

Just Care (North West) Ltd

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Inspection report

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Tel: 01928588506

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15 June 2018

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Good 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

This inspection took place on 14 and 15 June 2018 and was announced.

Just Care is a domiciliary care agency. It provides care to people living in their own houses and flats in the community. It provides a service to older adults. At the time of the inspection the registered provider was providing support to 77 people.

Not everyone being supported by Just Care received personal care. A small proportion of people were supported with domestic duties, accessing the community and social needs. The Care Quality Commission (CQC) only inspects the service being received by people provided with 'personal care'; help with tasks relating to personal hygiene and eating. Where they do we also take into account any wider social care provided.

There was no registered manager in post at the time of the inspection. A 'registered manager' is a person who has registered with 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. The registered provider had appointed a manager in January 2017 but they had not submitted the relevant documentation to CQC.

At the last inspection in March 2016 the registered provider was awarded an overall rating of 'Good'. However, we identified a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 (Safe Care and Treatment). Following the inspection, we asked the registered provider to complete an action plan to tell us what changes they would make and by when. An action plan was submitted and we looked to see if the registered provider had made the necessary improvements.

During this inspection we found a number of improvements still needed to be made as the registered provider was found to be in breach of 'Good Governance'. We are taking appropriate action to protect the people who are being supported by Just Care.

At the last inspection we found that medicine management processes in place were not safe. Recording procedures and the administration of medicines were not safely managed. During this inspection we checked to see if medicine management processes had improved. Whilst improvements had been made and the registered provider was no longer in breach of regulation in relation to 'Safe Care and Treatment' we found further developments were needed to this area of care provided.

Care plans and generic risk assessments were in place for each person supported. However, the risk assessments we reviewed were not tailored to the individual and records did not always contain the most up to date information. Quality assurance systems were not always effective in identifying areas of improvement which were required in relation to the quality and standard of care provided.

You can see what action we told the provider to take at the back of the full version of the report.

Staff were familiar with 'Accident and Incident' reporting procedures. There was an up to date 'Accident Reporting' policy in place although we identified that incidents involving medication were not routinely monitored. New documentation was implemented by the end of the inspection to ensure that all incidents involving medication were recorded and risk was mitigated.

Staff and managers expressed that they had recently experienced some problems with staffing levels. However, staff and people we spoke with expressed that staffing levels were well managed and people received a safe level of support they required.

Recruitment processes were safe. All staff had suitable references, the relevant applications had been completed, previous employment history had been established and disclosure and barring system checks (DBS) were in place.

Staff were knowledgeable in the area of safeguarding and whistleblowing procedures; staff knew how to report any concerns and who to report their concerns to. Staff had also received the necessary safeguarding training which meant that people were protected from harm and abuse.

Health and safety policies and procedures were in place. Staff were provided with personal protective equipment (PPE) and they were aware of the different infection prevention control procedures which needed to be complied with.

During the inspection we checked to see if the registered provider was complying with the principles of the Mental Capacity Act, (MCA) 2005. People's ability to make decisions about the care they received was considered in line with principles of the MCA. However, we did identify that 'consent' to care documentation needed to be reviewed and updated.

Staff were supported and encouraged to develop their skills and abilities. Staff received regular supervisions and annual appraisals. There was also a robust induction package in place and staff received regular training and annual re-fresher training accordingly.

The day to day support needs of people was safely and effectively managed. We saw evidence of support provided by external healthcare professionals such as GP, district nurses, occupational therapists and dietitians. People received a holistic level of care which supported their overall health and well-being.

People's nutrition and hydration support needs were effectively supported, measures were in place to mitigate risk and appropriate referrals were made to external healthcare professionals.

People expressed that they were treated with dignified and respectful care. People said that staff were compassionate, kind and provided warm and considerate care. Relatives also expressed that they always observed staff providing a high standard of care.

A person-centred approach to care was evident. Care records contained specific information about the people who were supported and staff expressed that they were able to familiarise themselves with the person's preferences, likes/dislikes and daily routines.

There was a complaints policy and procedure in place. Complaints were responded to in line with the registered providers policy. People knew how to raise any concerns and were provided with the complaints

process from the outset. People explained that if they did have any complaints or concerns they could confidently speak to staff or managers.

The registered provider had systems in place to gather feedback regarding the provision of care provided. People and relatives were encouraged to share their views regarding the quality and standard of care. This was done through annual questionnaires, care reviews and staff observations.

The registered provider had a variety of different policies and procedures in place. Policies were up to date and contained relevant information. Staff explained where policies could be accessed and the importance of following the guidance provided. Some of the policies we reviewed included medication administration, infection prevention control, safeguarding adults, equal opportunities and confidentiality.

There was a culture of warmth, kindness and compassion. Staff expressed that they felt supported by the managers and believed there was always an 'open door' policy operated. Staff explained that the managers and staff worked together as a team for the benefit of the people they were providing care for.

The registered provider was aware of their regulatory responsibilities and understood that CQC needed to be notified of events and incidents that occurred in accordance with the CQC's statutory notifications procedures.

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 always safe.

Generic risk assessments were in place and routinely managed although further consideration needed to be given so that they were tailored around to the individual.

Accident and incidents were generally recorded although medication incidents needed to be consistently monitored and safely managed.

Medication management procedures were safely in place; new paperwork had been implemented and all staff had received the relevant medication administration training.

Recruitment was safely managed and there was enough staff to provide the level of safe care and treatment that people required.

Is the service effective?

Good 

The service was effective.

The principles of the Mental Capacity Act (2005) were followed accordingly for people who lacked capacity.

Staff supervisions and appraisals were routinely taking place.

Staff were encouraged to develop their skills and knowledge. Staff were provided with a variety of different training courses.

People's nutritional and hydration needs were effectively supported.

Is the service caring?

Good 

The service was caring.

People expressed that the staff were kind, compassionate and caring. Relatives also said that the care provided was that of a high standard.

People told us that they were treated with dignity and respect.

Confidential information was safely stored and well protected.

Is the service responsive?

Good ●

The service was responsive.

A person-centred approach to the care was evident in the care records we reviewed.

Staff expressed that they were familiar with the individual support needs of the people they were supporting.

There was a complaints policy in place and people were aware of the complaints process.

Is the service well-led?

Requires Improvement ●

The service was not always well-led.

There was no registered manager in post at the time of the inspection.

Quality assurance systems needed to be improved so that they were more effective in monitoring and assessing the quality and safety of care provided.

The views and opinions of people who were supported were gathered and action plans were created to improve the quality and standard of care people received.

Policies and procedures were up to date and contained the relevant information and guidance for staff to follow.

Just Care (North West) Limited

Detailed findings

Background to this inspection

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

The inspection took place on 14 and 15 June 2018 and was announced.

The provider was given 48 hours' notice prior to the inspection visit. Prior notice is provided because the location provides a domiciliary care service and we needed to be sure that staff would be available on the day to support the inspection.

The inspection team consisted of one adult social care inspector.

Before the inspection visit we reviewed the information which was held about Just Care. This included notifications we had received from the registered provider such as incidents which had occurred in relation to the people who were being supported. A notification is information about important events which the service is required to send to us by law.

A Provider Information Return (PIR) was received prior to the inspection. This is the form that asks the provider to give some key information in relation to the service, what the service does well and what improvements need to be made. We also contacted commissioners and the local authority prior to the inspection. We used all this information to plan how the inspection should be conducted.

During the inspection we spoke with the registered provider, manager, managing director, quality control manager, seven members of staff, four people who were being supported and five relatives over the phone.

We also spent time reviewing specific records and documents, including six care records of people who were receiving support, six staff personnel files, staff training records, six medication administration records, audits, complaints, accidents and incidents, health and safety records, action plans, policies and procedures and other documentation relating to the overall management of the service.

Is the service safe?

Our findings

At the last inspection, we found that the registered provider was in breach of regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulation 2014 in relation to 'Safe Care and Treatment'. This was because medication management systems in place did not ensure that people received their medication in the safest possible way. During this inspection, we found improvements had been made and that further improvements were required.

Each person had a medication care plan and risk assessment in place. The risk assessment contained detailed information about whether or not the person was able to collect their own medication, ability to administer their own medication, staff support required, topical (medicated) cream information and the storage requirements of medication.

There was an up to date medication policy in place which contained important information and guidance for staff to follow. All staff who supported people with medication administration had received the necessary training and were regularly observed administering medication through spot checks. Medication administration records (MARs) were generally completed by staff, although it was identified that some MARs had missing staff signatures. The manager explained that this was an area for improvement that had been identified during monthly medication audits.

Medication audits were completed by the Quality Control Manager. The audits assessed individual MARs, record keeping and errors and incidents. Audits identified areas of development and actions taken to manage such areas. For example, one medication audit identified that a certain member of staff had not completed a person's MAR as required. The member of staff was spoken to and it was discussed during their supervision.

We reviewed medication which could be administered 'as and when' the person required it. This is referred to as 'PRN' medication and can be administered by staff when it is requested or it is apparent that the person requires it. We informed the manager that a more robust PRN protocol was required. Protocols needed to be more comprehensive in relation to the PRN medication administered, the reasons why PRN medication was administered and guidance staff needed to follow. The manager responded to our feedback and implemented a new, more comprehensive PRN protocol by the end of the inspection process.

The registered provider was no longer in breach of regulation 12 in relation to 'Safe Care and Treatment'.

There was an 'Accidents and incident' reporting policy in place and staff were familiar with the necessary reporting procedures. Most of the accidents and incidents we reviewed were recorded and risks were mitigated, although we identified that medication incidents were not routinely managed. Medication errors were identified on the monthly audit but there was no evidence of how significant medication incidents and risks were monitored and managed. We discussed this with the manager during the inspection and they agreed that medication incident process needed to be further reviewed. Following on from the inspection, we were provided with newly revised medication incident paperwork which enabled the registered provider

to effectively monitor and manage medication incidents accordingly.

We received positive comments from people and relatives about the level of safe care provided. Comments received from people included "They [staff] offer lots of help" and "The staff are great." Relatives also said, "They support with whatever [relative] needs, there has been some teething problems but everything has been sorted now, I'm happy with how it's going", "It's brilliant, really really happy with the care" and "They can't do enough for [relative] I've definitely got peace of mind."

Each care record contained a schedule of care each person required and a range of risk assessments which outlined the level of risk that needed to be managed. There was a range of seven different risk assessments in place which included personal assessment (general health) moving and handling, environment, falls, pressure sore, social activity and medication. However, we identified that risk assessments needed to be more tailored to the individual so that they included more comprehensive detail about the level of risk involved.

For example, one person was supported with specific nutritional and hydration support needs and another person was supported with a specific health related condition. There was evidence within the care record of the support staff provided but there were no individual risk assessments in place. We discussed this with the manager at the time of the inspection and they agreed that risk assessments needed to be tailored to the individual by demonstrating more specific detail about how individual risk needed to be managed.

Each care record contained detailed information about the general level of health and well-being. Information included past and present medical conditions, schedule of support times and the support provided, external healthcare professional input and any additional tasks and guidance that staff needed to be aware of.

The manager and staff expressed that they had recently experienced a difficult period in relation to staffing levels. We were informed that staffing levels had recently decreased but there was a recruitment drive in place. Staff confirmed that the managers supported staff when staffing levels had been impacted upon, people and relatives also confirmed that personal care was always provided and support visits were never missed. We were told that staff arrived at the scheduled times and delivered the care which was expected in the allotted timeframe.

We checked to see if the registered provider had safe recruitment procedures in place. All staff files contained application forms with detailed employment history and qualifications, appropriate references, photographic identification, health questionnaire, interview record as well as the appropriate Disclosure and Barring Service (DBS) check. DBS checks are carried out to ensure that employers are confident that staff are suitable to work with vulnerable adults in health and social care environments. Such checks assist employers to make safer decisions about the recruitment of staff. The registered provider also ensured that routine DBS checks were carried out every three years. This meant that the registered provider continued to check their employee's suitability to work with vulnerable people.

Staff explained their understanding of 'safeguarding' and 'whistleblowing' procedures. Staff discussed what concerns they would raise and who they would report their concerns to. There was an up to date adult safeguarding and whistleblowing policy in place and staff had received the necessary safeguarding training. This helped to ensure that people who were supported by Just Care were protected from harm and abuse.

Environmental risk assessments were reviewed during the inspection. Risk assessments identified potential hazards which needed to be considered and safely managed. Specific risks which were assessed and

managed included security and accessibility, internal living areas, furniture and fittings as well as external areas such as pathways and entrance areas. This meant that staff were familiar with all potential hazards/risks which needed to be suitably and safely managed.

There was an infection prevention control policy in place. Staff were provided with uniforms and necessary personal protective equipment (PPE). This ensured that personal care was carried out in the safest and most hygienic way possible, therefore minimising the spread of infection. Staff also expressed that they understood the importance of complying with infection prevention control measures.

Is the service effective?

Our findings

We received positive comments regarding the effectiveness of the care provided. Comments we received from people included "They [staff] come four times a day and help with what I need", "I always receive the support I need" and "The girls [staff] are all lovely, they know me well." Relatives said "The staff are certainly well trained and skilled, I'm definitely satisfied with the care provided", "The carers have been coming a long time, they're very familiar with [person] even the new staff are familiar and are very good with [person]. They definitely know what they're doing", "[Person] gets on with carers really well. I couldn't ask for more" and "I'm very happy, there's regular staff, probably a team of four consistent ladies, who [person] is very familiar with."

We reviewed if the registered provider was complying with the Mental Capacity Act, 2005 (MCA). 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 people lack mental capacity to make 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 to receive care and treatment when this is in their best interests and legally authorised under the MCA.

Care records demonstrated that people were involved in the care being provided and people were encouraged to make choices in relation to the day to day care they received. This meant that the registered provider was complying with the principles of the MCA and ensured that people who received care were fully involved in the decisions made in relation to their day to day support needs. Where legally able to do so, family members were involved in 'Best Interest' decisions in relation to the care and support which was provided. However, we did identify that care records did not contain 'consent' documentation. We discussed our findings with the registered provider who agreed that 'consent' documentation needed to be implemented to evidence people's consent to care from the outset.

Staff expressed that they were fully supported by the registered provider. Staff received supervisions, annual appraisals and routine 'spot checks' had also taken place. Supervisions are regular meetings between the staff member and their manager to discuss any issues which need to be addressed in a one to one setting. Appraisals are used to identify goals and objectives for the year ahead to ensure staff are supported to develop within their role. 'Spot Checks' ensured that staff were competent to provide the level of care expected. Comments we received from staff included, "I really enjoy my job, we receive all the support we need."

All new members of staff were expected to complete an 'induction' as part of their probationary period. Staff were expected to complete 'shadow shifts' (working alongside more experienced members of staff) before they provided one to one personal care. Staff also completed specific practical training such as manual handling and first aid as well as being enrolled on to the 'Care Certificate'. The Care certificate was introduced by the Government in 2015. This is a set of standards that social care and health workers comply with in their daily working life. The Care Certificate is a new set of minimum standards that should be

covered as part of induction training of new care workers.

The registered provider also ensured that staff were provided with training in areas such as health and safety, infection control, fire safety, first aid, food hygiene, safeguarding adults and MCA and Deprivation of Liberty Safeguards (DoLS). Staff we spoke with said "There's lots of training", "I've definitely been well equipped in different areas" and "I've received all of the practical training to support my knowledge and understanding."

We saw evidence throughout the care records of the necessary referrals which had taken place to external healthcare professionals. People received holistic support in relation to their health and well-being needs. Support was provided by Speech and Language Therapists, (SALT) Occupational Therapists, GPs, Dieticians and District Nurses. Staff followed the necessary guidance provided by healthcare professionals which meant that people were effectively supported with the care and support required.

People were supported with their nutrition and hydration support needs although we did identify that this area of care and support needed to be appropriately recorded and risk assessed. Staff were familiar with the necessary guidance which needed to be followed. Care records also provided staff with information in relation to people's likes, dislikes and preferences in relation to the food and drink.

Is the service caring?

Our findings

We received positive comments about the care provided by Just Care staff. Comments we received from people included "They're [staff] kind and caring to me", "They're kind and I've built up good relationships with them" and "Carers are lovely to me." Relatives said, "They're very respectful and provide dignified care", "There has been a few times when I've witnessed the care and they involve [person] in the care provided", "They're all lovely, friendly, helpful and very supportive, they're all really good with [person]" and "[Person] is very independent and they really try and support [person] with that."

People and relatives expressed that the staff were familiar with the different levels of care and support required. Staff were able to describe intricate details about specific people we asked them about during the inspection. This demonstrated that staff were knowledgeable around some of the more significant levels of support people required and risks involved.

People and relatives explained how staff provided care and support in a dignified, compassionate and respectful way. Care records demonstrated how people were offered 'choice' and were 'prompted' and encouraged to make decisions about the care they required. People were also supported to remain as independent as possible. For example, one care record we looked at said '[Person] is to be dressed in clean clothing of choice each day, dignity will be maintained, independence and well-being promoted and risks to be minimised.' In another care record it explained '[Person] wishes to remain as independent as possible and has requested that carers only provide assistance with tasks that [person] cannot manage.'

During the inspection we asked staff how they promoted dignity and respect to the people they supported. Staff explained how they would always gain consent from the person before providing any personal care. They would always provide care in a dignified manner by closing doors, shutting blinds and curtains and would always communicate and explain the level of care being provided. One relative said "They really do look after [person] they offer reassurance and talk to [person], [person] really looks forward to them coming."

People who received support were asked about the standard and quality of care provided. In a recent satisfaction survey which had been returned, 96% of people confirmed that they were treated with respect and 98% of people confirmed that Just Care was 'caring'.

'Spot Checks' were conducted as a measure of monitoring and assessing the standard and quality of care provided. The 'spot check' assurance tool assessed the promotion of dignity and respect, privacy, the standard of personal care provided and if consent to provide personal care was gained. This meant that staff were regularly assessed in relation to the standard of 'care' provided and ensured that staff were aware of the importance of providing care in the manner that was expected.

For people who did not have any family or friends to represent them, contact details for a local advocacy service was provided upon request. An advocate is an independent person who can support a person to make important decisions in relation to their health and well-being. At the time of the inspection there was

nobody being supported by a local advocate.

During the inspection we checked if confidential and sensitive information was protected in line with the Data Protection Act, 1998. All information was safely secured at the registered address and was not unnecessarily shared with others. The 'registered address' is the address which has been registered with CQC and is the address where all records and documentations should be safely stored.

Each person was provided with a 'Welcome pack'. The pack contained information about Just Care and what people should expect from the service. The pack provided people with emergency contact numbers, standards and expectations, staffing structure, compliments and complaints and quality assurance information. The registered provider also confirmed that the welcome pack had been printed out in large print and braille upon request. This meant that people were provided with important information from the outset in a format which they could easily access and understand.

Is the service responsive?

Our findings

People and relatives, we spoke with told us that staff provided a responsive level of care and support. People said, "I've got good relationships with them [staff] all, I can't complain" and "It's good to get their support." Relatives said "They [staff] keep in touch with me when they need to." "I've never had any issues, no complaints, they're brill, [person] would tell me if there were any issues" and "We've had meetings to discuss care package, I'm fully involved."

Care records contained up to date, consistent and relevant person-centred information. 'Person centred' means care and support is planned and delivered in line with people's individual needs, choices and preferences. Care records contained information such as '[Person] likes to knit and enjoys reading, particularly novels, love stories and murder mysteries. [Person] also enjoys watching Emmerdale on the TV and doing dot to dot puzzles,' 'I am able to choose what I want to eat and drink, I use a straw to drink hot and cold drinks' and 'I like to go out when I can but I need support from my family for this. When I am home I like to watch TV, I also enjoy chatting.' This level of information provided staff with a good level of detail about how to provide people with person-centred care.

Care records explained how people were supported to remain as independent as possible. Relatives explained that staff would 'prompt' and 'encourage' people to remain independent where possible and safe to do so. This meant that staff were provided with detailed information in relation to people's dependency levels and enabled staff to support people's independence in the safest and most responsive way possible.

People's equality and diversity support needs were assessed from the outset. Protected characteristics (characteristics which are protected from discrimination) were considered at the assessment stage and included age, religion, gender and medical conditions/disabilities. This meant that the registered provider had assessed all areas of care which needed to be supported and established how such areas of care needed to be planned to meet the person's needs.

The registered provider had an up to date complaints policy in place. The policy contained relevant and up to date information and clear guidance about the complaints procedure. At the time of the inspection there was no formal complaints being addressed. Records confirmed that previous complaints had been acknowledged and investigated in accordance with the registered providers complaints policy. One relative said, "If I had a reason to make a formal complaint I'm sure it would be managed appropriately, they [staff] have been really responsive when I've let them know I've not been happy, management have been brilliant."

During the inspection we asked the manager if anybody was being supported with 'End of life' care. 'End of life' care is provided to people who need specific care and support during the end stages of their life. At the time of the inspection Just Care was not supporting anyone who required this level of care and support.

Is the service well-led?

Our findings

At the time of the inspection there was no registered manager in post. The previous registered manager had voluntarily de-registered with CQC in March 2017. A new manager was appointed and had worked for Just Care since January 2017; however, the relevant registered manager application had not been submitted at the time of the inspection.

During this inspection we reviewed whether the registered provider had effective systems in place to assess, monitor and improve the quality and safety of the service. Audits and checks were completed in a number of areas such as medication, health and safety, infection control and accident and incidents however; we found that these were not always effective. For example, individual risks were not appropriately assessed and recorded, medication incidents were not appropriately managed and consent to care documentation needed to be implemented.

This meant that the governance systems which were in place to assess and monitor the quality and safety of the service were not sufficiently robust. We discussed this with the registered manager who was responsive to our feedback and confirmed that new quality assurance systems were being implemented which would further improve this area of quality assurance and governance.

The registered provider was in breach of regulation 17 of the Health and Social Care Act, 2008 (Regulated activities) Regulation 2014.

During the inspection the manager was approachable and responsive to the feedback provided. Staff also expressed that they felt supported by the manager, comments we received included "We're supported with professional but also personal things", "I love working here, everyone is lovely [manager] is so supportive" and "If I ever have a problem I know I can go and speak to [manager] over anything."

'Client Questionnaires' were circulated on an annual basis. The questionnaires focused on the quality and standard of care provided. Areas of focus included provision of care provided by staff, particular needs in relation to equality and diversity, punctuality of staff, quality and standard of care, compliments and complaints and the promotion of choice and independence.

We reviewed feedback from the most recent client questionnaires. The majority of feedback returned was positive. For instance, 98% of people felt the care provided was safe care, 98% of people agreed that staff were caring in their approach, 96% of people felt they were treated with respect and 95% of people said that staff understood their support needs. However, some of the feedback did need to be reviewed and explored further. For example, 20% of people said they were not encouraged to make choices about the care they received, 19% of people said they would not know who to speak if changes needed to be made to their care plan.

In response to the returned questionnaires a quality assurance action plan was devised. The registered provider reviewed the responses and devised ways of improving the quality and standard of care provided.

For example, there was a commitment to improve the level of communication between office staff and people who received support as well as further consideration given to the use of named pin badges and ID cards rather than lanyards. This meant that the registered provider was committed to exploring the views and opinions of people receiving care and support.

Regular team meetings were taking place and the registered provider circulated regular 'memos' to the staff team. Team meeting discussions included safeguarding issues/concerns, confidentiality, recruitment, record keeping, medication and PPE and infection prevention control procedures. Memo's contained information about new policies and procedures, medication administration and errors, staff rota's, confidentiality, complaints and record keeping. This meant that the registered provider was committed to maintaining effective lines of communication with the whole staff team.

The registered provider had a range of different policies and procedures in place. Policies contained up to date and relevant guidance and staff knew where to access them when needed. Staff were familiar with different policies such as confidentiality, lone working, code of conduct, health and safety, equal opportunities, equality and diversity, infection prevention control, medication administration, compliments and complaints safeguarding and whistleblowing. Policies and procedures provide staff with important information and guidance in relation to a number of different operational areas.

The registered provider had an up to date 'Business Continuity Plan' (BCP). The BCP contained information and guidance in relation to emergency procedures and actions for staff to follow in the event of an emergency situation.

As of April 2015, providers were legally required to display their CQC rating. The ratings are designed to provide people who use services and the public, with a clear statement about the quality and safety of care being provided. The ratings inform the public whether a service is outstanding, good, requires improvement or inadequate. Ratings from the last inspection were displayed at the registered address as well as being available on the registered provider's website as required.

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	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>Governance and quality assurance systems were not effectively in place to monitor, assess and improve the quality and safety of care provided.</p>