Mr. Dean Oliver Dervan

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Inspection report

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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?	**Good**
Is the service well-led?	**Requires Improvement**

Summary of findings

Overall summary

We inspected the care agency called Mr Dean Oliver Dervan (also known as Geolis Care) on 15 and 16 March 2016. As it was a domiciliary care service, we contacted the registered provider the day before the inspection so that there would be someone at the office when we arrived. The service was last inspected in May 2013, when it was found to be compliant in all the areas we looked at.

At the time of our inspection, Geolis Care was providing support to 10 people in the Trafford area. Care workers were supporting the people using the service in a range of ways, including assistance with washing and dressing, social outings, meal preparation and domestic tasks such as cleaning.

The service was not required to have a registered manager as the provider was registered as an individual. This meant he acted as the provider and manager of the service. Registered providers 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.

During this inspection we found issues with the way medicines administration had been recorded. Some prescribed medicines were being given by care workers that were not listed on people's medicine administration records.

We found that the registered manager did not document interviews for new care workers or record how any gaps in their employment history had been explored. Other aspects of recruitment were done properly.

People known or thought to lack mental capacity had not been assessed for their ability to make decisions or give consent to care. The service was therefore not acting in accordance with the Mental Capacity Act 2005.

Care workers did not receive a full induction and the provision of training for all care workers was poor. In addition, care workers did not receive formal supervision or appraisal.

The registered provider did not monitor, audit or quality assure the service for safety or care quality.

We found breaches of the Health and Social Care Act (HSCA) 2008 (Regulated Activities) Regulation 2014. You can see what action we have told the provider to take at the back of the full version of the report.

People saw regular care workers and told us that they arrived on time and stayed for the full duration of the time allotted for each care visit.

People and their relatives reported that care workers used personal protective equipment when providing personal care to help prevent the spread of infections.

People told us that they felt safe with the care workers. Staff we spoke with could give examples of the different forms of abuse they needed to look out for and said they would report any concerns to the registered provider.

The people receiving support with food shopping and meal preparation gave us positive feedback about this aspect of their care. Those supported by care workers to make appointments with other healthcare professionals were also satisfied with the assistance they received.

People and their relatives told us that care workers were very caring; they told us that care workers went the extra mile to provide people with person-centred care.

Care workers gave examples of how they promoted people's independence and maintained their privacy and dignity. They could also describe people's likes, dislikes and preferences.

People and their relatives were involved in developing care plans. People said they received over and above what they had asked for and relatives we spoke with agreed that they did.

None of the people or relatives we spoke with had made a formal complaint. All of the people we spoke with said they felt able to speak directly to the registered provider if they had any problems.

The registered provider worked in partnership with healthcare professionals and a local charity for the disabled to provide effective care for the people the service supported.

People, their relatives and staff gave very positive feedback about the registered provider's management of the service. Care workers enjoyed their jobs; people and their relatives said they would recommend the service to others.

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.

The registered provider did not document interviews with prospective care workers and did not record how gaps in previous employment were investigated.

We found issues with medicines administration. People were receiving prescribed medicines that were not recorded in their care documentation.

People and their relatives said that care workers were reliable. They told us that staff always arrived on time and stayed for the full duration of the time allocated.

Is the service effective?

Requires Improvement

The service was not always effective.

The capacity of people living with conditions known to affect their ability to make decisions had not been established. The service was therefore not working in accordance with the Mental Capacity Act 2005.

New care workers did not receive an adequate induction. The provision of training and formal ongoing support for all care workers was poor.

Care workers made healthcare appointments for people who asked. People supported with meal preparation gave us positive feedback about the assistance they received.

Is the service caring?

Good

The service was caring.

People and their relatives were very positive about the care and support provided by the care workers.

Care workers could describe people's likes, dislikes and preferences and knew them well as individuals.

Care workers could give examples of how they promoted people's independence and maintained their privacy and dignity. People told us that they looked forward to seeing the care workers.

Is the service responsive?

Good

The service was responsive.

Care plans were individualised and person-centred. They contained information on people's likes and dislikes and how they preferred to be supported.

People and their relatives told us that were involved in designing their care pans and were happy that they received the care they had asked for.

Daily care records we looked at evidenced that people were receiving the support that was described in their care plans.

Is the service well-led?

Requires Improvement

The service was not always well-led.

There was no system of audit or quality assurance in place. The registered provider said he was focused on supporting the people directly.

The service worked in partnership with other organisations and healthcare professionals to provide an effective service to people with mental health issues.

People, their relatives, care workers and the healthcare professionals we spoke with all gave positive feedback about the registered provider and how he managed the service.

Mr Dean Oliver Dervan

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 15 and 16 March 2016. We telephoned the registered provider the day before the inspection so there would be someone at the office when we arrived.

The inspection was undertaken by one adult social care inspector.

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

As part of the inspection we reviewed the information we held about the service and consulted other relevant organisations. This included contacting the Trafford Council safeguarding team, the care commissioners at Trafford Council, Healthwatch Trafford and four healthcare professionals involved with people using the service. We did not receive a response from the safeguarding team and care commissioners were unable to provide any information about the service. The health care professionals involved with people using the service all gave us very positive feedback about Geolis Care; Healthwatch Trafford did not respond.

During our inspection we spoke with the registered provider and three care workers. We also visited three people who used the service in their own homes and spoke with one other person over the telephone. We also spoke with six people's relatives.

We spent the first day of the inspection at the service's main office speaking with the registered provider and looking at records. These included three people's care records, three staff recruitment files, staff training records, various policies and procedures and other documents relating to the management of the service. On the second day of inspection we visited three people who used the service in their own homes and

looked at their care documents with their permission.

Requires Improvement

Is the service safe?

Our findings

We asked people if they felt safe when they used the service; all of the people we spoke with said that they did. One person told us, "Oh yes, very. I look forward to them coming", another person said, "Yeah, I do yeah (feel safe). I have no problems with them." Relatives also told us they thought their family members who used the service were safe; one relative commented, "I can trust them implicitly", and another said, "I feel like I have total trust. They couldn't do any more."

Some of the people using the service were supported with their medicines; we looked at the medicines administration charts (MARs) care workers used to record medicines for two people. Although most medicines administration had been recorded correctly, we did find some issues. One person was being supported to take Paracetamol 'as required'; this means that the medicine is taken when the person feels they need it up to a maximum daily dose. Medicines were hand written on printed MAR templates; the instructions for the 'as required' Paracetamol we saw were 'Paracetamol 2 when required', in other words it did not include details of the maximum dose allowed in 24 hours, the frequency it could be taken or the strength of the tablets. In addition, we learned that care workers would leave Paracetamol for the person at the bedtime call to take if needed in the night. It was not clear how this dose was recorded on the MAR so that care workers could be sure that the maximum daily dose had not been exceeded or that another dose was not given too close to the last one. Both of the people whose MARs we checked were receiving assistance from care workers with topical medications. One person needed eye drops and a topical cream and the other person two topical creams. None of these topical medicines had been recorded on either person's MAR so it was not possible to evidence that they were being applied with the correct frequency or to the right area. There were also no body maps in people's medicine records to show where the topical creams should be applied to the person.

The issues with medication recording constituted a breach of Regulation 12 (1) and (2) (g) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We checked the service's recruitment records to see what checks were made to ensure that only staff suitable to work in the caring profession had been employed. We looked at the records of three care workers and found that all had a Disclosure and Barring Service (DBS) check. The DBS helps employers make safer recruitment decisions and aims to prevent unsuitable people from working with vulnerable groups. Two of the three files we looked at contained the original employment application form but one did not contain an application form. We asked the registered provider why this was and he said that the care worker had not completed one; this meant that there was no employment history recorded for this care worker. We saw that each file contained two written references and copies of photographic ID but none of the files included a record of interview form. This meant that there was no record of how the service had established candidates' suitability to work in the care sector or how they had explored the gaps in previous employment we noted on two of the care workers' application forms.

This constituted a breach of Regulation 12 (1) and (2) (c) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

As part of the inspection we wanted to find out if care workers arrived at the times documented in people's care plans and stayed for the full duration of each care visit, so we asked the people and their relatives. All of the people and their relatives spoke very highly of this aspect of the care they received, telling us that care workers were always punctual, stayed for the allotted time or always rang ahead to let them know if they had been unavoidably delayed. People told us, "They always come on time, but if they're going to be a bit later that night they'll tell me at lunchtime", "[Name] is always punctual, never a minute late. [Name] never lets us down", and, "They come right on time." Relatives confirmed this; one told us, "I would say they're very reliable." People and their relatives were also very happy that they either saw the same care worker each time or at most two or three different ones. One relative said of their family member's care worker, "We have continuity with [name] and that's a big bonus." A care worker we spoke with also commented, "I like that we get to see the same clients." One of the healthcare professionals we contacted as part of this inspection told us that the continuity provided by Geolis Care 'set them apart' from other local domiciliary care agencies. This meant that the service was reliable and people saw the same care workers regularly, which they very much appreciated.

Some of the people using the service were assisted by care workers with their personal care, for example, with continence or showering. We asked people and their relatives if care workers used personal protective equipment, such as gloves and aprons, when they did this. All of the people and relatives we spoke with said that care workers used gloves and aprons. This meant that care workers acted to prevent the spread of infection by using the appropriate personal protective equipment.

We asked the care workers we spoke with to describe the forms of abuse people using the service might be vulnerable to. Each care worker could give appropriate examples and all said that they would report any concerns they had to the registered provider straightaway. This meant that care workers were aware of their responsibility to look for the signs of abuse and would report any concerns properly.

We saw that people's care files contained risk assessments for the aspects of care that they received and for each person's home environment. We asked the registered provider for an example of when a risk assessment had highlighted a risk and what had been done to mitigate it. He told us that one person's home had a secluded and unlit entrance so he had asked the person and their family to provide suitable lighting, which they had done. This made it safer for the care workers visiting at night. This showed us that the service assessed the risks of providing care to people in their homes and acted to mitigate any risks identified.

Requires Improvement

Is the service effective?

Our findings

We asked the people and their relatives if they thought the care workers who supported them were well trained. Everyone we spoke with said that they were. People told us, "I do yes. If they didn't know what to do I'd notice", and, "[The registered provider] is very experienced."

As part of the inspection we checked the training matrix for the care workers, including the registered provider, as he was one of the main care workers. We found that the amount of training care workers received was very poor. Of the six care workers who worked for Geolis Care, only two had attended safeguarding training: the registered provider in March 2016 and one other, although this had been in another job over seven years previously. Two care workers had received medication administration training in 2013, however, of the three care workers recruited in 2015, only one had done online medication administration training but had not had a competency assessment. The other two care workers recruited in 2015 had last done medication administration training in 2008 and 2010 in other jobs. We checked the medication policy; it stated that new care workers should receive medication administration training during their induction and then every two years after that. None of the care workers had received training in areas such as infection control and food hygiene or done any practical training in manual handling.

We found that the service had not implemented the Care Certificate for recruits new to the care sector; the Care Certificate is an introduction to the caring profession that sets out a standard set of skills, knowledge and behaviours that care workers follow in order to provide high quality, compassionate care. The Care Certificate is not mandatory, but services that choose not to use it have to demonstrate that they have an equivalent induction process that incorporates both theory and assessment of staff competence in practice. We asked the registered provider what the service's induction consisted of. He told us that it involved two weeks' shadowing of himself or another experienced care worker; it did not include an assessment of competence. A care worker new to care was recruited in October 2015; we saw that they had completed online training on medication administration and supporting people with anxiety, but had received no other training and had not been assessed for competence. An experienced care worker also recruited in 2015 told us that their induction consisted of meeting the people they would support, but did not involve any training or assessment of current competence.

We noted that the service did not have a policy or procedure about staff supervision or appraisal so we asked the registered provider if care workers received regular supervision or an annual appraisal. He said that this did not happen. Care workers we spoke with confirmed this, although all said that they were in regular contact with the registered provider and could go to him with problems or concerns at any time. One care worker told us, "I speak to [the registered provider] on a daily basis", and another said, "I can tell him anything. He's very approachable."

The lack of staff training and induction as well as appraisal and supervision was a breach of Regulation 18 (2) (a) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of

people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to make particular decisions any made on their behalf must be in their best interests and as least restrictive as possible.

The capacity of people who live with dementia or those with learning disabilities or mental health problems to make decisions may vary. For example, a person may be able to decide what to wear or watch on TV, but may not be able to decide where the best place is for them to live. Some people can make decisions if they are appropriately supported by others. The MCA states that we must assume all people have the capacity to make their own decisions and that people who are unable to make their own decisions can have them made for them in their best interests. It is only when people are thought to lack capacity that assessments are required to establish if this is the case. Other people, including next of kin, cannot legally make decisions on a person's behalf unless they have lasting power of attorney.

We looked at the care files of one person diagnosed as having dementia and one other person who had a learning disability and mental health problems. Their care plans included details of the support they needed at each care visit, but contained no information about how each person's condition affected them or their ability to give consent and make decisions. The initial assessment in each person's file had a section on mental capacity. It was recorded that the person with dementia lacked capacity due to their dementia and the person with a learning disability and mental health was impaired but retained mental capacity, although it was not clear how this had been established. We also saw that a consent form for data sharing for the person with dementia was signed by a family member; we could not tell from their records why the person could not sign the form themselves or whether the family member had lasting power of attorney. The person with the learning disability and mental health issues had signed their own data sharing consent form, although it was not clear if they had the capacity to do this. This meant that documentation was not compliant with the requirements of the MCA.

The registered provider confirmed that neither he nor the care workers had received training on the MCA. We asked care workers how they obtained consent from people prior to assisting them with personal care or with medicines and they described how they asked for permission, explained what they were doing and gave choices. One care worker said that if a person refused personal care when they needed it, they would try to persuade them as it was in their best interests, but if the person really did not want it, they would record the refusal and inform the registered provider. This meant that even though care workers had not received MCA training, they obtained consent prior to supporting people. We also received extremely positive feedback from two mental healthcare professionals who worked with the service to support people with mental health issues. They gave glowing reviews about how the registered provider and other care workers from Geolis Care had supported people with complex behavioural issues.

Despite this, the service did not comply fully with the MCA in terms of assessing the mental capacity of people who needed it or recording best interest decisions. This constituted a breach of Regulation 11 (1) and (3) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Some of the people we spoke with were supported with food shopping and meal preparation. Each person said that they were happy with the support they received from the care workers. One person told us, "They say 'what would you like today?' I get that every morning and I choose", this person described how care workers would check that their food was hot enough for them and offer condiments. A second person told us, "I choose what I want and they make it for me." One relative we spoke with said, "They'll defrost meals the day before and think ahead." This showed us that people were happy with the support they received with their meals.

We asked people if care workers helped them to book appointments to see other healthcare professionals, such as GPs or district nurses. Some managed this themselves or were assisted by a family member, but others told us that care workers did help to do this on occasion. The registered provider said that one person relied on the service to make all their appointments as they could not use the telephone; care workers also accompanied this person to all of their appointments. Another person had regular reviews with their mental health team and a care worker would go with them (with their permission) to provide progress updates and advocate for the person. A third person who needed the support of two care workers to mobilise, described how the care workers would liaise with the district nurse team so that if a nurse came on their own, a care worker would be there to assist them to support the person. This meant that care workers from the service supported people to maintain their holistic health when they needed it.

Good

Is the service caring?

Our findings

We asked people and their relatives if they thought the care workers were caring and their responses were overwhelmingly positive. People told us, "They'll do anything for me, I don't even have to ask", "They're more like family to me", and, "I never stop laughing with them." Relatives we spoke with agreed; they said, "It's the best thing that ever happened to us", "They're very, very caring. Really caring", and, "If there's anything [name] needs they go out of their way to sort it out for [them]." People and their relatives were particularly complimentary about the registered provider; they told us, "He's kind and he's always polite", "I've never met anyone like [the registered provider], he's absolutely marvellous", and, "It's the only time [my relative] smiles when [the registered provider] arrives."

As part of the inspection we wanted to find out if the care workers respected people's privacy and dignity whilst they provided support. People said that they did; one person told us, "They close the curtains and cover me up with a towel", and, "They make a joke to make me laugh to take the embarrassment away." A relative told us, "They're really compassionate. They respect [name's] dignity." We noted that the assessment form completed during the initial visit asked whether people had a preference for male or female care workers. One person who had requested care workers of their own gender told us how pleased they were that they could have this option and how care workers of the other gender had never been sent by the service. Care workers we spoke with gave us examples of how they tried to maintain people's dignity, by closing doors and curtains and by keeping people covered as much as possible during personal care. This meant that people's dignity was promoted and their privacy protected by care workers.

By speaking with care workers it was obvious that they knew the people they supported very well as individuals; they could describe people's likes, dislikes and preferences. We noted that the assessment form collected information on preferred methods of communication and form of address, as well as religious, cultural and personal beliefs. People's care files also contained a personal profile which detailed people's personal histories and their likes and dislikes. One person told us, "They know what I like and what I don't like", and relatives said, "They know [name] really well, they listened to what [they] like", and, "They've taken the time to get to know [name]." This showed us that care workers knew the people they supported well as individuals.

People and their relatives described how the registered provider and other care workers went out of their way to give help and support to the people they cared for. One person told us that they could call care workers at any time if they had continence issues and that they would come straightaway. A relative said that the registered provider had on occasion taken their family member a roast dinner from his own house as a treat for them, and another person said that the registered provider took them out and bought them coffee. A second relative told us that their family member often called the registered provider during the day and asked him to pick up food or household items which he would then collect and deliver at the person's next care visit. All of the healthcare professionals we contacted as part of this inspection described how care workers went the extra mile for the people they supported. This showed us that the registered provider and other care workers were kind and thoughtful towards the people they supported.

We asked the care workers how they promoted people's independence when they supported them. Care workers gave examples of encouraging people to assist with their personal care, or to mobilise with assistance. One person described how care workers would suggest they helped clean their house with them, or to wash the dishes after meals. This meant that care workers supported people to remain independent by encouraging them to do the tasks that they could manage.

We asked the registered provider if any of the people supported used advocacy services; he said that at the time we inspected all the people had family members who could advocate for them when required. The registered provider could name local organisations that provided advocacy services and said that he would make referrals for people (with their permission) if he thought they were required. This meant that the registered provider was aware of local advocacy services and would refer people, with their permission, if required.

Good

Is the service responsive?

Our findings

During this inspection we looked at three people's care files in the main office and at three others when we visited people in their homes, with their permission. Each care file contained a care visit schedule at the front which detailed the days and times that people received care plus a very brief summary of the support to be provided. There followed a personal profile, which included details of people's likes, dislikes and personal history and a personal details sheet, which listed people's significant medical history, their next of kin, the healthcare professionals involved in their care and their preferred form of address. Each person had a detailed assessment of needs, which covered all aspects of care and support, including moving and handling, skin integrity, continence, nutrition and medication. Next 'outcomes' were listed for each person; these were a summary of what the purpose of support was and how it would be achieved and finally there was a person-centred description of each care visit. These listed the support people required, what order they liked it, and any other information which allowed the care worker to support the person according to their needs and wishes. All but one of the care files we saw followed this format and had been reviewed within the last 12 months; the other was in the process of being updated to the newer format by the registered provider. This meant that people's needs were fully assessed and appropriate plans were put in place to meet them.

We asked people if they had been involved in developing their care plans; they all said that they had, along with their relatives. People told us that the registered provider had come to their house and undertaken a detailed assessment of their needs and preferences. One person said, "They did a full assessment. [The registered provider] came with two carers to introduce them to me." People's relatives confirmed this. All the people we spoke with told us that they could change their care plans if they wanted to and that they received the care that they had asked for. One person said, "The support I get is what I asked for and more"; relatives concurred with this, they told us, "[Name] gets the care we asked for, and over and above. They seem very caring", and, "We get more than we asked for."

We looked at the daily records written by care workers at the end of each care visit for three people. Care records should contain sufficient detail to evidence that people have received the support described in their care plans. The records we saw included a concise summary of the support that had been provided per visit, along with details of any activities, food preparation or medicines administration (if required). It was clear that care workers were providing the support described in people's care plans and documented it appropriately.

We wanted to find out what care workers did when they were asked to support a person new to the service or one they had not met previously. Each of the care workers we spoke with said that they would introduce themselves to the person and then read their care plan; all said that they felt that care plans provided sufficient detail for them to support people safely and appropriately. One care worker added, "I'd also speak to other carers that had seen the client and to [the registered provider]", a second said, "I'd speak to the assessor and then to the client to make sure." This meant that care workers knew how to ensure that the care they provided to people they had not supported before was person-centred.

The service had not received any formal written complaints since our last inspection. We read the complaints policy and found that each person had a copy of it in the care file at their home. We asked people and their relatives if they had ever made a complaint or provided any feedback to the registered provider. No one we spoke with had ever made a complaint and each said they would speak with the registered provider if they had any problems. People and their relatives told us, "I've never made a complaint. I've never needed to", "I don't need to (complain) because they're good", "I haven't complained. I'd just speak to [the registered provider]", and, "I would say if there was something [name] wasn't happy with. I can ring [the registered provider] about anything." This meant that people knew how to complain if they needed to and felt able to raise any issues directly with the registered provider.

Requires Improvement

Is the service well-led?

Our findings

We asked people and their relatives if they thought Geolis Care was well managed. One person told us, "Yes, it's a good service", and a second person said, "It's very well managed." Relatives were very pleased with the service their family members received. They told us, "I'd recommend them to anyone and I mean that sincerely", "From day one they've been brilliant. They do the extra", and, "If I ever needed to be cared for I just hope I'd get the same standard." We also asked the care workers if they thought the registered provider managed the service well. They told us, "I think he's a very good manager. He's a very caring person", "I enjoy working for him, he's a good manager", and, "He's very approachable to be honest."

We asked the registered provider what monitoring he undertook to ensure people were kept safe and received a quality service. He admitted that he had not undertaken any monitoring or audit since the last time we inspected in 2013. The registered provider said that he was strongly focused on providing care directly to the people using the service, and as a result, spent less time on the administrative side of this role as registered provider and manager of the agency. At the time of the inspection the registered provider had already identified that this was an issue and was considering options to improve this aspect of the service. However, the lack of audit and monitoring meant that the registered provider did not have an overview of the quality and safety of the service.

We asked the registered provider to describe the methods he used to quality assure the service and to identify areas for improvement. Care services often use questionnaires or surveys to solicit feedback from the people, their relatives, staff and healthcare professionals involved with the people using the service. Feedback can be used to highlight both good practice and any issues that need to be addressed. We checked the service user guide which stated that people would receive a questionnaire annually so that they could feedback on the service. The registered provider told us he did not undertake any quality assurance because of his focus on providing support directly to the people using the service. People and their relatives confirmed that they had never been asked to feedback on the quality of the service or to suggest ideas for improvement. Care workers also told us that they had never been asked to attend a staff meeting or to think of ideas to improve the service. This meant that the registered provider did not quality assure the service the people received.

The lack of any audit and quality assurance was a breach of Regulation 17 (1) and (2) (a) (b) (f) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Before the inspection, we checked our records to see if the registered provider had made any statutory notifications to the Care Quality Commission (CQC). Under the regulations, CQC must be notified about certain incidents, such as serious injuries, safeguarding concerns or when the police have been called. We noted that the service had made no such notifications in the 12 months prior to our inspection so we asked to see the records of all incidents and accidents. We saw that four incidents were recorded in 2015, but they all concerned a person supported by the service who had tried to harm care workers or other people not supported by the service. This meant that statutory notifications were not required. We saw that each incident had been documented in detail and followed up appropriately. No other incidents or accidents had

occurred in this time period and the registered provider was aware of his responsibility to make statutory notifications to CQC.

We asked the registered provider about the vision and values of Geolis Care. He told us, "It's about personal care, about the individual", and, "We want to provide a regular face." The registered provider said that he communicated his vision and values to the care workers during their induction period when they shadowed him; he said that he actively encouraged care workers to build relationships with the people. The care workers we spoke with all described the care they provided and the people themselves in person-centred terms and gave us positive feedback about working for the service. One care worker said, "It's really enjoyable and the clients I have are absolutely superb. It's a very satisfying job"; a second said, "I'm very happy", and a third said, "I'm very happy with this company." This meant that the care workers provided support in line with the registered provider's vision and values and enjoyed caring for the people.

The registered provider worked in partnership with a local organisation that provided advocacy and other services to people with disabilities in the area. We contacted them for feedback as part of this inspection and they were positive about the support care workers provided and about their dealings with the service. The registered provider also worked alongside other healthcare professionals to support people with mental health problems. The three health care professionals we contacted for feedback for this inspection were all very positive in terms of the responsiveness of the service, the standard of care provided to the people and the communication they had with the registered provider. This meant that the service worked with other organisations to support people effectively.

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	Regulation 11 HSCA RA Regulations 2014 Need for consent The service did not act in accordance with the Mental Capacity Act. People thought to lack capacity had not been assessed. Regulation 11 (1) and (3)

Regulated activity	Regulation
Personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment The administration of medicines was not always documented properly. Regulation 12 (1) and (2) (g) The service did not document interviews or how gaps in employment had been investigated. Regulation 12 (1) and (2) (c)

Regulated activity	Regulation
Personal care	Regulation 17 HSCA RA Regulations 2014 Good governance There was a lack of audit and quality assurance at the service. Regulation 17 (1) and (2) (a) (b) (f)

Regulated activity	Regulation

Personal care

Regulation 18 HSCA RA Regulations 2014 Staffing

Staff did not receive an appropriate induction or the training they needed for their roles. They also did not have formal supervision or appraisal.

Regulation 18 (2) (a)