Goodwill and Hope Ltd

Goodwill and Hope Ltd

Inspection report

Suite 1.15 Ferneberga House
Alexandra Road
Farnborough
Hampshire
GU14 6DQ
Tel: 01252 209515
Website: www.goodwillandhope.co.uk

Date of inspection visit: 11, 12 and 14 May 2015
Date of publication: 19/06/2015

Ratings

Overall rating for this service	**Requires Improvement**
Is the service safe?	**Requires Improvement**
Is the service effective?	**Requires Improvement**
Is the service caring?	**Good**
Is the service responsive?	**Requires Improvement**
Is the service well-led?	**Requires Improvement**

Overall summary

Goodwill and Hope domiciliary care agency provides care and support to people in their own homes on a short and long term basis. At the time of our inspection 37 people were using the service.

There was a registered manager in post at the service. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

This was our first inspection of this service.

We received positive feedback about the staff, the culture of the service and its leadership. People were positive and described staff as respectful, caring, and helpful.

Summary of findings

People and their relatives experienced kindness and consideration during care visits. People and their relatives knew how to raise concerns and generally felt their concerns would be addressed to their satisfaction.

The provider strived to improve the outcomes for people. However, we found the provider did not robustly monitor the safety and quality of the service so that they could effectively and independently identify areas that required improvement. People's safety and quality of care might be compromised and the provider would not always be able to respond appropriately and without delay before potential harm might occur. The registered manager used the opportunity when out working with people and staff to assess the quality of the service. Some audits had been completed but systems in place did not effectively identify factors that could impact on the operation of the service, such as the concerns we found in relation to recruitment and care reviews.

Staff recruitment practices were not sufficiently robust to protected people as far as possible from individuals who were known to be unsuitable to deliver care in people's homes.

People were supported by trained care staff who received regular supervisions to support them to develop their knowledge and skills when supporting people. There was sufficient care staff to ensure people received their care as required and staff knew how to care for people appropriately. Systems for reporting and escalating concerns were implemented effectively to ensure action was taken to keep people safe. People who required visits at specific times to manage their health conditions generally received their visits on time. However, people's care records did not always provide staff with sufficient details of people's health conditions and changing needs to ensure staff would consistently know how to care for people from reading their care plans.

We found people and their relatives were encouraged by the provider to plan their own care and people received their care when and how they wanted. People got the time they required to complete their personal care routine at their own pace and did not feel rushed.

We found improvements were needed in the way the provider regularly assessed people's needs and reviewed people's care to ensure this met people's needs and managed risks. The changing needs of people with dementia had not always been routinely assessed to ensure people's care continued to meet their needs in line with national good practice guidance.

The provider did not have suitable arrangements in place to obtain the consent of people in relation to the care provided where they had appointed a legal representative to act on their behalf. We recommend the provider seeks advice and guidance based on current best practice from a reputable source, on how to record the nature and involvement of people's LPAs in best interest decisions.

We found a number of breaches of the Health and 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 this report.

Summary of findings

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.

People who used the service and their relatives said they felt safe when receiving care. There were sufficient staff to meet people's needs safely. People felt safe because calls were never missed and because they knew care would always come, delays were rare.

Systems were in place to ensure people were protected from abuse and to manage risks related to the delivery of their care.

Recruitment practices were not sufficiently robust to protected people as far as possible from individuals who were known to be unsuitable to deliver care in people's homes.

Is the service effective?

Requires Improvement

The service was not always effective.

People's nutritional and health needs were understood, shared and met by staff. People who required visits to manage their health conditions generally received their visits at the required times. Though staff met people's health needs people's care plans did not always reflected the care people required to manage their health conditions.

Staff were skilled and received comprehensive training to ensure they could meet the needs of the people they supported.

Care staff had a basic understanding of their responsibilities under the Mental Capacity Act 2005. Where people had appointed legal representatives to support them with decision making this information was not always available for staff to ensure the appropriate people would be involved when decisions were made.

Is the service caring?

Good

The service was caring.

People, their relatives and professionals who had contact with the service, spoke positively about staff and the care received. This was supported by our observations.

People's care was delivered in a way that took account of their individual needs and the support they required to live their lives independently at home.

People were treated with dignity and their rights upheld by staff. Their care was delivered in private and people's property and homes were treated with respect by staff.

Summary of findings

Is the service responsive?

Requires Improvement

The service was not always responsive.

People generally received their care at the time they preferred. They got the time needed to complete their personal care routine at their own pace.

The changing needs of people with dementia had not always been routinely reviewed to ensure the information given to staff would enable them to continue to meet people's needs in line with national good practice guidance.

People knew how to raise concerns and generally felt action was taken by the provider to address their concerns to their satisfaction.

Is the service well-led?

Requires Improvement

The service was not always well led.

People and relatives gave us positive feedback about the culture and leadership of the service. People and relatives felt the service defined quality from the perspective of the people using it.

However, we found there were occasions when the leadership was reactive rather than proactive in identifying areas that required improvements. Though the provider strived to improve the outcomes for people, effective quality assurance systems were not in place to drive improvement and pro-actively manage risks to prevent harm from occurring.

Staff felt empowered to contribute to the development of strategies to improve the service.

Goodwill and Hope 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 was an announced inspection which meant the provider knew two days before that we would be visiting. This was because the service provides domiciliary care and the registered manager is often out of the office either visiting people or delivering care. We wanted to make sure the registered manager, or someone who could act on their behalf would be available to support our inspection.

Before the inspection, we received a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make.

Prior to our visit we reviewed the information we held about Goodwill and Hope Limited. This included previous inspection reports, any concerns raised about the service, safeguarding meeting minutes and notifications. Notifications are information about important events which the service is required to send us by law which gave us information about how incidents and accidents were managed.

We visited the provider's office on 11 and 12 May 2015, made telephone calls to people using the service on 13 May 2015 and visited people in their homes by prior arrangement with them on 14 May 2015.

The inspection was carried out by an inspector. We spoke with seven people who used the service, six people's relatives, one friend and four care staff. We spoke with the registered manager and the director of the company, both of whom also provide care to people. Following our visit we sought feedback from a social worker and a district nurse to obtain their views of the service provided to people.

We reviewed six people's care records and documentation in relation to the management of the service. This included staff supervision, training and recruitment records, quality auditing processes and policies and procedures.

Requires Improvement

Is the service safe?

Our findings

People told us they felt safe when receiving care and people's relatives did not have any concerns about abuse or bullying from care staff. People and their relatives were encouraged to share any safety concerns relating to staff. They told us they would be confident speaking to a member of staff or the manager of the service if they had safety concerns. One relative said ''I have come to trust them and feel really safe with them in the home''.

People also felt safe because they knew care staff would always come and they rarely experienced delays in their care visits. Comments included ''I never wait longer than ten minutes for my carer'', ''They are always on time and reliable' and ''They have never missed a visit''. People and their relatives told us they were notified by the office if care staff were running late. Contingency plans were in place to ensure when events, such as staff absences or emergencies occurred, the needs of people who used the service continued to be met safely. One person told us this was not always the case for them. We brought this to the attention of the registered manager who told us she would investigate their concern.

The registered manager told us that consistency of care was important for everyone they supported but particularly those who received several visits a day or who were living with dementia. Daily rotas confirmed that people experienced continuity of care from regular care staff. People and care staff told us people's daily care records were checked by care staff before the start of each visit to confirm people had received their previous visit and all care had been delivered. The registered manager told us they completed a weekly staffing analysis to ensure there was sufficient care staff available to meet people's needs. They told us they would not accept extra care packages if they had assessed they did not have the staff available to meet people's needs safely. We saw records which confirmed they had recently declined to provide care for new people because they did not have sufficient suitable staff to meet their needs. There were sufficient numbers of suitable staff to keep people safe

People were supported to stay safe whilst being as independent as possible. Care staff were able to demonstrate their knowledge of people's risks in relation to their specific health needs, behaviours, medicines, personal care, skin care, mobility and eating. Staff could describe how they would support people to eat safely and what they would do if people were to choke. Some people at times refused their care. Care staff were skilled in encouraging people to accept care and reported to the registered manager if people were at risk of self-neglect.

People were supported by care staff who knew how to respond, report and record safety incidents and accidents in line with the service's policy. Records showed staff had alerted the office when people had accidents and appropriate action had been taken including, calling the emergency services to keep people safe. Actions taken had also been recorded in people's daily notes in their homes so that all care staff visiting the person where kept informed of any incidents. The registered manager kept staff up to date through daily texts and phone calls with changes that needed to be made to keep people safe. The registered manager investigated incidents and accidents and made recommendations to minimize the likelihood of future harm occurring.

Care staff knew how to respond if they could not gain access to a person's home or did not find people at home when visiting. The provider had reviewed the service's procedures in relation to such events following an incident, to ensure the correct actions would be taken to alert relevant agencies in order to ensure people's welfare and safety. The registered manager had identified people who might not be able to raise the alarm in an emergency and supported them to install key safes so care staff could access their homes if they did not get a response when they knocked. Where care staff needed to use a key safe the code was only known to the registered manager and the regular care workers to reduce the risk of unauthorised staff entering people's homes.

Care staff took action to minimise the risks of avoidable harm to people from abuse. Care staff understood the importance of keeping people safe, from abuse and harassment, and they could describe what was meant by abuse. Care staff had completed training in recognising and reporting abuse. They said they would report any poor practice or abuse they suspected or witnessed, to the office or directly to the registered manager. Staff were familiar with their duty of care and gave examples of how they had raised concerns in the past in relation to people refusing care. The registered manager was aware of her

Is the service safe?

responsibility to report allegations or suspicions of abuse to the local authority. Care staff we spoke with was able to describe the changes that had taken place following a recent incident and how people were now being kept safe.

We reviewed three staff employment records to check if the provider had followed safe recruitment procedures. The registered manager and staff told us staff employment checks had been completed before new staff began working for the agency. These included criminal record checks and evidence to show applicants had not been barred from working with vulnerable adults, at least two satisfactory references, a health declaration and proof of their identity. However, the provider's staff recruitment checks and records were incomplete. The application form did not request applicants to provide a full employment history. The provider had not ensured a full employment history, including explanations of any gaps, had been received from applicants before staff were offered employment as required by law. Evidence of conduct in their previous employment was not available for two staff members although the registered manager told us they had received references. Interview records were not available and would support the registered manager to assured herself that applicants had the skills, knowledge and good character required to undertake the role. In the absence of robust recruitment information, the provider could not evidence that people were protected as far as possible from individuals who were known to be unsuitable to work with people in a care setting.

The provider did not ensure information was available for all staff to evidence their full employment history and their conduct in previous employment, as required. This is a breach of Regulation 19 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

People received their medicines from care staff trained in the administration of medicines. Care staff told us they had their competency assessed during their induction to ensure they were safe to administer medicines to people. Care staff were only authorised to support people to take their medicine from a pharmacy monitored dosage system to reduce the risk of staff administering medicines to people which were not prescribed for them.

Care staff had completed records to show that they had supported people to take their medicine. The registered manager told us they checked all medicine administration records in the office monthly for errors. The provider had introduced a Medicine Administration Records (MAR) audit following an incident when one person's MAR had not been completed correctly. We found a blank space in two people's MAR where we would expect to see initials for administration or a code for non-administration. The registered manager was aware of the reason for these gaps and the action she took to investigate and ensure people continued to receive their medicine safely. Although the registered manager took appropriate action she did not record the concerns and action taken following the MAR audit so she could use this information for future reference to monitor if improvements to medicine practices had been maintained.

Care staff could describe the provider's processes for reporting and recording any medicine errors and explained the appropriate action they would take to ensure people were safe in the event of an error. Where people took their medicines independently, relatives told us care staff alerted them to concerns when people did not take their medicine or stocks of medicines were running low. Care staff told us the provider kept people's management of their medicines under review and if they had any concerns about safety additional support was then provided if required, to ensure the person took their medicine safely.

Requires Improvement

Is the service effective?

Our findings

People told us they were supported to have enough to eat and drink. Staff assisted some people with meal preparation and assistance to eat and drink. People said they either told staff what they wanted to eat or staff offered them alternatives, which they could choose from. They said, where preparing food and drinks was part of the care and support package, the care staff always made sure they had food and drinks left within their reach. People's nutritional needs were understood by staff however, people's care plans did not always provide care workers with sufficient information to ensure that they could consistently meet people's needs in line with professional guidelines. For example, one person was living with diabetes and needed to eat regularly to maintain their blood glucose levels and would need visits at specific times to ensure they have their meals at the required time. Though staff understood the importance of timely care visits this person's care plan did not inform staff of their diabetes and that they required their meals at specific times.

Staff provided support for people with health conditions which included Parkinson's disease, stroke and diabetes. Although staff could describe how they supported people appropriately there was no information available to staff in people's care plans to inform them about how people's conditions impacted on their wellbeing and how to identify any changes in people's health.

The above demonstrated people's care records did not always provide staff with comprehensive information of the care people required to stay healthy. This was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Several people whose records we reviewed required some level of monitoring at each visit to keep their skin healthy. Care plans instructed staff to check people's skin and report any concerns that might require additional support from the district nurse. Care staff told us once they identified skin changes they had to record them and inform the registered manager and relatives. One relative told us ''They are really good at identifying any redness. Hospital staff recently commented on how well his skin was cared for''. Care staff received training in skin care during induction and had a good understanding of the support people needed to keep their skin healthy. Care staff could also describe how they supported people to eat and drink enough to promote healthy skin.

There was a system in place to alert the registered manager when people's health deteriorated. Care staff told us they informed the registered manager at the start of a visit of any concerns. We heard staff phoning the office to share their concerns about people's health and the registered manager contacting the GP to discuss staff's concerns. Care staff told us the registered manager responded quickly to their concerns and gave them feedback and guidance once they had contacted the relevant health professionals. Records showed the service involved occupational therapists, district nurses, and other community health professionals as required to support people to stay healthy. People told us care staff would discuss any health concerns with them and where people required support to make GP appointments staff would support them with this. People's relatives told us care staff alerted them promptly of any health concerns they might have identified whilst supporting people. One relative told us ''They will always tell me if they think he might be getting a urine infection and they are always right''.

The Mental Capacity Act (MCA) 2005 provides a legal framework for acting and making decisions on behalf of people who lack the mental capacity to make particular decisions for themselves. Staff told us they had received training on the MCA 2005 during their induction, care staff training records did not confirm this. However, staff were able to demonstrate a basic understanding of their responsibilities under the Mental Capacity Act 2005(MCA) and making decisions that were in people's best interests. People and relatives said care staff sought people's permission before completing any care or support tasks.

Records showed where people had been assessed as lacking capacity to administer their medicine or consent to their information being shared that 'best interest decisions' had been made in relation to the most appropriate care to meet their needs with the input of people who knew them well.

During our home visits we became aware that two people had appointed a lasting power of attorney (LPA). A LPA is a legal document that lets a person appoint one or more people (attorney's), to make decisions on their behalf. Attorneys can be appointed to make decisions in relation

Requires Improvement

Is the service effective?

to people's health and welfare or property and financial affairs. The registered manager was not aware of the nature of these LPAs and they had not been noted in people's care records. Therefore the provider did not know who was legally able to make decisions on people's behalf and in relation to what type of issues. As a result, people's attorneys may not be involved in people's care planning where required.

We recommend the provider seeks advice and guidance based on current best practice from a reputable source, on how to record the nature and involvement of people's LPAs in best interest decisions.

People and their relatives felt staff had the right skills and knowledge to meet people's needs. One relative said, "They seem confident and expert at what they do". People were supported by trained care staff. New care staff received a comprehensive induction that took account of recognised care sector standards, relevant to their working in the community and their role. Regular ongoing training was provided and staff spoke positively about the training received. The registered manager held a training qualification and training was delivered at the office. Staff confirmed the registered manager routinely worked with them to observe their practice and addressed shortfalls promptly. People were assured when staff's performance fell under an acceptable standard action would be taken to improve their practice.

Care staff received support to reflect on their work and to identify the improvements they needed to make to understand people's needs and deliver effective care. Supervision, performance appraisal and peer support arrangements were in place. Care staff received regular supervision often in a group to discuss a specific person's needs and care requirements. Care staff told us they benefited from the peer support and these meetings ensured they worked consistently when supporting people.

Good

Is the service caring?

Our findings

People who used the service, their relatives and professionals, were positive about the way care staff treated people. Their comments included ‘‘They know her and use her name’’, ‘‘They have a positive attitude and will never get upset if I point things out’’ and ‘They are always cheerful offering to do things for me’’. A district nurse we spoke with told us they had observed care staff caring for people with kindness and respect during their visits.

During our home visits we observed people interacting in a warm and relaxed manner with their care staff who asked them about their family, pets and interests. Care staff clearly knew people well and had developed a warm engaging relationship with them. Care staff spoke about the people they supported with affinity, compassion and concern. We heard of many examples where care staff supported people with kindness, tenderness and patience. For example, a relative told us how care staff supported their relative who was at times in pain when hoisted, reassuring and comforting them until the task was completed.

People received individualised care in a way that took account of their preferences and choices. One person told us ‘‘They know I like my lipstick and my hair done, they always do it for me’’. Care staff demonstrated detailed knowledge about the needs of people and had developed trusting relationships with them. They were able to tell us about the personal histories and preferences of each person they supported. Care staff understood people’s care plans and the events that had informed them. People’s preferences about terms of address, bathing arrangements, times they liked to get up and go to bed were noted and followed.

Care staff described how they supported people to remain independent in their homes. People’s care plans informed care staff of the level of support people required and what they could do independently. Care staff said they would ask people what they wanted done or if they needed assistance rather than presuming people could not complete a task. One staff member told us “You have to ask people every time when and how they want things done. Sometimes people need some encouragement to build their confidence because they might not think that they can still do things for themselves.’’ Another staff member described how they supported a person during bath times. They told us they worked through a sequence of routine tasks set by the person as it gave the person as sense of control over their lives. They told us ‘‘It is really important that I allow him to take the lead, I always wait for his direction’’. People we spoke with told us care staff gave them the opportunity to be as independent as they wanted to.

People with diverse communication needs were supported to make their wishes known. People told us care staff took time to talk with them in a meaningful way. Care staff could describe how they supported people with hearing impairments and those living with dementia to express their wishes and remain involved in decisions about their care. This included communicating through writing, use of short sentences and hand gestures. One relative told us ‘‘They always talk to him even though he struggles to respond. Every now and then he will say something and they get as excited about hearing him speak as I do’’.

Care staff received training to ensure they understood how to respect people’s privacy, dignity and rights. This formed part of the core skills expected from care staff. The registered manager assessed how care staff put these values into practice when observing their practice. People told us care staff put this training into practice and treated them with respect. Care staff described how they ensured people had privacy and how their modesty was protected when undertaking personal care tasks. People told us that staff closed curtains and doors before undertaking bathing tasks.

Relatives told us how they were given the opportunity and time during care visits to develop relationships with care staff. One relative said ‘‘They are always very polite towards me. They take the time to chat to me and explain to me what they are doing’’. We observed care staff taking the time to chat and update relatives of the outcome of their visit whilst not intruding on their family time.

People told us that care staff respected their home and personal belongings. They said that care staff left their bathroom the way they liked it after completing their personal care routines. One person told us ‘‘They know I am very proud of my house. They take so much care to keep things neat and tidy’’.

Requires Improvement

Is the service responsive?

Our findings

People and their relatives told us they were involved in the assessment, planning and review of their care. However, we found people's care plans were amended based on information received through informal discussions with care staff and people. A formal review structure was not in place to ensure all people's needs would routinely be re-assessed so that any changes would be identified and care plans adjusted to meet people's changing needs. For example, care staff and the registered manager spoke of people living with dementia whose needs were changing as their condition progressed, their assessment and care plans however did not show this change. The care plans of people living with dementia gave staff little information about how people's care was to meet their needs in relation to their dementia. Care staff could describe the informal adjustments they had made to people's care to ensure they supported their changing memory and mental health needs. Staff made these changes based on their understanding of people. However, in the absence of a robust review of people's needs there was a possibility that some needs could be overlooked and there could be a delay in all staff consistently implementing new care arrangements. Referrals had not always been made promptly to relevant professionals when people's needs in relation to their dementia changed.

The changing needs of people with dementia had not always been routinely reviewed to ensure people's care continued to meet their needs in line with national good practice guidance. This was a breach of Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014

Care plans noted information about people's needs, preferences and risks. People and their relatives told us new care staff always came for an introductory visit with an experienced staff member. This enabled them to become familiar with people's care routines and preferences. People and their relatives spoke of always receiving care from a small team of care staff that knew them well and delivered their care the way they wanted. One person told us ''I have seen the same carers for nearly two years''. Relatives told us they had seen people benefitting from regular care staff. One relative said ''The regular ones know his routines by heart so they can spend their time getting to know him and he feels more relaxed because the focus isn't on his care the whole time''. Another person told us that the agency had accommodated their need for consistency and ensured when possible, they always received care from the same staff member.

People and care staff told us there was enough time allocated to care visits to deliver care the way they wanted and at their pace. People and their relatives told us care staff remained for the full duration of the agreed visit time. People were provided with the time they required to complete their care routines, without being rushed. One person told us ''They always give me the time I need. It does mean at times they might run late for the next visit but if I need more time to finish my meal because I have had a bad night they will give it to me''.

The registered manager told us how the service had worked with social workers to increase the length of visits for people or agree additional care staff when required. For example, they had requested a social worker observe a person's mobility when their initial request for additional care staff had been rejected. The provider was able to demonstrate that additional care staff were required to undertake the person's routine safely and an increase had been authorised.

In general people received their care visits at the time they wanted and needed them. People told us they had agreed the times of their visits with the registered manager and they received their care at the times agreed. The provider was flexible and adjusted people's care times when requested. We heard many examples of adjustments that had been made to ensure people's visit times were convenient for them and allowed people the opportunity to do the things they liked. However, one person and their relatives had experienced that visits were not always at the times the person needed or preferred. This was confirmed by their daily care notes. We asked the provider to investigate this person's concerns through their complaints procedure.

People and their relatives told us they would and had called the office if they were unhappy about any aspect of the service. The registered manager told us they had received one formal complaint in the past year. A full investigation of the complaint was evident and the provider's response noted what actions were to be taken to minimise further occurrences.

Requires Improvement

Is the service responsive?

People and relatives felt if they raised concerns about the service this would result in sustained changes. We heard examples of action taken by the registered manager to address people's concerns. One relative told us their concerns had not been addressed to their satisfaction as improvements to visit times had not been sustained. The registered manager told us they would investigate this concern.

Requires Improvement

Is the service well-led?

Our findings

People we spoke with during home visits or by telephone felt the service was well managed, with clear and direct leadership provided by the registered manager. The majority of people and all relatives who responded to our pre-inspection questionnaire said the provider had asked them what they thought about the service they received. In response to our questionnaire people, relatives and care staff said they would feel confident about reporting any concerns or poor practice to the registered manager.

The provider told us about their values, which included treating people with kindness and respect whilst providing the best possible care to meet their needs. Care staff we spoke with about the values and philosophy of the service confirmed these had been discussed with them during their induction. The registered manager kept the service values and behaviour of care staff under review and undertook spot checks to observe whether care staff were delivering these objectives. One staff member told us ''She is really tough, she has high expectations of how we should treat people and she will address it with us if we do not do it right''. People were cared for by care staff who understood and practised the values of the provider in the provision of their care.

Care staff had clearly defined roles and understood their responsibilities in ensuring the service met the desired outcomes for people. They had a good understanding of good practice and were encouraged to question decisions. The registered manager told us ''Staff must feel proud to work on their own, they must have autonomy''. Care staff felt confident that their recommendations would be acted upon. Regular staff meetings encouraged staff to share their views with the registered manager. Care staff understood their duty of care and their responsibility to alert managers if they identified any concerns in the quality of care they or their colleagues provided. They were familiar with the service's whistleblowing procedures and told us they would be comfortable to raise concerns.

People, relatives and care staff had the opportunity to feedback to the provider on the quality of care provided. They told us they felt the provider defined quality from the perspective of the people using the service. People and their relatives told us the registered manager worked alongside care staff and took the opportunity to speak with people, observe staff interactions and seek staff feedback. There was an open and transparent culture in the service and people felt able to

express their views freely. We observed care staff, people and relatives approaching the registered manager to ask questions or chat. Care staff told us the registered manager was always available if they needed guidance.

A client/relative satisfaction survey was introduced to give people and relatives the opportunity to share their views about the service. The results from the first survey in January 2015 were positive and people expressed a high level of satisfaction. The provider had visited the people who had made comments about areas they felt could be improved for example the time of their visits and we saw action had been taken to address people's concerns.

There were times the registered manager's leadership was reactive rather than proactive in identifying shortfalls in service delivery and risks. When shortfalls and concerns had been identified by the local authority action had been taken by the provider to make improvements. However, we found the provider did not robustly monitor the safety and quality of the service so that they could effectively and independently identify areas that required improvement. People's safety and quality of care might be compromised and the provider would not be able to respond appropriately and without delay before potential harm might occur.

The registered manager had some systems in place to monitor the quality of the service including satisfaction surveys, spot checks, MAR and daily record checks and had used this information to make improvements to the service. These included reviewing the staff supervision format so it would be more effective in facilitating good practice discussions and creating a key worker system so that a named staff member would be responsible for ensuring people's changing needs would be reflected in their care plans. However, these systems had not effectively supported the registered manager to identify the concerns we found during this inspection. For example, the registered manager told us they had audited the daily care records of a person living with diabetes in response to a concern relating to potential missed or late calls. They told us they had only identified a few late calls and had reminded staff to keep to the agreed visit times. We checked the same records and found gaps where no details

Requires Improvement

Is the service well-led?

had been entered. These gaps had not been identified by the registered manager so that action could be taken to investigate and rectify this person's concern. Although a care record audit had taken place this had not been effective in identifying concerns and potential risks to people's safety and welfare.

The provider needed to improve their understanding of the development and implementation of governance systems. The absence of robust management systems had also been recently noted by the local authority. The provider had instructed an independent consultant and was also working with the local authority's quality assurance officer to develop their governance systems.

We found the information relating to the checks undertaken by the registered manager were not always available or used by the provider to understand the overall risk of the service and drive improvements in a coordinated manner. For example, though a training matrix was kept to record all staff training, where gaps informed the registered manager that competency assessments were outstanding robust action had not been taken to ensure care staff would complete the outstanding competency assessments. People's needs assessments records were not kept in the office and we found staff did not routinely return daily care notes to the office as required by the provider to enable them to monitor the delivery of care in line with people's assessed needs and ensure people's care records would be kept securely.

The provider could not be assured that people had been protected from the risk of inappropriate or unsafe care by effectively monitoring the quality of the service and identifying and managing risks to people's health and welfare. This was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where legal requirements 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 did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

Regulated activity	Regulation
Personal care	Regulation 17 HSCA (RA) Regulations 2014 Good governance The provider had not protected people against the risks of inappropriate or unsafe care by effectively operating systems to assess and monitor the quality of service provided to people and to identify, assess and manage risks relating to the health, welfare and safety of people. Regulation 17 (1) (2) (a) (b) (c)

Regulated activity	Regulation
Personal care	Regulation 19 HSCA (RA) Regulations 2014 Fit and proper persons employed The registered provider did not operate effective recruitment procedures to ensure that information specified in Schedule 3 was available. Regulation 19 (3)

Regulated activity	Regulation
Personal care	Regulation 9 HSCA (RA) Regulations 2014 Person-centred care They provider had not undertaken a regular assessment of the needs and preferences for care of the services user. Regulation 9 (1) (a) (b) (3) (a)