet of the medicines. I take the old one to dispense of."

A relative of another person supported told us, "Medicines are in a locked box and they [staff] give [relative] their medicines in a glass."

We found the service's recruitment process required improvement. The recruitment and selection procedure did not contain accurate information to confirm the information and documents required by the current regulations and as specified in Schedule 3 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 would be obtained. Schedule 3 is a list of information required about a person seeking to work in care to help employers make safer recruitment decisions.

We looked at two staff files. There were gaps in both files of information required by the regulations. This included documentary evidence of qualifications and training relevant to the work provided, confirmation that the police check was satisfactory, a full employment history, together with satisfactory written explanation of any gaps in employment, satisfactory information about any physical or mental health conditions which are relevant to the staff member's capability to properly perform tasks which are intrinsic to their employment and relevant checks of previous relevant employment.

This was a breach of Regulation 19 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, Fit and Proper Persons Employed.

We checked and found there were sufficient numbers of staff provided to support people.

The PIR identified 222 visits were completed each week. This included 55 hours related to the regulated activity, personal care. The PIR stated there were no missed visits. The registered person told us that staff were self-employed and had signed a contract to confirm their working arrangements with the registered person. The registered person told us the staff group were an extremely loyal group of staff and provided a degree of flexibility to enable the service to meet any changes in need or specific requests from people.

In our discussions with people receiving support, we found they were provided with a consistent team of staff. They told us staff attended their calls and never missed a visit, stayed for the correct amount of time and completed all the tasks they were asked to do. One person commented, "I have a regular team of staff; there is about five or six on the rota."

Staff we spoke with were committed to meeting people's needs and said that the staff team worked and communicated well with each other. This ensured people received the support they needed. Staff confirmed the arrangements and terms and conditions in which they worked for the registered person. Staff told us they communicated with each other within and outside of office hours should they have any concerns. Staff also told us that either the registered person or a nominated member of staff were always available if they needed any help, needed to chat through something or needed any information.

We checked and found systems and processes were in place to protect people from abuse.

Everyone told us they felt very safe with staff. This was supported in our discussions with relatives. Their comments included, "I like the staff, I feel very safe and very happy," "We feel safe, the ladies are very nice," "I feel absolutely safe with S10. In my opinion they are excellent," "Oh yes I feel safe. They are a tremendous help to me" and "I feel very safe."

We saw policy statements were in place to protect people from abuse and avoidable harm. The service had a policy and procedure for safeguarding and whistleblowing. Whistleblowing is one way in which a member of staff can report concerns, by telling someone they trust. Staff spoken with told us they received training about safeguarding adults that had provided them with knowledge about their responsibilities for safeguarding people. Staff told us they were able to report any concerns to the registered person and they were confident they would be listened to and taken seriously.

The registered person and staff told us that they did not usually support people with financial transactions. If they did they told us a system was in place to safeguard people's finances. This involved documenting monies taken and returned, providing receipts and ensuring that they, and the person they were supporting, signed for each financial transaction.

There had been no reported safeguarding concerns in the last 12 months.

We found there were systems and processes in place for the prevention and control of infection.

In our discussions with people receiving support, we found systems were in place to control the spread of infection. This was supported in our discussions with relatives. Comments included, "Staff wear a uniform" and "They [staff] wear gloves when necessary and they always look tidy and neat. They wear a uniform and a badge."

Staff were able to describe the steps they took to control the spread of infection including hand hygiene and that the registered person ensured that supplies of personal protective equipment (PPE) were always in stock. PPE refers to items such as gloves and aprons which are used to control the spread of infection.

Is the service effective?

Our findings

At the last inspection on 21 September 2016 we issued a requirement notice for the registered person to make improvements with the training, supervision and appraisal of staff. Whilst there had been some improvements this was insufficient to meet the regulation.

The PIR identified staff had not received all the relevant training applicable to their role. Discussions with staff told us they received some training relevant to their role.

We asked the registered person for the training matrix they had identified as being in place on the PIR. The registered person explained that she paid an external company to do this and would speak with them and submit the information. The information was submitted shortly after the inspection visit. The training matrix confirmed staff had received training in safeguarding people, medicines and moving and handling. Training for medicines for half of the staff and moving and handling were identified as requiring updates. This meant there was still a significant shortfall in the training expected and identified on the matrix. This included, communication, privacy and dignity, handling information, fluids and nutrition, dementia, record keeping, learning disability, mental capacity act, basic life support, health and safety and infection control. Whilst in some areas we found this had not had a negative impact on people, staff practice in regard to medicines did not follow good practice guidelines. In addition one member of staff was carrying out assessments and risk assessments and had not received any formal training in that task.

Staff we spoke with told us they felt sufficiently trained to enable them to carry out their role.

One person told us "[The service] had a new starter [staff] and they came in with someone else until they got to know my [relative]. They were very nice and had done this type of work before."

Staff told us they received regular supervision with the registered person. Supervisions ensure that staff receive regular support and guidance. Staff spoke positively about their supervisions and said they felt supported by the registered person.

Staff had not received an annual appraisal. Appraisals are meetings between a manager and staff member to discuss the next year's goals and objectives.

This meant a continued breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, Staffing.

We checked people's consent to care and treatment was sought in line with legislation and guidance.

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, 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. In a domiciliary care service this means an application must be made to the Court of Protection.

Staff told us they had received training in the MCA, although this was not recorded on the training matrix and verified in their staff files. When we asked them to describe how this impacted on them in their work. They said, "Individuals have rights and beliefs that you have to uphold. You can't coerce them into doing anything they don't want and place any sanctions on them. One person's relatives makes key decisions, I believe they have Power of Attorney (POA) and has the best interests of [person] at heart" and "[Family] makes big decisions, like finances for one person as they don't have capacity. They can make day to day decisions like routine." POA is where a person has obtained legal authority to act on a person's behalf. It can be in relation to their finances or health and welfare or both.

When we asked people about consent, no concerns were identified. One person said, "They [staff] always ask for my consent." One relative told us they had POA for their family member.

When we looked at care files we found there was no record of any decision making processes. None were found in relation to decisions we had identified during the inspection. For example, one family member had crossed a medicine from the list of medicines to be administered by staff, an instruction which staff had followed. There was no record the person had agreed to the decision and a best interest meeting had taken place, in line with legislation. This meant the service had not identified that they needed to liaise with other organisations to confirm care and support was delivered that met legislation and guidance.

It is recommended that the service improve their practice and compliance with the MCA.

We checked people's needs and choices were assessed and care and support delivered in accordance with that assessment.

There were assessments and care plans in place. The assessments were limited and did not provide detailed information covering the full range of people's diverse needs. There was a task list for staff about what they needed to do to meet those needs, but this did not always related to the care delivered. We saw people's records could be improved if they were more detailed so there was an audit trail between the assessed needs (tasks purchased), risk assessment and support plan and what action was required by staff to meet those needs.

Our discussions with the people who used the service told us they were pleased with the care and support they received. They told us it provided good outcomes for them and a good quality of life. Comments included, "There is a care plan that was originally completed by [registered person] and I would imagine it has been changed regularly since then as care needs have changed," "[Registered person] came first when we first started," "They [staff] came out to see me once, but I can't remember when" and "When we first started they [staff] came out to see us and ask us what we wanted."

We checked and found people were supported to eat and drink if they had been assessed as needing this support. This could involve staff preparing meals for people and/or physically supporting them to eat or drink. One comment included, "We have a morning and lunch time call to assist with personal care for [relative] and mealtimes."

We checked and found people were supported to live healthier lives and access healthcare services where this was part of their assessed needs.

People we spoke with described how staff supported them with their health needs if required and if this was part of their plan of care. Comments included, "They [staff] take me places and they would take me to the doctors if I needed them to" and "My [relative] is absolutely safe, in fact more often than not they go over and above. For example, [relative] had a fall and they contacted me and stayed with them until they got medical support and after that they called in just to check they were ok."

Is the service caring?

Our findings

People receiving support and their relatives spoke very positively of their relationships with staff and how the service demonstrated a caring ethos. They told us how staff were interested in their personal histories and cultural backgrounds. Comments included, "I am very happy with the service; one thing I like is the staff are local so we can talk about what's happening locally, I really enjoy that conversation. I feel comfortable with them [staff]," "All the staff are absolutely kind and caring," "One of the most valuable things they [staff] give to my [relative] is the conversation and the fact it is a very small team who know them really well. It is a very personable service" and "I can recommend them. They all have a nice manner and are all polite and on time. They are very respectful and very conscious of your modesty."

The service had received two compliments since the last inspection. Comments included, "...Thank you not only for your patience, but also for the high standard of care your team have given [relative]. Please convey our thanks to the team who have been so kind to [relative]" and "[Relative] lived a wonderful life made possible in their later years by the care you all gave them. [Relative] may not have always shown it because they were fiercely independent, but they utterly appreciated that they could not have done it without you. [Relative] was very fond of you all. We would like to add our sincere thanks to those of [relative] for the best care anyone could have given. You are all fantastic."

Staff were highly motivated and demonstrated compassion and kindness in our discussions with them. They demonstrated empathy for the people they cared for. They told us ways in which they provided care to people whilst ensuring they maintained their privacy and dignity. They told us about the importance of trying to make sure people remained as independent as possible and continued to make decisions for themselves. Staff told us the importance of making sure confidentiality was kept. Their comments included, "I've never enjoyed a job as much. People we look after are interesting and have stories and challenges to tell. It's such a reward, doing something worthwhile, building relationships. It's when you lose someone – that's what I hate. The people I work for are fabulous. I'd rate it 9/10 because we're not perfect, but for what we give to clients and what we try to do I'd rate it higher. It's not just a job for any of us, we care" and "It's very good. I used to work in a care home and had very bad experiences. It made me poorly, but I came back into care because I missed it. I also had a NVQ (National Vocational Qualification) that was wasted. I enjoy it. It's nice, small, neat and compact. Like a family. Very caring." A NVQ is a work based qualification which recognises the skills and knowledge a person needs to do a job. The candidate needs to demonstrate and prove their competency in their chosen role or career path. This member of staff added, "[Caring] is to know I've done something good. We're an excellent staff team. Any concerns are dealt with. Our clients are our number one priority."

One member of staff described examples of 'care' for people that was not part of any plan. For example, they described how one member of staff in their own time took a person to visit another person who had moved into a residential home and how there's a 'chip run' on a Saturday, where people ring staff to put their order in and it's delivered.

Is the service responsive?

Our findings

We checked and found people received personalised care responsive to their needs.

S10 Homecare provided a personalised service to people. People receiving support told us there was continuity of staff and they knew all the staff 'really well'.

People had a care plan that was compiled following an initial assessment of their needs. The care plans would benefit from more detail about the specific needs of each person and how they would like their care to be provided. Whilst there was evidence of reviews of care plans, some care plans did not reflect people's current needs. For example, a review of staff meeting minutes identified new equipment to be used for an identified person. We checked the plan of care to confirm this information had been incorporated in the person's plan for staff to follow. The plan did not reflect the change. A discussion with a member of staff identified the person's needs had changed again and the person was now cared for in bed.

This meant a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, Good governance.

The fact that care records did not provide an accurate reflection of the care provided had not impacted on people. Feedback from people who used the service confirmed the service was responsive to their needs. Comments included, "They [staff] support me with anything I need – washing, shopping. I have no grumbles whatsoever. They come and do regular reviews. They check the care book and take out pages they need to file," "They [staff] got [relative] a wheelchair because they are unable to get out and about much. We had a review and both [my sibling] and I were involved," "Care has been tweaked over the years because of deterioration in [relative's] condition and this is a two way thing discussed with the agency. When [relative] had an operation, S10 added an additional service to the morning and tea call and provided an evening call temporarily for four weeks," "I can't remember ever being involved in a review about my care," "The owner came out and did a review," "They're excellent every one of them. It takes a lot of pressure off and is worth every penny that they pay them" and "Sometimes I get a bit wobbly in the bath and they [staff] are there just to make sure I feel safe."

The service had not implemented the Accessible Information Standard to identify, record, share and meet the information and communication needs of people with a disability or sensory loss. In the PIR they had identified improvements as introducing visual pictures for people living with dementia, providing information for people in larger fonts and simplified language on the information about complaints.

We checked and found people's concerns and complaints were listened and responded to and used to improve the quality of care.

The PIR detailed there was a complaints form in each care plan in the event that people wanted to make a complaint. It further identified no complaints had been received. However, when we checked the concerns, complaints and whistleblowing file provided by the registered person we found one information of concern

had been received. The concern had been acknowledged and responded to. However, the risk associated with the outcome of the complaint had not been assessed for risk and the outcome recorded in the person's care records to confirm the actions to be taken by staff. This meant there was a risk of the same complaint being made again.

In our discussions with people receiving support and their relatives we found they felt confident that if they complained, they would be taken seriously, and their complaint or concern explored and responded to in good time. No-one had any concerns about the service. Comments included, "I have never had to make a complaint" and "Any problems I would ring the office."

Is the service well-led?

Our findings

At the last inspection on 21 September 2016 we issued a requirement notice for the registered person to make improvements with the governance of the service. Whilst there had been some improvements this was insufficient to meet the regulation.

Since the last inspection the registered person had taken steps to formalise the team meeting process. They had introduced formal supervisions of staff and provided a staff handbook.

The registered person was the person with day to day responsibility for the operating of the service and had been in post since the service was registered in 2014.

The registered person told us they had no oversight in terms of checks and governance of the service. This included staff files and people's care records.

This meant quality assurance systems were not robust and required improvement to ensure risks were identified and quickly rectified, there was evidence people consented to the care provided, staff received all the training required, information about staff was available to demonstrate they were suitable to work with vulnerable people and records were up to date and reflected the care provided to people.

The service had a Statement of Purpose. The Statement of Purpose required further review to ensure the information contained all the details required by the regulations and that it reflected the people they had identified as providing a service for with the CQC.

The service were not registered with the Information Commissioners Office (ICO). The Data Protection Act 1998 requires organisations that process personal information to register with the ICO. The registered person completed this during the inspection.

This will be the second time we have rated the service as requires improvement. The service displayed their rating in the office and confirmed they did not operate a website.

This demonstrated a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, Good governance.

Although there were limited systems in place to check the service was operating safely, the registered person was confident people's needs were being met. This was confirmed in our discussions with people receiving support, their relatives and staff and their confidence in the service.

People receiving support and their relatives comments included, "I've had two surveys. They make mistakes, but people are human. I'd recommend them and have done. I'd say they were good, bordering on excellent," "I would definitely recommend them; in fact they have a waiting list," "The service I get from S10 is fantastic. The three girls [staff] are brilliant; I would trust them with anything. I ring [staff member] when [registered

person] is off if I need anything. They are very approachable" and "I have recommended them to two of my friends and they now use them and they are very happy with them."

Staff comments included, "I think it is a well led service. [Registered person] is lovely to work for. She's in control, knows what she's doing. I feel lucky to work for [registered person]. I feel because we're a small service we need to employ a consultant to tick the right boxes for CQC, because I know we're a lot better than a lot out there and yet we're marked down for it" and "We were pulled up last time because of no spot checks, so they just drop in. I guess it's about trust. Paperwork might not be up to standard, but we're there for the clients and people would rather have care than records. We're professional and caring and once we polish up on paperwork it will be better. We've improved since the last inspection. We need someone to know what CQC wants, dotting the i's and crossing the t's. I think they do a brilliant job. We all sing from same hymn sheet."

Staff told us they received support and advice from the registered person via phone calls, texts and staff meetings. We found staff meetings were usually held each month. Staff attended the meetings voluntary. The meetings were comprehensive and provided staff with an overview of the care provided to people and any changes in the service they needed to be aware of.

The registered person and senior member of staff operated an on-call system to enable staff to seek advice in an emergency. Either the registered person or senior member of staff was available to answer calls from staff during the hours that people were being provided with care and support. This was from morning until evening, as no visits were carried out throughout the night.

The registered person told us they had sent out quality questionnaire's to people who used the service and their relatives, but they did not complete a report from the questionnaires. This meant they, and others with an interest in the service, did not have an overview of what people said about the service and any action they had taken, including any improvements.

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 12 HSCA RA Regulations 2014 Safe care and treatment Care and treatment was not always provided in a safe way for service users
Regulated activity	Regulation
Personal care	Regulation 19 HSCA RA Regulations 2014 Fit and proper persons employed Information specified in Schedule 3 must be available in relation to each person employed

This section is primarily information for the provider

Enforcement actions

The table below shows where regulations were not being met and we have taken enforcement action.

Regulated activity	Regulation
Personal care	Regulation 17 HSCA RA Regulations 2014 Good governance Systems and processes were either not established or effective to ensure compliance with regulations

The enforcement action we took:

Warning Notice

Regulated activity	Regulation
Personal care	Regulation 18 HSCA RA Regulations 2014 Staffing Persons employed by the service provider in the provision of a regulated activity must receive appropriate training and appraisal as is necessary for them to carry out the duties they are employed to perform

The enforcement action we took:

Warning Notice