

Harbex Limited

Harbex Nursing & Care

Inspection report

18 Station Road
Urmston
Manchester
Greater Manchester
M41 9JN

Tel: 01617467711

Website: www.harbexnursing.co.uk

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23 January 2018

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Requires Improvement 

Is the service caring?

Good 

Is the service responsive?

Requires Improvement 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

The inspection took place on 18, 19 and 23 January 2018 and the first day was unannounced.

At the previous inspection in September 2016 we found breaches of legal requirements in relation to notifications of incidents, staff recruitment, risk assessments and governance systems. At this inspection, we noted some improvements had been made with regards to meeting some of these requirements. However further improvements were required.

We asked the provider to complete an action plan to show what they would do and by when to improve the key question(s) Safe, Effective, Response and Well Led to at least good. We found the provider had implemented some actions, we found insufficient improvement had been made in some areas. Further information about these is identified within this summary and the full report. This is the second time the service has been rated 'Requires Improvement' overall.

This service is a domiciliary care agency. It provides personal care to people living in their own houses and flats and specialist housing. It provides a service to younger and older adults, some of whom are living with dementia, with a variety of needs. Support provided includes assistance with personal care, domestic tasks and outings into the community. At the time of this inspection the service supported 62 people.

There was a manager in post who had been registered with CQC since October 2010. A registered manager is a person who has registered with CQC 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.

Not everyone using Harbex Nursing & Care receives regulated activity; CQC only inspects the service being received by people provided with 'personal care'; help with tasks related to personal hygiene and eating. Where they do we also take into account any wider social care provided.

We found six breaches of the Health and Social Care Act regulations in relation to recruitment processes, staffing training, risk assessments, need for consent, person-centred care, managing complaints and quality assurance. This is the second consecutive rating of 'Requires Improvement' for this service. You can see what action we told the provider to take at the back of the full version of the report.

We made one recommendation that the provider ensures all staff were trained in topic areas relevant to the population served.

We found the service was not always safe in some respects though people told us they felt safe with the staff who supported them. Generally, people were supported by a consistent staff team and the provider had suitable systems in place to take action to protect people from abuse including accidents and incidents.

Recruitment processes were not robust. This was a continued breach of the relevant regulation and meant people were not protected from risk of unsuitable staff being employed.

Risk assessments were not always up to date and risks to some people had not been assessed and recorded. This meant staff did not have sufficient information to ensure people were supported people safely.

A few people told us they had experienced missed visits. Most people we spoke with said staff were often late for their visits and the reason for this was not always explained. This meant people did not consistently receive care and support as agreed and in line with their needs.

Where assessed, people were supported by competent staff to take their medicines safely.

The registered manager and staff demonstrated some awareness of the Mental Capacity Act and we saw there was a policy in place to guide practice. However, we found the service did not work consistently within the principles of the MCA principles and this was a continued breach of the regulation.

Staff received an induction, training that the provider considered mandatory and shadowed experienced colleagues prior to working unsupervised. Staff had supervisions and appraisals. We found not all staff had had training in topic areas relevant to the population served.

The service acted proactively to ensure people received relevant health and medical attention as required and that they maintained a balanced diet. These actions contributed to people's quality of life and wellbeing.

Staff's approach was caring and empathetic. People and their relatives gave us many examples of how staff supported with kindness and compassion. People said staff carried out their duties in a respectful manner and that they were supported by staff who knew them well.

People told us staff encouraged them to be independent according to their abilities. Staff we spoke with confirmed this. This helped to promote people's general good health and wellbeing.

The agency operated within a diverse and multicultural community and had systems in place to ensure people's equality and diversity needs were recognised. People and relatives told us the agency and staff responded flexibly to their needs.

There was a process in place for managing complaints and concerns raised. However, we found not all concerns were recorded within the provider's complaints process which meant the provider had limited oversight of all issues raised and we found no evidence to show some people's complaints had been resolved.

Everyone we spoke with said staff knew them well. People and relatives were happy with the agency and said their approach was open and honest.

Quality assurance processes were not robust and did not give the registered manager and provider effective oversight of the quality and safety of service. This meant that people's care and support was not adequately monitored to ensure their safety and wellbeing.

There were relevant policies and procedures in place; this helped to ensure staff had appropriate guidance

to carry out their roles.

Following our last inspection, we wrote to the registered manager regarding their legal obligation to notify CQC incidents. Our records showed the service had made significant improvements in this regard. We also found the provider was displaying the service's most recent inspection rating at their office and on their website.

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.

Recruitment processes did not provide adequate assurances that staff employed were suitable for the role.

Risk assessments were not reviewed and some risks to people had not been assessed.

Staff knew how to keep people safe from abuse and there were appropriate systems in place to safeguard people.

Is the service effective?

Requires Improvement ●

The service was not consistently effective.

The provider did not always follow the principles of the Mental Capacity Act to help ensure people's rights were protected.

Staff received an induction and training the provider considered mandatory to help them function effectively in their roles. However, we found training in dementia awareness and the Mental Capacity Act had not been completed by all staff.

People were encouraged by staff to maintain a balanced diet and proactively supported to access health care professionals as required.

Is the service caring?

Good ●

The service was caring.

People told us staff took the initiative and 'went above and beyond' in their duties.

People said staff were kind and treated them with dignity and respect.

People told us they were supported to maintain their independence according to their abilities.

Is the service responsive?

The service was not consistently responsive.

Support plans were person centred and contained detailed descriptions of people's needs. Some plans had not been reviewed to ensure people's care needs were current.

People and relatives told us they would contact the office if they needed to raise concerns or complaints. Not all concerns had been recorded within the provider's complaints system.

Requires Improvement 

Is the service well-led?

The service was not consistently well led.

Quality assurance systems did not effectively monitor the quality of the service and drive improvements within the service.

People and relatives found the agency was approachable and generally well managed.

People and relatives had the opportunity to provide feedback about the service. However the provider had not always clearly identified if action had been taken as a result and how people had been informed of this.

Requires Improvement 

Harbex Nursing & Care

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 18, 19 and 23 January 2018 and it included making telephone calls and home visits to people using the service. The first day was unannounced. We visited the office location to see the registered manager and office staff, and to review care records and policies and procedures.

The inspection team consisted of one adult social care 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. On this occasion the expert-by-experience had experience in dementia care and older people services.

Before the inspection, the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We reviewed the information in the PIR, along with other information we held about the service such as notifications. A notification is information about important events which the service is required to send us by law.

We contacted the local authorities of Trafford, Stockport and Salford that contracted packages of care from the agency to obtain their view of the service and collect information they held such as safeguarding referrals and complaints. We received information from Trafford local authority regarding safeguarding referrals made to them. We also contacted Trafford Healthwatch who told us that they had not received any feedback about this service so far. Healthwatch is an organisation responsible for ensuring the voice of users of health and care services are heard by those commissioning, delivering and regulating services.

With their prior consent, we visited two people in their homes and we spoke with five people and two relatives by telephone. We also spoke with the registered manager, the senior field coordinator, two care assistants and one of the directors. We looked at records relating to the service including eight care and

communication records, four staff recruitment files including training documents and policies and procedures.

Is the service safe?

Our findings

At the last inspection in September 2016 we found a breach of the Health and Social Care Act 2008 regarding recruitment processes. At this inspection we found that while some improvements had been made to the provider's recruitment policies and procedures, these were not always followed.

We looked at four staff recruitment files and identified the following concerns: three candidates had started working prior to all pre-employment checks being returned such as disclosure and barring service (DBS) checks and references, there were unexplained gaps in employment history and there was no evidence that the provider had considered the implications of information recorded on DBS by completing an appropriate risk assessment. The DBS keeps a record of criminal convictions and cautions which helps employers make safer recruitment decisions and is intended to prevent unsuitable people from working with vulnerable groups. The provider failed to ensure the recruitment and selection process was sufficiently robust and appropriate pre-employment checks done.

This was a continued breach of Regulation 19 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Following our site visit, the registered manager sent us a risk assessment done retrospectively regarding the positive DBS we found during our inspection. The document stated "The candidate is low risk to our service users" but did not provide further rationale on how this decision had been reached. The provider failed adequate assurances that necessary measures were in place to recruit suitable staff. We are considering what further action should be taken in this regard.

At the last inspection in September 2016, we found a breach of the Health and Social Care Act 2008 in relation to the consideration of risk to people and the content and review of their risk assessments. At our inspection in January 2018, we still identified concerns with how risk was managed and this was a continued breach.

People and their relatives told us they had been fully and appropriately involved in making decisions about managing their risks. For example, one person said, "(Staff) do take care with (specified risk). The person that came out to do the assessments wrote it in my care plan and if there's a new carer, they are told (information about the identified risk)." A relative said, "(Staff) are aware that [person] is at risk of falls and has fragile skin; they are very careful with them."

We saw risk assessments relating to people's care such as moving and handling tasks and their home environment. Assessments identified the nature of the risk, such as standing, the equipment and the number of staff and actions required to ensure the person was kept safe. However, we found the registered manager had not ensured risk assessments were reviewed regularly. Four of eight risk assessments we looked at had not been reviewed according to the provider's policy which was annually or when a person's circumstances changed.

For example, one person's support plan dated July 2016 recorded they had pressure ulcers. We saw no risk

assessment had been completed to help guide staff. We spoke with the registered manager and the senior field coordinator about how the service was managing this person's risk if still relevant as the care documents had not been reviewed. They told us the district nurses visited and managed this condition. In another person's support plan dated September 2016, we noted the person had difficulties swallowing (dysphagia). This meant they were at risk of choking. The support plan recorded the person should not be left alone when eating. We found this risk had not been reviewed recently.

This meant the service had not considered the potential risks to people and any action required to keep them safe and constituted a continued breach of Regulation 12(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 as risk assessments had not been reviewed and updated and risks to people had not been considered.

We checked the service's accidents and incidents reporting and found none had been recorded since our last inspection in September 2016. However on reviewing care records we identified three incidents which had not been recorded as incidents. From this evidence, we found the registered manager had dealt with each incident appropriately and taken the necessary steps to ensure people's safety. This meant the provider did not have a thorough oversight of how these events could potentially be prevented and did not provide us with strong assurance that other accidents and incidents had not been missed.

Regarding times of visits, people said prior to starting the agency had told them their visits would be timetabled as closely as possible to their desired times, but that this was not guaranteed. Most people and relatives we spoke with said staff were late at times and sometimes significantly so. They said they were not always informed when the staff were late and had to call the office to find out if staff were on their way. Two people told us they had experienced missed visits. This meant people were not receiving care and support at times which suited their needs. We discussed missed visits with the registered manager and the senior field coordinator who told us these did not occur regularly. Our records and those received from the local authority confirmed this. Since our last inspection in September 2016, we saw two instances of missed visit. We found the provider had investigated the cause of the missed visits and had taken action to mitigate the risk of reoccurrence. The provider used an electronic call monitoring system (ECM) which they said helped to ensure visits were not missed. We asked the registered manager if they used ECM to have an overview of late visits as evidence we gathered from people suggested this was a persistent concern. The registered manager showed us one example where they used ECM to identify to a staff member that they were consistently late but did not demonstrate that they regularly monitored the call times or had an overview of this.

Staff had the relevant knowledge and experience to help ensure people were safeguarded. Everybody told us they felt safe in the care of staff, including feeling safe from any form of abuse or intimidation. People and relatives said they would ring the office if they felt unsafe or unhappy in any way with a staff member. Their comments included: 'I have felt perfectly safe and I'll miss (the staff) when they don't come any more [because of improving health]' and "Yes, I do feel safe. When I first started with Harbex one of the managers came out and they said 'If ever you're worried about anything, you must phone the office.'" Those people who had had cause to contact the office said the service was quick to respond and meet their requests; this included out of hours calls.

Staff we spoke with could explain the types of abuse and what action to take if they suspected abuse was taking place. Training records showed staff had received the necessary training when they started working at the service.

Most people and relatives told us they were supported by a consistent staff team. Two people commented they had had issues regarding the lack of regular staff. Comments included: "As time has gone on, yes, same

carers come Monday to Friday. Weekends are more changeable" and "I'm very, very pleased with the carers and I've got used to [staff's name] coming in. No complaints at all about the care."

Where support with taking medicines was required, we found these were administered safely. People who needed this support told us, their medicines were administered in a safe way. Training records we looked at showed all staff had been appropriately trained and their competence checked. One medication error had been made and we saw the registered manager carried out an investigation and the staff member's knowledge and competence had been reassessed. We saw that regular staff spot checks also helped to ensure staff carried out this function effectively.

People told us staff always wore personal protective equipment (PPE) such as gloves as required. They said staff disposed of PPE safely. People we spoke with commended the staff's knowledge of good hygiene standards and infection prevention practice. We concluded staff kept people safe by demonstrating responsibility in promoting effective infection control and prevention.

Is the service effective?

Our findings

At the last inspection in September 2016, we found the provider did not consistently follow the principles of Mental Capacity Act 2005 (MCA) and did not have an overview of staff training. At this inspection in January 2018 we found some improvement had been made in how the provider acted on changes to people's mental capacity but that the MCA was not consistently applied.

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

People can only be deprived of their liberty so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. For people living in their own home, the application must be made to the Court of Protection. At the time of our inspection, there was nobody receiving support that had a court order. In the main we found the service was working within the principles of MCA, but we found some discrepancies.

The registered manager told us most people the agency supported were funded by the local authority. As such their needs including capacity to make decisions about their care had been assessed by the local authority. We saw there was a procedure in place to monitor and act on changes in people's capacity to make their own decisions.

People and their relatives told us staff always sought consent prior to carrying out any task. Staff we spoke with had an awareness of MCA. We found the management team had received training in MCA but only three of 37 staff were recorded as receiving MCA training. This concern was identified at our last inspection in September 2016.

On review of support plans, we found examples where relatives had signed consent to care on behalf of their family member without legal authorisation such as lasting power of attorney. The registered manager explained that relatives had signed to indicate their involvement in the care planning process or when the person was unable to sign (or make a mark) for themselves, for example, someone with sight loss. In one person's support plan, we found a note indicating the person had not signed this document because they lacked capacity. We saw a mental capacity assessment had been done but the best interest process had not been completed. The registered manager could not explain to us why the best interest process had not been done. This meant the provider did not consistently work within the principles of the MCA principles. This was a continued breach of Regulation 11(1)(3) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We found adequate training was provided; however the provider needed to ensure all staff completed training in topics relevant to the people supported such as dementia care. The provider ensured all staff received an induction and undertook training in order to carry out their roles effectively. Topics included

safeguarding, medication administration and health and safety. We saw staff also had to undertake mandatory hours of shadowing experienced staff prior to working unsupervised. We saw that staff new to care were enrolled in the care certificate and that the provider was able to deliver this programme. The care certificate is a set of minimum standards that should be covered as part of the induction of any staff new to care and should be completed within 12 weeks. The senior field coordinator told us the service used the care certificate to refresh or improve the knowledge of existing staff. However, we found several existing staff who had registered since 2015 to complete the care certificate as a refresher had not yet done so.

People and relatives we spoke with felt staff had the right skills, knowledge and attitude to their jobs. Staff told us the provider offered good training opportunities and that the management team encouraged them to pursue relevant additional training. Training records, certificates and what staff told us confirmed this was the case. We noted however not all staff had received training in areas such as dementia awareness and mental capacity awareness. The PIR submitted before our inspection showed that some people the agency supported were living with dementia and lacked mental capacity. For example, the provider's training matrix recorded 16 out of 41 staff had received training in dementia awareness. We recommend the provider ensures all staff receive training in topic areas relevant to the population served.

We saw from personnel files and speaking with staff that they had regular supervisions and annual appraisals. This processes helped to ensure staff were supported in their roles and had the opportunity to identify areas for personal and professional development.

People and their relatives told us and records confirmed the service carried out an initial assessment before they were supported. People told us they had been actively involved in making decisions about this. Support plans we looked at adequately identified people's needs and contained detailed information about these, their expected outcomes and equality and diversity information such as ethnicity, gender and cultural beliefs. Staff we spoke with said this information helped them to understand the needs of the person.

Where there was an assessed need, people told us staff supported them satisfactorily with their meals and encouraged people to be as independent as possible in preparing their meals. Staff we spoke with said they supported people to maintain a balanced diet. This included ensuring people had enough to eat and drink. Where the service identified nutritional concerns a food and drink chart was implemented to help monitor a person's dietary intake and referrals made to appropriate professionals. We concluded staff and the service were proactive in supporting people to maintain good nutrition.

People and their relatives told us staff acted proactively when they saw that people needed medical support and gave us several examples of this. One person told us, "(Staff) do ask if you need the doctor etc., or they'll phone my relative and let them know I'm not well." Another person said, "I was having problems with (specific symptoms) and one of the carers said they weren't happy about it and to keep an eye on it. Shortly afterwards, they said, please ring your GP and make an appointment. I did and it was a (serious condition) and I was straight to hospital. Yes, I think they saved my life, really."

Staff told us they knew how to support people if they needed medical attention. One care worker told us they had had to call an ambulance when they found a person after they had had a fall. People's support plans contained information for relevant health care professionals that could be contacted as required. This showed that the service had systems in place to help ensure people received the right health care when they needed to.

Is the service caring?

Our findings

People and their relatives gave us several examples of how staff provided support with kindness and compassion and that the quality of care was "excellent". People said, "The carers have empathy. It's more than just a job. They really care", "I have quite a good relationship with them (staff) all – more like a friend" and "Very much so (staff are kind and compassionate). They're all very pleasant and helpful; they don't seem like carers any more – they're like friends."

Staff knew people's personalities and their preferences. One person said, "By and large I get the same staff who knows me and knows my routine. That's important to me." Another person told us staff read their support plan to them because of a condition affecting their sight. One staff member told us, "Before I go to someone new, I like to find out a bit about the person. So I'd read their support plan or speak to someone in the office." We noted people's support plans provided ample information including their personal histories and communication needs. We found people were supported by staff that understood their needs and wishes and took an interest in their wellbeing.

People told us staff took the initiative and 'went above and beyond' in their duties. Comments included: "(Staff) are very caring. They will post letters for you and at Christmas a carer hand-delivered some of our cards for us" and "[Name of carer] is right now getting fish and chips for us on the way here, because they know that [person] will really enjoy that. Their face lit up when [the carer] offered."

Harbex Nursing & Care worked within a diverse and multicultural community. We saw that the provider had appropriate policies and procedures to help ensure staff understood how to protect people's rights and to challenge discrimination. People's support plans recorded relevant information regarding people's ethnicity, religious and cultural beliefs and practices.

People and relatives told us staff listened to them and treated them with dignity and respect, giving us examples of how this was achieved. Their comments included, "[Staff's name] is always kindly about it (support provided), makes me feel comfortable" and "(Staff) always ask would [person], 'like this or would they like that'. They treat them with dignity." Staff we spoke with told us how they protected people's dignity by making sure windows and curtains were closed and that people were covered appropriately when providing personal care.

From our conversations with people, it was clear that staff worked in partnership with them and encouraged them to retain their independence where possible. One person said, "(Staff) don't always do it (care) all for me; they let me do things for myself and take over if I'm struggling." Another told us, "I like a bit of independence; what I can't do, the carers step in." A relative said, "[Person] gets themselves dressed; the carers stand back but keep an eye on them."

Is the service responsive?

Our findings

At the last inspection in September 2016, we found a breach of the Health and Social Care Act 2008 regarding the regular review of people's support needs. At this inspection we found insufficient improvement had been made and the service remained in breach of this regulation.

We reviewed eight support plans and found these contained detailed and person centred information about the care and support people required. Support plans held information such as people's communication needs and disabilities or impairments such as hearing or sight loss. Staff we spoke with were knowledgeable about people's communication needs and we saw appropriate authorisation was in place to ensure this information could be shared with relevant health professionals and agencies.

People and relatives told us the support provided was responsive to their needs and that the agency was flexible in responding to changing needs; these were actioned quickly. They said, "The times do suit me; (staff) come in the morning after (medical personnel) then the afternoon is mine", "Yes I do receive support when needed" and "My needs were discussed in detail and the amount of care has been adapted as things have changed. When I've asked them to change my hours it's been done immediately."

We asked people and, where appropriate, relatives if people's support needs had been reviewed as scheduled. The majority of people told us this had not happened. Our review of support plans confirmed this and we saw that reviews had not been done consistently. For example, while at the office we reviewed one person's support plan which noted their next planned review was scheduled for June 2017. We saw no record this had been done. We asked the senior field coordinator about this and they confirmed the review had not been done. When visiting a person's home, we reviewed their support plan and found this was dated May 2015 and stated there were four calls in place. The record of reviews in the file was not completed. The person told us they only had one visit a day and the daily recording notes confirmed this. We found the service did not clearly demonstrate that people's needs were being reassessed to ensure their care was still appropriate.

However from daily communications notes and what people told us, we saw that as people's needs changed the agency responded proactively and changed the support and updated their plans accordingly. While this evidence mitigated the risk identified we found the lack of regular reviews was a continued breach of Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We looked at how the service managed complaints and concerns. All but two people we spoke with were not aware of a formal complaints process or policy, but told us if they had concerns or a complaint they would contact the office. People who told us they had contacted the office regarding late calls said that the provider had resolved the issue at that time, but had not sufficiently addressed their concerns because late calls continued to happen.

We saw evidence of six complaints that had been received and found these had been investigated and resolved appropriately and in line with the provider's policy. We noted the concerns about late calls had not

been recorded within the complaints system as these had not been considered complaints. The provider failed to demonstrate there was an effective complaints procedure in place which investigated concerns and ensured necessary action was taken in response. This was a breach of Regulation 16 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Is the service well-led?

Our findings

At the previous inspection in September 2016, we found the provider did not comply with CQC (Registration) Regulations 2009 because we were not informed of incidents occurring within the service such as safeguarding. We found there had been much improvement in this regard.

In September 2016, we identified a breach of the Regulation 17(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 relating to how the provider and registered manager monitored the quality of the service and ensured there was adequate oversight. In their action plan dated January 2017, the registered manager told us they had systems in place to monitor the performance of the service. While some improvement had been made, we found this was still a continued breach.

We noted some quality checks such as regular staff spot checks and an annual customer satisfaction survey were carried out. Regarding the outcome of the survey, we saw actions identified such as ensuring continuity of care and staff interacting with people while supporting them. We found, for some people, the provider and the registered manager had not clearly demonstrated that remedial action had been considered and or taken to date. This meant we did not see how the provider had used people's feedback to improve the service provided.

Though requested at our site visit and following this in an email, the registered manager did not provide further evidence of other quality checks carried out such as audits of care records. At this inspection we identified concerns relating to recruitment processes, late visits and no evidence that people's complaints about these have been taken addressed satisfactorily, the lack of staff training, consent forms not completed in line with the Mental Capacity Act, lack of support plan reviews and inconsistent recording of accidents and incidents and an effective complaints process. We also requested copies of records which have not been provided or do not exist. These issues constitute a continued breach of Regulation 17(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At the last inspection in September 2016, we found regular staff meetings were not taking place. The last meeting recorded was in February 2016 and only attended by senior care staff and managers. At this inspection, staff we spoke with said they had not attended a staff meeting for some time and said there should be meetings. We asked the registered manager for evidence of this, however this was not provided. The registered manager told us communication between staff and the management team was good. Staff we spoke with confirmed this and during our inspection we saw that was this case. Staff also told us they felt supported by the management team and could approach them as needed.

Overall, people and relatives told us they were happy with the service and were complimentary about the standard of care provided by the staff. Staff said they got on well with the management team and felt valued by the organisation.

The service had registered manager who had been in post since October 2010. Everybody said they found the registered manager and all other managerial or administrative staff to be pleasant and approachable.

They said, "[Manager's name], now (they're) very nice and will go out of (their) way to help, no matter what" and "The office staff I've spoken to on the phone have all been fine."

During feedback the registered manager told us that supervisions were also considered staff meetings. We pointed out that not all topics discussed at supervision would be relevant and appropriate to a staff meeting and vice versa. We concluded therefore staff did not always have the opportunity to discuss service related issues with both their peers and management at the same time.

There were policies and procedures in place and these fit for purpose and up to date. These were kept at the office and staff could easily access them. These documents help to ensure staff have appropriate guidance to support them in their role.

One of the directors told us they continued to develop good working relationships with various organisations in social care such as local authorities and provider forums. They also attended quarterly meetings of service improvement partnerships. This helped the service keep up to date with good practice and discuss challenges within the sector.

Before visiting the provider's offices, we reviewed our records and these showed the service had notified us of incidents as required by law.

In December 2017, the provider was fined for not displaying their most recent inspection rating of 'Requires improvement'. Prior to this inspection visit, we checked the provider's website and found they were now displaying their rating. When we visited the office we saw this rating was displayed.

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 11 HSCA RA Regulations 2014 Need for consent The provider did not consistently work within the principles of the MCA principles to ensure people's rights were protected. Regulation 11(3)
Regulated activity	Regulation
Personal care	Regulation 16 HSCA RA Regulations 2014 Receiving and acting on complaints The provider failed to show that there was an effective complaints procedure in place which investigated concerns and ensured necessary action was taken in response. Regulation 16

This section is primarily information for the provider

Enforcement actions

The table below shows where regulations were not being met and we have taken enforcement action.

Regulated activity	Regulation
Personal care	Regulation 9 HSCA RA Regulations 2014 Person-centred care The service did not demonstrate that people's needs were being reviewed to help ensure their care needs were still appropriate. Regulation 9(1)(a),(b)

The enforcement action we took:

Warning notice served

Regulated activity	Regulation
Personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment Risks to people had not been considered. Risk assessments had not been reviewed and updated. Regulation 12(2)(a) and (b)

The enforcement action we took:

Warning notice served

Regulated activity	Regulation
Personal care	Regulation 17 HSCA RA Regulations 2014 Good governance Audit systems were not sufficiently robust to help identify concerns regarding the quality of care provided and had not identified the concerns we found during our inspection. Regulation 17(1)(a)(b) The provider did not demonstrate it maintained contemporaneous records that pertained to the running of the service such as minutes of staff meetings and care plan audits. Regulation 17(1)(2)(c)

The enforcement action we took:

Warning notice served

Regulated activity	Regulation
Personal care	<p>Regulation 19 HSCA RA Regulations 2014 Fit and proper persons employed</p> <p>The provider did not ensure the recruitment and selection process was sufficiently robust and appropriate pre-employment checks done. Regulation 19(1)(a), (3)(a)</p>

The enforcement action we took:

Warning notice served