

Adjuvo (North) Support for Living Ltd

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Inspection report

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21 November 2018

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Requires Improvement 

Is the service caring?

Good 

Is the service responsive?

Requires Improvement 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

A comprehensive inspection was started on 20 November 2018 and ended on 21 November 2018 and was announced. This was the first inspection of the service since registered with the Care Quality Commission.

This service is a domiciliary care agency. It provides personal care to people living in their own homes in the community. At the time of this inspection the service was supporting 32 people. Not everyone using the service receives regulated activity; the Care Quality Commission only inspects the service being received by people provided with 'personal care'; help with tasks related to personal hygiene and eating. Where they do, we also take into account any wider social care provided.

There was a registered manager at the time of our inspection, but they were no longer in day to day control of the service. A new manager had started at the beginning of October 2018. 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.

Appropriate arrangements were in place for the safe handling of medicines. However, the records relating to the administration of creams required strengthening. The management of people's finances was not robust.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service did support this practice. The manager told us best interest decisions were not in people's care plans and we found mental capacity information was not easy to follow.

Some areas of the care plans contained person-centred information. However, not all areas of the care plans contained accurate information and some sections were blank or contained conflicting information.

The quality assurance monitoring system in place was ineffective in identifying areas for improvement. The recording of complaints and safeguarding issues was not robust. There was no analysis of accidents, incidents, safeguarding issues and complaints ensuring any trends or patterns were identified and acted upon. The provider's action plan had not been effective in driving change.

People said staff always wore appropriate gloves and aprons for providing personal care. Robust recruitment processes were in place and followed, with appropriate checks undertaken prior to staff working at the service. Staffing level were sufficient to meet peoples care and support needs. New staff were supported in their role, which included training and shadowing a more experienced staff member. We saw evidence staff had received ongoing training. Staff had received regular supervision and 'spot checks' of their performance. There was a system in place to carry out annual appraisals.

People told us they were very happy with the service, staff were kind and caring, treated them with dignity and respected their choices. People told us they felt safe. Staff knew how to recognise and respond to abuse correctly. There were procedures in place to protect people from risk of harm and individual risks had been assessed and measures had been identified to reduce the risk.

Where required, people received support to eat and drink and with access relevant healthcare professionals. The service did not currently support anyone who was approaching the end of their life. There were mechanisms were in place to obtain feedback on the service from staff, people and relatives.

We identified a breach of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, which related to governance arrangements and records. 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?

The service was not always safe.

Appropriate arrangements were in place for the safe handling of medicines. However, the records relating to the administration of creams required strengthening.

The management of people's finances was not robust. People told us they felt safe. Staff knew how to recognise and respond to abuse correctly.

Individual risks had been assessed. There were no concerns with infection prevention and control. Recruitment practices were robust and staffing levels were sufficient to meet people needs.

Requires Improvement ●

Is the service effective?

The service was not always effective.

Staff told us they always offered people choice. Some people's care plans contained conflicting information in relation to their mental capacity. There were no best interests documents available.

An induction programme was in place for new staff. Staff had received regular supervision and 'spot checks'. Staff received training appropriate to their job role.

Staff supported people to maintain good health and to eat an appropriate and varied diet, where required.

Requires Improvement ●

Is the service caring?

The service was caring.

People told us staff were kind and caring.

Staff used their knowledge of people to deliver person centred care.

People's privacy and dignity was respected.

Good ●

Is the service responsive?

The service was not always responsive.

Not all care plans contained accurate information. There was a written record of the care and support provided at each visit.

There was a system in place to manage complaints, although not all the documentation was in the complaints file.

The service did not currently support anyone who was approaching the end of their life.

Requires Improvement 

Is the service well-led?

The service was not always well-led.

The system of quality assurance was ineffective.

People, relatives, and staff spoke positively about the manager and were given opportunity to provide feedback about the service.

Requires Improvement 

Adjuvo (North) Support for Living 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.

A comprehensive inspection took place on 20 and 21 November 2018 and was announced. We gave the service 24 hours' notice of the inspection visit because we wanted to make sure the manager would be available to meet with us. The inspection team consisted of an inspector, an assistant inspector 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.

We had not asked the provider to send us in the Provider Information Return (PIR). This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make.

Before the inspection, we reviewed the information we held about the service and requested feedback from other stakeholders. These included the Healthwatch England, the local authority safeguarding team and commissioning and contracts department. Healthwatch England is an independent consumer champion that gathers and represents the views of the public about health and social care services in England.

The inspection was prompted in part by whistleblowing information received prior to our inspection, which raised concerns regarding people's care and welfare and the response to risks. This information formed part of our inspection planning and the areas of concerns were reviewed during our comprehensive inspection.

During the inspection, we spoke with operations director, the manager, a care co-ordinator and five support staff. Over the telephone we spoke with four people who used the service and five people's relatives.

As part of the inspection we looked at four people's care plans. We inspected staff recruitment records, supervision, appraisal and training documents. We reviewed documents and records that related to the management of the service, which included quality assurance information.

Is the service safe?

Our findings

We reviewed a random sample of records, where people were prescribed creams. There were topical medication administration records (TMARs) in place to record when, how and where creams should be administered. However, we noted there were gaps in recording on the TMARs for when people's creams should have been administered. For example, one person's TMAR for October 2018 for Intracore cream showed on 10 occasions the TMAR had not been completed to show the cream had been administered. TMAR audits had been completed by the manager which also showed errors in recording the application of creams. The manager told us they were in the process of implementing new TMARs which had prompts for staff to reduce the recording errors.

One person's care plan stated, 'I am able to administer my own medication but please administer my topical creams and complete the MAR'. We saw there was no indication of what the creams were or where to apply these. This meant there was a risk the person may not receive the creams as prescribed as the information in the care plan was not clear.

People and relatives, we spoke with told us they were happy with the support they or their family member received with medicines. One person said, "The care workers give me medication. I cannot do this anymore, I have difficulty getting the tablets out of the box." A relative told us, "The care workers now arrange to give my relative their tablets, they are always done on time."

The manager told us most people's medicines were dispensed from the pharmacist in a doset box, which minimised the risks of errors being made. Staff told us they signed a medication administration records (MAR's) once they had supported people with their medicines. A staff member told us, "We have MARs that need to be completed. Most people have doset boxes so we go by the day and time. We document everything on the MAR. We put in the notes what we have given. Any creams, lotions, we have all got charts for those." The MARs we looked at did not contain any gaps in recording, showing people received their medicines appropriately.

Staff had completed training which had provided them with information on how to support people with their medicines safely. Staff records showed medication competency assessments had been carried out in 2018. The provider had policies and procedures relating to the safe administration of medication, which gave guidance to staff on their roles and responsibilities.

Financial transactions sheets and receipts management were in place where staff spent money on behalf of people who used the service. However, financial transactions sheets and receipts were not always accurate. For example, a dressing had been purchased from the chemist, which was recorded on the transaction sheet, although, there was no receipt. The manager confirmed they did not have a robust procedure in place to record when monies were spent. They said they were in the process of reviewing these records.

Risks to people's health and safety were assessed. Care plans contained risk assessments relevant to the person's care and support needs. These included personal care, the environment and any moving and

handling requirements. The risk assessment recorded sufficient levels of detail to reduce the risk of harm to the individual or staff. This meant staff effectively assessed, monitored and managed risks to people's health and wellbeing.

People and relatives, we spoke with told us they or their family member felt safe with staff. One person said, "The care workers always make me feel safe and comfortable." A relative told us, "Oh yes, my relative is certainly safe and comfortable with the care workers who come."

Staff we spoke with were able to describe different types of abuse and were aware of their responsibility in reporting any concerns. One staff member said, "Its ensuring the person is safe and not being taken advantage of." Staff told us they had received safeguarding training and the records we saw confirmed this. This demonstrated staff were aware of their responsibilities in keeping people safe.

Staff had been recruited in a safe way. Each of the recruitment files we reviewed contained a completed application form, references and a Disclosure and Barring Service check (DBS). One staff member said "I had a DBS check. I gave two references, one from employment and a personal reference." The DBS checks assist employers in making safer recruitment decisions by checking prospective care workers are not barred from working with vulnerable people.

People and relatives said there were sufficient numbers of staff and staff turned up on time to ensure their or their family members needs were consistently met. One person said, "Great now, they come on time. It has been very good for the last month or so." Another person told us, "I have no problems with timings, it suits me, they stay for the whole length of time. Everything I need doing is done, they are good." A relative said, "The care workers do come on time, they do not rush. They actually do more than they should I feel." People confirmed they had regular and reliable staff. One person said, "I have a regular care worker that comes." A relative told us, "We have a team of care workers with no chopping or changing."

Staff told us there were enough staff to cover all the visits. One staff member said, "Yes. We had a period when I first started when we were short but we seem to have quite a lot now. Weekends are well covered." There were sufficient numbers of staff available to keep people safe. The manager said staffing levels were determined by the number of people and their care and support needs. They said where there was a shortfall, for example, when staff were off sick or on leave, existing staff worked additional hours.

People and relatives we spoke with told us they had no concerns regarding infection control. They said staff members all wore the appropriate gloves and aprons when providing personal care or preparing food. There were infection control policies and procedures in place for staff to follow.

The manager told us they had learnt lessons through discussions with staff and actively encouraged staff and people who used the service to make suggestions and how the service could be improved. They went on the say following quality audits completed by a sister service and through internal audit, improvements had been made. For example, from running reports on the electronic visit planning system, it was found care staff were poor at logging in and logging out (of people's homes). This was addressed by speaking with staff and they said it was now better but further work was still required. Although, at this inspection we found this to still be an issue.

Is the service effective?

Our findings

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The 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. People can only be deprived of their liberty so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. For this type of service any applications to deprive a person of their liberty must be made to the Court of Protection.

We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty were being met.

Staff told us people they supported were always offered choice and they had an understanding about the MCA. One staff member said, "It is someone's ability to make their own decisions." Another staff member told us, "It is whether they [people] can understand what you are saying. They have to go through a test, and it says in the care plan about their decisions."

Care plans we looked contained mental capacity assessments, although we noted one person's care plan contained conflicting information as to whether the person had capacity or not. Two other people's care plans stated they had been assessed as having capacity, rather than capacity been assumed. The manager told us it was company policy to do a mental capacity assessment for everyone. They went on to say people did not yet have best interest's decisions recorded as the documents were still to be produced by the provider's quality team. This meant people may not be given the right to make decisions as information in care plan had not always been completed or was not accurate. We have referred to this in the well-led section of this report.

People and relatives we spoke with said staff members were well trained. One person said, "Oh yes, staff are definitely trained and skilled." A relative said, "The care workers are trained and skilled, we have no issues here."

Staff we spoke with said they had regular supervision which gave them an opportunity to discuss their roles and options for development. One staff member said, "I had a one to one. We talked about how I was doing, going through any paperwork or if I had any problems." Staff files we looked at confirmed staff received supervision on a regular basis. A process was in place for staff to receive an annual appraisal.

Staff training records showed staff had completed a range of training sessions, which included moving and handling, health and safety and Dementia awareness. The manager said they had a mechanism for monitoring training and what still needed to be completed by members of staff. This ensured people continued to be cared for by staff who had maintained their skills.

The service had an induction programme that was completed by all new members of staff on

commencement of their employment. We were told by staff this included training, reading policies and procedure for the organisation and shadowing of other staff members. One staff member said, "I did three full days training, every aspect of care basically. Health and safety like wearing your gloves and reporting things. I also did three full days shadowing." One person who used the service said, "If they have new care workers they will come to shadow." This ensured staff had the skills and knowledge to effectively meet people's needs.

A system was in place to complete 'spot checks' on staff members to make sure they were applying their learning in practice in people's own homes. One staff member said, "I have had a spot check. They came and made sure I was there on time, wearing my uniform and doing my job properly."

When we asked the manager if they used any current legislation, standards or evidence-based guidance to achieve effective outcomes, they offered examples such as the Health and Safety act, general data protection regulations and the Mental Capacity Act 2005. They went on to say they shared best practice amongst the providers services.

People, where appropriate, were assisted to maintain their nutritional and fluid intake. People and relatives, said they were happy with the support they received with meals. One person said, "I have food already in the fridge, they [staff] will microwave the food." A relative told us, "My relative is very happy with the food preparation by the staff."

Staff told us before they left their visit they made sure people had access to food and drink. One person's care plan stated, 'before leaving ensure that tea, coffee, milk in small jug is accessible'. Staff we spoke with were aware of people's specific dietary requirements. One staff member said, "One person is wheat intolerant and another person does not eat certain things, they like to drink hot chocolate." This meant people's individual dietary needs and preferences were being planned for and met.

Staff told us the team worked well together, this included all levels of staff both office and field based staff. Staff said they would notify the office or the manager if they felt people's needs had changed. One staff member said, "We have an on-call number and the office, we can ring up if we have any issues." The manager said the team worked well together and they had arranged monthly team meetings and made sure all staff were aware of any relevant information each day.

There were procedures for staff to follow should an emergency arise in relation to the deterioration in the health or well-being of a person who used the service. Care plans recorded contact details for the person's family members and any relevant healthcare professionals. This enabled staff to contact family and external support if required. The manager told us they were in the process of establishing a working relationship with the local GP and district nursing team.

People's care plans contained an emergency health transfer sheet which included any medical conditions and/or allergies for that person for other healthcare professionals to be aware of in the event they needed to go to hospital.

Is the service caring?

Our findings

People said they were happy with the service, staff were kind, friendly and knew what care and support needs they required. One person said, "The care workers are kind and caring, they cannot do enough for me. They are very respectful to me." Another person said, "They [staff] are always respectful and kind to me."

Relatives we spoke with were happy with the care their family member received. One relative told us, "This company is brilliant, kind and caring. They [family member] looks forward to seeing them." Another relative said, "The care workers are brilliant, they are very patient and kind."

Staff spoke with us about the people they supported in a caring, respectful manner and it was clear from conversations they knew people well, this included the manager and care co-ordinator. Staff rotas were organised so people who used the service had the same staff members. The manager said new staff were always introduced to people prior to them working with the person.

People and relatives said they were involved in developing their care plan and identifying what support they required. One person said, "I have been through the care plan with the office." Another person said, "They [office staff] have been to see me to discuss the care plan." A relative told us, "We have been through the care plan and they [office staff] do keep in touch with us by phone."

Care plans we looked at showed people and their relatives (when appropriate) had been involved in developing the care plans. We saw some people had signed their care plans but some had not been signed. The manager said they would make sure they obtained signatures in the future. This meant people and/or relatives were actively involved in decision-making about their care and support. Care plans were easy to follow and provided care staff with information about people's preferred routine and their personal preferences, likes and dislikes.

People and relatives confirmed staff always encouraged independence where appropriate and respected their or their family members privacy and dignity. One person said, "They are very nice, they do respect my dignity, it is a mutual relationship" Another person said, "We have an excellent relationship, they are aware of my dignity." A relative told us, "Very caring and kind staff, they always show my relative dignity and respect." Another relative said, "Staff are respectful and kind at all times. They do show [name of person] dignity at all times."

Staff told us they would always ensure people were covered up when delivering personal care and where needed, made sure the curtains or blinds were closed. One staff member said, "I cover people if I can. I do not make people feel uncomfortable, I talk to them, see how they feel." Another staff member said, "I make sure they are covered up and do not undress people until they are in the bathroom. I make sure they are covered." This meant staff were aware of and maintained people's privacy and dignity.

Information about what people were able to do for themselves and what they needed support with were included in the care plans. For example, one person's care plan stated, 'It is important for me that I am

encouraged to do as much as I can do for myself as this will keep my independence going'. This meant people were supported to maintain their independence.

The manager was aware of referral procedures for advocacy services and had access to information on advocates in the local area. An advocate is a person who is able to speak on other people's behalf, when they may not be able to do so, or may need assistance in doing so, for themselves.

The service had an equality and diversity policy and staff received training in this subject. The manager told us they supported people to access religious venues when required. One person told us, "The care workers do work around me, I like to go to church on Sunday. They have adjusted the timings so I can go." A staff member told us they supported one person with their choice of religion and supported them when they wished to attend church.

Is the service responsive?

Our findings

A relative said staff were knowledgeable about the support their family member required. They said, "If my relative is having a bad day, they know how to support them, with the utmost kindness."

Care plans demonstrated people's needs had been assessed prior to commencement of the service. Instructions were recorded to help staff assist with the required care and support such as assistance at mealtimes, washing, dressing and mobility. For example, one person's care plan stated, 'ensure the drink is in [name of person] travel mug and has a straw with it'. There was a good level of person centred information recorded within care plans.

However, not all areas of the care plans were person centred. For example, one person's care plan stated their goals were 'to try and keep walking a little more day by day'. There was no information in the care plan of how staff were to encourage the person to achieve this.

Some areas of the care plans had not been completed. For example, one person's section on 'what is important to and for me' was blank. Along with the 'consent, emergency transfer form' and 'contacts and access to property'. Other areas had not been updated. For example, one person's daily notes for October stated they no longer needed creams. This was not reflected in their care plan.

One person's care plan contained conflicting information. For example, the section relating to when medication should be administered stated, 'Monday to Sunday 09:30 to 12:00'. Although, the morning routine section stated, '09:00 am arrive at the house'. The manager told us the person's night call was at 20:30pm but the care plan stated, '21:00pm'. The care plan had not been updated to reflect this. The manager told us they were working through the care plans but some had not been reviewed since May 2018.

Not having accurate and up to date records about people was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, 'Good governance'.

The manager told us a copy of the care plan was kept in the person's own home and a copy was kept in the office. Staff recorded the care and support they provided in a daily record which was kept in the person's home. We saw the daily entries provided a brief synopsis of the care and entries were dated and timed.

People and relatives told us they knew how to complaint and felt comfortable to do so. One person said, "The majority of care workers are fine. I have an issue with two care workers and I have made an official complaint." A relative told us, "I have a good relationship with management, they are very good, any issues they are there. They listen to us."

There was a log at the front of the complaints file which recorded the date of the complaint, the name of the complainant and a brief description of the complaint and of the outcome. Although, the log had not always been kept up to date. The complaints file contained full details of the complaint, response letters or emails and any action taken to resolve them. However, we noted documentation relating to some complaints was

not in the file or was inaccurate. For example, one complaint acknowledgement letter had been dated prior to the complaint being received and part of the complaint had not been addressed in the formal response. This made it difficult to establish an evidence trail. The registered manager said they would make sure all relevant documentation was appropriately filed. We saw a complaints procedure was in place and information on complaints was also in the 'customer guide'. We have referred to this in the well-led section of this report.

The manager told us the service did not support anyone currently whose primary need was end of life care. They said they had policies and procedures in place if this was to change. The manager told us in the event a person had a Do Not Attempt Resuscitation (DNAR) in place the location of the document would be recorded in their care plan. Where people had a DNAR in place, the care plans we looked at did not contain this document. The manager said they would address this following our inspection.

The Accessible Information Standard came into force in 2016 with the aim of ensuring people with disabilities, impairments or sensory loss get information they can understand, plus any communication support they need when receiving health and care services. The manager was not aware of the Accessible Information Standard, although people's care plans contained information about their sight and hearing, and any aids they used. The manager said they would ensure this was recorded in a more detailed way moving forward.

The manager told us documents could be produced in any format or language that was required. For example, in pictorial form. We saw the 'customer guide' was available in large print.

Is the service well-led?

Our findings

A quality assessment monthly report was completed by the manager, which included complaints, safeguarding and quality of the service. This was shared with the senior management team and an action plan was created. We have referred to some areas of the action plan within this domain.

Accidents, incidents, safeguarding issues and complaints were monitored by the management team. However, there was no analysis completed to ensure any trends or patterns were identified and acted upon. An entry in the providers action plan stated, 'it is concluded that complaints are not always adequately recorded'. This had been marked as completed on 1 October 2018. We found this was not the case during our inspection. This meant trends or patterns were not identified through complaints to assist the management team in making improvements.

Safeguarding incidents were recorded on a log, which the manager said was to show what was open and what was closed, However, the manager said currently the log had not been kept up to date. We noted some of the safeguarding records had not been fully completed. For example, one record stated, 'too many people in the bathroom'. No further information was recorded. There was no date or action to show how this had been addressed. The manager said they were unsure why this was the case. An entry in the providers action plan stated, 'the provider must ensure all allegations are recorded within the safeguarding file'. This had been marked as completed on 30 October 2018. We found this was not the case during our inspection. This meant outcomes from safeguarding issues were not identified to assist the manager to make improvements.

Systems were in place to monitor the quality and safety of the service. However, not all audits were effective. The care plan audits were in each person's file. These had not identified the concerns found during this inspection. This meant some audits were not always effective at improving the quality of service.

The manager told us they used an electronic call monitoring system which gave an overview of when staff members had arrived and left a specific visit. We asked the manager what monitoring they did with regards to call times. They said they looked each morning to obtain information on the calls from the previous day, but this was not recorded. When we asked if they had looked at the information from the previous two days, they said they had not. We looked at the list of call times for a seven-day period in November 2018. We noted not all the call times were recorded or adhered to. For example, on 16 November 2018, one person had a 30-minute call. The call monitoring system recorded the staff member was there for 18 minutes. An entry in the providers action plan stated, 'the provider needs to ensure when planning care delivery, the times are achievable and does not lead to visits being cut short'. This had been marked as completed on 11 October 2018. This was not the case from call time records for the seven-day period we looked at. This meant the electronic call monitoring system was not being used effectively to ensure people's calls times were adhered to and to improve the service for people.

We noted other concerns with the completion of documentation which had not been identified by the management team. For example, people's financial transaction records were difficult to follow and

contained inaccuracies. An entry in the providers action plan stated, 'the provider must ensure all financial transactions are fully audited'. This had been marked as completed on 30 October 2018. However, concerns with the management of finances were found during this inspection. This meant there was a risk of people finances not being managed appropriately. People's mental capacity assessment and best interest decisions were not always completed or accurate. This meant people may not be given the right to make their own decisions.

The registered provider did not have fully effective systems in place to assess, monitor and improve the quality of service provided. This is a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. 'Good governance'.

We noted and the manager told us not all the safeguarding information had been reported to the Care Quality Commission (CQC). We saw on three occasions information held within the safeguarding file for November 2018 had not been reported to CQC. These were in relation to missed or short calls. The manager had not notified us concerning the above events as required under the conditions of their registration. An entry in the providers action plan stated, 'regarding safeguarding, the provider must implement a system of robust recording and reporting'. This had been marked as completed on 12 November 2018. We found this was not the case during our inspection.

Failure to notify CQC is a breach of Regulation 18 of the Care Quality Commissions (Registration) Regulations 2009. 'Notification of other incidents'. We dealt with this outside the inspection process.

People and their relatives were complimentary about the management team. One person said, "The manager is very good, they understand and listens to me when I call." Another person said, "The managers do try their best, they are trying very hard. I get on with the managers. I can recommend the company." A relative told us, "We find the service is certainly run well, we can recommend the service to my relatives or friends." Another relative said, "Fabulous people, service is certainly well run."

Some people had completed a telephone quality review, which gave people the opportunity to contribute and offer their views of the service.

Staff said they were happy working for the service and felt supported. One staff member said, "It is really good and the team are lovely." Another staff member said, "Since [name of manager] has been the manager and [name of care coordinator] has been the coordinator, you feel like you are being listened to and stuff is being dealt with."

We saw staff meetings were held which gave opportunities for staff to contribute to the running of the service. On the day of our inspection a staff meeting was held in the office and several staff members attended and contributed to the discussions.

The manager said they worked in partnership with other organisations to provide effective outcomes for people they supported. These included shared learning between the provider's other services. They said they worked with healthcare professionals, when needed, to support people's health needs. The manager told us they were in the process for forging links with 'Otley Elderly action' to provide information on activities for people to reduce the risk of social isolation.

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 18 Registration Regulations 2009 Notifications of other incidents Not all the safeguarding information had been reported to the Care Quality Commission.
Regulated activity	Regulation
Personal care	Regulation 17 HSCA RA Regulations 2014 Good governance Not all care plans were accurate and complete. The registered provider did not have fully effective systems in place to assess, monitor and improve the quality of service provided.