

# Diamond Care Company Ryedale Ltd

# Ryedale

## Inspection report

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## Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

**Requires Improvement** 

Is the service effective?

**Requires Improvement** 

Is the service caring?

**Good** 

Is the service responsive?

**Good** 

Is the service well-led?

**Requires Improvement** 

# Summary of findings

## Overall summary

We inspected this service on 10 and 11 August 2016. The inspection was announced. The registered provider was given 48 hours' notice of our visit because the location provides a domiciliary care service and we needed to be sure that someone would be in the location's office when we visited.

Ryedale is a domiciliary care agency run by Diamond Care Company Limited and is registered to provide personal care to people living in their own homes. At the time of our inspection, the service was supporting 63 people, with approximately 45 people receiving support with the regulated activity 'personal care'.

This was our first inspection of this service after it was newly registered in December 2014.

The registered provider is required to have a registered manager as a condition of registration for this 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. At the time of our inspection the service did not have a registered manager. However, a manager was in post and in the process of applying to become the service's registered manager.

During the inspection, we found that recruitment checks were not robust. DBS checks were not consistently completed before new staff started work. This meant people who used the service could have been supported by staff unsuitable to work with vulnerable adults.

It was not always recorded that people had consented to the care and support provided. Clear and complete records were not in place in relation to people's capacity to make decisions.

Effective and robust quality assurance processes were not in place. We found that care files lacked sufficient information and detail. Issues and concerns found during our inspection had not been identified and addressed by the registered provider.

People who used the service were positive about the support provided by staff to take prescribed medicines. However, we identified that Medication Administration Records (MARs) were not always appropriately completed. Robust audits of MARs were not used to identify and address these concerns.

People who used the service and staff we spoke with were positive about the management of the service. However, the service did not have robust systems in place to monitor the quality of the care and support provided.

We found that people who used the service felt safe with the care and support provided by staff. However, risk assessments lacked detail about the level of risk and specific guidance to staff on how to safely support

each person who used the service.

Staff received on-going training to support them to provide effective care and support. Staff told us they felt supported in their work and that advice and guidance was always available when needed.

People who used the service had developed positive caring relationships with the staff that supported them. People told us that staff treated them with dignity and respect and we could see that people were supported to make decisions and have choice and control over their care and support.

People who used the service provided positive feedback about the responsive staff. People were supported by regular staff who knew them well and knew how best to meet their needs.

The registered provider had a policy in place to manage and respond to complaints. Surveys were completed to gather people's opinions about the service provided. People who used the service felt able to raise issues or concerns with the manager or staff and were confident that their comments would be listened to.

We found breaches of regulation in relation to managing risks, recruitment checks, consent to care and treatment and the governance of the service. You can see what action we told the registered provider to take at the back of the full version of this report.

## 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.

The registered provider had not operated a robust, transparent or safe recruitment process placing people who used the service at increased risk of harm.

Medication Administration Records (MARs) were not completed appropriately increasing the risk of medicine errors occurring.

People who used the service consistently told us they felt safe with the care and support staff provided. However, risk assessments did not always contain sufficient information or detail to guide staff.

There were systems in place to identify and respond to safeguarding concerns.

**Requires Improvement** ●

### Is the service effective?

The service was not always effective.

Staff completed on-going training and people who used the service provided positive feedback about the skills and experience of the staff that supported them.

Staff had not always appropriately recorded that people had consented to the care and support provided. Clear and complete records were not in place in relation to people's capacity to make decisions.

Staff supported people who used the service to eat and drink enough and to access healthcare services where necessary.

**Requires Improvement** ●

### Is the service caring?

The service was caring.

We received consistently positive feedback about the kind and caring staff.

People who used the service had developed positive caring

**Good** ●

relationships with the staff who supported them.

Staff supported people to make decisions and have choice and control over the support they received.

Staff supported people who used the service to maintain their privacy and dignity.

### **Is the service responsive?**

**Good** ●

The service was responsive.

Staff were responsive to people's needs. There were systems in place to support staff to provide responsive care.

There were systems in place to gather feedback about the support provided and to respond to compliments and complaints.

### **Is the service well-led?**

**Requires Improvement** ●

The service was not always well-led.

We identified concerns about the management of the service and found that effective quality assurance systems were not in place to monitor and improve the service provided.

People who used the service and staff told us the manager was approachable, supportive and responsive to feedback, issues or concerns.

# Ryedale

## **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 registered provider was 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 10 and 11 August 2016 and was announced. The registered provider was given 48 hours' notice of our visit because the location provides a domiciliary care service and we needed to be sure that someone would be in the location's offices when we visited.

The inspection was carried out by one Adult Social Care Inspector and an Expert by Experience. An Expert by Experience is someone who has personal experience of using or caring for someone who uses this type of service. The Expert by Experience supported our inspection by making telephone calls to people who used the service and their relatives before we visited the location's office.

Before our visit, we looked at information we held about the service. We contacted the local authority's adult safeguarding and commissioning teams to ask if they had any relevant information about the service. We did not ask this service to send us a provider information return (PIR) before our inspection. This is a form that asks the registered provider to give some key information about the service, what the service does well and what improvements they plan to make.

As part of this inspection, we spoke with seven people who used the service and the relatives of two other people. We spoke with the manager, the director and four members of staff. We visited the registered provider's office and looked at five people's care files, 12 staff recruitment files, training records, medication administration records (MARs) and a selection of records used to monitor the quality of the service.

# Is the service safe?

## Our findings

The registered provider had not operated a robust and transparent recruitment process. The manager told us they completed interviews and obtained references before offering staff a job. However, we found that recruitment records did not consistently contain evidence of interviews or copies of references. Where there was evidence of interviews and references, we found that they contained insufficient detail about the questions asked and responses received. This meant we could not determine how robust the recruitment process was in assessing if that person would be suitable to work as a carer.

We found that a number of staff had started working before Disclosure and Barring Checks had been completed. DBS checks provide information from the Police National Database about any convictions, cautions, warnings or reprimands. DBS checks help employers make safer recruitment decisions and are designed to prevent unsuitable people from working with vulnerable groups. The staff worked on their own in people's houses and therefore would frequently not be supervised by other staff. By allowing staff to work before DBS checks were returned, the manager had not taken reasonable steps to protect people who used the service against the risk of exposure to potentially unsuitable staff.

The manager told us they had reviewed recruitment practices following a recent visit from the local authority's quality monitoring team. We saw that all staff now had DBS checks in place or had been prevented from working until these had been completed. However, the failure to operate robust and transparent recruitment practices exposed people who used the service to an increased risk of harm.

This was a breach of regulation 12 (1) (Safe care and treatment), 19 (Fit and proper persons employed) and Schedule 3 (Information required in respect of persons employed) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Where necessary, staff supported people who used the service to take prescribed medicines. Whilst some people required only prompting, other people needed staff to administer their medicines or help to apply topical creams. People who used the service said, "They [staff] check I have had my medicines" and "They are very good with medicines, reminding me to take them and how I can take them."

The registered provider had a medication policy and procedure and training was provided to staff about the safe use and administration of medicines. Records showed that the manager completed medication competency checks, which involved observing staff's practice to make sure they had learnt the necessary skills to safely administer medicines.

Staff used Medication Administration Records (MARs) to record when people had taken their medicines. We identified that handwritten MARs did not always contain full details of the prescribing instructions and handwritten records had not been countersigned. It is good practice for staff to countersign handwritten instructions on MARs to reduce the risk of a transcribing error. We found gaps on MARs where staff had not recorded whether they had administered a person's prescribed medicine. We also found that codes were not consistently used to record information about if or why staff had not administered medicines on

particular days.

The manager did not complete detailed audits of MARs returned to the office so these issues with recording had not been identified and addressed. Although we found no evidence that a medicine error had occurred, staff were not maintaining clear and accurate records and systems were not in place to robustly identify and address these concerns. Poor record keeping around medicine management increased the risk of medicine errors occurring and showed us that medicines were not being managed in line with guidance on best practice. We have addressed issues with recording in the well-led domain.

We asked staff how they ensured they provided safe care and support to minimise risks to people who used the service. One member of staff said, "We try to adhere to the care plans, follow the policies and procedures and training we are given...if we feel the client's needs have change then we let [the manager] know and she may get an occupational therapy referral."

We reviewed five people's care files and saw that people's needs were assessed and risks identified. However, we found that there was insufficient detail about the level of risk or specific details about how support should be provided to keep people safe. We found multiple examples where care files recorded 'assistance needed' with regards to a particular activity or task, but limited further guidance about what this entailed and how staff should safely support with this. The manager explained that all staff shadowed before providing care and support and had a verbal handover regarding people's needs and how to safely support that person.

Despite this, people who used the service said, "I've never once felt unsafe", "I feel safe with the carers, they always arrive on time", "It's good to know they are going to call, I feel safe knowing that" and "I feel safe with them." Another person who used the service said, "They are reliable and know what they are doing." Other people who used the service told us they felt safe with the care and support provided, because they were visited by regular staff that they knew and who knew them well. Although people who used the service consistently told us they felt safe with the care and support provided, we spoke with the manager about ensuring that risk assessments reflected people's needs and provided sufficient detailed information about how risks should be managed by staff to keep people safe.

The manager and staff told us there had been no accidents involving people who used the service. The manager explained the policy and procedure for handling accidents and incidents if they did occur and showed us body maps available for staff to record details if someone received an injury. We saw that incident reports were completed if there had been a significant issue or concern involving someone who used the service. This recorded what had happened and how staff had responded. These records showed us that appropriate action had been taken by staff and the manager provided us with further details about how they had responded to the concerns to reduce any future risk of harm.

The manager agreed to review and sign off future incident reports to record what action they had taken and that they were satisfied with how staff had managed and responded to issues or concerns.

This was a breach of regulation 12 (1) (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

People who used the service told us staff were reliable, had never missed a visit and nearly always arrived on time. Comments included, "They are very good always prompt", "They always arrive" and "They always let you know if they are going to be late...they are always here even in bad weather." People told us if staff were delayed they let them know, but understood this was usually because of an emergency. One person who



used the service, "They stay beyond their allocated time if needed."

Relatives of people who used the service said, "They are pleasant and reliable, always on time" and "We are never rushed, they always do everything."

At the time of our inspection, there were thirteen care staff, the manager and the director working for Ryedale. The service supported 63 people, with approximately 45 people receiving support with personal care. The director completed the rotas ensuring that there was sufficient travel time between visits to enable staff to get to people on time. We saw that a system was in place to ensure all visits were allocated to a member of staff and rotas were produced for staff so they knew who they were visiting and at what time. Where visits needed covering because of annual leave, sickness or other absences, staff were contacted and offered additional work. The manager explained how they completed visits where necessary to cover gaps in the rotas and to ensure people's needs continued to be met.

Staff we spoke with described what action they would take if they were concerned about people's safety. The registered provider had a safeguarding vulnerable adult's policy and procedure however this had not been updated to reflect changes introduced by the Care Act 2014. Despite this, our discussions with the manager showed us they understood the signs and symptoms that may indicate someone was experiencing abuse and could appropriately described what action they would take if they did have concerns. Records showed the manager had responded to safeguarding concerns in consultation with the local authority's safeguarding adults' team. This showed us that the service had a system in place to identify and respond to signs of abuse to keep people safe.

## Is the service effective?

### Our findings

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The MCA requires that as far as possible people make their own decisions and are helped to do so when needed. Where 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. Where people live in their own homes, applications to deprive a person of their liberty must be made to the Court of Protection.

We checked whether the service was working within the principles of the MCA. Although consent forms were available and in use, we found care files did not consistently evidence that people who used the service had consented to the care and support provided. Staff we spoke with understood the importance of consent and supporting people to make decisions, however, there was not a clear understanding about how the MCA impacted on staff's caring role. Clear and complete records were not in place in relation to people's capacity to make decisions. We were concerned that there was not a robust system in place to ensure that mental capacity assessments and best interest decisions would be completed and documented where necessary.

This was a breach of regulation 11 (Need for consent) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We reviewed the registered provider's training and induction programme. The manager explained that new staff had to complete an induction, which provided a basic introduction to equality and diversity, person centre care, the service's policies and procedures and the care records used. We saw that an induction checklist was completed and staff signed off when the manager was satisfied that they had completed the induction.

The registered provider ensured staff completed a range of training on topics including safe handling of medicines, end of life care, dementia care, hand hygiene, first aid, move and handling, fire safety, food safety, safeguarding of vulnerable adults, health and safety and infection, prevention and control. Staff files contained copies of certificates for training courses completed. Training was provided through a variety of in-house and external taught courses. Staff we spoke with were complimentary about the training provided and told us they felt they had the training needed to carry out their roles effectively. People who used the service said, "They [staff] are never phased by what they may have to deal with...they seem well trained", "I trust [staff members name] – they know what they are doing. They are a big help" and "I can see they have training and that it's on-going, I had a new type of morphine patch and they dealt with it with expertise, it is difficult to do." A health and social care professional told us, "Staff are wanting to learn all the time and take it on board."

The manager told us that new staff shadowed more experienced workers to develop the skills and confidence needed to provide effective care and support before working independently. People who used the service said, "There are sometimes trainees, but they always have qualified staff with them" and "There's

never been someone who hasn't be out with someone else first. They watch what happened and the new ones will have a look in the care file." A member of staff told us "Going out with someone else and watching what they were doing was a good way to learn." The manager explained that the amount of shadowing completed depended on a new worker's previous experience and confidence in the role.

The manager completed 'on the job supervisions' which entailed an observation and feedback on staff's practice. Staff files showed these were regularly completed and used to identify and address issues or concerns with staff's practice. Staff told us they did not have one to one supervision meetings, but commented, "I see [the manager] a lot and she is always asking me if I'm all right." Other staff explained that there was an open door policy and excellent communication which meant issues or concerns could be discussed whenever needed.

Where necessary, staff supported people who used the service to prepare meals and drinks. The majority of people we spoke with did not require support with meals and drinks, but told us staff always made them a drink during their visit. Where staff did support people with preparing meals, care plans contained details about the support required and daily notes recorded what people ate or had to drink during staff's visits.

We asked staff how they supported people to ensure they ate and drank enough. One member of staff said, "We make sure that we have left a drink for them, some people we stay until they have finished eating."

People's health needs were documented in their care files along with contact details of any health care professionals involved in supporting them. This was important as it meant staff had information about who to contact in the event of an emergency. Staff told us they supported people who used the service to hospital or doctor's appointments if necessary, but this was something people's families or friends normally supported with. Staff told us they rang the office for further advice and guidance or would call the emergency services if people were unwell or needed immediate medical attention.

We observed that the manager was proactive in liaising with other healthcare professionals. A relative of someone who used the service told us, "The carers are liaising with the district nurses about what care they should give." A health and social care professional told us how they worked closely with staff to maintain people's skin integrity. They said, "If there are any pressure areas, they [staff] get in contact with us. There is a lot of joint working with them so staff are quite knowledgeable. I have every faith that when I suggest something they follow it through."

# Is the service caring?

## Our findings

People who used the service were consistently positive about the care and support they received from staff working for Ryedale. Comments included, "They are friendly and I can't fault them", "They are first class, caring and 100% excellent" and "I have no complaints they always have time to chat and listen to me, I feel like it's a friend coming in."

It was clear from these and other comments that people who used the service had developed positive caring relationships with the staff that supported them and valued these meaningful interactions.

Staff we spoke with demonstrated a good understanding of the importance of developing positive caring relationships with the people they were supporting. There were systems in place to support staff to get to know the people they were supporting. The registered provider had a small staff team and this meant that people who used the service were supported by the same people on a regular basis. A member of staff told us, "You tend to have set runs so most of the time you see the same people." People who used the service told us they were supported by the same regular staff who knew them well, their likes and dislikes and how to do things. The manager confirmed that they organised rotas to ensure that people who used the service received support from a small group of staff. This enabled staff to develop relationships and build a rapport with the people they were supporting. People who used the service told us they appreciated having familiar staff visiting them as they had developed good relationships with them.

People who used the service told us staff always had time for a chat, were friendly and listened to them. Comments included, "They have got to know me what I like and dislike", "I feel they know my needs, they are friends" and "Staff seem to know what they're doing or if they don't they ask me."

Staff we spoke with understood the importance of supporting people who used the service to be actively involved in making decisions about their care. Staff told us how they offered people choices about things such as what clothing they wanted to wear and how they wanted their personal care to be carried out. During a home visit, we observed a member of staff supporting someone who used the service to make decisions and listening to and respecting their choices. People who used the service told us they felt like they had control and made decisions about the support they received. People said that they were always asked "Is there anything else you want or I can do for you?" One person who used the service commented, "They do it [provide care] how I want it. They all say how do you want it done, I'm part of doing it."

At the time of our inspection, no one who used the service was supported by an advocate. An advocate is someone who can support people to ensure that their views and wishes are heard on matters that are important to them. The manager understood the role of advocacy and provided details about how they would support someone to access the support of an advocate if needed.

People were treated with respect and dignity by staff. People who used the service said, "They are respectful, nice and friendly", "They help me with my shower, but always ask before they do things, I feel they look after me well and listen to me" and "They found a compromise of how to bath/wash me in the

restricted space of the bathroom, it kept my dignity, respected my privacy and independence." A relative of someone who used the service said, "I feel they show respect and enable my mother in laws dignity"

Staff we spoke with described how they maintained people's privacy and dignity when providing support with personal care showing us that they understood the importance of this. One member of staff said, "I always make sure the curtains and doors are closed when helping with personal care. When washing one part of their body, I make sure the other part is covered." This showed us that staff treated the people who used the service with respect and took steps to maintain people's dignity.

During our inspection, we found no evidence that people who used the service were discriminated against in respect of the seven protected characteristics of the Equality Act 2010; age, disability, gender, marital status, race, religion and sexual orientation.

## Is the service responsive?

### Our findings

We reviewed care files for five people who used the service. We saw that people's needs were assessed before they started using the service. The information gathered was used to create a care file containing details about the support each person who used the service required. A copy of the care file was kept in people's homes for staff visiting to look at and a copy was also kept securely in the registered provider's office.

Care files contained an overview of activities of daily living and recorded whether assistance was needed from staff with those tasks. Where people had equipment or adaptations in place this was also recorded in the care file. Care files contained a narrative description of the tasks and support required at each visit to provide further guidance to staff on what was expected of them. However, whilst care files contained details about what support was required, they focused on tasks to be delivered and often lacked specific details about how staff should provide support. They did not always incorporate information about people's personal preferences with regards to how their individual needs should be met. For example, care files frequently recorded "Assistance needed" with a task or "Assist [name] to get washed/showered if needed", but with no further guidance or clarification about how best to provide this support or the person's individual preferences about how this need should be met.

Despite this, people who used the service said, "They [staff] see something that needs doing and get on with it", "They are adaptable, they stayed overnight with my son who has the care whilst I went into hospital" and "They are responsive to my needs. As I have appointments, I have to change their visit times each week, but it's never a problem." Other people who used the service were complimentary about the attentive and responsive staff that supported them.

The manager explained that they visited new people to find out how best to support them and provided a verbal handover or introduced new staff and showed them how to meet the person's individual needs. Staff we spoke with confirmed that information was handed over to them and they contacted the manager or spoke with people who used the service if they were unsure how best to meet a person's needs. One member of staff said, "Other staff give you a run through, you've got the care forms which have the information you need and you get to know people through shadowing" and "Usually someone has taken you in to show you what needs doing. A lot of the clients tell you what they want and we write down every visit."

People who used the service told us that because they were visited by the same regular carers, staff knew them well their likes and dislikes and personal preferences about how support should be provided. People who used the service told us, "They go above and beyond...whatever we have asked them to do, they've done it", another person said staff always asked, "Is there anything else you want or I can do for you?"

We saw that staff completed detailed daily records of the care and support provided at each visit. These documented the time and length of calls, the support provided and any issues or concerns identified. This helped to ensure that information was effectively handed over to the next member of staff visiting that

person.

People who used the service told us they were involved in arranging their package of care and in reviewing their care plans. One person said, "When they first started they came out and asked me what I wanted and how things should be done. They've redone it recently [the care file]. They came out and asked if everything was ok." A relative of someone who used the service told us, "We look at the care plans together." We saw evidence that care plans were reviewed and updated.

Whilst we identified that care files often lacked detailed information about people's needs, feedback from people who used the service was positive with people commenting that staff were attentive and responsive to their needs. We concluded that people who used the service were receiving person centred care and we have addressed recording issues in the well-led domain.

The registered provider had a complaints policy and procedure outlining how they would manage and respond to issues or concerns. People who used the service were given a 'client handbook' which contained the address and contact details for the office and provided an outline of how complaints would be managed. This encouraged people to make complaints documenting, "We do not see a complaint as a negative, we see it as a positive as it will assist us to see what areas of the service that we provide need adjustments." This showed a positive approach to complaints management. At the time of our inspection, the manager told us there had been no complaints about the service and our conversations with people who used the service confirmed this. Comments included, "I have contacted the management to praise staff, but never had anything to complain about anything" and "I've never had to complain or contact the manager." People we spoke with consistently told us that the manager was approachable and they would feel comfortable raising issues or concerns if needed.

The manager provided hands on care to people who used the service. This meant they regularly meet with people who used the service and this provided an opportunity to gather and respond to feedback through the course of their daily work. We concluded that this was an effective system to gather feedback and routinely listen to the views of people who used the service.

# Is the service well-led?

## Our findings

The registered provider is required to have a registered manager as a condition of their registration for this service. At the time of our inspection, the service did not have a registered manager and had been without a registered manager since December 2015. This meant the registered provider was in breach of their conditions of registration. However, there was a manager in post and they were in the process of applying to become the service's registered manager. The manager was supported by the director and a team leader in the management of the service.

During the inspection, we identified concerns regarding unsafe recruitment practices, the system in place to monitor and ensure that medicines were managed safely, concerns that care plans and risks assessments did not always contain sufficient information or detail and issues regarding how consent to care was evidenced and people's mental capacity assessed. Underlying this were concerns about the lack of quality assurance and management oversight within the service.

Although we had found that staff received on-going training, there was no policy in place to outline how often this would be updated or clear system to alert the manager when training needed to be renewed. We spoke with the manager about developing a policy for how often training needed to be updated and developing a record to provide an overview of the staff team's training needs so that they could easily monitor and identify where there were gaps in training or when training needed to be updated.

We also spoke with the manager about developing a more formal supervision and appraisal policy to ensure all staff had the opportunity to discuss any issues or concerns and to ensure that staff were supported and encouraged to develop in their roles

Whilst we could see that the service was delivering caring and responsive support, there were insufficient systems in place to monitor the quality of the service to identify issues and concerns and to drive improvements.

The manager and director explained that they had recently introduced audits to monitor the quality and effectiveness of the service provided. Records showed that four audits had been completed in July 2016. This involved gathering feedback from staff, the person who used the service and reviewing the paperwork held in the person's home. Where there were issues or concerns, there was a log to record any decisions made. The manager told us that daily notes and MARs were checked as part of these visits to people who used the service. The manager also completed spot checks of staffs practice and records showed this included observing staff providing support with moving and handling, administering medicines, communication and other aspects of providing effective care and support.

Although this showed us steps were being taken to improve management oversight within the service, the concerns we identified during the course of our inspection and documented throughout this inspection report showed us that this quality assurance system needed to be developed to provide a more robust and thorough oversight of the service provided. For example, spot checks of staff's practice and checks of MARs



had not identified and addressed the concerns we found with recording on MARs.

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

The manager was actively involved in providing support to people who used the service and whilst this 'hands on approach' had clear benefits in terms of developing a close working relationship with staff and people who used the service, it impacted on the time available to manage and oversee the service. The manager and director explained that they had rapidly grown from a small to medium sized service and that they were in the process of developing management systems to cope with the additional workload. They explained that they were in the process of training a member of staff to provide additional support in the office to assist with running the service.

People who used the service said, "These are much better than my previous company...I would not dream of changing companies" and "I'm happy for them to come in."

A health and social care professional told us, "They always go above and beyond is the feedback I get...[The manager] is very easy to talk to and very knowledgeable about her area of work. The carers are always professional."

Staff consistently told us the manager and director were supportive, approachable and responded to issues or concerns. Comments included, "If ever you need something [the manager] is there...I can't fault them as a manager. They are supportive, they really are", "You have got support when you need it from [manager] and [director]. If you've got a problem you can go to them and they sort it" and "If I ever get stuck I always phone and there is always someone on the end of the line if you need anything. [The manager] will sit and go through everything with you and she will come out and show you."

The manager held staff meetings to share information and discuss any issues or concerns. Records showed there had been three staff meetings in 2015 and one staff meeting in 2016. We reviewed minutes of the meeting held in May 2016 and saw that topics discussed included staff rotas and hours, training, record keeping, medication issues and annual leave.

The registered provider completed an annual satisfaction survey to gather feedback from people who used the service. This involved sending questionnaires to people who used the service. We saw that 20 responses had been received. Although the feedback had not been collated or analysed, feedback was consistently positive with comments including "Everyone is caring and respectful" and "I have found all the staff to be kind considerate and professional at all times." This showed us that there was a system to collect people's views.

We asked the manager how they kept up-to-date with changes in legislation and guidance on best practice. They told us they accessed the CQC public website, received information from the local authority and email updates from a private third party organisation which supported registered providers to meet regulatory requirements.

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 11 HSCA RA Regulations 2014 Need for consent</p> <p>The registered provider had not demonstrated that consent to care and treatment was sought in line with relevant legislation and guidance. Clear and complete records were not in place in relation to people's capacity to make decisions.</p>
Regulated activity	Regulation
Personal care	<p>Regulation 12 HSCA RA Regulations 2014 Safe care and treatment</p> <p>The registered provider had not provided care and treatment in a safe way.</p>
Regulated activity	Regulation
Personal care	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>The registered provider had not established and operated effective systems to monitor and improve the quality and safety of the services provided in the carrying on of the regulated activity.</p>
Regulated activity	Regulation
Personal care	<p>Regulation 19 HSCA RA Regulations 2014 Fit and</p>

proper persons employed

The registered provider had not established and operated effective recruitment procedures.