

Willowbrook (Hyndburn) Limited

Willowbrook Homecare

Inspection report

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Requires Improvement ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

We carried out an inspection of Willowbrook Homecare on 26, 27 and 28 April 2016. We gave the service 48 hours' notice of our intention to carry out the inspection. This was because the location is a community based service and we needed to be sure the registered manager was available to help us with the inspection.

Willowbrook Homecare is registered to provide personal care to people living in their own homes. The agency provides a service for people residing in Burnley, Pendle, Hyndburn and Rossendale. The agency also provided extra care support to people living at a housing scheme based in Whitworth. The agency's office is located in the centre of Oswaldtwistle. At the time of the inspection 187 people were using the service.

The service was managed by a registered manager. 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.

We last inspected this service on 30 April 2013 and found it was meeting the regulations applicable at the time.

During the inspection, we found there was a breach of one regulation relating to the recruitment of new staff. You can see what action we told the provider to take at the back of the full version of the report. We also made a recommendation in respect of the implementation of the Care Certificate for staff new to a social care setting.

All people told us they felt safe when receiving care from the service. Staff had a good knowledge of how to identify abuse and the action to take if abuse was suspected. We found care was planned and delivered to ensure people were protected against avoidable harm.

People received their medicines safely and were supported to eat and drink in accordance with their care plan. Staff liaised closely with healthcare professionals to ensure people's healthcare needs were monitored.

There were sufficient staff to cover the care and support needs of people using the service. People told us staff usually arrived on time and did not cut their visits short. Staff were provided with appropriate on-going training and were well supported by the supervisors and the management team. However, the provider had not always operated a robust recruitment procedure and we found some information was missing from two staff members' records.

Whilst new staff were provided with induction training, which included the provider's mandatory training

and shadowing more experienced staff, we found the Care Certificate had not been implemented. We therefore recommended arrangements were made to introduce the qualification to ensure staff are assessed using nationally recognised standards.

People received safe care and support which reflected their individual preferences, likes and dislikes and promoted their independence. People told us the staff were caring and they respected their rights to privacy, dignity and independence.

People were involved in the development and review of their care plans. This meant people were able to influence the delivery of their care and staff had up to date information about people's needs and wishes.

Staff understood the relevant requirements of the Mental Capacity Act 2005 and how it applied to people in their care. People's consent was sought before care was given and they made choices and decisions about how this was carried out.

The complaints procedure provided information on the action to take if a person wished to raise any concerns. People were aware of the complaints procedure and processes and were confident they would be listened to.

There was a quality monitoring system in place. The registered person undertook regular audits and spot checks were carried out to observe how the staff delivered care to people. People were asked for their views and feedback was acted upon to maintain or improve the service provided.

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.

Whilst people told us they felt safe using the service, we found a robust recruitment procedure for new staff had not always been followed.

Staff were trained in the safeguarding of vulnerable adults and were knowledgeable about the procedures to follow to help keep people safe.

There were sufficient numbers of staff to meet people's needs.

The systems in place for the management of medicines assisted staff to ensure they were handled safely.

Is the service effective?

Good 

The service was effective.

Staff had the skills, knowledge and experience to deliver the care people required.

Staff were appropriately supported by the registered manager to carry out their roles effectively through induction and relevant training. We recommended the provider introduce the Care Certificate for all staff new to social care.

Staff understood the main provisions of the Mental Capacity Act 2005 and how it applied to people in their care.

Where appropriate, people were supported to have a sufficient amount to eat and drink. People received care and support which assisted them to maintain their health.

Is the service caring?

Good 

The service was caring.

Staff were kind and caring towards people they supported.

Staff understood people's individual needs and provided care in

a way that respected their choices.

Staff respected people's privacy and dignity, and they supported them to maintain their independence.

Is the service responsive? **Good** ●

The service was responsive.

People's care needs had been assessed and were recorded in care plans. These were individual and reflected their needs and preferences.

People knew how to make a complaint and felt any concerns would be responded to and acted upon.

Is the service well-led? **Good** ●

The service was well led.

People benefitted from a service that was managed well and had strong leadership.

There were systems in place to consult with people and to monitor and develop the quality of the service provided.

Willowbrook Homecare

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 checked 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 26, 27 and 28 April 2016. We gave the registered manager 48 hours' notice of our intention to inspect the service to ensure she was available at the time of the visit. The inspection was carried out by one adult social care inspector.

The provider sent us a Provider Information Return (PIR). This is a form that asks the provider to give some key information to us about the service, what the service does well and any improvements they plan to make.

Before the inspection, we contacted the local authority contracting unit for feedback and checked the information we held about the service and the provider. This included statutory notifications sent to us by the registered manager about incidents and events that had occurred at the service. A notification is information about important events which the service is required to send us by law. We used all this information to decide which areas to focus on during our inspection.

We also sent a satisfaction questionnaire to 50 people using the service, 50 relatives and 46 staff. We received responses from 14 people, one relative and eight staff. We have referred to their comments within the report.

During the inspection, we spoke with seven people using the service and three relatives. We visited the extra care housing scheme and spoke with three people receiving support from the service. We also spoke with three members of staff, the manager of staff based at the extra care housing scheme, the quality assurance manager and the registered manager.

We spent time looking at a range of records during our time spent in the agency's office, this included eight people's care plans and other associated documentation, two staff recruitment files, compliments records,

accident and incident records, staff supervision and appraisal records, medication records, a sample of policies and procedures and quality assurance records.

Is the service safe?

Our findings

All people spoken with told us they felt safe receiving care from staff at the agency. One person commented, "The carers are very nice and courteous to me." Relatives also expressed satisfaction with the service, for instance one relative told us, "I have every confidence in my (family member's) regular carer, I know they are always in safe hands." Staff said people's well-being was of key importance and described the steps they took to maintain their safety. For example, staff told us they made sure people were safe before they left their property and ensured all doors were secure.

Prior to the inspection, we sent out a satisfaction questionnaire to people and their relatives to seek their views on the service. All people who responded indicated they felt safe from harm or abuse from the staff.

We looked at two staff member's files to assess how the provider managed staff recruitment. We noted the recruitment process included a written application form and a face to face interview. From the interview records seen, we saw staff were asked a series of questions which included the importance of maintaining people's well-being and safety. We noted a DBS (Disclosure and Barring Service) check had been sought before staff commenced work for the agency. The Disclosure and Barring Service carry out a criminal record and barring checks on individuals who intend to work with vulnerable adults, to help employers make safer recruitment decisions. However, whilst applicants had been given the opportunity to discuss any issues highlighted on their DBS check as necessary, we noted specific risk assessments had not been carried out. These are important to assure the provider that staff are suitable to work with vulnerable adults.

We saw there was an application procedure and the registered manager told us she would develop a recruitment and selection policy and procedure in line with the current regulations.

On checking the recruitment records we noted the two new staff had not provided a full history of employment and in both instances evidence of satisfactory conduct in previous employment had not been obtained, before the staff commenced work for the agency. This meant not all checks had been carried out in line with the regulations.

The provider had not always operated an effective recruitment procedure. This a breach of Regulation 19 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We looked at how the service managed people's medicines. People receiving assistance with medication told us they received their medicines when they needed them. One person commented, "They know exactly what tablets I'm on and give them to me on time." Staff told us they had completed a safe handling of medicines course and records seen confirmed this. We saw the manager of staff based at the extra care housing scheme had carried out competency checks to ensure staff handled medicines safely. Staff supporting people in the community also had checks of their ability to manage medicines. Staff had access to a set of medicine management policies and procedures which were given to all staff when they began working for the service.

We noted from looking at people's personal files records were maintained of the administration of medication. We discussed the format of the records during the inspection and sent additional information to the registered manager following the visit. The medicine administration records were audited to check they were accurate and complete. Guidance for staff on how to support people with medication was included in the care plan as necessary, along with information on the management of any risks associated with their medicines. Contact details for the person's GP and pharmacist were included in their care plans and the staff used these if needed to discuss people's medicines.

There were sufficient staff to provide safe effective care for people. Duty rotas were prepared in advance and the registered manager told us new care packages were not accepted unless there were enough staff available to cover the visits required safely. Staff said they had adequate time to travel between visits without rushing. This meant there were systems in place to ensure staff were at the right place at the right time. People confirmed the staff usually arrived on time and did not cut the visit short. One person said, "I find they are good time keepers and they usually let me know if they are going to be late." Wherever possible, staff were allocated to support people who lived near to their own locality. This reduced their travelling time, and minimised the chances of staff being late for visit times. At the time of the inspection the registered manager informed us there had been three missed visits over the last three months. These incidents had been investigated by the quality assurance manager and a co-ordinator. The registered manager had taken disciplinary action as necessary in response to any staff misconduct.

Care was planned and delivered to protect people from avoidable harm. Each person's care record included an individual risk assessment, which had considered risks associated with the person's environment, moving them safely, their care and treatment, medicines and any other factors. People's risk assessments were conducted to help ensure their safety whilst respecting their right to independence.

The risk assessments we saw covered a range of daily activities and their associated risks including helping a person with their personal care and domestic tasks. We saw the assessments were updated once a year or more often if people's needs or circumstances changed. Staff told us they made observations at each visit to identify any changes or new risks that may occur. They said these would be reported to the supervisor or office immediately. They also confirmed whenever they had reported a change, action had been taken to reassess the risk and amend the care plan.

Staff knew how to inform the office of any accidents or incidents. They said they contacted the office and an incident form was completed after dealing with the situation. The quality assurance manager viewed all accident and incident forms, so they could assess if there was any action that could be taken to prevent further occurrences and to keep people safe. Whilst an analysis of accidents and incidents had not been carried out, a format was devised during the inspection and work was begun on a register. This should help the registered manager identify any trends and patterns.

The registered manager had taken suitable steps to ensure staff knew how to keep people safe and protect them from abuse. The service had policies and procedures which gave staff information on what constituted abuse and guidance on how to report any concerns. Staff had received training in protecting people from abuse and knew how to report any allegations or evidence of harm. They were confident action would be taken about any concerns raised but knew they could report to other authorities outside their own organisation if necessary. All staff spoken with said they would not hesitate to report any concerns.

CQC was made aware of a safeguarding issue which upon discussion with the registered manager was handled properly in accordance with expected procedures and was quickly closed down as there were no grounds to support the safeguarding concern.

The provider had a whistleblowing policy. Staff knew they had a responsibility to report poor practice and were aware of who to contact if they had concerns about the management or operation of the service.

People were protected from the risk and spread of infection because staff followed the service's infection control policy. There were effective systems in place to maintain appropriate standards of cleanliness and hygiene in people's homes. Staff told us they had an ample supply of personal protective equipment (PPE). People confirmed staff always wore gloves when carrying out personal care.

Is the service effective?

Our findings

People felt staff had the right level of skills and knowledge to provide them with effective care and support. They were happy with the care they received and told us that it met their needs. One person said, "I find the staff very good, reliable, encouraging and cheerful" and another person commented, "I think they are excellent. I would give them ten out ten. I trust them completely." Relatives spoken with also expressed confidence in the staff team, one relative stated, ""They are very understanding and do their best to help in any way they can."

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. Any applications to deprive someone of their liberty for this service must be made through the Court of Protection. There had been no applications at the time of the inspection.

We checked whether the service was working within the principles of the MCA. Staff spoken with understood their responsibilities under the MCA and knew how it applied to people in their care. They demonstrated a good understanding of the importance of gaining people's consent to the support they received and what they should do if they had any concerns about people's capacity to do so. One staff member told us, "I always explain everything to people before I do anything to make sure they agree." We noted people had signed forms, to indicate their consent to the care provided and where appropriate the management of their medicines. One person using the service told us, "They ask me every time if it's alright to carry out personal care."

The registered manager sourced information during the inspection to supplement staff training on the MCA and obtained a copy of the MCA Code of Practice. This provides guidance and information about how the MCA works in practice.

People were supported at mealtimes in line with their plan of care. We noted from the staff training records staff had received basic food hygiene training. People receiving this support told us staff asked them what they preferred to eat and prepared and cooked their food to a good standard. One person told us, "Staff make my midday meal for me. They ask me what I want and I've always found it good." We noted there was a section in people's care plans to inform staff of any risks or concerns in respect of eating and drinking. The registered manager explained food and fluid intake charts were used as necessary if a person was at risk of malnutrition or dehydration.

We looked at how the provider trained and supported their staff. We found that staff were trained to help

them meet people's needs effectively. All staff had completed induction training when they commenced work with the agency. This included an initial induction on the organisation's policies and procedures and the provider's mandatory training. At the time of the inspection, the registered manager explained she was waiting for a license in order to introduce the Care Certificate and were keen for new staff to complete this qualification. The Care Certificate is an identified set of standards that health and social care workers adhere to in their daily working life.

We recommend that the service implements the Care Certificate for staff starting work in adult social care. This is to ensure staff are supported, skilled and assessed as competent to carry out their roles using a set of nationally recognised standards.

New staff shadowed experienced staff for a minimum of 10 hours to become familiar with people's needs and preferences. A member of staff who had recently completed their induction told us the training was useful and confirmed it equipped them with the necessary knowledge and skills to carry out their role. All new staff completed a probationary period, during which their work performance was reviewed at regular intervals.

There was a programme of training available for all staff, which included safeguarding vulnerable adults and MCA 2005, medication, basic food hygiene, health and safety, dignity and respect and choice and control. Staff also completed specialist training on diet and nutrition, equality and diversity, diabetes, foot care and care of people with dementia. We looked at the staff training records and noted staff completed their training in a timely manner. The variety of training offered meant that staff were supported to have the correct knowledge to provide effective care to the people. All staff spoken with told us their training was beneficial to their role.

Staff received regular supervision, which included observations of their practice, as well as annual appraisals. There was an "open day" every Friday and staff were encouraged to attend the office to collect their rota. This gave them the opportunity to express their views to a senior member of staff. The staff told us they had the support of the registered manager and the management team and could discuss anything that concerned them. We saw the registered manager and management team assessed and monitored staff skills and abilities, and took action to address issues when required.

We looked at the way the service provided people with support with their healthcare needs. We found staff were given information about people's medical conditions within their care plans. The plans also contained important telephone contact details for people's GP and next of kin. This helped staff to liaise with people's relatives and health and social care professionals if they had concerns about people's health or well-being. We saw from looking at people's care records and speaking to the registered manager healthcare referrals were made as necessary, for instance referrals had been made to the district nurses, occupational therapists, GPs and physiotherapists.

Is the service caring?

Our findings

People told us the staff treated them with respect and kindness and were complimentary of the support they received. One person living at the extra care housing scheme told us, "They are brilliant, exceptionally good. They are also very friendly and go out their way to help" and a person receiving support in the community commented, "I am surprised they are so good. I'm very happy indeed, especially with my morning carer." Relatives were also mostly complimentary about the approach taken by staff, for instance one relative said, "Our regular carers are marvellous, kind, polite and chatty."

We noted all people who returned a questionnaire prior to the inspection indicated the staff were caring and kind. One person had written, "As service users we are more than happy with the caring, excellent service they provide" and another person wrote, "The care workers are excellent."

Staff spoken with understood their role in providing people with person centred care and support. They gave examples of how they promoted people's independence and choices, for example enabling people to do as much for themselves as possible when carrying out personal care. We also received positive feedback from the local authority in relation to supporting people's independence at the extra care housing scheme. For instance, staff had helped a person with exercises set by the physiotherapist and this had resulted in the person being able to walk round the garden on their own. This approach was reflected in people's comments, for instance one person told us, "They let me get on with things and they are there if I need them."

People were consulted about the care they needed and how they wished to receive it. People were involved in developing their care plans and their views were listened to and respected. The process of developing care plans helped people to express their views and be involved in decisions about their care. People using the service told us staff had time to ask them about their preferences and were flexible in their approach. One person told us, "They know my routine very well, but will always ask if I need anything else doing." The registered manager and staff spoken with knew people well, including their preferences and how they liked to be supported. They demonstrated a good knowledge and understanding of people's circumstances and things that were important to them.

People spoken with told us the staff respected their rights to privacy and dignity. One person told us, "They're very hot on respecting my privacy. They always make sure I'm covered up when helping me in the bathroom." People confirmed staff entered their house in the agreed way and they were respectful of their belongings. Staff had access to policies and procedures on maintaining people's privacy and dignity whilst providing care and support and we noted the supervisors carried out unannounced observations to ensure they were adhering to best practice.

People enjoyed visits from the staff. One person told us, "They are like my friends. I really look forward to their visits" and another person said, "I never feel I am a nuisance which makes such a difference to me." Staff told us they found their role rewarding and spoke of people in a warm and compassionate manner. One member of staff commented, "I've got some lovely clients and I really enjoy helping them."

People told us they were able to express their views on the service on an ongoing basis, during care plan reviews, spot checks and telephone conversations with the office staff. People were given an information file, which contained a client guide and statement of purpose as well as their care plan documentation. The client guide provided a detailed overview of the services provided by the agency. People were also provided with information about advocacy services. Advocates are independent from the service and provide people with support to enable them to make informed decisions.

We noted the agency had received a number of compliments which highlighted the caring approach taken by staff and the positive relationships staff had established to enable people's needs to be met.

Is the service responsive?

Our findings

People received support that was individualised to their personal preferences and needs. People and their relatives told us the service was responsive to their needs and they were satisfied with the care and support provided by staff. One person told us, "I think they do a really good job" and another person commented "My needs and views are listened to, which is important to me." A relative said, "They really keep an eye on (family member) and will let me know if they have any concerns."

An assessment of needs was carried out before people used the service. People spoken with could recall meeting with a representative from the agency to discuss their needs and confirmed they were asked how they wished their care to be delivered. They said the representative listened to their views and took into account their preferences, likes, dislikes and wishes. Where appropriate, information was also gained from relatives, relevant health care professionals and from the local authority. We looked at completed assessments during the inspection and noted they covered all aspects of people's needs. Following the initial meeting, the agency staff rang the person every week for three weeks to ensure they were satisfied with the service. The person's service was reviewed after four weeks and the care plan was discussed and confirmed.

During the inspection, we looked at eight people's care plans, including three care plans belonging to people at the extra care housing scheme and other associated documentation. This information identified people's needs and provided guidance for staff on how to respond to them. The care plans also included information about what was important to each person and how they could best be supported. People spoken with were aware of their care plan and confirmed they had discussed and agreed their plan. There was documentary evidence to demonstrate the plans had been reviewed at least once a year and more frequently if there had been a change in need. People spoken with confirmed they had been actively involved in the review process. One relative told us, "They discussed the care plan with me and my (family member). I've looked at it and think it is quite detailed."

However, on checking one person's care plan at the extra care housing scheme, we noted the documentation referred to out of date information. The registered manager confirmed the plan had been reviewed and updated following consultation with the person on the second day of the inspection.

Staff spoken with told us the care plans were useful and confirmed they referred to them during the course of their work. They said they were confident the plans contained accurate and up to date information. They also informed us there were systems in place to alert the supervisors and the management team of any changes in people's needs.

A record of the care provided was completed at the end of every visit. This enabled staff to monitor and respond to any changes in a person's well-being. All records were read when they returned to the office to identify any concerns with the person's care and to ensure staff were completing the records appropriately. We looked at a sample of records and noted people were referred to in a respectful way.

People using the service had been provided with clear information about how to contact the agency 24 hours a day. This meant that people and staff had access to support and advice whenever necessary.

People were supported to participate in social activities in line with their package of care, for example we noted one person was supported to walk their dog, play dominoes and do some baking. On visiting the extra care housing scheme we saw there was a programme of activities arranged for people using the service and the people in the surrounding community. The programme was posted through people's letterboxes and displayed in the foyer. The activities provided included bingo, knitting and arts and crafts.

We looked at how the service managed complaints. People told us they would feel confident talking to a member of staff or the registered manager if they had a concern or wished to raise a complaint. One person told us, "If I have any worries we can quickly talk it over." Staff spoken with said they knew what action to take should someone in their care want to make a complaint and were confident the registered manager would deal with any situation in an appropriate manner.

There was a complaints policy in place which set out how complaints would be managed and investigated. The complaints procedure was incorporated in the statement of purpose and included the relevant timescales for the process to be completed. There was also a complaints form in the back of each person's information file kept in their home.

We looked at the complaints records and noted the registered manager had received three complaints in the last 12 months. We found the service had systems in place for the recording, investigating and taking action in response to complaints. Records seen indicated the matters had been investigated and resolved to the satisfaction of the complainant. This meant people could be confident in raising concerns and having these acknowledged and addressed.

We noted the quality assurance manager devised an overall register of complaints during the inspection. This meant the main themes of the complaints could be analysed in order to identify any trends or patterns.

The registered manager and staff worked closely with other social care and healthcare professionals as well as other organisations to ensure people received a consistent coordinated service. For instance in the event of a medical emergency, whilst providing care, essential information including the care plan was given to ambulance staff.

Is the service well-led?

Our findings

People, their relatives and staff told us the agency operated smoothly and was well managed. One person told us, "It is definitely well run, if I want to change anything it's done" and a relative commented, "They always tell me to ring if there is anything at all I need to discuss. They really do their best to accommodate, you can't ask for more than that." Similarly a member of staff said, "I think it's a very well managed professional service. You are treated with respect regardless of role. Everyone is treated the same."

There was a manager in post who was registered with the commission. The registered manager had responsibility for the day to day operation of the agency. Throughout the inspection it was evident the registered manager had a good knowledge of people's needs and circumstances as well as issues pertaining to the staff team. The registered manager told us her achievements during the last 12 months were the introduction of the monthly file checks in people's houses, the employment of a quality assurance manager and the collaborative work carried out with the local authority regarding the oversight of another service experiencing difficulties. She described her planned improvements for Willowbrook Homecare as adapting the care plan information to make this more informative, developing a more robust recruitment system and the implementation of the Care Certificate for new staff. This showed us the registered manager had a good understanding of her service and strove to make continual improvements.

Staff spoken with made positive comments about the registered manager and the way she managed the agency. One staff member told us, "The manager is brilliant. So approachable, you know where you stand with her. She won't put up with anything and will take action." There was a management and staffing structure in place and staff understood their roles and responsibilities.

The registered manager used a range of systems to monitor the effectiveness and quality of the service provided to people. This included feedback from people and their relatives. One way this was achieved was through the monthly file checks carried out by the supervisors. This gave people the opportunity to express their views on the service on a regular basis and ensured people's records were complete and up to date. People and where appropriate their relatives, also participated in the annual review of their care plan and the service provided. We saw completed reviews during the inspection and noted people had been involved in the process. The registered manager explained all care documentation was rewritten and replaced in people's files once a year to ensure the paperwork fully reflected any changes.

People were given the opportunity to complete a satisfaction questionnaire; however, we noted the questionnaire had last been distributed in April 2014. The registered manager gave assurances this would be circulated the week of the inspection. Following the visit, the registered manager confirmed all people using the service and staff had been given a questionnaire with a stamped addressed envelope.

People using the service at the extra care housing scheme were invited to a tenants' meeting every three months. The meeting was facilitated by the manager of the staff based at the housing scheme. We looked at the minutes from recent meetings and noted people had been asked for their feedback on the care and service provided by Willowbrook Homecare.

The registered manager, the management team and supervisors also carried out regular checks and audits. These included checks on care plans, medication records, daily care records, staff training and supervision. Visits to people's homes were checked and monitored using the telephone monitoring system.

We saw regular unannounced spot checks of staff providing direct care were undertaken to review the quality of the service provided. This included observing the standard of care provided and visiting people to obtain their feedback. The spot checks also included reviewing the care records kept at the person's home to ensure they were appropriately completed and to see if care was being provided according to the person's wishes. However, we noted one member of staff had not received a spot check of their work. The registered manager investigated this situation to identify why this had not been picked up.

To aid communication with the staff team a weekly client update sheet was given to all staff. We saw a recent example during the inspection and noted a number of issues had been covered including infection control procedures.

There were procedures in place for reporting any adverse events to the Care Quality Commission (CQC) and other organisations such as the local authority safeguarding team. Our records showed that the registered manager had appropriately submitted notifications to CQC about incidents that affected people who used services.

This section is primarily information for the provider

Action we have told the provider to take

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

Regulated activity	Regulation
Personal care	<p>Regulation 19 HSCA RA Regulations 2014 Fit and proper persons employed</p> <p>The provider had not always operated a robust recruitment procedure. (Regulation 19 (1) (2) (3)).</p>