Beverley Martins Limited

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Inspection report

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Date of inspection visit:
14 November 2017

Date of publication:
26 January 2018

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**

Summary of findings

Overall summary

We conducted an inspection of Beverley Martins on 14 November 2017. We previously inspected the service on 16 February 2016 and found the service was meeting the regulations inspected. At our previous inspection this service was rated good.

This service is a domiciliary care agency. It provides personal care for people living in their own houses and flats in the community. It provides a service to older adults and younger disabled adults. At the time of the inspection they were supporting 158 people in the London Boroughs of Croydon and Lambeth. Not everyone using Beverley Martins receives a regulated activity; 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.

Prior to our inspection we received some information of concern from an anonymous source. The information indicated potential concerns about the completion of care plans and risk assessments, staff pre-employment checks and the management of medicines. Further concerns were raised about staff training, staff behaviour towards people, complaints management, record keeping and the manager's lack of response to care worker's concerns. We looked into these concerns during this inspection.

At the time of our inspection there was no registered manager at the service. 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 previous manager had recently left the service and a new manager had been appointed and was working at the service when we visited. They had submitted their application to be the registered manager to the CQC.

Risk assessments and support plans contained some information for staff, but did not contain a sufficient level of detail about how care workers were expected to mitigate known risks. We therefore could not be assured that people were protected from avoidable harm.

Staff demonstrated an understanding of people's life histories and current circumstances and supported people to meet their individual needs. Care records included some information about activities people attended, where this was part of their package of care. However, care records contained very limited details about people's recreational interests where people received a 'sitting' service.

The service ensured people's privacy and dignity was respected and promoted.

People were supported with their nutritional needs where this formed part of their package of care. However, care records contained very limited information about people's dietary needs.

The provider's governance framework ensured responsibilities were clear. However, whilst quality performance, risks and regulatory requirements were understood, these were not always effectively managed.

Safeguarding adults from abuse procedures were in place and care workers understood how to safeguard people they supported. Care workers had received safeguarding adults training and were able to explain the possible signs of abuse as well as the correct procedure to follow if they had concerns.

Staff demonstrated knowledge of their responsibilities under the Mental Capacity Act 2005 (MCA). Care records contained details of people's capacity and were signed by people using the service or those lawfully acting on their behalf.

People we spoke with and their relatives told us they were involved in decisions about their care and how their needs were met.

Recruitment procedures were thorough and ensured that only staff who were suitable worked within the service. The service also ensured there were sufficient numbers of suitable staff to support people.

Complaints were investigated and responded to in a timely manner.

Staff had the skills, knowledge and experience to deliver effective care and support, and received support for their roles. There was an induction programme for new staff which prepared them for their role.

The provider had a clear vision and credible strategy to deliver high-quality care and support. Staff demonstrated that they were clear about the values of the organisation and said these guided their work.

During this inspection we found two breaches of regulations in relation to safe care and treatment and good governance. You can see what action we told the provider to take at the back of the full version of the report. We also made a recommendation about developing person centred care plans.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement

The service was not consistently safe.

People's care plans and risk assessments did not contain a sufficient level of detail for care workers about how they were expected to help people to mitigate known risks.

Procedures were in place to protect people from abuse. Care workers knew how to identify abuse and knew the correct procedures to follow if they suspected abuse had occurred.

There were procedures in place to safely administer medicines to people.

There were enough staff available to meet people's needs and we found that recruitment processes helped to ensure that staff were suitable to work at the service.

Is the service effective?

Requires Improvement

The service was not consistently effective.

Care records did not always include a sufficient level of detail in what assistance people needed with their nutrition.

Staff received an induction, training and supervision of their performance.

People were not adequately supported with their healthcare needs. Care records contained very limited details about people's healthcare needs.

The provider was working in line with the Mental Capacity Act 2005 (MCA).

Is the service caring?

Good

The service was caring.

People we spoke with and their relatives told us they were satisfied with the level of care given by staff.

People and their relatives told us that their regular care workers spoke with them and got to know them well. People and their relatives confirmed their privacy and dignity was respected.

Is the service responsive?

Requires Improvement

The service was not consistently responsive.

Care records showed some information about people's involvement in activities. However, care records contained very limited information about people's recreational interests and needs and how care staff could encourage these.

People's needs were assessed before they began using the service and care was planned in response to these needs. However, care records contained very little information about people's preferences in relation to how they wanted their care to be delivered.

There was a procedure in place to listen to and resolve people's complaints.

Is the service well-led?

Requires Improvement

The service was not consistently well- led.

The provider's governance framework ensured responsibilities were clear. However, whilst quality performance, risks and regulatory requirements were understood, these were not always effectively managed.

The provider had a clear vision and credible strategy to deliver high-quality care and support. Staff demonstrated that they were clear about the values of the organisation and said these guided their work.

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Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014

The inspection was prompted in part by anonymous concerns reported about the service. The information highlighted concerns about the delayed development of care plans and risk assessments, a lack of pre-employment checks for new staff and the unsafe management of medicines. There were further concerns about staff training, staff behaviour towards people, the management of complaints, poor recording and the manager's failure to respond to care workers concerns. These concerns were looked at during this inspection.

We visited the office location on 14 November 2017 to see the manager, office staff and to review care records and policies and procedures. After the site visit was complete we then made calls to people who used the service, their relatives and care workers who were not present at the site visit.

Prior to the inspection we reviewed the information we held about the service which included notifications that the provider is required to send to the Care Quality Commission (CQC) as well as the previous CQC report.

We spoke with eight people using the service and seven of their relatives on the telephone. We spoke with 12 care workers after our visit over the telephone. We spoke with the manager of the service and other senior members of the management team. We also spoke with one care coordinator who was responsible for the rotas and line managed care workers who supported people in one London borough. We also looked at a sample of 16 people's care records, 12 staff records and records related to the management of the service.

Requires Improvement

Is the service safe?

Our findings

Our discussions with people using the service identified no safety concerns. People told us they felt safe when using the service. Comments from people included, "I feel very safe with the care workers" and "I think they're very good and have always trusted them." However, despite these positive comments, we found that the provider had not always done all that was possible to protect people from harm.

Prior to our inspection we received some information of concern that indicated that care plans and risk assessments were completed after care workers had begun providing care to people. We looked at 16 people's support plans and risk assessments and found that these had been completed prior to the commencement of care being provided. Whilst we did not find any evidence to substantiate the information of concern, we did identify other concerns in relation to risk assessments and care plans.

A senior member of staff visited the person using the service and conducted a risk assessment on the safety of the person's home environment as well as conducting a needs assessment around various possible areas of support including the person's mental state, medical conditions and nutritional needs. These details were incorporated into a document called a 'Service user profile general risk assessment' which was a document that incorporated the risk assessment and plan of care.

People's needs assessments were brief and read as checklists of the different areas of support the person could require. For example, the form included a checklist related to people's moving and handling needs. The checklist included various relevant questions aimed at specifying what the person's moving and handling needs were. These questions included whether the person needed assistance to stand, whether they needed the use of equipment to do so and whether there were any limitations to the person's movement that affected the person. There was also a section of the form where specific instructions could be included for care workers in assisting the person with their moving and handling needs. Whilst we found the checklist section of this form was fully completed and provided basic details about what the person's needs were, we found that there were limited specific, recorded instructions for care workers in the subsequent section of the form. We found this section was either left blank or included a single sentence that reiterated the findings within the checklist. Each form contained general instructions to care workers in moving and handling people who required the use of a hoist whether or not the person required this. This demonstrated that care records were standardised and not always personalised to the needs of the person using the service. We therefore could not be assured that care workers had sufficient guidance to support people safely.

Further to this, we did not find evidence of specific risk assessments relating to the risk of people falling in any care records we viewed. We found this to be the case in two care records where the referring local authority had stated the people had experienced a fall within the last 12 months. In other care records, where people used mobility equipment such as walking sticks or Zimmer frames, it was not clear whether the person was at risk of falling or not and therefore there was no information for care workers about how to manage such risks.

We spoke with care workers about the risk of people falling and they had a good level of knowledge about this. One care worker told us, "You get to know people and it's obvious whether the person is at risk of falling or not. I do things such as making sure there's nothing on the floor the person could trip on, I make sure people are wearing the right shoes and I supervise them when they're moving." Another care worker told us, "I know which of my clients is at risk of falling… one thing I do to help them is, I make sure things are where they should be and within easy reach. I think that cuts down the risk."

We spoke with the manager about some people's possible risk of falls. She provided information about the actions that had been taken to mitigate the risk of people falling. For example, we were told where people had grab rails for their assistance in moving around their home and instructions that had verbally been provided to care workers. However, she agreed that no specific assessments had been conducted which had comprehensively explored the level of risk to help ensure that people were protected from the risk of avoidable harm. The manager said she would address this immediately.

The above issues constitute a breach of regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Prior to our inspection we received information of concern about staff not undergoing pre- employment checks prior to starting work at the service. We found the service promoted safe recruitment practices. We looked at the recruitment records for 12 care workers and saw they contained the necessary information and documentation which was required to recruit staff safely. Staff files showed checks of employment histories, relevant written references, identification and criminal record checks. Records indicated recruitment checks took place before staff started working with people.

Prior to our inspection we received information of concern about the unsafe management of medicines. We found medicines were administered safely to people. Care workers were responsible for administering medicines to some people and filled in medicines administration record (MAR) charts. Care staff made a note in people's daily records where they prompted them to take their medicines. Care staff sent MAR charts and daily records to the office on a monthly basis and they were reviewed by senior staff who queried any discrepancies so they could address any concerns.

Care staff we spoke with told us they had received medicines administration training and records confirmed this. Care staff were clear about the medicines that people should be taking and provided appropriate support that met people's individual needs.

Staff received emergency training as part of their initial induction and this covered what to do in the event of an accident, incident or medical emergency. Care workers told us what they considered to be the biggest risks to individual people they cared for and they demonstrated an understanding of how to respond to these risks. This included precautionary measures to avoid incidents and how to respond if an accident did occur. Care workers told us they would contact the emergency services in the event of an accident or incident or take other appropriate action, such as informing the person's GP and their manager.

The provider's systems, processes and practices safeguarded people from abuse. The provider had a safeguarding adults policy and procedure in place. Staff told us they received training in safeguarding adults as part of their initial induction and demonstrated a good understanding of how to recognise abuse, and what to do to protect people if they suspected abuse was taking place. This included using the provider's whistle blowing policy. Whistleblowing is when a staff member reports suspected wrongdoing at work. Staff can report things that are not right, are illegal or if anyone at work is neglecting their duties, including if someone's health and safety is in danger. One care worker told us, "I would report any concerns I had either

to the manager or would whistle blow my concerns if I wasn't being taken seriously." Another care worker told us, "Aside from the obvious signs of abuse, I watch out for people's behaviour. I know my clients well so can tell if someone's acting differently or if something's not quite right." The provider also had measures in place to minimise the risk of financial abuse. There were clear procedures in place and care staff were required to record the details of any financial transactions they had completed on people's behalf together with the receipts to evidence expenditure which were then reviewed by senior staff. A member of the safeguarding team at the local authority confirmed they did not have any concerns about the safety of people using the service.

The provider ensured sufficient numbers of suitable staff were in place to support people to stay safe and meet their needs. We spoke with the manager about how she assessed staffing levels. She explained that the initial needs assessment was used to consider the amount of support each person required. As a result senior staff determined how many care workers were required per person and for how long. Senior staff told us that if as a result of their assessment more care workers were needed than requested by the referrer, this would be negotiated with the referrer who was usually the local authority. Care workers also confirmed that they kept the office informed about whether they needed more time to conduct their work. They told us the timings of their visits could be extended if this was required. One care worker commented, "I don't have any issues as I think the timetables are pretty fair, but I would report if I was being asked to do too much in a short time."

The provider had systems in place to prevent and control the spread of infection. Records showed staff received training in infection control and food hygiene matters. When we spoke with staff they demonstrated a good level of knowledge on good infection control practices. Care workers told us, "I always make sure I wash my hands properly and wear gloves when needed" and "I am very careful when preparing food for clients. I make sure all items are clean before using them."

The provider learnt and made improvements when things went wrong. The service had a procedure on how to deal with accidents and incidents. This included reporting and investigating the matter and depending on the results of the investigation, taking action to mitigate the risk of a reoccurrence. We looked at the provider's accident and incident records. These records showed that the relevant persons had been interviewed to determine the causes of the incident and appropriate advice was given to the parties to help prevent a reoccurrence.

Requires Improvement

Is the service effective?

Our findings

People told us they were encouraged to eat a healthy and balanced diet where this was part of the package of care they received. People's care records contained some information about their dietary requirements but there was very limited information on their likes and dislikes in relation to food. Care workers told us they asked people what they wanted to eat when they visited and where they were required to undertake food shopping for people, they told us they were always given instructions on what to purchase.

However, we found that care records did not always include exact details of what assistance people needed in relation to their nutrition. People's needs assessment included a specific section which asked relevant questions aimed at determining what people's nutritional needs were. We saw two examples of care records which stated that the person needed assistance with eating and drinking, but did not include any further information. We discussed this matter with the manager and she confirmed what people's needs were, but agreed that these details were not included in the care plans. She agreed to rectify this issue as soon as possible.

Care records lacked information about how staff supported people to live healthier lives, have access to healthcare services and receive ongoing healthcare support. Care records contained limited information about people's health needs. Care records included a section entitled 'medical profile' and this included a list of people's known health conditions. However, there was limited information about what these health conditions were and how they affected people. The manager explained that where details were lacking about people's health needs, she would liaise with healthcare professionals to obtain specific advice or instructions. However, we found there was a consistent lack of written instructions in relation to people's mental health needs. The needs assessment included a section on mental health where relevant questions were asked to determine whether the person had any mental health conditions. The types of questions asked included whether the person had depression or anxiety. However, there was very little written advice for care workers in how to manage these conditions and there was little written evidence of external advice into these matters. We spoke with the manager about this and she agreed to amend care records to include these details as soon as possible. When we spoke with care workers they demonstrated a good level of knowledge about people's health needs and demonstrated a good knowledge of how they were expected to support people with these.

Prior to our inspection we received information of concern that indicated that care workers were not being trained before providing support to people. People told us staff had the appropriate skills and knowledge to meet their needs. Their comments included, "The carers are good. Very professional" and "They're good at their jobs. I only have to tell them once and they remember what to do." Senior staff told us and care workers confirmed that they completed training as part of their induction as well as some ongoing training. Records confirmed that staff had completed mandatory training in various topics as part of their induction prior to starting work. These topics included first aid, management of aggression and safeguarding.

Records and feedback from the management team showed new staff underwent an induction programme in line with national training standards. This included a minimum of four days of initial training, a further

period of shadowing of experienced staff which varied in duration depending on the care worker's needs and experience, before working independently. The process also involved online completion of the Care Certificate. The Care Certificate is a set of minimum standards that social care and health workers meet in their daily working life. Care workers were required to complete this and have activities signed off by internal assessors. Staff told us they felt well supported and received regular supervision of their competence to carry out their work. Records showed that supervision sessions were used to discuss specific people and their needs, care worker's training and development needs. The manager told us supervisions were supposed to take place every two months, and the records we saw confirmed this.

The manager told us annual appraisals were supposed to be conducted of care workers' performance once they had worked at the service for one year. Care workers confirmed these were taking place and said they found them useful to their practice. Records also confirmed these were taking place. One care worker told us, "The appraisal meeting was a really good opportunity to look back and reflect on what I'd done. I set myself goals and am now working towards these."

Peoples' rights were protected in line with the Mental Capacity Act 2005 (MCA) as the provider met the requirements of the Act. The MCA provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

Staff had received MCA training and were able to demonstrate that they understood the issues surrounding consent. One care worker commented, "If I was worried that somebody did not have capacity to make decisions, I would report this to the office." Care records were signed by people using the service and where someone had signed on their behalf, we saw written confirmation that the person was their Lasting Power of Attorney (LPA) for health and welfare matters.

The provider assessed people's needs and choices so that care and support was delivered in line with relevant legislation and standards to achieve effective outcomes. Care was delivered in accordance with internal policies and procedures in a number of areas, including medicines management, safeguarding vulnerable adults and infection control. Policies identified the procedures to be followed and relevant legislation and standards that had to be adhered to. For example, we found the medicines management policy referenced medicines administration advice from organisations such as the Royal Pharmaceutical Society, Department of Health and Local Authorities. We found the safeguarding policy referenced the Mental Health Act 1983 in relation to Guardianship and included written information for staff in relevant circumstances. We also found the provider's policy on consent included detailed information about the Mental Capacity Act 2005 and how care workers and other staff could ensure that care was only delivered in line with people's valid consent. We spoke with the manager about the provider's compliance with legislation and standards and she explained that she worked to ensure that all care staff were given up to date training that was delivered in accordance with current standards and legislation. She explained that if she was unsure of a particular course of action, she was able to contact external professional teams for further advice.

The provider worked in co-operation with other organisations to deliver effective care and support when needed. We saw examples in people's care records of advice that had been sought from external professionals in relation to people's care. For example, in one care record we saw a report from an occupational therapist which specified the person's moving and handling needs as well as the equipment the person needed. There was also a specific moving and handling plan in place which had recently been

written and accompanied the person's care record to ensure that up to date instructions from the healthcare professional involved were being followed.

Good

Is the service caring?

Our findings

People and their relatives gave positive feedback about their care workers. People told us, "Everything's wonderful, I'm very happy with the service", "The carers are very good" and "They're very nice people." People and their relatives told us they were treated with kindness and compassion by the care workers who supported them. People confirmed that they were usually seen by the same care workers and said that positive relationships had developed. People told us, "I get the same carer, but if she goes on holiday, someone else will come. My usual lady is very nice" and "The girl I've got coming to see me is brilliant. She reminds me of my granddaughter."

Care workers told us they worked to promote people's independence. A care worker told us, "We do try to promote people's independence and involve them in what we're doing. It really depends on the person's needs and what they need help with." Another care worker said, "I always involve people by giving them choices and then try to get them involved after that. Sometimes it can depend on the person's mood too and how much energy they have that day."

Prior to our inspection we received information of concern that indicated that people were not being spoken to with respect. People we spoke with confirmed they were spoken to in a respectful manner. Comments included, "My care worker is very polite and very respectful" and "They do respect me and my family."

Care workers explained how they promoted people's privacy and dignity and gave us practical examples of how they did this. Comments included, "When I give personal care, I am careful to close the door and close the curtains" and "I make sure I promote people's privacy when I come in their home. I don't touch things I don't need to, I wouldn't let people into their house. I wouldn't tell people what we were talking about. They have to know they can trust me." People we spoke with also confirmed their privacy was respected.

Our discussions with the manager and care workers showed they had a good knowledge and understanding of the people they were supporting. Care workers told us they usually worked with the same people so they had got to know each other well. Care workers gave details about the personal preferences of people they were supporting as well as details of their personal histories. They were well acquainted with people's habits and daily routines and the relatives we spoke with confirmed this. For example, one care worker explained that one person would only eat their meals from a specified location and another care worker told us about the importance of a high level of cleanliness to another person they were supporting. The care worker told us, "It is not my home, it is their home so I make sure I do everything the way they would like."

As far as possible, the service supported people to express their views and be actively involved in making decisions about their care and support. The management team conducted quarterly reviews of people's care and took action to deal with any requests that people made. For example, one relative told us, "They do make an effort to contact us to ask how things are going and we have made some comments before. They do listen to you and change things if you ask them to."

Care records gave some details about people's cultural and religious requirements, and the manager confirmed that these were identified when people first started using the service. When we spoke with care staff they had a good level of knowledge about people's culture and spiritual beliefs and how this influenced and contributed to the support they provided.

Requires Improvement

Is the service responsive?

Our findings

People using the service and relatives we spoke with told us they were involved in decisions about their care and said staff supported them when required. One relative told us, "We are kept in the loop about [my family member's] care." However, despite these positive comments we did identify some concerns.

People's needs were assessed before they began using the service and care was planned in response to these. Assessments covered areas such as physical health, dietary requirements and mobilising. However, care records were very limited in the level of detail they contained. The document which covered both the risk assessments, the needs assessment and also served as the person's care plan, included checklists in various areas of people's support with very little additional, instructional information for care workers. For example, one area of the needs assessment included a checklist to determine the person's needs in relation to bathing and another section looked at the person's needs in relation to oral health. The checklists included relevant questions such as whether the person needed assistance to bath and shower or whether they wore dentures. Where the person had needs in a particular area, this was identified as the checklists were fully completed. However, there was little specific, personalised detail to indicate what assistance the person required in particular. For example, one checklist identified the person wore dentures, but there was no indication as to whether the care worker was required to assist with these in any way. Another person's checklist indicated that they needed assistance to bath or shower, but there was no recorded detail indicating exactly what help they needed and what they were able to do for themselves.

Care records showed some information about people's involvement in activities where this was relevant to the package of care being provided. As part of the initial needs assessment, a senior staff member spoke with people and their relatives about activities they already participated in so they could continue to encourage these where they were able to do so within the authorised time limits. Care records included a section which included details about what activities people were required to attend as part of their package of care. Where care workers were not required to escort people to a particular activity, but provided a 'sitting' service there were no recorded details about activities people enjoyed within their care record. This created a risk that new care workers would not know important details about people's lives to ensure that they were able to meet their individual needs and preferences effectively.

Prior to our inspection we received information of concern that indicated that people's complaints were not being responded to in a timely manner. We found that people's complaints or concerns were being responded to in a timely way. The provider had a complaints policy which outlined how formal complaints were to be dealt with. People who used the service and relatives confirmed they knew who to complain to and told us they felt confident they would be listened to. One person told us, "I haven't made a complaint as such, but I did ask them to change something and they did that immediately." The manager told us how they would handle formal complaints and we saw this was in line with the complaints policy. The service had not received any formal complaints at the time of our inspection.

People who used the service and/or their relatives where appropriate told us they had been involved in developing care plans to ensure that their views were taken into account. They provided information about

how the person's needs should be met, however, the recorded information was lacking in detail. For example, most care records contained either very limited or no information about people's life history or preferences in relation to how they wanted their care to be delivered. This created a risk that new care workers who were unfamiliar with the person's needs would not have the information to provide the type of care people wanted. We recommend that the provider seek advice from a reputable source about developing person centred care plans.

We saw evidence that people's care records were reviewed within 12 months. Risk assessments and care records were updated after a 12 month period and these included any changes in people's needs.

Prior to our inspection we received information of concern that indicated that logging sheets which recorded care worker's attendance at care visits were not being filled in. We found people's logging sheets and daily notes were reviewed on a monthly basis and the manager queried any discrepancies with the care worker if needed.

People using the service and relatives we spoke with confirmed they had been involved in the assessment process and had regular discussions with staff about their needs. Relatives also confirmed care staff kept daily records of the care provided and these were available for them to see.

Requires Improvement

Is the service well-led?

Our findings

The provider's governance framework ensured that responsibilities were clear. However, whilst quality performance, risks and regulatory requirements were understood, these were not always effectively managed. Internal reviews were conducted of people's care on a quarterly basis. People were asked questions in relation to the care they received in areas such as the timeliness of care visits, the quality of the care and whether the care worker was appropriately completing timesheets. The feedback obtained was then analysed and an action plan was put in place to manage any areas that required improvement. The data gathered from the previous two quarters indicated that the level of satisfaction from people using the service was high. However, the organisation's internal monitoring did not include a check of people's care records and therefore, the issues we found in relation to people's care records had not been identified. People's individual records were incomplete and did not contain sufficient detail to ensure that they received appropriate and safe good quality care at all times.

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

Prior to our inspection we received information of concern that indicated that the manager did not respond to care workers concerns. Staff told us the manager did respond to their feedback and they gave positive feedback about her effectiveness as a manager. Staff told us they worked well as a team and enjoyed their job. One care worker said, "The office staff are good. If I have any issues, there's always someone I can speak to." Another care worker told us, "I think the manager is very helpful."

The provider had a clear vision to deliver high-quality care and support. Staff demonstrated they were familiar with the values of the organisation and said these guided their work. One care worker told us, "We talked about the values of the organisation in my induction and I completely agreed with what they said. It's why I work here. I want to help people to live the lives they want." The manager confirmed that the values of the organisation were introduced to care workers within their induction. These values included helping people to achieve and keep their independence and involving people in making decisions and giving them enough information to do so. The manager further explained that they were planning to change their recruitment process to include only values based interview questions which would further ensure that they were employing the right people.

The provider had a strategy to deliver good quality care. We saw a copy of the provider's 'strategic and operational objectives' document for 2017-2018. This demonstrated that the provider intended to develop its business to ensure that they fully met the requirements of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. The provider had specific operational objectives which were devised to meet the overall objective of meeting its legal requirements under the regulations.

The provider worked with members of the multidisciplinary team in providing care to people. This included the local pharmacist and the GP. The local authorities commissioning services also attended to conduct their monitoring checks. Where issues were identified improvement plans were put in place.

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 The provider did not always assess the risks to the health and safety of service users and did not do all that was reasonably practicable to mitigate any such risks. Regulation 12(1)(2)(a),(b).

Regulated activity	Regulation
Personal care	Regulation 17 HSCA RA Regulations 2014 Good governance The provider did not always maintain an accurate and complete record in respect of each service user. Regulation 17(1)(2)(c).