

Ms Beverley Gregory

One 2 One Private Care Services


Inspection report

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Date of inspection visit: 28 and 29 April 2015
Date of publication: 23/06/2015

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?

Requires improvement 

Is the service well-led?

Requires improvement 

Overall summary

The inspection took place on 28 and 29 April 2015, and was an announced inspection. The provider was given 48 hours' notice of the inspection. The previous inspection on 4 November 2013 was a follow up inspection, to look at previous breaches in the areas of care and welfare of people who use services, management of medicines,

requirements relating to workers and assessing and monitoring the quality of service provision. The provider had taken action and there were no breaches in the legal requirements.

One 2 One Private Care Services provides care and support to adults in their own homes. It provides a service mainly to older people and some younger adults

Summary of findings

and people who have a learning disability. At the time of the inspection it provided a personal care service to 7 people. It provided short visits to people as well as visits up to six and a half hours. It would provide 24 hour care to support people if required.

The service does not require a registered manager as the provider manages the service. A registered manager is a person who has registered with the Care Quality Commission (CQC) to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

People managed their own medicines. Staff were applying creams as part of personal care routines, but there were no proper records maintained.

People were involved in their initial assessment and the planning of their care and support and some had chosen to involve their relatives as well. Care plans did not always include people's preferred routines, their wishes and preferences and skills and abilities. People said the provider visited periodically to discuss the care plan review, but there were not always records of these discussions. Risks were assessed and practices were in place to keep people safe, but the details of how people were to be kept safe were not always fully recorded in risk assessments.

New staff underwent an induction programme, but not all of this induction was evident in records. Induction included relevant training courses and shadowing the provider, until staff were competent to work on their own. Not all staff had received training appropriate to their role and some refresher training had been delayed. Not all staff had received spot checks on their practice, or appraisals to enable them to carry out their duties effectively.

People felt safe whilst staff were in their homes and whilst using the service. The service had safeguarding procedures in place, although most staff had not received training in these. Staff demonstrated an understanding of what constituted abuse and how to report any concerns.

People had their needs met by sufficient numbers of staff. People received a service from a very small team of care

workers. People's visits were allocated permanently to staff rotas and these were only changed when staff were on leave. Staffing numbers were kept under constant review.

People were protected by robust recruitment procedures. Staff files contained the required information.

People were happy with the service they received. They felt staff had the right skills and experience to meet their needs. People said their independence was encouraged wherever possible.

People told us their consent was gained at each visit. People were supported to make their own decisions and choices. One person was subject to an order of the Court of Protection and other people had Lasting Power of Attorney in place. Sometimes people chose to be supported by family members to make decisions. The provider understood their responsibility under the Mental Capacity Act (MC) 2005. The MCA provides the legal framework to assess people's capacity to make certain decisions, at a certain time. When people are assessed as not having the capacity to make a decision, a best interest decision is made involving people who know the person well and other professionals, where relevant.

People were supported to maintain good health. People told us staff were quick in spotting any concerns with their health and reported these appropriately.

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

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

People told us that communication with the office was good or excellent and if there were any queries they called the provider and they always responded immediately.

Summary of findings

People felt confident in complaining, but did not have any concerns. People had opportunities to provide feedback about the service provided both informally and formally. Feedback received had all been positive.

People felt the service was well-led. The provider adopted an open door policy and took swift action to address any concerns or issues straightaway to help ensure the service ran smoothly.

The provider had a philosophy and principles. Staff were not directly aware of these, but felt the service listened, was very caring and promoted dignity and respect. Staff said they treated people how they would want to be treated.

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

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?

The service was not always safe.

Staff applied creams during personal care routines, but guidance about where and when to apply these lacked detail. Records were not maintained when creams had been applied.

Risk associated with people's care had been assessed. The very small staff team and good practices helped keep people safe, but staff could not rely on guidance to inform their practice.

There were sufficient staff to meet people's needs and robust recruitment procedures were in place to keep people safe.

Requires improvement



Is the service effective?

The service was not always effective.

Staff received training in subjects relevant to their role, but there were delays in receiving some training and updates. Some staff had not received supervision support or an annual appraisal.

People received care and support from a very small team of staff. People were supported to maintain good health.

Staff understood that people should make their own decisions and followed the correct process when this was not possible.

Requires improvement



Is the service caring?

The service was caring. People were treated with dignity and respect and staff adopted an inclusive, kind and caring approach.

People were relaxed in the company of staff and people were listened to by staff who acted on what they said.

Staff supported people to maintain and develop their independence.

Good



Is the service responsive?

The service was not always responsive. Care plans varied in detail and did not always reflect people's full personal care routines or their wishes and preferences.

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

People were not socially isolated and staff supported people to access the community.

Requires improvement



Summary of findings

Is the service well-led?

The service was not always well-led.

The level of detail in records was not always sufficient, they were not always up to date and some were not in place.

Staff were not directly aware of the provider's philosophy, but felt the values of the service were to treat people how they would want to be treated.

The provider worked alongside staff, which meant any issues were resolved as they occurred and helped ensured the service ran smoothly.

Requires improvement



One 2 One Private Care 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.

This inspection took place on 28 and 29 April 2015 and was announced with 48 hours' notice. The inspection was carried out by one inspector as only seven people were receiving a personal care service. Due to the small size of the service it was not appropriate for the inspection to include more people on the inspection team.

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. The provider also supplied information relating to

the people using the service and staff employed at the service. Prior to the inspection we reviewed this information, and we looked at previous inspection reports and the notifications received by the Care Quality Commission. A notification is information about important events, which the provider is required to tell us about by law.

We reviewed people's records and a variety of documents. These included four people's care plans and risk assessments, one staff recruitment file, the staff training, supervision and appraisal records, staff rotas and quality assurance surveys.

During the inspection we spoke with five people who were using the service, three of which we visited in their own homes, we spoke to three relatives, the provider and four members of staff.

After the inspection we contacted two health and social care professionals who had had recent contact with the service and received feedback from both.

Is the service safe?

Our findings

People told us they felt “absolutely” and “very” safe using the service and when staff were in their homes. However the service was not always safe.

People told us they managed their own medicines. Staff were applying creams during personal care routines, but these were not detailed on the medicine administration records (MAR) charts. The provider and staff were aware that some creams were prescribed, but had not implemented proper recording systems for their application. People told us some of these creams were prescribed and others had been purchased over the counter at the chemist. There was not always clear information about which cream should be applied where and when. There was a risk that creams would be used incorrectly and not in line with the prescriber’s instructions. People told us staff did apply their creams when and where they should.

The lack of recording of the applications of creams meant the provider did not have an accurate and complete record of the care and treatment provided. This is a breach of Regulation 17 of the Health & Social Care Act 2008 (Regulated Activities) Regulations 2014.

There was a clear medicines management policy in place and all but one member of staff had received training in medicine administration.

Risks associated with people’s care and support had been assessed. For example, risks in relation to people’s environment, choking, maintaining healthy skin and moving and handling people. People talked about the safe practices that were in place to reduce these risks, but the level of detail recorded in the risk assessments was not always sufficient. For example, in one moving and handling risk assessment it stated what move staff were required to do, but no information about how to do this safely. One relative told us the staff were “All well trained and know how to use the equipment” and that new staff always came with an experienced member of staff. In another risk assessment it stated that the person’s drinks should be thickened, but the provider told us this was no longer the case, but the risk assessment had not been updated. People told us that they felt risks associated with their support were managed safely and they felt safe when staff moved them.

The lack of detail in risk assessments meant the provider did not have an accurate and complete record of the care and treatment including decisions taken in regard to people. This is a breach of Regulation 17 of the Health & Social Care Act 2008 (Regulated Activities) Regulations 2014.

The provider told us they had a risk assessment in place in the event of bad weather. These included measures, such as access to two 4x4 vehicles and staff working locally to where they lived, to ensure people would still be visited and kept safe. The provider also provided salt to staff to clear frosty paths and walkways.

People and staff told us that visual checks were undertaken on the equipment used at each visit. People said staff were quick to spot any problems and call in faults. For example, one relative talked about how staff had spotted that a hoist sling was faulty, so the supplier was contacted and a new sling was provided. Any equipment staff used was listed within the care plan and people told us equipment was regularly serviced and they arranged this.

People told us they felt safe whilst staff were in their home and would feel comfortable in saying if they did not feel safe. During the inspection people talked about the good interactions between staff, the provider, themselves and their relatives often with good humour. People were relaxed in the company of staff. There was a safeguarding policy in place. The majority of staff had not received or had recent safeguarding training, although they were able to describe different types of abuse and knew the procedures in place to report any suspicions of abuse or allegations. Reporting concerns was covered in staff’s induction. The provider was familiar with the process to follow if any abuse was suspected; and knew the local Kent and Medway safeguarding protocols and how to contact the Kent County Council’s safeguarding team.

People had their needs met by sufficient numbers of staff. People told us staff turned up when they were expected. One relative told us, “They send us a schedule of what time and who is coming and they come. They stick to it unless there is an emergency in which case they notify us”. Two relatives told us if they had any emergencies they contacted the service and staff came out. One person had experienced missed calls. On one occasion they had contacted the office and staff were sent out directly. On the other occasion they decided not to report the missed call and got their own lunch. All of people’s visits were

Is the service safe?

allocated permanently to staff rotas and these were only changed when staff were on leave. The provider kept staffing numbers under constant review as they did all the scheduling of visits each week and was recruiting at the time of the inspection. This was a very small service and if there were high levels of sickness or an emergency the provider or senior staff covered visits. There was an on-call system covered by the provider and senior staff, which people could access if they needed to.

People were protected by robust recruitment procedures. One member of staff had been recruited since the last inspection. Recruitment records included all the required information. This included an application form, evidence of a Disclosure and Barring Service (DBS) check having been

undertaken (these checks identify if prospective staff had a criminal record or were barred from working with children or vulnerable people), proof of the person's identity and evidence of their conduct in previous employments. Staff undertook an induction programme and were on probation for the first three months.

The provider told us there had been no accidents since the last inspection. They said that any accident would be investigated and action would be taken to help ensure people remained safe and reduce the risk of further occurrences. Incidents of poor practices by staff had been investigated and disciplinary procedures had been followed by the provider. Procedures had been reiterated to all staff in memo's and during staff meetings.

Is the service effective?

Our findings

People and their relatives were very happy with the care and support they received. Comments included, “The staff are dedicated”. “I am very satisfied with the service and the people that come to me, it runs smoothly and I am attached to them all”. “They react to any emergency we have”. “We get an excellent service”. “We like the staff we have very much, they do their best to provide the same staff and we only have two or three different ones. They are good at keeping in touch if they are going to be late”.

Staff understood their roles and responsibilities. Staff had completed an induction programme, although we were unable to ascertain whether this met Skills for Care common induction standards due to a lack of records. Skills for Care common induction standards are the standards people working in adult social care need to meet before they can safely work unsupervised. The provider told us that induction training included training courses and shadowing them for one week and then a care worker until they felt the new staff member was competent. Staff had a three month probation period to assess their skills and performance in the role. The provider told us staff received initial training and this was refreshed periodically. Training included moving and handling, food hygiene or nutrition and well-being and infection control. There were shortfalls and delays in staff receiving training or up to date training. For example, safeguarding people and medicine administration. This had resulted in staff not identifying that the application of prescribed creams required a medicine administration record to monitor that people received their creams as prescribed. Staff felt the training they received was adequate for their role and in order to meet people’s needs. People felt staff had the skills and experience to meet their needs. One relative said, “The longer standing members of staff definitely. The newer ones always team up with experienced staff”. Another relative said, “They are very good”.

Staff told us they had opportunities to discuss their learning and development as the provider was always accessible and made time for them if they contacted her. Staff said they felt well supported. The provider told us staff had spot checks on their practice. Spot checks were undertaken unannounced, either by the provider or a senior member of staff, whilst staff were undertaking visits to people. During these observations staff practice was

checked against good practice, such as moving and handling, handling of medicines, infection control, food hygiene, and respect and offering choices to people. Records showed that two staff had not received any spot checks since they had started their employment in 2014 or 2015. Another member of staff had not had a spot check since September 2014. This meant the provider could not be sure they were carrying out their duties competently and in line with good practice. Two staff meetings had been held in the last 12 months, where staff had the opportunity to discuss procedures and people’s changing needs. The provider told us that staff had an annual appraisal, but records showed that two members of staff had not had an appraisal in the last 12 months, so they could discuss any future training and development needs based on people’s current care and support needs.

Staff employed had not received adequate training, supervision or appraisals. This is a breach of Regulation 18 of the Health & Social Care Act 2008 (Regulated Activities) Regulations 2014.

People told us they received a service from a very small team of staff. Records confirmed that continuity of care was very good. The provider told us that following an initial assessment of people’s needs they matched a member of staff to cover the visits. The matching process was based on people’s preferences and staff skills and experience. One person had transferred to the service and requested a particular member of staff and this had been accommodated. The provider told us “Sometimes there is just a personality clash and we always respect this when it has been raised by the individual”. People told us they knew who was coming because they received a schedule of visits in advance or their main care worker informed them.

People told us their consent was gained at each visit. People said consent was achieved by staff discussing and asking about the tasks they were about to undertake. People said staff offered them choices, such as what to have to eat or drink or what to wear. One person said, “We talked between each other, but we have got a routine. I’ve got a choice of food and they ask me what I want”. The provider told us that one person was subject to an order of the Court of Protection and two people had Lasting Powers of Attorney in place. Sometimes people chose to be supported by family members. The provider told us that the service had been involved in one best interest meeting regarding the future care arrangements of a person. They

Is the service effective?

understood the process, which had to be followed when one was required. The majority of staff had received training in the Mental Capacity Act (MCA) 2005. The MCA provides the legal framework to assess people's capacity to make certain decisions, at a certain time. When people are assessed as not having the capacity to make a decision, a best interest decision is made involving people who know the person well and other professionals, where relevant.

People's needs in relation to support with eating and drinking had been assessed during the initial assessment and recorded. The provider told us there was no one at risk of poor nutrition and most people required minimal support with their meals and drinks if any, which was supported by records. One person told us how they like food prepared or cooked in certain ways and staff respected this. They said, "They always cut my bacon small so I don't have trouble with that. I like my eggs hard". Staff usually prepared a meal from what people had in their home. One person talked about how staff blended their soup so it was easier to eat. They used a straw to drink as this made it easier for them and used wide handled utensils. They told us staff always encouraged them to drink and left a drink for them to have later.

People were supported to maintain good health. People told us how observant staff were in spotting any concerns with their health or if people were 'not themselves'. Two relatives told us how staff always commented when they noticed any changes. One relative said, "They will come down stairs and ask me to have a look at this or suggest perhaps a day in bed today". Information about supporting people's health care needs were contained within their care plans, such as managing diabetes. Relatives confirmed, where appropriate they were kept informed about their family member's health when they were unwell. Where people were at risk of pressure sores staff were observant and reported any concerns if they were worried about an area. Health and social care professionals told us that the service worked well with them and kept them well informed about people's health and wellbeing. One said, "The agency and its management are always ready to be helpful for myself and the patient. They endeavour to provide the information required in a timely manner. Whenever a patient's condition has changed the agency have updated us within a short space of time, so we can adjust our services accordingly".

Is the service caring?

Our findings

People felt they had a “good rapport” with staff and they were caring. People told us staff listened to them and acted on what they said and this was evident from an observation during the inspection. People were relaxed in the company of the staff and communicated happily. People and relatives told us this often included the use of appropriate banter and good humour. People and relatives were very complimentary about the staff. One person said, “I feel very very comfortable with my carer. They are very very supportive and I couldn’t ask for better”.

One person spoke about how caring the staff were when putting them to bed. Another person told us about how one staff member always asked if there was anything else they could do before they left. One person talked about how their main care worker knew them so well they did things automatically. They said, “I don’t know what I would do without her. I am very fond of (care worker) they are an expert carer”.

A relative told us “If I ask them to do anything extra they are more than willing to help, some go out of their way to do such things. One gets to know them and they get to know us”. Another relative said, “(Staff) follow what I tell them to the letter. They are flexible and will come and do extra. I am well satisfied”. They told us how staff knew their family member well and suggested ideas to improve their quality of life. They said, “I don’t know what I would do without (staff member)”.

One person told us, “They (staff) are all friendly, happy and chatty. It’s like having a big family in many ways” and (Staff member) is very good, she will always do little jobs, get things and drop things off”. People rated the staff’s professionalism and friendliness on the provider’s quality assurance questionnaires as excellent.

People told us they received person centred care that was individual to them. They felt staff understood their specific needs relating to their age and physical disabilities. Staff

had built up relationships with people and were familiar with their personal histories and preferences. Care plans contained some details of people’s preferences and personal histories. During the inspection staff talked about people in a caring and meaningful way.

People told us they were involved in the initial assessments of their care and support needs and planning their care. One person said, “(The provider) came and we had a long chat and I had to decide if I liked them and they had to decide if they liked me”. People said the provider visited periodically to talk informally about their care and support and discuss any changes required. People felt their care plan reflected how they wanted their care and support to be delivered. People told us that communication with the office was good and if there were any queries they called the provider and they always responded. The provider told us at the time of the inspection most people that needed support were supported by their families or their care manager, and no one had needed to access any advocacy services.

People told us they were “always” treated with dignity and respect and had their privacy respected. One relative talked about how staff always closed the curtains and doors before undertaking any personal care. Staff had their practice in treating people with dignity and respect observed during spot checks. Information within the service user guide confirmed to people that information about them would be treated confidentially. The service user guide was a booklet that was given to each person at the start of using the service, so they knew what to expect. People told us staff did not speak about other people they visited and they trusted that staff did not speak about them outside of their home. People said their independence was encouraged wherever possible. Health and social care professionals said staff were caring and people’s privacy and dignity was respected and their independence was promoted wherever possible. One said, “This agency goes that extra mile; they will go out at all hours for an emergency”.

Is the service responsive?

Our findings

People told us they were involved in the initial assessment of their care and support needs and planning their care. Some people told us their relatives had also been involved in these discussions. The provider or a senior member of staff undertook the initial assessments. One relative told us “We were asked what we wanted”.

People told us they received the care and support in line with their wishes and the discussions they had had with staff. They felt they received their care and support in line with their care plan. Care plans should have contained a step by step guide to supporting people on each visit, including their preferences, what they could do for themselves and what support they required from staff. However they varied in detail and some required further detail to ensure that they really reflected the discussions with people about their care and support, in line with their wishes and to ensure staff promoted people’s independence. For example, some visit details only contained the basic details of what tasks to undertake during a visit. There was no detail about people’s preferences or what they could do for themselves. One care plan did not detail all the visits. For example, the lunch time visit or a weekly visit to give the person a bath. This meant when a new member of staff undertook this visit they had no guidance about how the person liked their care and support. This was confirmed when one person told us “If they have to send someone new I have to spend all my time telling them what to do I may as well do it myself”. During the inspection we saw that one relative had put together ‘suggested help’ information about their family member and their support needs.

Care plans were reviewed periodically, but records did not always show reviews. Discussions with people confirmed there had been review discussions between them and the provider about their current care and support needs.

The provider had failed to maintain an accurate and complete record of the care and support provided and decisions taken in relation to people’s care and support. This is a breach of Regulation 17 of the Health & Social Care Act 2008 (Regulated Activities) Regulations 2014.

Some people were supported by staff to ensure they were ready to go to day centres, so they were not late or socially isolated. Other people were supported to access the community to socialise or meet up with family members. One relative said, “There is one carer we trust implicitly and she takes us out and uses the wheelchair, when we can organise transport”. People said they looked forward to the staff visits.

People felt confident in complaining, but did not have any concerns. One relative told us “If we have a moan we go to (the provider) and it is dealt with there and then”. People had information about how to complain within the folder kept in their home, so people knew how to complain. This included the timescales in which they would receive a response and contact details of other agencies, such as the local authority. The service had received no complaints in the last 12 months. The provider told us they would thoroughly investigate any complaint and take action to help reduce the risk of further occurrence.

People had opportunities to provide feedback about the service provided. The provider undertook visits to people to carry out their care and support, so during this time people were able to feed back about the service they were receiving. People told us they or their relatives had completed questionnaires to give their feedback about the service provided. Those held on files in the office were very positive.

Is the service well-led?

Our findings

The provider was unable to produce some records required during the inspection; other records were not easily accessible or were incomplete or not up to date. For example, there were no MAR charts detailing the application of creams by staff. There was not always clear information about which cream should be applied where and when. Risk assessments lacked detail about the systems and practices that were in place to keep people safe. One risk assessment was not up to date with current information about the risk. Care plans should have contained a step by step guide to supporting people on each visit, including their preferences, what they could do for themselves and what support they required from staff. These varied in detail and some required further detail to ensure that they really reflected people wishes and to ensure staff promoted people's independence. One care plan did not detail all the visits. Records were not always present of care plan reviews that had taken place.

The provider had failed to maintain an accurate and complete record of the care and support provided and decisions taken in relation to people's care and support. This is a breach of Regulation 17 of the Health & Social Care Act 2008 (Regulated Activities) Regulations 2014.

Records were stored securely and there were minutes of meetings held so that staff would be aware of issues within the service. The provider had introduced the numbering of pages on daily reports made by staff to ensure records remained complete and a list of documents contained within the care folder kept in people's homes to ensure people had received all the documentation.

The provider managed the service themselves and there was no requirement to have a registered manager in place. The provider had owned and managed the service for 11 years. The provider worked full time in the office and was also out and about undertook assessments, reviews and some care and support visits. They were supported by two senior staff that both worked some hours office based and they undertook care and support visits as well. People and relatives all spoke highly of the provider. They felt very comfortable in approaching and speaking with them. Staff felt the provider motivated them and the staff team. The provider organised team building social events, such as a Christmas meal.

The provider told us they adopted an open door policy regarding communication. People felt communication with the office was "excellent" or "good". One relative told us "We get an excellent service from (the provider), she is good". One person said, "(The provider) does her best, she has high standards and pushes her staff. She is very good in so many ways". Another relative told us "I wouldn't know what to do without her". Staff told us they felt the provider listened to their opinions and took their views into account. One said, "(The provider) is a very caring person and will do more things than most".

People and relatives felt the service was well-led. One person said it was well led "In so far as it can be. They look after me well. I am quite happy, very happy with how things are". One relative told us "There is nothing they could do better". Another relative said, "They care for people, (the provider) never says no". The service was very small and it was evident from discussions that any issues or concerns were dealt with at an early stage, to help ensure the service ran smoothly. The provider worked alongside staff and saw problems as and when they occurred. Staff felt the service was well-led.

Health and social care professionals felt the service was well-led. One told us (The provider) works very hard and they work well to care and support people with complex needs. Another said, "I have had no worries or concerns raised to me about this agency, from either the team or from the patients/families. The agency seems to be managed effectively and try to help out where they can".

The service was a member of Age Concern. The provider told us that using the internet was how they remained up-to-date with changes and best practice. They also received magazines from organisations, such as The Carer, Age UK life, Edge Services. The provider said that they had also joined support groups to gain information on conditions, such as Parkinson's.

The provider's philosophy and principles were included in the service user guide. The provider told us staff were aware of the philosophy of the service through induction training and the staff handbook. Staff told they felt the service was a very caring service and promoted dignity and respect. They treated people how they would want to be treated. These statements reflected the provider's philosophy and principles.

Is the service well-led?

The provider recognised that one key challenge ahead was transferring information held in paper records onto the computer system so that better management and monitoring could take place.

People and/or their relatives completed quality assurance questionnaires to give feedback about the services provided. These were all positive, but the provider told us if

there were any negative comments these would have been used to drive improvements required to the service. People rated their overall impression of the service provided as excellent.

Staff had access to policies and procedures via the office or their staff handbook. Policies and procedures were gone through as part of staff's induction. These were reviewed and kept up to date.

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 17 HSCA (RA) Regulations 2014 Good governance

The provider had failed to maintain an accurate and complete record of the care and support provided and decisions taken in relation to people's care and support.

Regulation 17(2)(c)

Regulated activity

Regulation

Personal care

Regulation 18 HSCA (RA) Regulations 2014 Staffing

Staff had not received adequate training, supervision or appraisals.

Regulation 18(2)(a)