

Communication Independence Limited

Communication Independence Limited

Inspection report

The Quadrant
99 Parkway Avenue
Sheffield
South Yorkshire
S9 4WG

Tel: 07582683406
Website: www.cilsupport.com

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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

Communication Independence Limited registered with the Care Quality Commission in March 2014. Communication Independence Limited is registered as a domiciliary care agency to provide personal care supporting people have a hearing and/or a visual impairment or have combined sight and hearing loss and who may also have other support needs, such as physical disabilities, learning difficulties and/or needs relating to their mental health. Not everyone using Communication Independence Limited receives the regulated activity, personal care; 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.

The last inspection of Communication Independence Limited was on 12 May 2015 and the service's overall rating was good, with no breaches in regulations.

This inspection was undertaken on 9 and 12 January 2018 and was announced. We gave the service 48 hours' notice of the inspection site and office visits because the service is small and we wanted to ensure the nominated individual or the registered manager would be available. We also wanted to arrange to visit some people using the service in their own home.

A registered manager and nominated individual were 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. A nominated individual is a person nominated by the registered provider responsible for supervising the management of the service. The registered manager and nominated individual were equal partners in the service. The nominated individual and registered manager were present throughout our visit to the service's office base.

There were sufficient support staff to meet people's needs.

We found the service's recruitment process required improvement to ensure that information and documents were obtained in accordance with the regulations to demonstrate staff were suitable to work with vulnerable adults.

A quality assurance system was in place to ensure that the quality of the service was continually assessed and monitored. This would be more effective by acting on improvements identified quicker.

Safeguarding procedures were robust and staff understood how to safeguard people they supported.

Support staff were provided with relevant training to help them maintain and develop their knowledge in regard to their role and received regular supervision.

Systems to control the spread of infection were in place.

There was an assessment of people's needs, which contained information about people's preferences, backgrounds and interests. This information had been used to develop a plan of care to inform staff of the care and support to be delivered. Care files included an assessment of the risks presented in caring for people and what action was required by staff to minimise those risks.

People were supported to eat and drink in accordance with their assessed needs and plan of care.

When needed, staff supported people to attend healthcare appointments and liaised with GPs and other health and social care professionals. Appointments were recorded and people's support plans were updated with any changes arising from these visits.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible. The registered manager, nominated individual and support staff demonstrated that they were knowledgeable about the Mental Capacity Act (2005) and their role in ensuring people were involved in decisions about their care and treatment.

We observed staff and the registered manager interacting with people in a caring, understanding and professional manner. Our conversation with the person visited as part of our inspection, together with our conversations with support staff demonstrated that the service had a clear knowledge of the importance of dignity and respect and were able to put this into practice when supporting people.

Communication Independence were committed to ensuring that people with sensory impairments received information in appropriate formats and were able to access equipment, independent interpreters and advocates in order to ensure that information was appropriately presented and explained. Staff supported people using a range of different communication methods. These included British Sign Language (BSL), deafblind manual (an adapted form of finger spelling taken from BSL. Each letter is spelt out on the hand, enabling communication by touch alone) and braille.

Support staff were positive about the registered manager and nominated individual and the way in which they led the service. Staff told us that both individuals were supportive and listened to suggestions and ideas about how to improve the service. A complaints process was in place.

The inspection found one breach of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. You can see what action we told the provider to take at the back of the full version of this 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 always safe.

The service's recruitment processes required improved to ensure people were cared for by suitably qualified staff who had been assessed as safe to work with people.

There were enough qualified, skilled and experienced staff to meet people's needs and keep them safe.

Risks to people were assessed and managed, including risks associated with infection control.

Systems, processes and practices safeguarded people from abuse, including lessons learnt when things go wrong.

Is the service effective?

Good ●

The service was effective.

People's needs and choices were assessed and care and support delivered in accordance with those assessments. Supporting people to live healthier lives and access healthcare support where necessary.

Staff had received relevant training and supervision to make sure they had the right skills, knowledge and experience to deliver effective care and support.

The service accessed other organisations where necessary so that people were provided with effective care, support and treatment.

Is the service caring?

Good ●

The service was caring.

We saw that the registered manager and staff were kind and caring in their interactions with people. Trusting relationships between people using the service and staff had been established,

with both being concerned about each other's wellbeing.

People's privacy and dignity were respected and staff were knowledgeable about people's individual needs and preferences.

Is the service responsive?

Good ●

The service was responsive.

People were actively involved in the planning and reviewing of their care. Support plans reflected people's individual needs and preferences and were amended in response to any changes in need.

The service were committed to ensuring that people received support from independent interpreters and advocacy services in order to ensure information was appropriately presented and explained to them.

The service supported people to access, maintain and develop links within the community. This reduced the risk of people becoming socially isolated.

A complaints process was in place.

Is the service well-led?

Good ●

The service was well-led.

A quality assurance system was in place to ensure that the quality of the service was continually assessed and monitored. This would be more effective by acting on improvements identified quicker.

The registered manager and nominated individual provided opportunities for people, relatives, staff and social and health care professionals to provide feedback and influence the service.

There was a registered manager in post. Staff were positive about the registered manager and nominated individual and the way in which they led the service.

Communication Independence Limited

Detailed findings

Background to this inspection

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

This inspection took place on 9 and 12 January 2018 and was announced. We gave the service 48 hours' notice of the inspection site and office visits because the service is small and we wanted to ensure the nominated individual or the registered manager would be available. We also wanted to arrange to visit some people using the service in their own home. The inspection was undertaken by an adult social care inspector. An interpreter was used to enable the inspector to communicate with people who used the service and staff.

At the time of the inspection the agency was supporting four people who received the regulated activity, personal care. The hours equated to approximately 90 hours of care per week. This varied dependent on the care required. We visited one of the people who used the service in order to gain their views about the service.

The agency employed approximately 10 staff who supported people receiving the regulated activity, personal care. We spoke with four support staff to ask them about their experience of working for Communication Independence Limited.

We also spoke with the registered manager and the nominated individual.

Before the inspection we requested the registered provider complete a Provider Information Return (PIR).

This is a form that asks the registered provider to give some key information about the service, what the service does well, and improvements they plan to make.

This included correspondence we had received and notifications submitted by the service. A notification must be sent to the Care Quality Commission every time a significant incident has taken place, for example, where a person who uses the service experiences a serious injury.

We also contacted commissioners of the service and Healthwatch (Sheffield). Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England.

The information above was reviewed and used to assist with our inspection.

We reviewed a range of records during our inspection visit including the care plans of the two people supported by the service as well as a number of records relating to the running of the service, such as policies and procedures, two staff files, staff training records and quality assurance documents.



Our findings

We found the service's recruitment process required improvement. The recruitment and selection procedure did not contain accurate information to confirm the information and documents required by the current regulations and as specified in Schedule 3 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 would be obtained. Schedule 3 is a list of information required about a person seeking to work in care to help employers make safer recruitment decisions.

We looked at two staff files. There were gaps in both files of information required by the regulations. This included proof of identity including a recent photograph, a full employment history, together with satisfactory written explanation of any gaps in employment, satisfactory information about any physical or mental health conditions which are relevant to the staff member's capability to properly perform tasks which are intrinsic to their employment and relevant checks of previous relevant employment.

This was a breach of Regulation 19 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, Fit and Proper Persons Employed.

We checked and found there were sufficient numbers of staff to support people.

We spoke with one person using the service via an interpreter. They told us they were provided with a consistent team of staff, that staff attended their calls and never missed a visit, stayed for the correct amount of time and completed all the tasks they were asked to do.

Staff we spoke with were committed to meeting people's needs and said that the staff team worked and communicated well with each other. This ensured people received the support they needed. Staff explained they were always asked if they wanted extra work if necessary to cover holidays and sickness if it was above their contracted hours. Staff told us they were encouraged to contact either the registered manager or the nominated individual within and outside of office hours should they have any concerns. Staff also told us that either the registered manager or nominated individual were always available if they needed any help, needed to chat through something or needed any information.

The PIR identified approximately 90 hours of care per week were required. The registered manager told us that staff contract hours were sufficient to meet those hours and rotas were planned a month in advance. There was also a degree of flexibility to enable them to meet any changes in need or specific requests from people.

We checked and found systems and processes were in place to protect people from abuse.

The person we visited told us that they felt safe when being supported by staff. They said, "No-one's been awful with me".

We saw policy statements were in place to protect people from abuse and avoidable harm.

We found that staff had received safeguarding training. Staff we spoke with fully understood what it meant to protect people from abuse. They were able to describe the different types of abuse, the possible indicators of these and who they could report concerns to. They told us that they were confident any concerns reported to the registered manager or nominated individual were acted on and action taken.

Our conversations with the registered manager and nominated individual demonstrated the services commitment to ensuring the safety of people they supported. The registered manager told us they made sure people were aware of features on their mobile phones. These features could be used by the person to raise concerns about their safety. For example, people could use 'FaceTime', on their mobile phone to make video calls to sign and inform others should they have any concerns about their safety.

This was confirmed in our discussion with the person we visited.

Information reviewed prior to, and during, our inspection visit showed us that the service reported concerns and followed local procedures in order to safeguard people. We saw that where the outcome of a safeguarding alert had identified the person required further support, this was not always recorded clearly in the person's support plan. We discussed this with the registered manager and they assured us this would be clearly recorded.

Information we obtained from our review of safeguarding told us that lessons were learnt and improvements made when incidents happened that placed people at risk of harm.

The registered manager and support staff told us that they did not usually support people to manage their finances. If they did they told us that a system was in place to safeguard people's finances. This involved documenting monies taken and returned, providing receipts and ensuring that they and the person they were supporting signed for each financial transaction. We discussed with the registered manager and nominated individual that people's files need to be much clearer about whether assistance was provided, so that the systems to protect people's finances is implemented where necessary. For example, we had found in one person's daily record, information about what a person had spent shopping and a receipt, but the registered manager said staff would have just recorded the information as the person dealt with their own finances.

We found systems and processes were in place to manage risks for people to have their safety monitored and their freedom respected.

People had individual risk assessments completed as part of the provider's assessment process. The purpose of a risk assessment is to identify any potential risks and then put measures in place to reduce and manage the risks to the person. The risk assessments related to identified areas of risk and documented the measures and action needed to reduce risk. We saw and were told of examples by staff when risk assessments were updated or created following accidents or incidents and changes in need. For example, one person had an injury whilst using some equipment. The injury was recorded and monitored for any further intervention that may be required. This showed that lessons were learnt and improvements made

when incidents happened that placed people at risk of harm.

At the time of our inspection Communication Independence Limited were not supporting people with their medication. A medication policy and procedure was in place should this type of support be required in the future. Staff had received medication training in advance of providing this type of support. The registered manager was aware if people needed this type of support in the future, a system would need to be put place to monitor staff competency.

We found there were systems and processes in place for the prevention and control of infection.

The person we visited told us that support staff wore gloves and also washed their hands prior to and after supporting them to minimise the spread of infection.

Staff were able to describe the steps they took to control the spread of infection including hand hygiene and that the registered provider ensured that supplies of personal protective equipment (PPE) were always in stock. PPE refers to items such as gloves and aprons which are used to control the spread of infection.



Our findings

We checked and found people's needs and choices were assessed and care, treatment and support delivered resulted in a good quality of life for them.

There were assessments and care plans in place. The assessments covered the full range of people's diverse needs, with a task list for staff about what they needed to do to meet those needs. We saw people's records could be improved if they were more detailed so there was an audit trail between the assessed needs (tasks purchased), risk assessment and support plan and what action was required by staff to meet those needs. There needed to be a clear distinction between what the person did and what the staff did. We shared this feedback with the registered manager and nominated individual.

Our discussions with the person who used the service told us they were pleased with the care and support they received and it provided good outcomes for them and a good quality of life. Comments included, "They [staff] do a good job. I'd tell them if they didn't. Staff talk to me about what they're writing in the care files: about the hospital, doctors, money, everything really".

We checked and found there was a system in place to ensure staff had relevant training and support to provide effective care for people.

Discussions with support staff told us they had received a comprehensive induction prior to working alone. Support staff told us they had spent time at the registered provider's office base to learn about the ethos of the service and how it operated. This was followed by a period of time shadowing established members of staff in order to get to know the needs of the people they would be supporting. Support staff felt that the induction had prepared them for their role and were positive about the support they had received from the nominated individual, the registered manager and their colleagues. Their induction training concluded with the issuing of the Care Certificate. The Care Certificate is a set of identified standards to ensure that staff working in the health and social care sector have the same introductory skills, knowledge and behaviours to provide compassionate, safe and high quality care and support. Care must be taken that this is completed within the recommended timescale of twelve weeks.

Staff files evidenced certificates that corresponded to the training identified on the training matrix as having taken place. Training courses undertaken included understanding their role, personal development, person centred care, equality and diversity, communication, health and safety, infection control, moving and handling, safeguarding adults and children, end of life care, fluids and nutrition, dignity and care, handling

information, learning disability, mental health, medicines awareness and first aid. We noticed one staff member had not completed their food hygiene training and needed to complete this training. The person they supported did not share any concerns about how they had been supported. We did not identify that this had impacted on this person quality of care.

Staff we spoke with told us they felt supported. They told us they received regular one to one sessions to discuss their performance. Supervisions ensure that staff receive regular support and guidance. Staff spoke positively about their supervisions and said they felt supported by the registered manager and nominated individual.

Staff had not received an annual appraisal. Appraisals are meetings between a manager and staff member to discuss the next year's goals and objectives. The registered manager was aware of this as they had identified it in their auditing of the service.

We checked and found people were supported to eat and drink if they had been assessed as needing this support. This could involve support staff preparing meals for people and/or physically supporting them to eat or drink. The person we spoke with told us they were assisted with their meals and drink and staff made sure they were safe.

Discussions with the registered manager, nominated individual, people and staff confirmed the service liaised with other professionals where required so that people received effective care, support and treatment. Feedback from the local authority confirmed the service had been registered on their recognised provider list since 2013 and in that time they had not received any complaints or incident reports. The service had also submitted their bi-annual monitoring as required to remain on the list.

We checked and found people were supported to live healthier lives and access healthcare services where this was part of their assessed needs.

The person we spoke with described how staff supported them to attend hospital appointments and that they had also supported them in moving 'doctors' because 'the old doctors were rubbish'.

The support staff we spoke with were knowledgeable about people's health care needs and said that, when needed, they arranged healthcare appointments, booked transport and recorded the outcome of any healthcare appointments.

People's care records included the contact details of their GP and other health and social care professionals. Our conversations with staff and our review of records evidenced that the service liaised with these professionals following any changes to people's health or social care needs. We saw that any changes were recorded in people's support plans. This demonstrated the service involved other organisations where necessary to achieve the support required and that in turn they implemented any changes that were recommended. For example, one person had moved home and the service had involved the fire service and other health professionals so that the property was equipped to meet their needs and maintain their safety.

We checked staff sought people's consent to care and treatment in line with legislation and guidance.

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, 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. In a domiciliary care service this means an application must be made to the Court of Protection.

Support staff were aware of their responsibilities about the MCA and were able to identify when they would seek further support. One staff member described a decision specific mental capacity assessment meeting where they had been present.

The nominated individual and the registered manager also demonstrated a clear understanding of the frameworks and were able to identify situations where capacity assessments and best interest's decisions had been made. This was confirmed in our reviews of people's care files where capacity assessments were in place and best interest decisions recorded when the process had been used. For example, one person was placing themselves at risk of harm through not following the advice of health professionals. A capacity assessment had been undertaken by appropriate professionals to demonstrate the person had capacity to understand those risks. The support plan would be improved with greater detail so that it was clear what support was therefore required with 'nutrition'.



Our findings

The person visited during our inspection spoke positively of their relationships with staff. They said, "They're [staff] fine. We like talking together and having a laugh. They're very good. I'm never rushed or ignored". Our discussions confirmed they felt they were treated fairly and equally and that there was mutual respect between themselves and staff.

Support staff spoke in a fond and caring way about the people they supported and told us they enjoyed working for the service. Comments included, ""They're [people] getting better quality care, than where I worked previously. I go to one person a day, so you can plan better what you're going to do", "I think we provide good care. We encourage people to have good lives, respect people and their cultures and we understand that everyone has different needs", "I enjoy working for them [service]. They have a nice way. It's all about the client and their choices and independence", "I have personal experience of the people we provide support to. I grew up in the 70's and the stigma around disability and it made me passionate in standing up for people's rights. These values are reflective of the values of Communication Independence Limited. It's just treat people and staff as you'd like to be treated", "It's about offering choice. It's not what we want, but what they want. It might not be a choice we would take. If I thought it would harm them I'd report it and discourage. We wouldn't restrain, it's not allowed unless it's in care plan" and "I love the job hundred per cent. I enjoy providing the support. People are treated fairly and equally and with respect. We encourage people to be their best, listen to them, don't judge and maintain their confidentiality".

Discussions with the registered manager and nominated individual demonstrated they knew people well and had the skills to communicate with people in their preferred way. The feedback we received from the person who used the service and staff showed the service demonstrated a caring ethos.

During our inspection we found that the service were dedicated to ensuring that people had the correct support and information to make informed decisions. For example, one member of support staff told us that they would list the possible choices and options available for the person, but the final decision was up to the person.

The service were committed to ensuring people had access to independent interpreters in order to ensure people were fully involved, informed and supported to make decisions, express their views and promote their rights. They were clear about the situations which would warrant this, for example, hospital visits and multi-disciplinary meetings. Support staff told us they were respectful of the role of independent interpreters, but would intervene if necessary to ensure the person understood the information presented to

them as a result of knowing people's communication styles. This was demonstrated on our visit to the person who used the service. We observed the staff member watching the communication between us and the person and where they felt they did not understand intervene and explain the question in a different way.

We saw the person and staff member looked comfortable together and there was laughter between them.

Advocates commented in a survey carried out by the service, "Communication Independence do a very good care job and [person] is happy ...[person] doesn't complain much" and "We are happy and satisfied with the care [person] receives from Communication Independence".

The person we spoke with told us their support staff respected their dignity and privacy when supporting them with personal care tasks. This was evidenced during our conversations with support staff who were able to explain how they maintained people's dignity, privacy and respected people's individual choices. For example, when supporting people with personal care tasks they explained how they made sure doors and curtains were closed to maintain people's privacy.



Our findings

We checked and found people received personalised care responsive to their needs and they were included in the assessment and care planning process to determine what this was.

The PIR stated 'Communication Independence Limited were committed to ensuring and promoting that service users with a sensory impairment received access to communication and/or information in their preferred way. The accessible standards enables the service user to have access to independent BSL interpreters and advocates in order to ensure that information is relayed appropriately and effectively when attending GP, other NHS services and health and social care professional meetings so that their communication and/or information needs are met, they are fully involved, informed and supported to make decisions, express their views and promote their rights'. Discussions with the person who used the service and staff confirmed this statement was carried out in practice.

The PIR identified the service had received one written compliment in the last 12 months. It recorded, 'I would like to than you (Communication Independence Limited) for the work you and your team have done to progress [person] and increase their skills and look forward to this increasing further over this year. [Person] visited me yesterday at the drop in and communicated better with me using improved sign language and hand writing. I consider these skills improved as a direct result of the support they receive. It made my day'.

The person visited during our inspection told us staff spoke with them about information they were writing in their support plan. They explained how staff supported them with tasks that were in their support plan and described what this was. This demonstrated that Communication Independence Limited supported and enabled people to fully contribute in the planning of their care.

The registered manager and nominated individual had a detailed knowledge of people's needs and were in close contact with the people they supported.

When we spoke with support staff they told us they were always provided with a copy of people's support plans prior to visiting them for the first time and said they were always introduced to people in advance of providing support. They also told us that any changes in people's needs were reported to the registered manager or nominated individual so that the information could be communicated to other staff and care plans updated. All staff told us they received sufficient information to meet people's needs. One member of staff described that good care is provided when you follow the support plan as that means people's needs

are met.

We found that people's support plans contained a task sheet of what was required by staff at each visit. The information contained tasks the person was able to do independently and those where support was required. We saw the information about the support required would benefit in some areas from being more detailed, so there was clear guidance in place on what action staff should take in response to people's needs. For example, what 'nutrition' and 'developing and maintaining relationships' meant.

We saw that Communication Independence Limited had conducted a satisfaction survey to ask people and their relatives about the support provided. We reviewed the results of these and found them to be positive. We discussed with the registered manager how these results could be used to develop a more structured plan and a report to demonstrate continuous improvements within the service.

The person spoken with during our inspection told us that they felt able to raise any concerns with their support staff, the registered manager and the nominated individual.

Support staff spoken with during our inspection were aware of the complaints policy and told us that they would support people to complete them if needed and appropriate to do so. They also said that they would inform a member of the management team so that any complaints could be dealt with in a timely way.

The service had received one complaint, that linked to a previous complaint the service had received. Discussions with the nominated individual identified how they had investigated and responded to the concerns, but this was not clear from the paper audit trail, in accordance with the complaints policy.



Our findings

We checked and found the leadership, management and governance of the organisation meant people received high quality person-centred care, but some improvements were required so that where the governance system identified areas for improvement these were acted quicker.

All the staff we spoke with made positive comments about the management of the service and that it was a good team of staff who worked at the service. The support staff were positive about the nominated individual and registered manager and the way in which they led the service. In our discussions with them they all told us that they felt valued and supported by the management team. Comments included, "Managers are nice and approachable. I enjoy working there. They have a nice way. It's all about the client and their choices and independence," "All staff are treated equally. It's not hundred per cent, but it's good and we're open to improve. They're clear that we understand the values. I feel everyone has a voice and that they listen," "[Registered manager] is always on hand if needed. If she doesn't pick the phone up she will always ring back and quickly" and "You can always get hold of them. They're good at managing information. I'd definitely recommend the service. I wouldn't say excellent, but it's very good". All staff we spoke with told us they would recommend the service to others as they were confident the quality of the care they provided met people's needs well.

Our conversation with the person who used the service confirmed what staff had told us and they were satisfied in the way the service was led. They commented, "I think it's well organised. [Registered manager] also asks if I'm happy and visits me". They told us they would recommend the service to others and felt treated fairly and equally by the service.

A registered manager and nominated individual were 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. A nominated individual is a person nominated by the registered provider responsible for supervising the management of the service. The registered manager and nominated individual were equal partners in the service. The nominated individual and registered manager were present throughout our visit to the service's office base.

Our discussions with the registered manager identified a system of communication that worked well. All communication between people and staff were directed through herself. This meant as registered manager she was aware of what was happening within the service and enabled her to maintain the responsibility for

sharing that information as required.

The registered manager was aware of their responsibility to inform the CQC about notifiable incidents in line with the registration regulations.

The service had a Statement of Purpose that had been reviewed in 2017. The Statement of Purpose required further review to ensure the information contained all the details required by the regulations.

The service were not registered with the Information Commissioners Office (ICO), but acted on this during the inspection. The Data Protection Act 1998 requires organisations who process personal information to register with the ICO.

We found that there was a system in place to continually audit the quality of care provided. For example, we saw that a pro forma from an external quality assurance organisation was used. The pro forma was used to audit health and safety, care, personnel, accidents, data collection and data protection status, training plan, staffing levels and the business plan. Each audit document reviewed recorded the actions required to address any identified shortfalls. We saw that these actions were fed into the next audit and checked in order to ensure that they had been completed or carried forward to the next action plan to ensure they were carried out. Acting on identified actions quicker, rather than carrying these forward, would mean improvements to the service were achieved more quickly, so that there were no delays in implementing the improvements and ensuring compliance with regulations.

Our review of completed survey forms found the results of surveys to people and their advocates were positive and had captured some information from staff to enable the service to receive feedback and review the care and support they provided.

A business plan was in place to promote and develop the service.

Support staff told us and our review of records confirmed that meetings took place to discuss, consult and update staff about the service. They also said that they were able to raise items within these meetings and felt that their views, suggestions and contributions were listened to. Staff told us minutes of meetings were circulated. This meant all staff were kept up to date with information about the service.

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 19 HSCA RA Regulations 2014 Fit and proper persons employed Information specified in Schedule 3 must be available in relation to each person employed.