Bespoke Care & Support Services Limited

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Inspection report

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Date of inspection visit:
06 September 2017

Date of publication:
20 October 2017

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

This inspection took place on 6 September 2017 and was announced. We spoke with staff providing this service on the telephone the following week. The service was registered in 2013 to provide personal care and support to people in their own home. The service was inspected previously in April 2015 and met all the regulations. On the day of our inspection 44 people were receiving support.

The service had a registered manager. 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.

Staff had received training in safeguarding adults and children. They demonstrated a good understanding of how to recognise abuse and ensure people were safeguarded. They knew the procedure to follow to report any concerns and they were confident management would act on concerns about a colleague's performance if they arose.

The registered manager recruited staff with the values and behaviours to be able to provide person centred care. However, we found one person had commenced in employment before their necessary checks had been completed. We have made a recommendation about the management checks for new staff.

Risk assessments were in place in relation to the environment and for people using the service. Moving and handling plans were detailed and contained guidance for staff to follow to keep people safe from harm.

People's medicines were administered by staff who had been trained in the management of medicines although not all staff told us they had their competency to administer medicines checked. The registered provider operated an electronic medicines management system which gave them up to date information when people's medicines had been administered and alerted them when people's medicines had not been administered. Staff training, supervision and appraisal was not up to date to evidence staff were supported to fulfil their roles and to maintain their skills and competence.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; although the policies and systems in the service did not always support this practice. Staff were able to describe how they would support people to make decisions if they lacked capacity and how they would act in their best interests when providing care. They had not all completed training in the Mental Capacity Act 2005 and were not aware of the principles of the act. Our discussions with staff confirmed they upheld people's rights and they supported people to make choices in their daily lives.

People who used the service and their relatives spoke highly about staff and told us they were caring. They said staff were respectful at all times and ensured their privacy was maintained. Staff had time to sit and chat and people did not feel rushed during their care and support. People received care that met their

needs, choices and preferences and they were involved in the review of their service.

The culture of the organisation was positive and staff told us they wanted to provide the best service possible. Staff felt supported by the management team. All staff told us how much they enjoyed their role and how supportive their colleagues were.

There was a lack of systems and processed including regular audits which meant the registered provider was unable to identify where quality and safety needed to improve. Up to date nationally recognised guidance had not been implemented by the registered manager.

There was a focus on keeping people using the service happy, and the registered provider sought people's views when their care was reviewed. There was no satisfaction survey completed to compile and analyse the information gained about the service which would have demonstrated how they were acting on the views of people using the service and professionals to drive improvements. Compliments and complaints were recorded onto the electronic system by the administrator. However, these were not compiled and the registered provider was unable to show how they had analysed and responded to information gathered or used this information to make improvements to the service.

We found breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 in relation to the training and supervision of staff, and good governance. 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 always safe

Staff understood their responsibilities around protecting people from abuse and they knew how to report it if they suspected it was occurring.

Staff recruitment was not always in line with best practice.

People's medicines were administered by trained staff and the registered provider operated an electronic medicines management system although the information in relation to 'as required' medicines was not always detailed.

Is the service effective?

Requires Improvement

The service was not always effective

Not all staff supervision, training and appraisals were up to date.

We found some mental capacity assessments in people's care records but not in all the records we looked at where information indicated a person might lack capacity.

Staff supported people to ensure their hydration and nutritional needs were met.

Is the service caring?

Good

The service was caring.

People who used the service and their relatives spoke highly about the care staff supporting them and were positive about the way care and support was provided.

People told us their privacy and dignity was respected

Staff involved people in the care they were providing and promoted independence where this was appropriate.

Is the service responsive?

Good

The service was responsive.

People's care needs were assessed prior to the service being delivered. Care plans detailed the support people required.

People told us care was person-centred and the staff went above their expectations to provide care in line with their preferences and wishes.

Complaints were dealt with informally and captured in each person's on-line record.

Is the service well-led?

Requires Improvement

The service was not always well-led.

Most staff told us the registered manager and care manager were supportive and listened to the staff. Staff told us they worked as a team and supported each other.

There was a lack of robust and regular audits to demonstrate the registered provider was assessing the quality of the service provided. The focus was on keeping people using the service happy.

The service worked in partnership with other bodies such as the local authority and local services.

Bespoke Care & Support Services

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection 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 6 September 2017 and was announced. Staff were contacted over the telephone the following week in order to gain their views about the service and the level of support and training provided. The provider was given 24 hours' notice because the location provides a domiciliary care service.

The inspection team consisted of an adult social care inspector and an expert by experience. An expert-by-experience is a person who has personal experience of using or caring for a person who uses this type of care service. The expert by experience on this occasion had experience in providing care and support to older people.

Before our inspection we looked at the provider's information return (PIR). This is information we asked the provider to send us about how they have met the requirement of the five key questions. We also reviewed the other information we held about the service including statutory notifications that had been submitted. Statutory notifications include information about important events which the provider is required to send us by law. We contacted the local authority safeguarding team, the commissioning and contract team, and Healthwatch.

During our visit we spent time looking at five people's care and support records. We also looked at three records relating to staff recruitment, all the records relating to staff training and documentation relating to the management of the service. We also spoke with the registered manager, the care and support manager

and the administrator. Following the inspection we spoke with five care staff on the telephone. We spoke with 13 people receiving a service and four of their relatives.

Requires Improvement

Is the service safe?

Our findings

People we spoke with told us they felt safe using Bespoke Care and Support Services. One person said, "I feel safe and trust them. I would feel perfectly comfortable if I had to speak to someone about any of that." Another person told us, "I feel safe. They are like family. I trust them, nothing has ever happened. They do my shopping and always give me my receipt and write it down in the book." One relative we spoke with said, "I trust them 100%. I can leave the house while they are in with [relative] and I know everything is going to be ok."

Two of the relatives gave us examples where the care staff had taken steps to ensure the comfort and safety of their relations. One person had been nervous and reluctant to use a ceiling track hoist to be moved, and with staff patience this was overcome. The family member told us, "They lifted [relative] slowly and gradually to get them used to the motion and at the same time explained what they would feel. [Relative] feels quite safe now." Another family member said, "[Relative] is in a lot of pain and it was unpleasant [for relative to be moved], they adjusted their working practices so [relative] needed to move less. Things are better now."

Staff we spoke with had a good understanding of how to identify abuse and act on any suspicion of abuse to help keep people safe. They were able to describe the type of abuse you might find in a community setting and the signs of abuse. They told us they would act on any concerns and report this to their manager or to the relevant authorities if required.

The service had a general risk assessment in place which covered environmental risks and risks to staff for example, from neighbourhood hazards, space, clutter and access to the property. In addition to the generic environmental risk assessments we found assessment in place around medication and moving and handling. We found risk assessments and the care plans we looked at were reviewed regularly to ensure they remained relevant. The moving and handling care plans were very detailed and easy to follow detailing the technique to be followed to support the person safely, although one care plan had not been updated to reflect a change in their moving and handling sling.

Staff knew how to respond to an emergency and said if needed, they would contact the emergency services, report the event to the management team and complete an accident and incident form on their online 'app'. This showed us staff would act appropriately to ensure the safety of the person they were supporting and would not leave the person at risk of harm.

We spoke with the office administrator who was responsible for monitoring calls during the week. The care manager compiled the rota which was transferred onto the electronic system. The administrator had a 'live' record which showed them which member of staff was supporting a person and the time they signed in and out of the call. They told us there was a 15 minute allowance at each side of the person's expected call time to allow for staff delays. The registered manager told us they were actively recruiting to ensure they had the right amount of staff at the service. There had been a marked increase in people using the service since our last inspection and staffing numbers had increased accordingly. The registered manager told us they had

struggled recently and had to utilise bank staff to provide the service but said no calls were missed or cancelled. The people we spoke with all told us the staff were not rushed, and had time to sit and chat with them and how important this was to them.

The registered manager told us they, "Recruited staff with the right personalities and the right traits to deliver care how we want it." They said, "We are very selective. We recruit people who want to work in care and do a job properly."

We reviewed three staff files to check the registered provider had followed safe and effective recruitment procedures. Staff files were well presented and included contract information, supervision and appraisal information, training and development, and application documents such as application forms and Disclosure and Barring Service (DBS) information. The DBS is a national agency that holds information about criminal records. Checking these records helps to ensure people are protected from care staff who have been identified as unsuitable to work with vulnerable people. Regulations state staff should only commence employment once these checks have been completed. One person had started work three weeks before their DBS had been returned. When we asked the care manager about this they told us the person had never worked unsupervised, although this was not indicated in their file. We found there was no risk assessment in relation to this to demonstrate the registered provider had assessed the risks in permitting a person to enter a property, with another carer, without these required checks. We recommend the registered provider ensures processes are improved to ensure staff do not commence on the rota without the necessary checks.

We checked to see how the registered provider supported people to manage their medicines safely. The registered manager told us they were not responsible for ordering or storing people's medicines and this was up to the person themselves or their families. The registered manager told us most medicines were supplied in blister packs apart from creams, and eye drops and responsive medication such as a course of antibiotics provided in a separate box. If medicines were changed or not added to the blister pack, we saw evidence that staff took a photograph of the dispensing instructions, which the registered manager or care manager would add to the electronic record and this information would be disseminated to staff.

Records showed staff had been trained in how to administer medicines appropriately using the registered provider's on-line training although not all the staff we spoke with told us they had their competencies checked following this training. The registered manager told us they did not support anyone who had medicines administered covertly but they recently updated their policy to include this as required by their contract with the local authority. We reviewed their policy and noted this information had been included, although there was limited information in relation to assessing people's mental capacity to consent to medication and the best interest process. We could see no separate 'as and when' protocols were in place in line with best practice, although some of these medicines were listed on the on line medication administration record. However, the record did not always contain information to advise what the medicines were for and when they should be administered, which meant staff may not be aware when these medicines were required. We raised this with the care and support manager who acknowledged this information was not always recorded to guide staff and agreed to add this information.

The registered manager told us their electronic record system alerted them if people had not had their medicines administered by their care staff. The system provided them with up to date information to enable them to act promptly if there were any issues. This system was dependent on staff having the necessary phone 'app', and all but one staff utilised this online system. This member of staff utilised a paper based medication administration record which they told us was returned to the office at the end of each month.

The registered manager told us staff were provided with personal protective equipment (PPE) which enabled them to carry out their caring duties safely and this was stored in people's homes and a supply kept in staff vehicles. Staff confirmed they were provided with and collected PPE from the office when necessary. Community equipment such as hoists and slings were provided through local community equipment arrangements. However, the registered provider did not keep a record of LOLER checks or when equipment had been serviced or maintained. This is required to ensure systems were effective in keeping people and care staff safe from faulty equipment. The registered manager told us they relied on staff to check the equipment and made the assumption the community equipment service would implement the safety checks. They said this information could be added to their system. We asked staff whether they checked equipment prior to use. One member of staff said, "I carry out visual checks on the hoist system. 90% of the job is covering your own back."

Requires Improvement

Is the service effective?

Our findings

We asked people using the service whether the staff who supported them had the knowledge, skills and training to care for them. People spoke highly about the staff and how effective they were at maintaining their health and wellbeing and involving health professionals when required. One person said, "[Name] saw a mark on my back and made a note in the book for the girls to keep an eye on it." Another person told us, "One of them noticed my [relatives] skin was sore and got the doctor. [Carer] applies cream now."

As part of this inspection we looked to see how staff were supported to develop into their roles to ensure they had the knowledge and skills to support people using the service. We looked at the records in relation to induction, training, supervision and appraisal. The registered provider utilised the Care Certificate which staff who were new to care completed on commencement at the service. The Care Certificate is a set of standards that social care and health workers adhere to in their daily working life. It is the minimum standards that should be covered as part of induction training of new care workers. We spoke with several staff members who had been employed less than twelve months. We asked them how they had been supported in their role when they commenced employment. They told us they had shadowed a more experienced staff member for several days and some staff told us they had been introduced to the people they would be supporting although other staff told us they had not.

The registered manager and care and support manager had completed nationally recognised qualifications to level five. The care and support manager had also received training through the local authority to be able to provide moving and handling training. Some care staff told us they had been offered the opportunity to attain nationally recognised qualifications to level two and three and the registered manager told us it was their expectation all staff attain a level two., Although, their training matrix indicated just under half the staff had attained, or had enrolled to undertake, the qualification. The registered manager had recognised the need for staff to receive nationally recognised accredited training to develop into their role and this demonstrated their commitment to develop a highly skilled workforce.

In addition to some staff working towards nationally recognised qualifications, the registered manager had designed all the training staff completed in house. This training involved the completion of a workbook followed by an on-line test which the registered manager scored to check staff had attained the necessary standard. Staff undertook essential training in subjects such as person-centred care, pressure ulcer prevention, health and safety, infection control, data protection, duty of care, equality and diversity, nutrition awareness, and moving and handling. The registered provider did not provide training in a classroom environment and staff told us there were no checks following training to ensure the knowledge and skills gained had been retained, to enable staff to transfer the skills to their workplace.

We asked staff whether online moving and handling training had been supported by practical moving and handling sessions. Staff told us they had not received practical moving and handling demonstrations in a classroom setting, although they had been shown how to use equipment in people's homes either by the care and support manager or other more experienced staff. In one staff file we looked at we did see evidence

they had been assessed as competent to use a hoist. However, not all staff told us they had an assessment of their competency to move people safely and they had highlighted they required further training in this area to the care and support manager, who told them they would look into providing this for them.

The NICE guidance "Home care: delivering personal care and practical support to older people living in their own homes" recommend care workers receive supervision in a timely, accessible and flexible way, at least every three months with an agreed written record of supervision given to the worker. In addition, they recommend care workers' practice is observe regularly, at least every three months, their strengths and development needs are identified ; and performance is appraised regularly and at least annually. The registered provider was not meeting this standard in relation to supervision and appraisal. The registered manager told us staff received an annual appraisal, one spot check and written supervision each year with a total of four of a combination of these. Some staff told us the care and support manager had undertaken a spot check and would turn up unannounced. One member of staff said they would, "Make notes, watch and discuss. Quite informal, have a chat about what went well and what went wrong." When we asked staff about spot checks (community supervisions) they said the care services manager had worked with them on a double up shift and used this opportunity to report back to them about their performance but this had not been structured and they had not received the feedback in writing.

The registered provider's supervision policy did not outline the number of supervisions required each year. We asked staff whether they had received supervision and some staff told us they had not had any. We reviewed the supervision matrix provided at the inspection which indicated not all staff had received an annual appraisal of their performance or regular supervision. The registered provider was not meeting nationally recognised good practice in relation to supporting care workers.
The issues we found with supervision, appraisal, training and competency checks demonstrated a breach in Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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.

We found two stage capacity assessments in some of the care files we looked at but they were absent in others, when the information indicated the person did not have capacity to consent. There were no specific decisions in relation to medicines, which is good practice in accordance with nationally recognised guidance. This demonstrated a breach in Regulation17(2)(c) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 as there needs to be a record of assessment and decisions made on behalf of people who lack capacity to provide evidence these have been taken in line with the requirements of the MCA and the associated Code of Practice.

The training matrix provided on inspection showed only half of the staff had received training on the Mental Capacity Act 2005. However, in our discussions with staff, they were able to describe how they supported people to be able to make their own decisions. Although, most of the staff were not able to describe the principles of the act. Staff told us they were not involved in the assessment of capacity although they recognised people's mental capacity might change from one day to another and they would always support people in their best interests. One member of staff we spoke with told us one person they supported always opted for the second choice, when offered a choice of two items. Once they had realised this, they always offered them what they knew to be their preferred choice to be sure they supported them to make a choice in line with their past preferred choice.

People's support plans contained information about what they liked to eat and how they liked to be supported at meal times. People who received support to meet their nutritional needs told us and their relatives confirmed they were given choices around food. One care worker told us relatives generally left a meal planner for their relation and food in the fridge they liked to eat. They ensured they supported people to eat what they wanted and offered snacks and left drinks for people as they left the property to ensure they had what they needed for the rest of the day.

The registered manager told us where concerns about weight loss or a specific diet were identified, food and fluid monitoring was in place, although at the time of the inspection no one required this monitoring. The registered manager told us they worked closely with the district nurses, podiatry, the moving and handling team and the social work teams in the area. We saw evidence of this in the files we reviewed which confirmed staff ensured professional advice was sought if they had observed a change in the person's wellbeing. A family member who lived out of area told us staff supported their relation with their appointments, to ensure they had access to health care services. This demonstrated the registered provider was supporting people with their health and wellbeing requirements

Good

Is the service caring?

Our findings

Relatives and people who used the service told us the care staff were very caring. We received the following comments from people using the service, "Wonderful. All-round good." Another person said, "[Name] is especially good. What you'd call a carer. [Carer] goes one step further, what you'd call a friend." A further person said, "I know them all. They're all nice, especially the younger ones. A bit more lively. They put a bit of joy into the job. Pleasant and friendly. I'm satisfied with everything." People reported how helpful staff were and they had time to sit and chat with them. For example, one person said, "They always ask if there's anything else they can do. Absolutely fantastic. They come in with a smile on their face and chat." Another person confirmed this telling us, "One sings and talks to me. When you're sat on your own all the time you look forward to a chat. There's one I don't care for, I can't get any conversation out of her."

Staff told us how they provided compassionate care. One staff member said, "I am caring. I like working with elderly people. I stay longer if there is anything I am not happy with. I got really good feedback from a relative after [cared for] said, "I like the way [name] looks after me. [Name] really knows what I want." Another told us of a situation where a person required medical assistance and the carer stayed with them throughout. They said they had feedback to say the person would not have got through the day without them. The member of staff told us feedback from people motivated them and confirmed they were "on the right track" in relation to the support they provided.

People told us staff ensured their dignity and privacy when undertaking care. For example, one person said, "At first [the carer] asked how I would feel about being helped in the shower. I told [carer] I didn't feel embarrassed, I had got used to it in the hospital." One relative told us they had seen the carer cover their relative up when someone had knocked at the door and said the curtains were always closed when their relative was using the commode. Staff told us they protected people's privacy and dignity by ensuring curtains were drawn and doors closed to ensure privacy when undertaking personal care.

People's abilities were recorded in their care plans to ensure staff encouraged people to remain as independent as possible. The registered manager told us, and we confirmed this when we reviewed people's care plans, they used outcome focussed care planning to ensure identified outcomes were in place to support staff to maximise people's independence.

The care and support manager told us all staff were introduced to the person they would be caring for prior to commencing the service and some staff confirmed this, whilst others told us they had not been introduced to people. All the people we spoke with and their relatives told us they received a visit shortly after commencing the service from the care and support manager to check the service was meeting the needs of the person supported. They told us they felt confident in the abilities of the care and support manager to manage their care arrangements. People told us they were satisfied with the care provided and that it covered all their current needs and they would recommend this service to others.

The registered manager told us they had attended a local good practice event which looked at end of life

care and how to support people with appropriate care planning. Although they were not supporting people at this stage in their lives, they said they would implement the good practice guidance into their practice to ensure their contribution at this stage of a person's life is to a high standard.

The registered manager took pride in being able to offer a service to people from a culturally diverse background and matched people with carers, to ensure they were comfortable with staff who cared for them.

Good

Is the service responsive?

Our findings

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People received care that met their needs, choices and preferences and told us staff were responsive to their needs. One person told us, "Absolutely super, willing to do anything and everything, it amazes me what they can do. One in particular is good, she knows where everything is, is proactive if she sees a job she gets on and does it without me asking. They notice things. One pointed out my sore toe and asked if it was painful. She got the dressing out of the drawer and fastened it up for me."

Relatives also spoke highly of the staff. One told us, "They are lovely with my [relative], will go out of their way to do anything. They are wonderful. They have got to know my [relative], and their quirky ways. The care is not regimented it's delivered to suit [relative's] preferences. They always ask if there is anything else they can do before they go. The visits break the day up; they chat and make [relative] giggle. I actually sent an email to the care manager saying how wonderful the staff have been and asked to send it around to all them to let them know they are appreciated."

The care and support manager carried out an assessment of people's needs before providing care. If the person was funded for care through the local authority the care manager was provided with a person led assessment which formed the basis of their care plan. If not, the care manager obtained information from discussions with the person and their family. From this information, a care and support plan was devised to provide care to the person's preferred way and at a time and duration to suit them.

People's electronic care plans were extremely detailed and person centred and contained information to enable staff to care for people. This included people's daily routines and preferences in how they wanted staff to support them. For example, one of the care plans we looked at included detailed oral health support requirements to ensure staff were fully aware how a person cleaned their dentures and plate and where this activity was to be undertaken. Files contained information on preferences such as what time people liked to go to bed.

The care people received was subject to on-going review. The registered manager told us there was a formal review annually "with the person, their next of kin or other interested parties." They told us these reviews were either done by the registered manager or the care and support manager and this could be done face to face or over the telephone depending on the needs of the person. We found detailed review information in the care files we sampled, which looked at whether the service provided was still meeting the person's need. People and their relatives told us their care was regularly reviewed. One person said, "A month ago [name] came to check if everything was alright and going ok. It is fine I get everything done that I need." Another person said, "After about two or three visits a lady came to ask about the care, she went into it, my [relative] is very pleased it's all ok."

Staff confirmed electronically on their mobile phones, when they had completed the tasks set out in the person's care plan. They told us how useful the system was as, "Everything is listed." They said in addition to notifying the office through their mobile phones, they also left notes for the next member of staff due to

attend, in a book kept in the person's home. They said the notes from these books were taken into the office each month.

All the people we contacted as part of our inspection were very happy with the service provided and were complimentary about the staff. Complaints or concerns received by the office were recorded as an event in each person's on-line record, and dealt with informally.

Requires Improvement

Is the service well-led?

Our findings

Several of the people and their relatives told us the care and support manager had visited them to check they were happy with the care provided. The majority of people told us they were very satisfied. One said, they had recently provided feedback that they were, "Highly satisfied and the care is absolutely super." The agency had started in 2013 and had, since our last inspection doubled in size, and recruited more staff to ensure they could meet the needs of the people. It was clear from our discussions with people using the service, the care and support manager was providing care to people, when there was a shortage of staff. To support the development of the service, the registered provider was in the process of interviewing for a "senior carer" to take on some of the tasks currently undertaken by management, as it was clear some of these duties such as supervision, audits and formal governance arrangements had not been taken place as robustly as required.

The service had a registered manager in post since October 2013. The registered manager told us they had, "Invested massively in technology so that we can see where staff are in real time. We have been using if for eight months." The system enabled the office team to know when staff had arrived and logged in at a person's house and when they had left. They told us they were also in the process of updating their website which was due to be re-launched to make it more 'user friendly.'

We found the registered manager had not undertaken individual formal audits such as care plan audits, supervision and training, accident and incident audits and complaints audits. They were reliant on using the electronic system to record issues such as compliments, complaints, accidents, incidents, and falls. Whilst we were on site at the inspection the administrator contacted their technical support to complete reports for us in relation to complaints, and accidents and incidents, but these had not been analysed prior to presenting us with this information. Care was reviewed regularly which included a review of the care plans, but there was no audit of care plans and the person reviewing the care plans was the same person who was writing them which meant there was no-one to pick up on issues we found such as the lack of decision specific capacity assessments, and consent.

The care and support manager undertook spot checks (community supervision) with staff, but not at the frequency recommended in national guidance. Where these had taken place, we saw they recorded their observation of staff practice and we saw this information was held in staff files.

There was no overall satisfaction survey sent to people using the service, their families and professionals, and the registered manager told us they sought the views of people who used the service regularly at service user reviews. We could see a high number of compliments had been recorded by care staff on the electronic system and people generally were very happy with the care provided.

The registered provider had completed an overall report in November 2016 which looked in turn at each of the five key areas used by the Care Quality Commission to assess the quality of care provided. Although this overall audit could be used to evidence how the service had measured the quality of the service provided, it

lacked detailed monitoring information which meant there was little evidence to support their conclusions about their service.

The lack of regular audits meant there was no evidence the registered provider was analysing information as a whole to check for any themes or to demonstrate they were driving improvements. Systems and processes and were not robust enough to monitor and improve the quality of the service. This demonstrated a breach in Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Staff told us how my they enjoyed their job and found team work and the culture in the service as good. One member of staff said, "They go a little bit further than ordinary care. They do the best. They are bespoke." Staff were motivated by being recognised for good practice. The registered manager told us one member of staff had received vouchers at the team meeting the day prior to our inspection after having received very positive feedback from the people they supported. We also received specific feedback about this person from the people we spoke with.

Staff meetings are an important part of the registered provider's responsibility in monitoring the service and coming to an informed view as to the standard of care and support for people using the service. Team meetings were held every three months and latest meeting was held the day prior to our inspection. The minutes had not yet been typed for this meeting but we were given the minutes from a meeting held in May 2016 which looked at the mobile application the registered provider was using to communicate and record care staff activities whilst in a person's home.

We asked the registered manager how they kept up to date with best practice. They told us they kept up to date with good practice through local authority events and training. They also said they used the Skills for Care website to keep up to date and inform themselves of changes in social care. They also said, they work in partnership with other services and attend provider meetings to build networks with the police, fire service, and community nurses.

As part of their regulatory responsibilities the registered provider must notify CQC of any allegations of abuse and certain events. They had met this requirement. The registered provider is required to display the latest CQC inspection ratings and we observed these were displayed in the office and on the registered provider's website in accordance with the regulation.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take.We will check that this action is taken by the provider.

Regulated activity	Regulation
Personal care	Regulation 17 HSCA RA Regulations 2014 Good governance Systems and processes had not been robust in identifying gaps in service provision and improving practice. Records such as mental capacity assessments and best interest decisions were not in evidence.

Regulated activity	Regulation
Personal care	Regulation 18 HSCA RA Regulations 2014 Staffing Staff had not received supervision, appraisal and training to make sure competence is maintained and to acquire skills to carry out their roles.