

Gemcare South West Limited

# Gemcare South West Limited

## Inspection report

63 Haddington Road  
Stoke  
Plymouth  
Devon  
PL2 1RW

Tel: 01752967221

Website: [www.gemcare.org.uk](http://www.gemcare.org.uk)

Date of inspection visit:

02 February 2016

03 February 2016

Date of publication:

16 March 2016

## Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Requires Improvement ●

Is the service well-led?

Good ●

# Summary of findings

## Overall summary

The inspection took place on 2 and 3 and February 2016 and was announced.

Gemcare South West Limited provides domiciliary care services to older and younger adults within Plymouth. On the days of the inspection the service was providing personal care to 450 people, including those with physical disabilities, sensory impairments, mental health needs, and people living with dementia. The service also provided palliative care to people who were at the end of life.

The service had a registered manager in post. 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.

People told us care staff were kind, caring and compassionate, commenting "The care is unequivocally superb for both myself and my wife, I can't say a single bad thing about it" and describing the interaction from staff as "Excellent". People also told us staff were respectful of their privacy and dignity, and promoted their independence, one person telling us, "They are first class. I was just sitting all day but they said to me, let's see what we can do, and they've changed my life completely". Staff spoke about people in a caring way and how they enjoyed brightening up a person's day. Staff were inspired by the caring values of the Directors.

People were supported by a small staff team which helped to provide continuity of people's care and assisted in the development of positive relationships. Staff had been recruited safely, which meant they were suitable to work with vulnerable people. The Directors and staff had a good understanding about safeguarding procedures and were able to tell us what action they should take if they felt some one was being abused, mistreated or neglected.

The vision of Gemcare South West Limited was to ensure people were at the heart of the service. Their vision was underpinned by strong leadership, inclusiveness and communication. The service values of, "Inclusion", "Integrity", and "Competence" were demonstrated by the management team, and reflected in staffing practice, culture and care delivery.

The registered manager and Directors all took an active role within the running of the service and had a good knowledge and a passionate approach, for the staff and for the people they supported. There were clear lines of responsibility and accountability within the management structure which staff understood.

People felt safe when staff entered their home. Staff arrived on time and when they were going to be late, people were generally informed of this. However, some people told us they did not always get a call, which meant they were left wondering when staff may arrive. The Directors told us this was an ongoing problem which was continually discussed with staff, but they would strive to make improvements. Staff felt there

were enough staff to meet people's needs and had adequate travelling time. Staff were protected from risks associated with lone working. People were protected from the spread of infection because staff followed infection control procedures.

People were supported by staff trained to meet their needs, and who were motivated and inspired by the Directors to provide quality care. All staff were trained to meet people's needs and had regular supervision to focus on their development. New staff received a thorough induction. Staff told us they enjoyed working for the organisation, were well supported and that there were adequate opportunities to obtain further training and qualifications. Pre-assessments of people's care were carried out to help ensure staff had the right skills and experience to meet people's needs prior to people joining the service. When staff did not have the right skills, specialist training was arranged.

People were involved in decisions about their care and had care plans and risk assessments in place. These provided guidance and direction to staff about how to safely meet a person's needs. However, care plans were not always reflective of the care and support required of staff, for example how people wanted to be supported with their personal care or with mobility. The Directors were receptive to our feedback and started to take immediate action at the time of our inspection. Staff were aware of the importance of obtaining people's consent prior to carrying out care and support. People's consent and mental capacity was demonstrated in care plans to help make sure people who did not have the mental capacity to make decision for themselves, had their legal rights protected.

People who required support with their medicine received them safely. At the time of our inspection the provider was taking action to improve the accuracy of documentation as well as ensuring people's care plans provided guidance and direction to staff.

People were encouraged to eat and drink. When staff were concerned about whether a person was not eating and drinking enough, they took action, reported any concerns to health care professional or to management. Staff were observant of the deterioration in someone's health and wellbeing and took the necessary action, for example contacting the person's GP or a district nurse. The service worked positively with external health and social care professionals as required to ensure people's needs were being met effectively.

People's feedback was obtained, valued and used to facilitate change and make improvements to the running of the service. People did not always know who to complain to and had not always been satisfied with the response. Immediate action was taken at the time of our inspection to address this by contacting those affected.

There was a strong emphasis for continued improvement and development. Quality assurance systems in place helped to achieve this. The Directors had positive relationships with other organisations, such as local authority commissioners and other service providers in the local area. The service had notified the Care Quality Commission (CQC) of all significant events which had occurred in line with their legal obligations.

We found a breach 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 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?

Good 

The service was safe.

People told us they felt safe.

People were protected from risks associated with their care because risk assessments were in place and kept up to date.

People's medicines were safely and effectively managed. At the time of our inspection the provider was taking action to address the accuracy of documentation.

Safe recruitment practices were followed.

Staff and the registered manager had a good understanding of how to recognise and report any signs of abuse.

People were protected from the spread of infection, because safe practices were in place to minimise any associated risks.

Staff were protected from risks associated with lone working.

### Is the service effective?

Good 

The service was effective.

People received support from staff who had the necessary knowledge, skills and training to meet their needs.

People's changing care needs were referred to relevant health services.

People's care plans included guidance on the support they required with eating and drinking.

People's consent and mental capacity was assessed and documented to help staff know how to support people effectively.

### Is the service caring?

Good 

The service was caring.

People valued their relationships with staff, and told us staff were kind, caring, and compassionate.

Staff were motivated and inspired by the registered manager and management team, to deliver kind, and tactile care.

People were treated with dignity and respect. People were supported, encouraged and empowered to remain independent.

People were involved in their own care and their views were respected.

### Is the service responsive?

The service was not always responsive.

People's care plans did not always give guidance and direction to staff about how to meet people's individual needs.

Concerns and complaints were investigated and solutions were found. However, some people did not know who to complain to and were not always satisfied with how their complaints had been resolved.

People's changing care needs were communicated which helped to ensure responsive care and support.

**Requires Improvement** 

### Is the service well-led?

The service was very well-led.

There was an open and transparent culture.

The management team were approachable and defined by a clear structure.

People were at the heart of the provider's vision and values. These were demonstrated by management, and understood by staff and consistently put into practice.

Staff were motivated and inspired to develop and provide quality care. Staff enjoyed working for the organisation.

There was a strong emphasis on striving to improve. Quality assurance systems drove improvements and raised standards of care.

**Good** 

The provider had positive relationships with organisations to make sure they followed current practice, and sustained quality.

---

# Gemcare South West Limited

## **Detailed findings**

### Background to this inspection

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

The inspection took place on 2 and 3 February 2016 and was announced. The inspection was carried out by three inspectors and an expert by experience. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service. The provider was given 48 hours' notice because the location was a domiciliary care agency and we needed to be sure that someone would be in.

Before our inspection we reviewed the information we held about the service. We reviewed notifications of incidents that the provider had sent us since our last inspection, about important events which the service is required to send us by law. The provider had completed and submitted 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. We contacted, an occupational therapist, Healthwatch Plymouth, Plymouth City Council commissioning team and a social worker for their feedback. We also sent 100 questionnaires to people who used the service, including their friends and family, 69 to members of staff and seven to external professionals.

During our inspection, we visited 25 people who used the service and spoke with 14 relatives. We visited the provider's head office and met and spoke with the receptionist, HR assistant, three care co-ordinators, three rosters, one on call support, and 11 members of care staff. We also spoke with the management team, which included the deputy manager, operations manager, the registered manager and the nominated individual. The nominated individual is responsible for ensuring the services provided by the organisation are properly managed. The operations manager, the registered manager and nominated individual were the Directors of

the service and registered provider. After our inspection we contacted 20 people by telephone, and spoke with seven people and one relative.

We looked at 30 records which related to people's individual care needs. We viewed 10 staff recruitment files, training records and records associated with the management of the service including policies and procedures, visit logs, quality monitoring which included annual survey results.



# Is the service safe?

## Our findings

People felt safe when staff visited and provided care and support, comments included, "Yes I do feel safe. They (the carers) seem to be very confident with me" and "They're all very pleasant. Nobody is rude." A relative described the honesty of staff as their loved one regularly misplaced their money, by dropping it and losing it on the floor. They explained staff always picked this up and gave it back to them. Staff uniforms and identification badges helped people to recognise staff on arrival and spot checks were carried out to ensure staff adhered to the dress code. One person told us, "They've got to show their ID badges".

People were protected from discrimination and avoidable harm. Staff had undertaken training in the safeguarding of vulnerable adults and children and had a good understanding of how to report any concerns if they felt someone was being abused or mistreated. The Directors had taken action when staff had reported concerns and notified relevant agencies such as the local authority and CQC. Staff told us concerns raised were always taken seriously and support was provided by the management team if needed. Safeguarding was a mandatory discussion point at all staff supervisions and appraisals, to help reiterate the provider's safeguarding protocols to ensure people were kept safe and free from harm at all times.

People were supported by staff who were safely recruited. Recruitment practices were in place and records showed appropriate checks were undertaken to help ensure the right staff were employed to keep people safe. Staff were interviewed to establish their experience and values in determining whether they were suitable to work with people who used the service. The deputy manager told us, whilst experience was not always necessary staff needed to demonstrate the qualities of "dignity, compassion, empathy and sensitivity" towards people who used the service.

People told us staff mainly arrived on time and when there was going to be a delay they would be informed. For others, sometimes communication about delays was not always effective, meaning the person was left wondering when someone would arrive. The Directors explained staff were regularly reminded of their responsibility to keep people updated, but were honest and shared with us that when staffing arrangements had to change quickly, a call was sometimes forgotten in the haste of ensuring the person did not miss a visit. However, recognised this was an area for continued improvement.

Staffing across the service was managed by three small teams which included a roster and care co-ordinator. These teams had been created to help ensure continuity of staffing, as well as ensuring staff visiting people had the right skills and experience to meet people's needs. Rosters were also responsible for ensuring traveling time for staff was effectively planned. Staff confirmed they mostly had enough traveling time, but told us they were confident to challenge the roster when it was not adequate and they felt it did not meet the needs of people. One member of staff described the rosters as being "Fantastic support".

Protocols were in place to help keep staff safe, for example a lone working policy, environmental risk assessments and first aid training all helped to ensure staff were equipped to deal with emergencies. When staff joined the agency, they were provided with a first aid kit, torch and panic alarm. There was an on call

team which was available seven days a week, twenty four hours a day, so staff could always receive advice and guidance if they found themselves in a difficult situation.

People's confidential information was kept securely at the main office. Within people's homes, staff were conscious of how they recorded and phrased people's care in their daily records as these could be viewed by family and friends. Information about people's homes, for example their address and key safe codes were key secure.

People were protected from the spread of infection, because staff had received training in relation to infection control practices. Staff wore the correct protective equipment when providing personal care to people, for example gloves and aprons and staff confirmed there was always plenty in stock. One person told us, "They've always got their gloves on".

People had documentation in place relating to the management of risks associated with their care. The risk assessments provided staff with specific information on all areas where risks had been identified. This included environmental risks within the person's home, as well as risks in relation to a person's care and support needs. Some risk assessments required updating, and the Directors were in the process of doing this at the time of our inspection.

People when required were supported with their medicines and staff had received training. Following some medicine errors, a medicine refresher course had been devised and staff had been asked to complete it as the Directors wanted to "support" staff better. As a result of this, phone calls to the on call team for advice had reduced as well as medicine errors.

Documentation was not always descriptive about what medicines were being administered and staff had not always signed to say when medicine had been given, taken or applied. Documentation was not always descriptive about the application of topical medicines (prescription creams). For example information for staff about what area of the body it should be applied to was not always in place. This meant staff may not be meeting people's needs in the way they may need or want. The Directors were receptive to our feedback and had already started to take action during our inspection, for example a new body chart had been designed.

## Is the service effective?

### Our findings

People were supported by knowledgeable, skilled staff who effectively met their needs. People commented, "They certainly know what they are doing, they're brilliant", and "They seem to know what they've got to do."

Staff received an induction when they first started working at the agency. The induction was thorough, and involved the care certificate (a nationally recognised set of skills training). It also included an induction into health and social care by an external training agency, and an internal corporate induction delivered by one of the Directors. Staff were also expected to shadow experienced staff. Staff who had recently joined the agency and who had not worked in the caring profession before told us "Most defiantly" that the induction helped to equip them for their role, with one member of staff explaining "The training was of a high standard...invaluable to me". There was a requirement that all staff enrolled on a Qualifications and Credit Framework (QCF) within the first six months of working for the provider. This helped to ensure all staff working for the agency continued with learning and development and delivered high standards of care.

People were supported by staff who had received training applicable to their role, some of which included dementia, nutrition and hydration, epilepsy, autism and Asperger's syndrome, moving and handling, learning disability, and end of life care. The provider's training matrix, a document which records training for all staff, showed some training had not been completed by all staff. This was because a significant number of staff had recently had to transfer from another care agency quickly, with the support of local authority commissioners. The provider however had an employee and training development plan in place, to help ensure training for this group of staff was being completed. An external professional told us staff were generally well trained.

People with specialist or complex needs were supported by staff who had been trained to meet their individual needs. A member of staff explained, they had been asked to provide support for one person who had a percutaneous endoscopic gastrostomy (PEG). A feeding tube which is inserted into a person's stomach. The member of staff explained they had been requested to attend training before they could support the person. The rostering team, were able to see from the computer system which staff had what skills, and how often they had visited people to help ensure they could match staff appropriately and told us, "We do adapt to specialist needs".

Staff confirmed they were well supported and received regular supervision and an appraisal of their work. This gave staff an opportunity to discuss their performance and identify any further training required. Staff commented, "They come and watch me to see if I'm doing my job well", and "I do feel that they are very supportive, if I was to ask for help I would get it".

People were supported by staff who understood the importance of gaining people's consent for example, before contacting their GP. People's care plans recorded signatures of their involvement and consent to the care and support staff were providing.

Staff had an understanding of the Mental Capacity Act 2005 (MCA) and how to make sure people who did not have the mental capacity to make decisions for themselves had their legal rights protected. The MCA provides a legal framework for acting and making decisions, on behalf of the individuals who lacked mental capacity to make particular decisions for themselves.

People were supported and encouraged to maintain a healthy balanced diet as part of their care plan. Staff had undertaken training in food hygiene, and people who needed it had support in relation to their meals. People told us staff left a drink in reach prior to them leaving. Staff told us if they were concerned someone was not eating and drinking enough, with the person's permission they would contact their relative and/or a health care professional. Staff also explained how they had implemented food and fluid charts to help monitor what a person was eating and drinking on a daily basis.

People were supported to access external services such as GP's, social workers, occupational therapists and district nurses. Staff were aware of what to do if someone was unwell and who to contact, because people's care plans contained contact details. Staff told us on call staff and management were always on the end of the phone, and advised promptly when they maybe worried about a person's health. An external professional told us the provider was receptive to recommendations and were always happy to implement changes to people's care when required.

## Is the service caring?

### Our findings

People were complimentary of staff who provided care and support and told us, "The care is unequivocally superb for both myself and my wife, I can't say a single bad thing about it", "The carers are lovely", "My carer's excellent", "They're excellent", and "I'm very pleased with them. They do anything they can to help" and "I think it is a wonderful service." One person told us, "The young girls, they come in here and they cheer me up. They've got a laugh and a joke about everything. Another person described staff as "They're our angels, we're more than satisfied with the girls and what they do for us. We couldn't ask for anything better."

Compliment cards had been received describing the gratitude from people's families, "A big thank you for all the wonderful care and attention received recently" and "No words can express our gratitude for the love and care you gave. . .each and every one of you brought sunshine into our despair. You all always came in with a smile and gave a level of care beyond the call of duty".

People described how staff showed kindness and compassion. One person commented, "It's nice to have someone pop me up to bed, she always says good night, God bless you". One person told us a member of staff had spent time with them on their birthday, helping them to open and look at their birthday cards.

Staff spoke about people in a caring way and how they enjoyed brightening up a person's day, they told us, "I feel like I have got hundreds of Grans and Grandpas", "I love them" and "If I go in, and a person looks miserable, but by the time I come out and they are smiling, I have done my job", and "If I've made their day a little more easier, then I'm happy". One member of staff explained of their joyous emotion, when one person living with dementia had remembered their name for the very first time.

Staff were inspired to demonstrate the caring values of the registered manager, operations manager and nominated individual. Who all, through their conversations demonstrated that they cared deeply for people.

People described how staff promoted their dignity and privacy, one person told us, "I am definitely treated with respect and dignity, they always close the curtains". The importance of maintaining a person's privacy and dignity was incorporated into the provider's induction. Staff described how they were sensitive to how people may feel, being helped to wash and dress. Staff tried to put themselves in the position of the person, and appreciate how they may feel. Staff told us, "You've got to be respectful, it's their home", "We try and keep it very dignified" and "You've got to treat them with the utmost respect and dignity".

People told us how staff promoted their independence, their comments included, "They are first class. I was just sitting all day but they said to me, let's see what we can do, and they've changed my life completely" and "They give me the independence to shave myself". Staff explained how they promoted people's independence by encouraging them to do tasks for themselves, so as not to disable a person, but value the contributions they could still make, commenting "We don't want to take a person's independence away". One member of staff told us, "I'm a big supporter of independence" and went onto explain, that although, one person's care plan had described how they were unable to make their own breakfast because they kept forgetting. The member of staff explained how they had involved the person, by encouraging them, by

saying "let's make this together", and the person did.

The provider tried their best to ensure people received care from a small group of staff, to help meet people's needs consistently and enable relationships to be built. One person told us, "My staff are regular. He's in every day and every night so he knows my routine" and another person described their regular staff team as "It's like talking to friends". A relative explained they were pleased at the continuity of the staff as it meant their loved one, whose disability affected their communication, recognised the staff, and the staff knew them well enough to understand how they wanted to be cared for.

Staff enjoyed forming relationships with people, they told us, "I love to talk to them, about what they have done and their family", "I like working in the community, everyone is different", and "I like meeting new people".

People were supported to express their views and be actively involved in making decisions about their care. Staff commented they enabled people to do this by using phrases such as "Tell me what you would like", and "Let's take things slowly". People were able to provide feedback when spot checks took place and when their care plan was reviewed.

## Is the service responsive?

### Our findings

People's care plans provided guidance and direction to staff about how to meet people's needs had not always been completed, nor did they always detail how people's care needs should be met. For example, two people explained about a skin condition they had, which caused their skin to bruise and bleed easily. One person's care plan was sparse and did not contain information for staff about the best way for their skin care needs to be met. One of the people showed us bruising they had received as a consequence of a member of staff's lack of understanding of their condition. We spoke with the nominated individual about this, who immediately arranged for the registered manager to visit, to speak with them, review and update care plans.

People's care plans were not always up to date and reflective of their current care needs. For example, one person's care plan with regards to their mobility detailed staff should support the person to stand, and to use standing equipment. However, the person told us they were unable to stand up on their own and required hoisting.

The Directors were receptive to our feedback about care plans and had recognised themselves that documentation required improvement. They explained, as a result of the service being asked to care for a large number of people, at very short notice by local authority commissioners; their main priority had been to make sure people received their visits. During our inspection the Directors started discussions with staff about ways they could make improvements and spoke passionately about getting it right.

Care plans did not always meet people's needs and preferences. Care plans were not effectively reviewed and reflective of the care being delivered. This is a breach of Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

People's needs were assessed prior to using the service, which helped to ensure staff were able to meet people's needs. People felt their needs were met by the care staff who came to support them, they told us "Hand on heart; I do think they're ok. They've done all my needs perfectly" and "I recently had a urine infection but my carer is brilliant. She really knows what she is doing and I am feeling a lot better now" and "They help me wash, then put cream on my legs and feet".

Staff felt people's care plans were reflective of people's needs, and told us they had enough information to provide care and support to people. They explained when care plans required updating; this was carried out by care co-ordinators. Staff told us people's care needs could change quickly, for example when someone had been discharged from hospital. When this occurred, people's changing care needs were shared with the staff team by either telephone or mobile phone text message. This meant staff, were fully informed prior to arriving at someone's home. Staff also used people's daily records, which were kept in people's homes to record the care they had provided. This helped the next member of staff who visited, to ensure continuity of care. One person told us, "I make sure they write in it (the log sheets in the care plan) every day and every night. I'm a stickler for things like that".

People and their relatives mostly knew who to contact if they needed to raise a concern or make a complaint, however some people did not. When a person had complained, their experiences of how their complaint had been managed and resolved varied. For example, one person told us, "Any little problems we've had, they've been sorted", whereas another person explained, on a number of occasions they had asked for a member of care staff to arrive at 9.30am instead of 10.30am. The person had been told that the service would see what they could do, but up until now, nothing had changed. We spoke with the Directors about this, who took immediate action to contact the person.

The service had a policy and procedure in place for dealing with any complaints. This was made available to people, their friends and families within a welcome pack. Concerns and complaints had been recorded and analysed for themes. Reflection and learning then took place to reduce the likelihood of a similar complaint occurring. However, the records did not detail whether people had been satisfied with how their complaint had been resolved, so the Directors took immediate action to include this on the records by the end of our inspection.



## Is the service well-led?

### Our findings

Feedback was sought from people to help enhance the service. An annual questionnaire was used, as well as people being encouraged to contact the main office. The Directors told us how they also enjoyed seeing people, when they had come in for a coffee and a chat. The results of the last survey showed 91.6% of people were satisfied with the support they received and 83.2% were happy with the contact they had with the staff in the main office. People had commented their calls were not always answered, so as a result of this additional phone lines had been installed in the office.

The vision of Gemcare South West Limited was to ensure people were at the heart of the service. Their vision was underpinned by strong leadership, inclusiveness and communication amongst people, staff and stakeholders. Stakeholders and external health and social care professionals all told us they felt the service was well managed and they communicated effectively.

The registered manager and Directors all took an active role within the running of the service and had a good knowledge and a passionate approach, for the staff and for the people they supported. There were clear lines of responsibility and accountability within the management structure which staff understood. Through-out our inspection the management team were visible and staff approached them all without hesitation.

The service values of, "Inclusion", "Integrity", and "Competence" were demonstrated by the management team, and reflected in staffing practice, culture and care delivery. Staff, throughout their discussions spoke of each value, giving us examples of how they adopted each value when delivering care and support and developing their knowledge, through learning and development. Staff talked about personalised care and promoting independence and had a clear aim about improving people's lives and opportunities. One member of staff told us, "We don't want to take a person's independence away".

Staff told us they felt supported, motivated and cared for by the Directors, telling us "Staff treated as people, not just a number", "They care, they know all the staff", "They always engage with us, and ask if everything is okay" and "I feel they are open, and they listen". Staff described the atmosphere and culture as being like "A family". Staff contributions when they had gone the extra mile for people, had been acknowledged by thank you letters from the Directors. A member of staff told us they had never experienced this before from an employer, and told us they felt exceptionally valued. An employee satisfaction survey was carried out to obtain staffs feedback. Results of the survey indicated that 96.2% were satisfied with the management of the service and 92.3% felt Gemcare South West was a good employer. An employee representation group had been formed to ensure effective communication from staff and management was achieved.

The Directors had a philosophy of continually striving to improve. A member of staff told us the Directors always questioned "Could we be doing this better", and explained they considered staffs opinions and "Run with it". We saw examples of this during our inspection, when staff felt confident to speak with the Directors to share ideas of how to improve documentation; of which the Directors were supportive of and encouraged the new ideas and initiatives.

The culture of the organisation was described by the Directors as one of "No blame"; a philosophy imbedded into staff practice to help ensure staff were always open and honest. Staff confirmed they felt confident to tell management if they had done something wrong. One of the Directors told us, "When we do things wrong we hold up our hands and ask what lessons can we learn". This reflected the requirements of the duty of candour. The duty of candour is a legal obligation to act in an open and transparent way in relation to care and treatment.

A whistle-blowers policy, supported staff to question practice. It clearly defined how staff that raised concerns would be protected. Staff confirmed they felt protected, would not hesitate to raise concerns, and were confident they would be acted on appropriately. Staff gave us examples of when they had raised concerns, and commented it to have been "Prompt" action which had been taken. The service had notified the Care Quality Commission (CQC) of all significant events which had occurred in line with their legal obligations.

There was a quality assurance system in place to drive continuous improvement of the service. Audits which assessed the quality of the care provided to people, such as care reviews, spot checks, infection control and record keeping were carried out. The Directors told us, "We want to get it right and maintain quality".

The Directors had positive relationships with other organisations, such as local authority commissioners and other service providers in the local area. These relationships had been beneficial in ensuring the continuity of care for people, when they had to transfer from their previous service provider at short notice. As a result of these positive relationships, a pilot project had been commissioned by the local authority in partnership with the service to address staffing emergency and contingency planning across the sector in the local care. To help ensure when staffing difficulties occurred, people would still be able to receive care and support.

Directors created strategy and contingency plans for their service, such as training, staffing and management and had been asked by commissioners to share these with other services within the local area because of their effectiveness.

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 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      | <p>Regulation 9 HSCA RA Regulations 2014 Person-centred care</p> <p>Regulation 9 (1) (a) (b) (c) (3) (b) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p> <p>Care plans did not always meet people's needs and preferences. Care plans were not effectively reviewed and reflective of the care being delivered.</p> |