Precious Hope Health & Home Care Ltd

Precious Hope and Home Care Ltd

Inspection report

Business Base
16 Swan Street
Leicester
Leicestershire
LE3 5AW

Tel: 07736950090

Date of inspection visit:
16 June 2016
17 June 2016

Date of publication:
27 July 2016

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

Precious Hope and Home Care Ltd provides personal care for people living in their own homes. On the day the inspection the registered manager informed us that there were 36 people receiving personal care from the service.

A registered manager was in place. 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 and associated Regulations about how the service is run.

Most people and their relatives we spoke with said they thought the agency ensured that people received safe personal care. Staff had been trained in safeguarding (protecting people from abuse) and staff understood their responsibilities in this area.

We saw that medicines were supplied safely and on time, to protect people's health needs.

Staff had training to ensure they had the skills and knowledge to be able to meet people's needs, though more training was needed to ensure all people's needs could be met.

Staff understood their responsibilities under the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS) to allow, as much as possible, people to have effective choice about how they lived their lives.

Staff had awareness of people's health care needs so they were in a position to refer to health care professionals if needed.

Most people and their relatives we spoke with told us that staff were friendly, kind, positive and caring.

People, or their relatives, were involved in making decisions about how personal care was to be provided.

Care plans were individual to the people using the service to ensure that people's individual needs were met though they lacked some information about people's history and lifestyle lacked to ensure that a fully personalised service could be provided to them.

People or their relatives told us they would tell staff or management if they had any concerns and were confident any issues would be properly followed up.

Most people and their relatives were satisfied with how the service was run by the management. Staff felt they were fully supported in their work by management staff.
Management carried out audits and checks to try to ensure the service was meeting people's needs though

issues had not always been followed up to ensure people were provided with a quality service.

The service was not ensuring people's safety in the use of equipment to maintain their health. Risk assessments were in not fully place to protect people from risks to their health and welfare. Staff recruitment checks were not comprehensively in place to protect people from receiving personal care from unsuitable staff. People had not all received personal care at the assessed and agreed times to promote their health.

This evidence constituted a breach of Regulation 12 of the Health & Social Care Act 2008 Regulated Activities Regulations 2014. You can see what action we told the provider to take at the back of the full version of the 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?

Requires Improvement

The service was not completely safe.

Relatives told us that personal care procedures to keep people safe were not always followed.

Risk assessments and staff practice to protect people's health and welfare were in not fully place to protect people from risks to their health and welfare.

Staff recruitment checks were not comprehensively in place to protect people from receiving personal care from unsuitable staff.

People had not all received care at agreed times to promote their health.

Most people and their relatives said that people felt safe with staff from the service.

Staff were aware of how to report incidents to their management to protect people safety.

Medicines had been supplied as prescribed and action taken to protect the person's health if an error in supplying medicines had taken place.

Is the service effective?

Requires Improvement

The service was not consistently effective.

Staff were trained to meet people's care needs though more training was needed for staff to be in a position to meet the needs of all the people using the service.

People's consent to care and treatment was sought in line with legislation and guidance.

People's nutritional needs had not always been promoted and protected.

Is the service caring?

Good

The service was caring.

All the people we spoke with, except one, and their relatives told us that staff were friendly and caring and respected their rights.

We saw that people or their relatives had been involved in setting up care plans that reflected people's needs.

Fully detailed information about people's religion and cultural practices was not in place to ensure that staff were provided with the information to respect people's preferences.

Is the service responsive?

Good

The service was responsive.

Care plans contained information on how staff should respond to people's assessed needs.

People and their relatives were confident that any concerns they identified would be properly followed up by the provider.

Staff were aware of how to contact medical services when people needed health support.

Is the service well-led?

Requires Improvement

The service was not consistently well led.

Systems had been audited in order to measure whether a quality service had been provided but not all issues had been actioned to improve the service.

Most people and their relatives told us that management listened and acted on their comments and concerns and they thought it was a well led agency.

Staff told us the registered manager and senior office staff provided good support to them.

Staff said the registered manager had a clear vision and expectation of how friendly individual care was to be provided to people to meet their needs.

Precious Hope and Home Care Ltd

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.

This inspection took place on 16 and 17 June 2016. The inspection was announced. The inspection team consisted of one inspector. The provider was given 48 hours' notice because the location provides a domiciliary care service and we needed to be sure that someone would be in.

We looked at the information we held about the service, which included 'notifications'. Notifications are changes, events or incidents that the provider must tell us about.

We contacted commissioners for health and social care, responsible for funding some of the people who used the service and asked them for their views about the agency. No concerns were expressed about the current provision of personal care to people using the service.

During the inspection we spoke with three people who used the service, eight relatives, the registered manager, a care coordinator, four care workers and the provider.

We also looked in detail at the care and support provided to three people who used the service, including their care records, audits on the running of the service, staff training, staff recruitment records and medicine administration records.

Requires Improvement

Is the service safe?

Our findings

Not everyone thought that care had been delivered safely. One relative told us, "Staff are not always making sure that my wife can use the turntable to help her move and not making sure she holds it correctly. "Another relative said, "The PEG feed needs to be flushed out every day but staff are not always doing this. "

We saw that people's care and support had been planned but not always delivered in a way that ensured their safety and welfare. Care records did not always contain detailed risk assessments. For example, risk assessments for swallowing and preventing pressure sores.

For example, a staff member told us that a person was at risk of choking as she spat out food with skins such as grapes and cucumbers. There was no risk assessment in place for all staff to take action to ensure that they provided food without skins on them. The relative of the person stated that staff had not always encouraged her mother to eat proper meals even though she was losing weight. There was evidence of this in daily records which showed that desserts had been eaten instead of main meals with no evidence that staff had encouraged more substantial food to assist with the person to maintain or improve their weight.

Another risk assessment for preventing pressure sores stated that the person had a pressure sore and that the dressing was changed by district nurses. It showed that the person needed to use the commode before the continence pad was changed. The relative spoken with stated that staff had not always facilitated this. This meant there was a risk of the person's skin developing a pressure sore because they may have sat in a damp pad for longer than was needed. A review held noted that the person had an area of red skin but there was no evidence that the district nurse had been contacted about this. A daily record in March 2016 noted red areas of skin but no cream was available to apply for that day. There was no evidence of staff contacting the office or family in order to obtain the cream until a number of days later. Daily records we looked at for April 2016 did not record that another person had received cream to protect them from the risk of developing a pressure sore. This meant we could not be sure that staff had done all they could to protect these people's skin.

We saw that staff recruitment procedures were not always followed. Staff records showed that before new members of staff were allowed to start word, checks had usually been made with previous employers and with the Disclosure and Barring Service (DBS). DBS checks help employers to make safer recruitment decisions and ensure that staff employed are of good character. However, for one staff member who had returned to work for the service after being subject to disciplinary procedures in the past, checks had not been carried out by a new application form being completed, new references not being sought and a new DBS check at the point of re-employment with the service. This meant there was a risk of an unsuitable staff member being employed to provide care for people using the service.

We found that sufficient numbers of staff had usually available to meet people's needs, as people and their relatives told us that most calls had been made on time by staff. In instances that staff were be late, office staff had, in the most part, contacted them to explain why they would be late. However, we found in staff rotas that not enough time was given to staff to travel from one person to another. We also found in daily

records that there were times where calls had been early or up to 70 minutes late which meant that people's assessed personal care needs have not been met in a timely way. The registered manager said that she would carry out an audit to establish the extent of this issue. She later confirmed that action had been taken to resolve this issue.

These issues were in breach of Regulation 12 of the Health and Social Care Act 2008 Regulated Activities Regulations 2014, Safe Care and Treatment . People did not always receive safe care from suitable staff at the time they needed.

Most people and their relatives told us they felt safe using the service. One person said, "I feel perfectly safe with the staff." Another person told us, "Yes, I do feel safe."

Risks within people's homes had been assessed and managed. We saw risk assessments set out how staff could protect people from identified issues in the environment such as electrical appliances and tripping risks. Staff gave us examples of how they kept people safe such as making sure that there were no trailing wires to trip people up, medicine was not lying around, and doors and windows were kept shut and locked when needed. This showed that staff were taking action to ensure people's safety.

Care records showed that some risk assessments had been completed to protect people's safety. These included instructions to staff on how to move people safely and included details of the equipment needed. Staff told us that they had been trained to use equipment such as hoists to ensure people were moved safely. A staff member told us they were aware of when the hoist should be serviced and that they made sure slings used for hoists were in good condition so that people were safe using the hoist.

People did not have information about who to contact in the event of an emergency. The registered manager said this issue would be followed up and later sent us information to evidence this.

Staff we spoke with had been trained in protecting people from abuse and understood their responsibilities to report concerns to other relevant outside agencies if necessary. Staff were aware of relevant outside agencies to report concerns to if they had not been acted on by the management of the service.

The provider's safeguarding and whistleblowing policies (designed to protect people from abuse) were available to staff. These told staff what to do if they had concerns about the safety or welfare of any of the people using the service. However the safeguarding adults policy outlined that the designated person for the service decided whether or not abuse had taken place. This meant there was a risk that suspected abuse might not be reported to relevant agencies. The whistleblowing policy did not direct staff to outside agencies if they did not have confidence that the management of the service would properly deal with their concerns. The registered manager said these policies would be amended and later sent us information confirming this.

The registered manager was aware that if a safeguarding issue came up, she would report this to the safeguarding authority and work with the authority to protect the safety of the person.

People and their relatives told us that staff had reminded people to take their medicines and there had been no issues raised about people not receiving their medicines. One person said, "My carer reminds me to take my tablets which is good as I can forget." Information regarding people's allergies was contained in their care plans, which protected them from receiving medicines that could affect their health and were unsafe for them to take.

We saw evidence in medicine records that people had received their daily prescribed medicines. If this had not been recorded, the registered manager had been checked with the daily records of the person to ascertain that medicines had been supplied, to ensure the protection of the health and safety of the person involved.

Staff had been trained to support people to have their medicines and administer medicines safely and they had undergone a competency test to check that they understood how to assist people to have their medicines. We saw that a medication administration policy was in place for staff to refer to so as to assist them to provide medicines to people safely. There was also information for staff on the purpose or specific medications and their side effects.

Requires Improvement

Is the service effective?

Our findings

Most of the people and their relatives we spoke with said that the care and support they received from staff effectively met their needs and they thought that staff had been properly trained. However, there were issues raised by three relatives. The issues were that staff had not assisted with meeting the continence needs of a person, staff had not checked that a person was using equipment correctly, and that feeding equipment was not being flushed out every day by staff. The registered manager said these issues would be followed up with the relatives and staff involved. She later confirmed that this had been done and that staff competence to carry out these tasks would be assessed and further training supplied as needed.

Staff told us that they thought they had received satisfactory training to meet people's needs. A staff member said, "I had a lot of training when I started and if I need any more I just tell the office and it is arranged." Another staff member said, "We are expected to do a lot of training which is good because it teaches us how to care properly."

The staff training matrix showed that staff had training in essential issues such as such as protecting people from abuse, and supplying person centred care. There was evidence that staff were trained or were to be trained in health procedures. For example, three staff had been trained by medical professionals to undertake specialist procedures on using equipment to help a person to breathe. Staff from the service had undertaken accredited training in providing proper training to other staff in how to effectively move and handle people. However, staff training on health issues such as stroke care, mental health conditions, and diabetes was not in place. The registered manager said this would be followed up and she later sent us information that this was being organised for staff.

New staff were expected to complete induction training. This training included relevant issues such as supplying medicines and providing care for people with dementia . All staff were also expected to complete training on the Care Certificate which is national recognised training for staff. Staff confirmed this with us and we saw in the minutes of staff meetings and supervision records that staff training issues were discussed and action taken to organise more training as needed.

Staff told us that the staff induction included shadowing experienced staff on shifts. We saw that this shadowing period had been for half a day. The registered manager confirmed that further periods of shadowing are arranged if a new staff member or the service feels that it is necessary, and that less experienced staff members are paired with more experienced staff to ensure that care meets people's needs. She later confirmed that shadowing would be lengthened to ensure staff were confident of their ability to provide effective care to meet people's needs.

Staff we talked with said they had spot checks from the management of the service to check they were supplying care properly. We saw evidence of these checks. Staff told us they received supervision and there was evidence of these sessions recorded in staff records. This provided staff with support to provide effective personal care to people using the service.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires 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.

There were no formal procedures in place to assess people's mental capacity. The registered manager said that she would set up a template to assess people's capacity and a process to take decisions in people's best interests if this was indicated. There was some information in care plans to direct staff to communicate with people about the care they were carrying out. Staff were aware of their responsibilities about this issue as they told us that they always asked permission before they supplied care to people. This was also confirmed by people and relatives we spoke with, except one person . Staff had received training about the operation of the MCA in their induction. This meant that staff were in a position to assess people's capacity to make decisions about how they lived their lives.

People told us that the food prepared by staff was satisfactory. One person told us, "Staff just need to microwave my meal. They do this ok." People told us that their food choices were respected and staff knew what people liked to eat and drink. They told us that people had drinks and snacks left for them between calls to make sure they did not become hungry or dehydrated.

A care plan we looked at stated that the person needed to be prompted to eat and to have a healthy diet. However, there was no indication of what this diet would consist of. Records showed that the person had not always been encouraged to eat substantial meals as per the guidelines in the care plan. The registered manager said this would be followed up to ensure the person was offered and encouraged to eat healthy foods.

We saw evidence that staff contacted medical services if people needed any support or treatment. For example, one care plan stated that a person had been found bleeding . This was reported to office staff and the district nurse was contacted to assess and supplied treatment. An incident record described how another person sustained a facial injury. Staff then contacted medical services to treat a person. A staff member told us that she had persevered with contacting medical services when she found that a catheter had not been properly set up and the person was in discomfort. This resulted in medical services then carrying out this procedure to ensure the person's health needs were protected. These were examples of staff acting to provide effective care to meet people's needs.

Good

Is the service caring?

Our findings

Most people and their relatives we spoke with thought that staff were kind and caring in their approach. A person told us, "All the staff are really friendly." Another person said, "They are excellent. Very chatty and friendly." A relative said, "I have never had a problem with any of the staff. They could not be better." One person said they thought the staff did not always speak to them in a friendly way. The registered manager said that she would address this issue.

A staff member told us, "We are there for people. I am conscious that clients need to be treated like human beings and we have a good laugh together."

We saw evidence that people had face to face meetings with members of the office to discuss how their care was going. Most people considered that care staff were good listeners and followed their preferences. People and their relatives told us their care plans were developed and agreed with them. We also saw evidence in plans that this had taken place, such as people or their representative signing their plans. Relatives told us that they were involved in reviews and assessments and was able to check that the care plan was meeting their relative's needs.

People told us that their dignity and privacy had been maintained and staff gave them choices. For example, staff used people's preferred names, gave them a choice of what food they wanted to eat, and of what clothes they wanted to wear. Care plans set out how staff should respect people's privacy. For example, one care plan stated, "Loves to chat and laugh. Wants to be referred to as [preferred name]." When we spoke with staff they referred to the person's preferred name which showed they respected the person's choice in this matter.

Staff told us that they protected people's privacy and dignity. They said they always knocked on doors before entering their houses. One staff member told us, "We need to be aware that people have their dignity and should be respected."

We saw that information from the service emphasised that staff should uphold people's rights to privacy, dignity, choice, confidentiality, independence, and cultural needs. The service user's guide stated that people "will be treated with dignity and respect… confidentiality and… privacy". The staff handbook also emphasised that people's rights needed to be respected. This encouraged staff to have a caring and compassionate approach to people. This was reflected in a care plan for a person with a learning disability which stated, "Treat her as an adult."

Care plans stressed that people's choices must be followed. For example, one care plan stated that staff must give the person using the service options as to what they wanted to eat.

The care plans we looked at stated that staff needed to encourage people's independence. People stressed that being independent was very important to them. For example, one person told us, "Since I've had my care worker I am doing lots of things better." The staff handbook emphasised the importance of promoting

people's independence. We also saw evidence of this in people's care plans. One care plan we looked out stressed the need to protect a person's independence, "Give independence to wash herself as much as possible."

This showed that staff were caring and that people's rights were respected.

Care plans included whether people had religious beliefs that staff needed to respect. One relative told us that it was an important religious requirement that their family member's carers were all female and that the registered manager had ensured that this was the case. However, with one care plan we saw, the person's religion was recorded but not whether there were any religious or cultural issues that were important to them. This meant there was a risk that staff may inadvertently carry out a task which did not respect this person's religious or cultural practices. The registered manager said that this information would be included in people's care plans in future to help staff to fully respect people's beliefs and preferences.

Good

Is the service responsive?

Our findings

Most people and relatives told us that staff asked if they could do anything else when they had finished providing the care set out in the care plan. A person told us, "My care worker is brilliant. She really understands what I need." Another person said that when office management had initially visited them, they told them that if they had any queries then they would visit and sort the issue out. This made them feel positive about raising any issue of concern

Most people and relatives told us that the office responded to their requests and made changes where needed. One relative said this had not been their experience. The registered manager told us this issue would be followed up. The registered manager later sent us information which showed that staff had made various attempts to contact the relative in order to respond to her requests. This showed that the service contacted other relatives if they cannot contact this relative.

We found that people had an assessment of their needs and a personal profile in the care plan. People using the service and relatives we spoke with said that management properly assessed people's needs before providing a personal care service. Assessments included relevant details such as the support people needed, such as information relating to personal hygiene, mobility and communication needs. There was some information as to people's personal histories and preferences but this was limited as to what was important to people and how they liked to spend their time. For example, it was noted that person liked to chat but there was no information to assist staff on what the person liked to talk about. The registered manager said this would be followed up. This would help staff to ensure that all people's individual needs were responded to.

We saw that the assessment of a person's moving and handling had identified that equipment was needed to help the person and how many staff were needed to ensure this was carried out. The relative we spoke with confirmed that staff carried out this procedure properly.

Staff told us that they always read people's care plan so they could provide individual care that met people's needs. They said that care plans were updated if people's needs had changed so that staff could respond to these changes. Staff told us they informed office staff of any changes that needed to be made to respond to people's needs, and they were kept informed by office staff of changes.

People and their relatives told us that care plans were reviewed by the management from the agency to ensure any changing needs were recognised and could then be responded to. We saw evidence that this had been carried out in people's care plans. For example, a person had a food chart put into place as there had been concerns about weight loss. The menu set up by staff was aimed to ensure that food provided could be chewed by the person. This responded to the person's needs to encourage them to eat to maintain their weight.

One issue that came up from comments received from people and their relatives was that they had found it difficult to completely understand what staff had said to them as the English language skills of staff were not

always sufficient. The registered manager said that she would look towards enrolling staff that needed support onto college courses to improve their communication skills.

We found that people and their relatives were aware of how to make complaints. They told us they would speak to the manager or office staff if they had any concerns, and would feel comfortable about doing so. One person said there had been an issue about the attitude of the staff member some time ago. This had been dealt with by the registered manager and they did not have this issue again. When we passed information on to the registered manager about some concerns that have been expressed about the service by some people's relatives, she quickly responded and contacted the relatives. Action was put in place to ensure people's needs were met in the future.

Staff told us that there were few occasions when they received complaints from people or their relatives but, when they did so, they reported issues to the registered manager or office management staff and issues had been dealt with.

The provider's complaints procedure gave information on how people could complain about the service if they wanted to. It stated in the Service Users Handbook that people should complain and they would be taken seriously. However, it is stated that complaints needed to be made in writing. This narrowed the opportunity for people to make complaints as a verbal complaint would not be accepted. The procedure was not clear that the complainant could contact us the complaints body, the local authority, and had not included the local government ombudsman should they have concerns that there complaint had not be being investigated properly by the local authority.
The registered manager stated this would be amended and that people could make complaints verbally if they chose to.

We looked at the complaints file. We found that complaints had been investigated and action taken as needed, for example, organising additional staff training. However, no response had been provided to the complainant setting out the results of the investigation. This would provide assurance to complainants that they had received a comprehensive service responding to their concerns. The registered manager said this would be carried out in the future.

People told us of other agencies involved in their care including the adult care department, GPs, and community nurses. Staff told us that they had contacted other services when needed. For example, a person found that their profiling bed did not suit a staff member and informed the registered manager of this. The registered manager contacted a specialist provider and a new mattress was then delivered that met the person's needs. This showed that the person's needs had been responded to.

We looked at the incident folder. We found that staff had called in medical services as needed. This told us that staff had appropriately liaised with other agencies to ensure that people had received care responding to their needs.

Requires Improvement

Is the service well-led?

Our findings

All the people and their relatives we spoke with except one relative and one person said that the service was well run and organised. One person told us, "It is a really good agency. I never have had any complaints." Another person said, "It is so much better than the previous agency. They listen to you and provide really good care." People told us that they were more than happy to speak to the office staff and/or the registered manager should they need to, although the majority of people said they had no reason to.

One relative we spoke with said that at times she had contacted the office and was told a message would be passed on but no one had got back to her. We were later sent records which showed that attempts had been made by the service to contact the relative in order to respond to her requests and, if this was not successful, other relatives were contacted instead. Staff told us that mostly when they informed office staff that they were going to be late then the person was informed, but not always. The provider said these issues would be followed up.

The registered manager was aware that incidents of alleged abuse needed to be reported to local authority safeguarding teams to protect people from abuse. There was evidence that the registered manager had worked with safeguarding teams to ensure people using the service were protected from abuse.

We saw that the registered manager took action when issues were raised with her. For example, a relative stated that a staff member did not communicate with her Family member. We saw evidence that the registered manager took action to resolve the situation.

Staff were provided with information as to how to provide a friendly and individual service. For example, to always respect people's rights to privacy, dignity and choice. Staff told us that the management of the service expected them to provide friendly personal care to people, and to meet their individual needs.

All the staff we spoke with told us that they were well supported by the management of the service. They said that the office management staff were always available if they had any queries or concerns. One staff member said, "If I need any help, I know I can get in touch and always get advice."

We saw that staff had been supported in providing care by having regular staff meetings. This covered relevant issues such as reporting concerns about care, carrying out proper recording and staff training issues. This provided staff with more support to carry out their task of supplying quality personal care to people. Compliments were also given to staff from the management of the service regarding the care that staff supplied to people to recognise their contributions and maintain their morale.

People using the service, their relatives and staff members we spoke with told us that they would recommend the service if a relative or friend of theirs needed this service, as everyone, except one relative and one person, rated the care provided as being very good.

Staff said that essential information about people's needs had always been communicated to them so that

they could supply appropriate personal care to people. The registered manager said that any changes with regard to people's needs were communicated to staff. Staff confirmed this was the case. This meant staff were in position to meet people's changing personal care needs.

We saw that staff had received further support through supervision. This covered relevant issues such as training, changes in people's needs, and problems in providing the service. If any issues were identified these were taken forward through a stated action plan.

A medication and observation sheet was completed to ensure that people received their medicines. This meant that the service had tried to ensure ensured that people's needs were promoted and staff were supported to discuss their performance and identify their learning needs.

There was evidence that people's needs were reviewed. Reviews covered important issues such as their general satisfaction with the service, whether their care needs were being met, and whether they needed any more assistance with regard to meeting their health needs. People were also contacted periodically by telephone to check that they were satisfied with the service.

We saw that people had been asked about their views about the running of the service through a satisfaction survey. 11 surveys were returned. There were positive comments about the standard of service that people received. However, a third of people said their needs were not always met, a quarter of people said their choices and preferences were not always listened to or acted upon, and a third of people stated they had not been involved in the development of their care plans. These issues had not been addressed in the action plan produced by the registered manager to meet the issues identified in the survey. In addition two people said that communication with staff had been a problem and this was also not stated in the action plan. The registered manager said she would act on these issues. We were later sent information from the provider which indicated that issues raised in the survey had been dealt with.

Staff had also received a survey in December 2015. One issue identified was that communication between office and care staff could be improved. However, there was no practical action stated in the action plan addressing this issue. A quarter of staff said they were less satisfied with working for the service than they had been for the previous year. However, the reason for this had not been analysed in the action plan.

Information in the provider's statement of purpose stated that the service would ensure that quality monitoring systems to check services would be put into place. We saw quality assurance checks in place. Staff had periodic spot checks where a number of relevant issues were checked by management such as staff attitude and performance for example in respecting people's privacy and dignity. Care plans were reviewed to ensure they were still relevant to people's needs, and the times of staff arriving and departing to check that staff were on time and staying for the full length of calls. We saw the registered manager had communicated these issues with staff to try and effect improvements so that calls were on time.

Daily records had been audited to check that the care supplied to people was meeting their care needs. Medicine sheets had been audited to check that people had been supplied with their prescribed medicines.

This process assisted in developing the quality of the service to meet people's needs, though systems had not identified issues such as appropriate recruitment checks always being in place, issues in relation to the safe use of equipment, risk assessments to protect people's safety always being in place and people not always receiving personal care at assessed and agreed times.

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 Treatment of disease, disorder or injury	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment Safe support was not always provided to people in the use of equipment to maintain their health. Risk assessments were in not fully place to protect people from risks to their health and welfare. Staff recruitment checks were not comprehensively in place to protect people from receiving personal care from unsuitable staff. People had not all received personal care at the assessed and agreed times to promote their health.