Caritas Care Solutions Ltd

Caritas Care Solutions

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

This inspection took place on 23 and 26 October 2017. This was the first inspection carried out at this service and was announced. The registered provider was given 48 hours' notice because the location provides a domiciliary care service and we needed to be sure that someone would be at the agency office who could assist us with the inspection.

The service is registered to provide the regulated activity personal care and treatment of disease, disorder or injury. This includes support with activities such as washing and dressing, the provision of meals and the administration of medication for people living in their own home.

On the day of the inspection 21 people were receiving assistance with personal care. The agency office is situated in Melton, close to North Ferriby, in the East Riding of Yorkshire. Car parking is available for people who wish to visit the office by car.

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

Staff were not fully supported in their role. We found the registered provider had failed to follow their own policy and procedure to ensure all staff received regular supervisions and an annual appraisal.

Manager's audits used to maintain and improve standards in the home were not always dated or completed regularly. Actions were not noted in relation to accidents and incidents. Staff did not have access to up to date information for people because care records we looked at were out of date and important information had not been transferred to the appropriate areas within care plans. This meant reviews of people's records were ineffective to ensure staff could provide care and support appropriate to people's individual needs. Quality assurance checks completed by the registered provider were ineffective because they had failed to identify and address the concerns we found during our inspection.

Some staff did not fully understand the MCA and DoLS, we discussed this with the manager who agreed to arrange further training and regular competency checks so that additional support could be given to those that needed it.

Staff felt they had enough travel time in between calls. We saw there were sufficient numbers of staff employed to meet people's individual needs.

We found that people were protected from the risk of harm or abuse because the registered provider had effective systems in place to manage any safeguarding concerns. Staff received training on safeguarding

adults from abuse and understood their responsibilities in respect of protecting people from the risk of harm. However, on one occasion information had not been reported to CQC. This was received after the inspection.

Where people received support with their medicines, these were administered and recorded appropriately and regular spot checks were completed. However, the one medicines audit that had been completed was not dated. This meant we could not evidence that systems and processes were in place to identify and learn from errors.

Training records showed that staff had completed induction training and had a period of shadowing during their initial 12 weeks of employment. Refresher training was completed regularly. Staff told us that they felt the induction period was sufficient for them to provide a good level of care and support.

People told us that they were happy with the level of service provided and that staff was very kind and caring to them. During our observations we could see that staff knew people well and genuinely cared for them.

There was a complaints policy and procedure and this had been made available to people who received a service and their relatives. People we spoke with told us they were satisfied with how their complaint had been resolved.

There were systems in place to seek feedback from people who received a service and we saw that most of this feedback was positive. However, the relatives we spoke with could not recall being asked their opinions about the service or being asked to complete a survey. This was something the registered manager was in the process of improving.

The registered provider was in breach of two regulations under the Health and Social Care Act. You can see what action we told the provider to take at the back of the full version of the report.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement

The service was not consistently safe.

Safeguarding policies and procedures were in place so that staff could identify and report any potential signs of abuse. However, for one incident information had not been submitted to The Care Quality Commission.

The medicines policy contained incorrect guidance for staff to follow, which made it difficult to monitor medicines people had taken.

Safe recruitment processes were in place to ensure checks were carried out prior to care workers commencing employment with vulnerable adults.

Is the service effective?

Requires Improvement

The service was not consistently effective.

Staff received training on the Mental Capacity Act (MCA). However, some staff were unsure of their role and responsibilities and the meaning of the MCA. The provider assured us that further training would be completed in this area and staffs understanding regularly checked.

Care plans included information about people's likes, dislikes and preferences. However, information was not current or recorded in the appropriate places for staff to follow.

Staff supervisions had not been completed in line with the provider's policies and procedures. In addition, appraisals had not been completed at the time of our visit. This was an area the registered manager was looking to improve.

Is the service caring?

Good

The service was caring.

People using the service and their relatives felt that staff maintained people's privacy and dignity at all times. Staff had good knowledge of how to promote people's choices, dignity and independence.

We saw that people had been invited to attend reviews so they could voice any concerns and feedback on their experiences. However, some people told us they did not know whether they had a care plan in place.

The registered manager and staff knew how to maintain people's confidentiality. Records were securely locked away and access restricted to authorised personnel.

Is the service responsive?

Good

The service was responsive.

Care plans were reviewed every six months or earlier if any significant changes had been identified.

A complaints policy was in place. People told us they knew how to complain and provided positive feedback about the way complaints were dealt with by the registered manager.

Surveys had been completed for staff and people using the service. The agency was in the process of making sure people's relatives and their representatives had opportunities to express their views and opinions.

Is the service well-led?

Requires Improvement

The service was not consistently well-led.

Audits had been completed but these were not effective as actions taken were not always documented. Some of the documentation viewed was not up to date.

Communication between management and staff was good. Regular team meetings were held to encourage staff feedback.

People using the services knew the registered manager by name and told us that they were always helpful and managed the service well.

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Detailed findings

Background to this inspection

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

This inspection took place on 23 and 26 October 2017 and was announced.

The provider was given 48 hours' notice because the location provides a domiciliary care service and we needed to be sure that someone would be at the agency office who could assist us with the inspection.

The inspection team consisted of one 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. The Expert by Experience had expertise in dementia, mental health, autism and people with learning disabilities. The Expert by Experience made telephone calls to people who used the service on 23 and 24 October 2017 and an inspector visited people who lived in their own home on 23 October 2017.

Before this inspection we reviewed the information we held about the agency, such as information we had received from the local authority who commissioned a service from the registered provider. Feedback from people who used the service and other health professionals had been taken into account.

The registered provider was asked to submit a provider information return (PIR) before this inspection. 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. The PIR was submitted within the required timescale.

On the day of the inspection we spoke with the registered provider, the registered manager, the clinical and compliance manager and three care workers. The clinical and compliance manager has a degree in critical nursing and over 25 years of general nursing experience gained whilst working in the NHS. We also spent time looking at records, which included the care records for four people who used the service, the recruitment records for three care workers and other records relating to the management of the service, including quality assurance, medication, staff recruitment and training.

Following the inspection we spoke with seven people who used the service, four relatives of people who used the service and two members of staff. We also visited people in their own home.

Requires Improvement

Is the service safe?

Our findings

People told us, "I do feel safe" and, "I feel much safer when bathing having them [care workers] there. I would speak to my family if not." Relatives told us that they felt care workers were professional and advised us, "I think [Name] is very safe with the night sitters. They give me peace of mind and I can get some sleep."

We looked at the recruitment records for three members of staff. The records evidenced that an application form had been completed, references had been requested and checks had been made with the Disclosure and Barring Service (DBS) prior to them providing care to people in their own homes. The DBS carry out a criminal record and barring check on individuals who intend to work with children and vulnerable adults. This helps employers make safer recruiting decisions and helps to prevent unsuitable people from working with children and vulnerable adults. We saw records to show that the registered manager completed checks to ensure people were legally allowed entry into the country to work.

During our visits to people in the community we saw that staff wore their photo ID Badges. This helped people to verify that the care workers that arrived worked for the registered provider.

There were enough staff employed to ensure that people received the correct level of support. We were told by staff that they were given travel time in between calls and any calls requiring two carers the staff travelled together in one vehicle to ensure times were consistent and any delays minimised. The registered manager told us that there was out of hours support for staff if they required any guidance or advice outside of the normal office hours.

We checked the care plans for three people who received a service from the agency and saw they were split into outcomes which were numbered for easy referencing. For example, maintaining privacy and dignity, managing and maintaining nutrition and hydration. Risk assessments recorded any identified risks to people and included assessments of the internal and external environment and how these could be minimised to protect people and any staff who visited their home from avoidable harm. In addition to this, there were risk assessments that were specific to the person whilst they were in receipt of support, such as their mobility and the administration of medicine.

We looked at the folder where information on safeguarding adults from abuse was stored. This included a copy of the agency's policies and procedures and information about the local arrangements for reporting concerns to the safeguarding adult's team. We could see that the provider had followed the local authorities' procedures to assess whether incidents met the criteria to refer to safeguarding, this information was clearly recorded. This meant systems and processes were in place to help keep people safe from avoidable harm and abuse.

The majority of people we spoke with told us that care workers were usually on time, one person told us, "Give or take a few minutes. They have never let us down" and another person said, "They can be up to 20 minutes late sometimes. They said they were short staffed." Two people told us that when care staff were running late they were not informed. Four people advised us that they were confident that care staff would

not miss them or let them down.

The majority of people we spoke to told us they received a regular group of carers most of the time. On occasions such as weekends or during period of sickness and holidays they advised different care workers then covered the shifts. One person told us, "We did have 3 different carers. I did ring to see if we could have the same one because you get used to people. They obliged."

Care workers were unable to name the different types of abuse. However, they could advise of potential signs of abuse and gave examples of both verbal and physical abuse. Care workers had a good awareness of actions to take if they had any concerns or witnessed any type of abuse. One care worker advised, "I would report to my manager and if they did not take action I would contact the local authority."

Some people received support with shopping, care workers obtained receipts and completed a log of financial transactions. This process ensured records were completed to protect people from the risk of financial abuse.

Care workers told us they would use the whistle blowing policy if they needed to and were confident that management would maintain their confidentiality.

There was an accident and incidents policy which outlined the responsibilities under the 'Duty of Candour'. The Duty of Candour is a legal duty on providers of adult social care and other services to inform and apologise to people if there have been mistakes in their care that have led to significant harm. Duty of Candour aims to help people receive accurate, truthful information from health care providers.

There was a business continuity plan that recorded how staff should deal with emergency situations. For example, disruption to IT equipment, lack of staff, severe weather and localised disruption to utilities, as well as the triggers, preventative measures and contingency plans for each hazard identified. This provided staff with comprehensive guidance on how to manage unexpected or emergency situations.

The care worker who we spoke with confirmed they had received training for administration of medicines as part of their induction training. People were happy with the level of support they received. Comments included, "I don't take any tablets but they [care workers] will put cream on my leg, if needed. No problems at all." Another person told us, "They put my eye drops in for me." We checked a selection of medication administration records (MAR) whilst we were in people's homes. We saw that care workers administered medicines safely. For example, we saw that staff administered medicines that had to be given at a specific time without delays; they talked to the person and asked if they were ready to take their medicines. Care worker's brought a fresh drink of the person's preference with a straw following guidance recorded in their plan of care. Medicine records were completed and we saw there were no errors of administration.

We checked the registered provider's medications policy which stated that doses could be left out to take at a later time. We discussed with the registered manager. If the registered provider was responsible for administering people's medicines this would not be good practice, as it would be difficult to record and monitor medicines that people had taken. The registered manager advised they would review and amend the medications policy to ensure the guidance followed best practice and was clear for care workers to follow.

A system was in place to record any medicines that had been returned to the pharmacy. This ensured that any excess medicines were monitored and that those out of date were disposed of appropriately.

Requires Improvement

Is the service effective?

Our findings

We found the registered provider was not following their own policy and procedure to ensure all staff received regular supervisions and annual appraisals. One care worker told us they had supervisions four times a year, another told us every three to six months.

We checked staff records and spoke to the registered manager who confirmed that supervisions were not always being completed. Records showed one person received one supervision over a two year period and another had attended group supervision once. However, the registered manager advised that people received regular one to one discussions rather than a formal supervision most of the time. These were not recorded and no appraisals had been completed.

The registered manager showed us a providers 'supervision agreement' that advised the frequency of staff supervisions should be four times a year. This was acknowledged by the registered manager as an area that required improvement and they told us they would ensure all staff had supervisions and appraisals booked for the next twelve month period.

This was a breach of Regulation 18 of the Health and Social Care Act 2008(Regulated Activities) Regulations 2014: Staffing.

Relatives and people receiving a service felt that staff provided a good level of care and were knowledgeable about their needs in relation to their health and well-being. Care plans included information relating to people's diagnosis and guidance was provided for areas such as catheter care, medicines, and moving and handling procedures. For example, the type of hoist and sling to use. Only one person we spoke with told us they were supported by staff to attend health care appointments. However, we could see from records that staff had assisted people to attend health care appointments and arranged reviews for people, such as medication reviews or reviews of people's care when their needs had changed.

We checked whether the service was working within the principles of the MCA, and found that people using the service did not have any restrictions in place at the time of this inspection and that no applications had been made to the Court of Protection. If people had a lasting power of attorney (LPOA) in place this was recorded in their care plan. A LPOA is a legal document that lets people appoint one or more people to help them make decisions on their behalf

The agency provided in-house training on the MCA and the majority of staff we spoke with understood their responsibilities. However, two staff we spoke with were unsure about the meaning of the MCA. This meant they could not be clear on their roles and responsibilities in relation to the MCA. We discussed this with the registered manager and they advised us they would be completing further training sessions. They planned to discuss the MCA with care workers during supervisions to identify where they may need additional support.

People's care plans were lengthy which meant staff took longer to read and access information as it was

over several different pages. An overall short summary was available. They included whether people needed support to make any decisions about their health and well-being, contact numbers for family, personal preferences and interests. Staff described to us how they helped people to make decisions. One care worker said, "We ask and most of the time they tell us. It depends on the person. We offer choices if they are unsure and provide information to help them make decisions" and another told us, "Before personal care we ask and allow people to make their own decisions about what they would prefer."

Information about people's health was recorded. However, some care records were not always updated. For example, one person's record included old conditions that were not current or relevant. Another person's medical history stated that they were diabetic. This information had not been transferred to the nutrition and hydration care plan. In addition, another person had a PEG feed in place, the nutrition and hydration care plan stated they were on thickened fluids and a stage four diet with no reference to the PEG feed. However, the medical history section of the care plan stated they were on a pureed diet, which is stage two. Family were responsible for assisting to feed this person. However, it would be good practice to ensure that information is kept up to date and available in the appropriate sections of the care plan so that staff were informed in case of emergencies.

Care plans recorded people's consent to sharing information about their care and support with loved ones. Staff had a good awareness of the importance of obtaining people's consent. During our visits to people's homes we saw care workers asking people for their consent. For example, one care worker asked a person what they would like to eat and also if they felt ready to take their medicines.

New staff completed a twelve week induction which included working through the Care Certificate and shadowing more experienced members of the team. The Care Certificate is a nationally recognised set of standards and training that staff working in care, are expected to work towards.
Care workers told us they felt the induction training received was sufficient for them to carry out their role. However, one care worker told us that the training was sometimes monotonous and repetitive.

We discussed these concerns with the registered manager. They told us they provided classroom training for some courses which included watching a DVD. The registered manager agreed to consider the free training that was available from the local authorities in the area, to ensure care workers were given access to less repetitive training and an opportunity to broaden their knowledge.

Staff received a handbook containing information about their role and explained the standards expected of them. It also included reference to the equal opportunities, non-harassment policy, attendance and time keeping, confidentiality and the use of personal protective equipment (PPE), such as gloves and aprons.

Staff had mobile phones with software installed that they used to access people's information and to log in and out of each call. This information was uploaded in real time to the call monitoring systems live status board. A red alert was sent to the office for any calls that had not yet been attended. This meant that office staff could immediately check whether calls had been completed and if not reallocate care workers to carry out the call. The phones included a tick list of people's needs and this had to be completed before care workers could finish their visit. The software used prompted staff to input a reason if any care and support tasks were refused or not completed. When correctly completed, this meant that any trends could be identified and the appropriate action taken. For example, one person had refused PRN medications repeatedly and this had resulted in a review of their medicines.

However, care notes were not always added during each call to evidence a personalised service was being delivered. The registered manager's husband who is the clinical and compliance manager told us they

checked the log in and out rota on a different system to verify whether calls had been attended. For the several calls showing as not attended on the system the provider could not evidence the reasons why calls were showing as missed and were unable to show us that checks had been completed to ensure these calls had been attended. The registered manager told us they would look to utilise the additional notes section to detail more information about the care provided. In addition, they would ensure systems were in place to monitor any calls that were highlighted as not attended and record checks they completed.

We asked people if they thought staff had the skills they required to carry out their roles. A relative said, "They seem to know what they are doing. The new ones do need telling how to use the hoist though." Comments from people who used the service included, "They seem to be - yes. I did have one, who was quite sloppy, but I rang the office and they didn't send her again" and "Yes, they seem to be well trained." The training is something the provider will look to review to ensure all staff have a good understanding and knowledge of moving and handling and use of the equipment.

The care workers who we spoke with told us they felt well supported by senior staff and the registered manager. One care worker said, "We can ask the registered manager for any advice and they always sit down and talk us through it." Other care workers said, "The support we receive is brilliant. The registered manager always asks us to take the time to provide good quality services to people."

People that received assistance with meal or drink preparation expressed satisfaction with the service they received. One person told us, "The carers do make sure I have a drink before they leave" and a relative commented, "They will make [Name] a cup of tea or anything [Name] wants during the night." During our visit to one person's home we saw staff preparing their preferred sandwich and offering yoghurt and a hot drink which they accepted.

Good

Is the service caring?

Our findings

Relatives of people who used the service told us that staff were very respectful towards their loved ones. One person told us, "They are all very polite, respectful and do put me at ease when bathing." A relative we spoke with said, "They are all very respectful towards [Name] and put [Name] at ease when helping [Name] with personal care. He is not embarrassed at all with them," another relative advised us, "They treat [Name] with the upmost respect" and "They treat [Name] very well when they are helping [Name] shower."

Staff told us that they offered choices to people and encouraged their participation in daily care and support tasks to promote their independence. They knew how to promote dignity when providing care to people. Staff told us they used towels to cover them when transitioning into the shower or bath, this was to maintain dignity and keep them warm. One care worker said, "We keep doors shut for privacy and ensure people are aware of what we are doing at all times so they have time to adjust or let us know if they want something changing." Staff told us about the importance of maintaining people's confidentiality and not to discuss personal information across rooms but to quietly speak with people on a one to one basis.

When we asked a relative about staff encouraging people's independence they told us, "They are encouraging [Name] to walk by himself. They have got him up on his feet again."

Assessments indicated people had been consulted about the times of calls and what tasks staff were to complete. Care plans detailed some preferences for care so staff had guidance to follow. People confirmed staff consulted them for their consent when delivering care and support. The registered manager told us that some people specifically request care workers they can relate to and this had been accommodated. The registered provider ensured male or female carers were provided where people had made a preference.

Daily records were written in a way that respected people's privacy and dignity. They referred to the care provided and were available for the person to read should they wish to do so. Reviews of care were held which included people who used the service and their relatives. People were consulted at the reviews as to how the care support package was meeting their needs and asked if anything could be improved.

The registered manager told us that they took time to visit people that had previously received a service and were now in a care home. The registered manager had taken their daughter with them to visit people and on some occasions their puppy dog. They felt this helped to cheer people up especially those that had no visiting friends or family.

We saw that people using the service were provided with a 'Service User's Handbook'.' This provided information about the registered provider's statement of purpose, care philosophy, principles and values, how to make a complaint and the complaints policy, how staff should respect privacy and dignity, what standards to expect and key policies such as confidentiality.

People's care files were held securely in the main office and during visits we saw copies in people's own home. However, some people when asked if they had seen a care plan or whether it was regularly reviewed

said, "I'm not sure if I have one. They did an assessment when I started with them." Relatives commented, "I have not seen one of those" and another said, "I think it will be in the office."

We discussed this with the registered manager who told us they would check all documentation was up to date and in people's homes. This would ensure that staff had guidance they could refer to if needed.

People felt that they were listened to, one relative told us, "They listen to both of us, which is really good for me." People told us that staff were, "Very pleasant," "They are very courteous," "Nothing is too much trouble for them" and, "They are really lovely, we can't fault them at all."

The registered manager confirmed the computers and care workers phones were password protected to ensure only those people who required access to information were able to do so. Staff records were held securely in lockable cupboards in the main office. There were keypad coded entry systems to access the building and the main office. Access to records and the building were restricted to authorised persons only.

Good

Is the service responsive?

Our findings

We reviewed three care records of people who received a service from the agency. They included an assessment of the person's care and support needs, such as personal care, pressure area care, moving and handling, continence, dressing, medication, nutrition and hydration. Care plans also included people's medical histories and information about what was important to them. For example, family and relationships, preferences such as; routines, communication methods, religious and cultural information.

People were unsure as to whether their care plans were reviewed on a regular basis. The registered manager advised that they were reviewed every six months or sooner if any significant changes occurred. We could see that the care plans had recently been updated within the last 6 month period. Information about peoples care and support needs were in people's homes along with appropriate medication records.

We saw that care plans included information about people's histories, likes and dislikes, family members and their role in providing any care and support. The registered manager told us that all staff read the care plans of those people they would be supporting prior to commencing employment. This meant that staff would be aware of people's preferences so they could deliver individualised care.

The registered manager communicated information during and in between shifts using a messaging system. This ensured that information about changes to people's care was immediately communicated. We could see that advice from health professionals had been followed and staff had been informed within a short period of time. A communications book was also in place to assist staff to communicate changes effectively during shifts and when handing over to other staff.

The complaints policy included internal and external agency details. Information about how to make a complaint had been given to people in a handbook when there services commenced. People told us they would ring the agency office or speak to the registered manager if they had a concern or complaint. One person told us, "Yes, I have complained about one of the carers and they resolved the problem straight away. Very pleased with them."

We saw there had been three complaints during 2017. We noted that two of the complaints had been investigated and appropriate actions taken. Complaints had been acknowledged and the agency had sent letters of apology to complainants. However, one of the complaints about a missed call stated that the registered manager had reassured the person they would deal with staff through the proper channels. No actions or follow up information had been noted in relation to this complaint. We discussed with the registered manager who was aware of the actions they had taken and confirmed these would be recorded.

Care workers told us they knew how to complain and would discuss any concerns with the registered manager. They were confident that any issues would be dealt with in a professional and timely manner.

When we asked relatives and people using the service whether they had completed surveys or being asked their opinion about the services delivered one person advised, "Yes, they do it over the phone." Relatives we

spoke with could not recall completing any surveys. One relative told us, "I can't remember being asked" and another said, "We have not had one yet, perhaps we will soon." Surveys were in the process of being returned and we saw records of four surveys that had been completed by people using the service. One survey references staff advising, "Bright and cheerful, feeling more like family than carers."

A staff survey had been completed, analysed and actions had been noted to improve communications between staff and management. We could not see any evidence of a relative's survey being completed. The agency will be looking at ways they can listen to relatives and representatives views so that they are taken on board.

Requires Improvement

Is the service well-led?

Our findings

The registered provider did not have a robust monitoring process in place. Although audits were carried out at the service these were not always effective in identifying areas which required improvement.

The management system for monitoring calls were not always effective. People told us that they were not always informed when staff were running late. The systems in place to monitor missed or late calls were not always monitored effectively. On some occasions we could not see why calls had been missed or what actions the provider had taken. This meant that patterns and trends could not be identified, making it difficult to improve on service delivery

On occasions follow up actions for incidents and accidents had not been clearly recorded. No process was in place to evaluate these to keep people safe from repeated incidents. The registered manager told us they would ensure records were kept updated and outcomes recorded.
Systems were not in place to ensure that staff supervisions and appraisals completed. Support for staff was not provided in line with company policies and procedures.

The provider had submitted notifications to CQC and understood their roles and responsibilities to inform us of certain events and incidents. However, on one occasion the provider had not submitted information to us. This notification was sent to us following the inspection.

People's care plans and other documents relating to people's care and support detailed people's preferences. However, we found that information was not always current and reflective of people's individual needs. These shortfalls in recording and inconsistencies in the service provided are a breach of Regulation 17 of the Health and Social Care Act (Regulated Activities) Regulations 2014: Good governance.

Care plans included relevant information and the agency had additional monitoring forms they could use to assess risks to individuals. For example, the Malnutrition Universal Screening Tool (MUST) was used to assess people's risk in relation to their nutritional and hydration needs. This also identified those at risk of pressure damage so that appropriate monitoring could be put in place when required.

Dependency levels were clearly recorded in people's care plans, if two care workers were required to carry out any moving and handling tasks the registered manager allocated people appropriately.

Staff felt they had enough time to carry out care and support in line with people's care plans. People were happy with the level of service they received and the feedback from people we spoke with was positive.

One person said, "The [registered manager's name] came to do the initial assessment, very helpful. They have given us good advice on aids, adaptations and pads" and a relative advised, "Lovely, very helpful. We asked if we could make the calls half an hour later and [registered manager's name] said no problem."

The registered manager told us that they were available outside of office hours if needed and their husband

who was a registered nurse could offer advice and support at all times. People told us they never had problems contacting the management and advised, "Always someone at the end of the phone." Relatives told us they had never had a problem contacting staff or the office, comments included, "No problems, they are all very helpful" and, "The people in the office are all very nice."

We noted that the organisation had up to date policies and procedures in place, including those for quality assurance, medication, MCA and safeguarding adults from abuse. There was a hard copy held at the agency office. In addition to this, each member of staff had their own password so they were able to access these documents on line. Staff were notified by the office when a policy or procedure had been updated. Records were easily accessible and stored securely.

We asked staff to describe the culture of the service. Their comments included, "It is very open and transparent, the manager works with us" and "Management care that the services delivered are of a good standard."

The registered provider told us that staff meetings were held at least four times a year. This gave staff an opportunity to discuss any issues and seek support and guidance from management when needed. Informal discussions took place in between meetings as and when required.

People were supported to access the community where they had social calls and the provider encouraged people to complete tasks independently when they were able to. This encouraged people to maintain healthy and active lives.

The registered manager also kept a diary which included meetings, any improvements and lessons learnt from other registered managers.

Contingency plans were in place in case of emergency. However, these could have included more information such as contact information that may be required in emergency situations.

When we asked people and relatives about the service they received, one person said, "Everything is straight forward with them." Relatives comments included, "No problems with them at all" and, "[Name] does not have capacity to answer questions. All I can say is that the family seem happy with the people who come to chat with her a couple of times a week." Another relative told us, "I can't believe I have found them, such a good company."

This section is primarily information for the provider

Action we have told the provider to take

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

Regulated activity	Regulation
Personal care	Regulation 17 HSCA RA Regulations 2014 Good governance Audits were not regularly completed to identify issues and drive improvements. Records were not always current and accurate of people's needs. Documentation was not fully completed to include dates and actions taken.

Regulated activity	Regulation
Personal care	Regulation 18 HSCA RA Regulations 2014 Staffing Supervisions were not being completed in line with the company policies and procedures. Appraisals had not been completed.